Optimising Models of Care for Molecular Radiotherapy   
at [Insert name]

Service Evaluation Meeting

[insert meeting date and location]

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| This document provides a session-by-session facilitation guide to help you manage your meeting and keep the conversation productive and on topic. It is intended as a guide only and should be amended as appropriate for local requirements.  To ensure you have the appropriate stakeholders present, you may need to shorten the meeting and/or have multiple meetings and adapt the agenda accordingly. |

# Before the meeting

* Plan what data you will need at the meeting to evaluate your service, the challenges it faces, and the drivers for change. You may need to collect this data before the meeting so consider data collection timescales when selecting a meeting date.
* Evaluation data might include:
  + Patient population size, disease characteristics, demographics and geographical location
  + Patient pathway including access to appropriate high-quality somatostatin receptor scintigraphy
  + Feedback from stakeholders (via patient or staff survey, for example)
  + Resources available – sites, clinics, staffing levels, capacity, demand
  + Waiting times
  + Service revenue (tariff costs) and additional running costs (staff overtime, transport)
  + Pharmacy metrics (VAT savings, vial sharing)
* Ensure that you have access to a suitable room, with projector and flip-charts or a white board (can be electronic). If relevant try to ensure video conferencing access
* Follow-up with participants to confirm attendance
* Bringing the following will help you to run a successful meeting, and capture key outcomes and next steps:
  + Agenda and copy of the slide presentation for each participant
  + Laptop with copy of the meeting slides
  + Stationary (flip chart, pens, post-it notes, blu tac etc.)
  + Pointer (slide changer)

# Record the names and job roles of meeting participants below

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| **Name** | **Job role** |
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# Meeting objectives and agenda

* Understand what the current molecular radiotherapy service looks like
* Evaluate the current provision and identify opportunities to optimise the service model

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| Time | Agenda Item | Lead |
| 9.00 | **Welcome, introductions and meeting objectives** | [Insert Chair’s name] |
| 9.15 | **[Insert name] vision for service change**  *Presentation (15 minutes)* | [Insert Presenter’s name] |
| 9.30 | **Understanding the [Insert name] patient population and demographics**  *Presentation and facilitated discussion (30 minutes)* | [Insert Presenter’s name] |
| 10.00 | **Seeing the patient perspective if possible a member of a local NET advocacy group**  *Presentation and facilitated discussion (30 minutes)* | [Insert Presenter’s name] |
| 10.30 | **[Insert name] service resource use**  *Presentation and facilitated discussion (60 minutes)* | [Insert Presenter’s name] |
| 11.30 | **Coffee break** |  |
| 11.45 | **Opportunities to optimise the service and alternative model approaches**  *Brainstorming exercises and facilitated discussion (60 minutes)* | [Insert Workshop Lead’s name] |
| 12.45 | **Action planning**  *Facilitated discussion and action planning (45 minutes)* | [Insert Chair’s name] |
| 13.30 | **Meeting summary and close** |  |

[This is an example agenda only. Please adapt for local requirements.]

# Key desired outcomes [edit as appropriate]

* Understand the challenges facing our service, and the opportunities to make improvements
* Explore and identify alternative service model(s) that resolve these issues
* Create a point-by-point action plan for the data needed to evaluate the new service model(s), including assigning responsibilities and defining timelines

# Session-by-session facilitation guide

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| **Time** | **Topic** |
| **8.30–9.00** | **Arrivals and coffee (30 minutes)** |
| **9.00–9.15** | **Welcome and introductions (15 minutes)**   * Chair/facilitator to welcome delegates and ask each person to introduce themselves, outlining their current position and role * Thank all participants for making the time and effort to attend * Explain your role as facilitator i.e.:   + Keep things on track and on time   + Ensure interesting and lively discussions with full participation   + To question and challenge   + Ensure we fulfil meeting objectives * Outline general points/housekeeping:   + Use of mobile phones and laptops in breaks only   + Full participation is requested   + Keeping to meeting timings may require some issues to be parked for later discussion   + Sign post fire exits/toilets * Outline the meeting agenda and key objectives from slide deck |
| **9.15–9.30** | **What is the vision for [Insert name] service change? (15 minutes)**  ***Session objective****: Provide general background on the challenges facing molecular radiotherapy services, and introduce the need for data-driven service change*   * [Stakeholder to present introductory slides to the group]. Recommend to encourage questions from participants and avoid presenting too many slides (maximum 10 mins presentation) * In the draft agenda, 15 minutes are allocated for this session. Ensure you keep any Q&A within the allotted time * Try to guide the conversation towards an understanding of what the overarching vision and remit for the planned service change is e.g. offering a patient centric service, addressing capacity challenges in molecular radiotherapy services |
| **09.30–11.30** | **Current service evaluation (120 minutes). If necessary, a coffee break can be moved from the end of the session to the middle to break up the session.**  ***Session objective:*** *Provide a data driven and detailed description of the current molecular radiotherapy service*   * [Chair/facilitator note] You will likely be covering a lot of data in this session and it will be important to divide the time up to allow detailed discussion of all relevant aspects of the service. The template agenda suggests breaking this session up so that three key perspectives are covered   + Defining your patient population   + The patient perspective   + Resource use and costs * Presenters should talk though overview slides emphasising data that best describe the service * Try to focus on what the data tells the group about aspects of the service:   + That require most improvement, and/or   + Where improvement would have the greatest benefits, and/or   + How the service could be delivered differently to overcome existing challenges such as capacity or patient focus. * Remind participants where necessary that there will be time in the next session to discuss where service improvements would be most valuable and that time is allocated in later sessions to discuss specific alternative service models that could be implemented  Defining your patient population (30 mins) ***Objective:*** *Understand your patient population*  Key points for discussion:   * + Where are patients being referred from?   + Would patients be suitable for a day case administration?   + If not suitable for day care should they be treated in your unit or referred elsewhere  Seeing the patient perspective (30 mins). If possible, have a patient advice representative here ***Objective:*** *Understand where and how patients want to be treated*   * Key points for discussion:   + What do patients want from their treatment?   + Do patients want care closer to home?   + What are the drivers for patients wanting care closer to home?  Resource use and revenue (60 mins) ***Objective:*** *Understand the logistics, staffing and revenue streams for the service*   * Key points for discussion:   + Breakdown of costs associated with developing the service, comprising:     - Molecular radiotherapy administration tariff costs     - Will there be a need for enhanced somatostatin receptor scintigraphy such as Ga-68 DOTATATE PET     - Trust income associated with molecular radiotherapy delivery     - Staffing costs (breakdown by grade if possible)     - Equipment costs     - Clarification of procurement and delivery codes and associated costs for molecular radiotherapy   + Trust transport costs   + Clinic and staffing information (consultant, nurse, pharmacy), including breakdown by staff band Staff overtime costs   + Pharmacy metrics |
| **11.30–11.45** | **Coffee break (15 minutes) if not earlier**   * Ensure to let attendees know what time to be back in the room for the start of the next session |
| **11.45–12.45** | **Opportunities to optimise the service and alternative model approaches (60 minutes)** What are the key opportunities for service improvement? (20 minutes) ***Objective****: Agree which areas of the molecular radiotherapy service would benefit most from improvement, or would provide the greatest benefits for patients/NHS*   * Briefly talk attendees through the approach to brainstorming that you want to take. Example techniques are shown below. Make sure that you capture ideas from all participants.   + Example 1     - Facilitator to note down ideas on a flip-chart or white board as they are suggested by the team. Make sure that everyone has a chance to contribute     - If you have a large group, consider breaking out into smaller group (up to 6 people) to increase participation and idea generation. You will need to nominate one person per group to facilitate, take notes and report back to the wider group   + Example 2     - Participants work individually to write down their suggestions on post-it notes for e.g. 10 minutes. Facilitator then helps to group the ideas into categories (usually by sticking on a wall) * Consider prompting to group to discuss the following aspects of the molecular radiotherapy service [edit as appropriate]:   + Is the patient journey optimised to reduce waiting times and hospital visits?   + What is the current capacity in the molecular radiotherapy service and how is this anticipated to change in the future? What do patients and staff think about the service?   + Do different sub-populations have different needs from the service?  Alternative service model discussion and prioritisation (40 minutes) ***Objective****: To brainstorm ideas for how to improve the molecular radiotherapy service, with examples of potential alternative ways of delivering the service*  [Note to facilitator. Consider setting time aside [10 minutes] for the group to share examples of existing service models that they are aware of]   * Briefly talk attendees through the approach to brainstorming that you want to take in this session. You can use the same brainstorming techniques as for the previous session. * Possible service models include:   + Efficient use of existing hospital services   + Virtual patient follow ups * Consider prompting the group to discuss the following topics:   + What is the most appropriate model for our patient demographics and geographical distribution, and the therapies that we administer?   + Can service models be mixed to account for differences in the needs of sub-populations of patients?   + What data would we need to collect to be able to evaluate the new model in our setting and create a strong business case for changes? Where and how can this be collected?   + How are other departments in the Trust, or other centres delivering similar services to ours?   [If group cannot reach consensus, consider implementing the following prioritisation exercise]   * If it is agreed that it would be necessary or desirable to further prioritise the list, describe the approach to be taken at the meeting. Example techniques are shown below.   + Example 1: Scoring method     - Create a single, long list of potential changes on a flip chart. Ask all attending the meeting to annotate 1 and 2 next to their first and second preferred change     - Score every “1” – 5 points; score every “2” – 3 points     - Total the score for each solution and prioritise solutions with the highest total score   + Example 2: Rearrangement method     - Write down each potential initiative on a sheet of paper or post-it note and stick these to the wall. Engage the audience to help in rearranging the options from the highest priority on the left, to the lowest priority on the right * At the end of this session, you should have created a prioritised list of your preferred service models to take forward to the next meeting for detailed evaluation |
| **12.45–13.30** | **Action planning session (45 minutes)**  ***Session objective****: To define a clear, step-by-step project plan for each service model that will be taken forward for consideration at the next meeting, and assign actions and responsibilities to the team for implementation*   * [Note that the toolkit resources include a template action plan for you to complete. The template document should be updated as appropriate to reflect the scenarios your team has targeted for evaluation] * For each of the service models agreed for evaluation, work with the group to define a list of key actions that need to be completed. You may find it easier to work on a flip-chart or white board to note down your project plan(s). Be specific and comprehensive * For each action specified define:   + **Who will complete the task**–Assign responsibility for completing each to task a specific team member(s)   + **How the task will be completed**–Ensure that participants understand how to complete their actions   + **A completion date**–Assign a completion date for each task, including interim review meetings if necessary * Agree the date that the group will next meet and how and when they will communicate about the service redesign process in the interim |
| **13.30** | **Summary and close**   * Thank the participants for attending, revisit the meeting objective(s) and demonstrate that these have been met * Inform participants that key minutes and action plan will be circulated by [insert date] and put the date of the next review meeting in diaries [delete as appropriate] |

# Post meeting

* Circulate meeting minutes and action to the group
* Confirm a date and venue to the next meeting, if appropriate, to discuss ongoing progress with implementation of the initiatives agreed