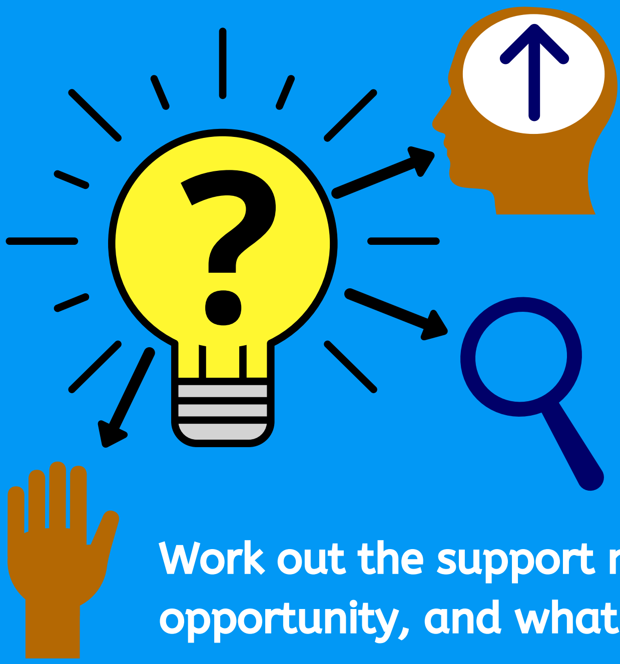
The Hangleton and Knoll Project Cancer Volunteering Pilot Evaluation Report

Nov-19 to Mar-20



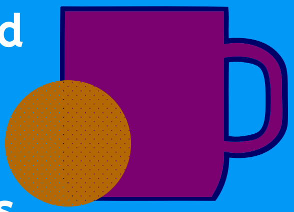
Trial a ‘test the concept’ volunteer-led prevention initiative to raise awareness of cancer screening to targeted groups with additional barriers.

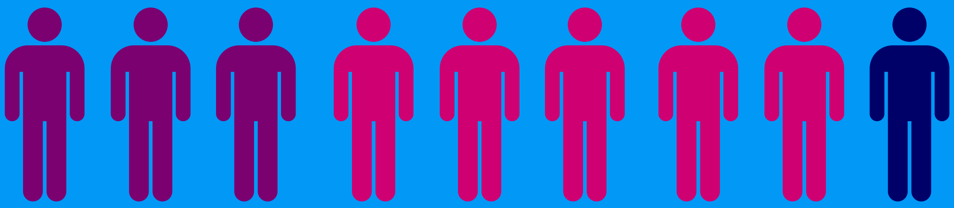
Using volunteers to deliver community interventions in a geographical area with low uptake, targeting older people and Black And Minority Ethnic (BAME)women.

Work out the support needed to deliver an informal volunteering opportunity, and what the success factors are.

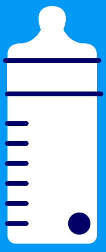
We incorporated learning from other volunteering projects, by:

- Ensuring a “social” aspect through group meetings (instead of 1:1 conversations) and by providing food.
- Providing training on further topics requested by the volunteers, to support health and wellbeing conversations.





We planned to recruit 3 volunteers that mirrored the target groups from existing HKP networks. We included the offer in the HKP Newsletter, and shared it with local groups including the 50+ Group, Multi-Cultural Women’s Group, Multiculture Club and HKP Health Champions. We recruited 9 volunteers, but 1 person was unable to continue with the pilot as it conflicted with a course at Jobcentre Plus.



We offered help with childcare and translation to all volunteers, including a potential participant found via our Routes project - but their personal circumstances meant taking part was still unfeasible at that time.

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One person declined taking part in the pilot due to their personal views about the risks associated with breast cancer screening.

Designing the volunteers' training session

THE MACMILLAN HORIZON CENTRE
Cancer support for Sussex

Our relationships with Public Health and the Macmillan Horizon Centre (fostered via the West Area Health Forum) enabled us to co-design an informative, clinically-led training session for the volunteers at the Horizon Centre. We maximised variety and interactivity, including use of "Whose Shoes?" (a boardgame-based conversational tool) facilitated by Dr Philip Rankin (a KSS Darzi Fellow at Public Health and Clinical Fellow in Emergency Medicine at BSUH) and Alison Waters (from Macmillan Horizon Centre).

We shared the draft training programme with the volunteers along with the pilot's aims and the expected commitments for the pilot (length/amount of time and a community group visit to share their learning). We then updated the training programme to include the two further topics requested by the volunteers (information on lung cancer and transport options for cancer screenings).

Volunteers' training session at the Horizon Centre

30.1.20

8 volunteers attended the training day to find out about cancer and the associated NHS screening processes.

We focused on 4 of the most common types of cancer: bowel, breast, prostate and lung (as requested by the volunteers).

Supported by:

- Macmillan Horizon Centre staff
- Dr Philip Rankin
- HKP Community Development Worker

We also contacted the clinical teams for each cancer pathway, but they did not have capacity to join us.

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Macmillan staff took the volunteers on a tour of the Centre and its support services for those affected by cancer, including complementary therapies, practical advice and workshops.

The volunteers were provided with refreshments, and reassured that they could leave the room at any time if they found the subject matter distressing (with a signal to request any support).

Then we had an information-sharing session about:

- What cancer is, and who is most at risk;
- The signs, symptoms and screening processes for breast, bowel, prostate and lung cancer;
- NHS targets for cancer screening, tests and treatment, and current waiting times in Brighton and Hove; and
- Transport options to cancer centres.

We shared the information via written slides and videos, and the volunteers were encouraged to ask questions.

Dr Philip Rankin presented the clinical information session.

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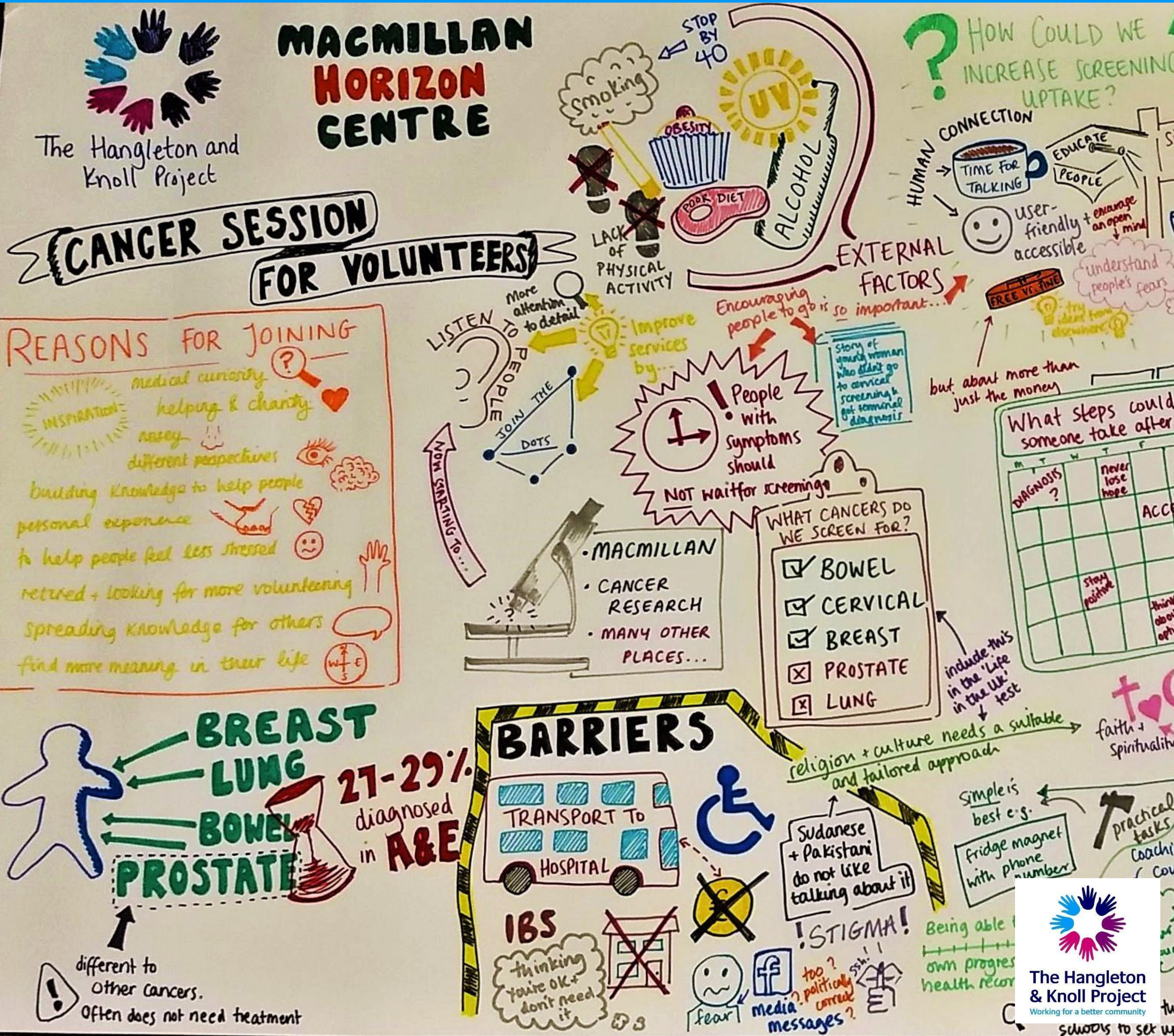
We provided attendees with a healthy lunch; based on the Centre's advice on "eating well with cancer".

We played "Whose Shoes?" in two groups; with scenario cards pre-selected to ensure they applied to cancer. Discussion themes and outcomes were captured on Post-Its.

The discussion themes from "Whose Shoes?" were also turned into images and added to the graphic recording that was completed in real-time throughout the day to capture the volunteers' ideas and feedback.



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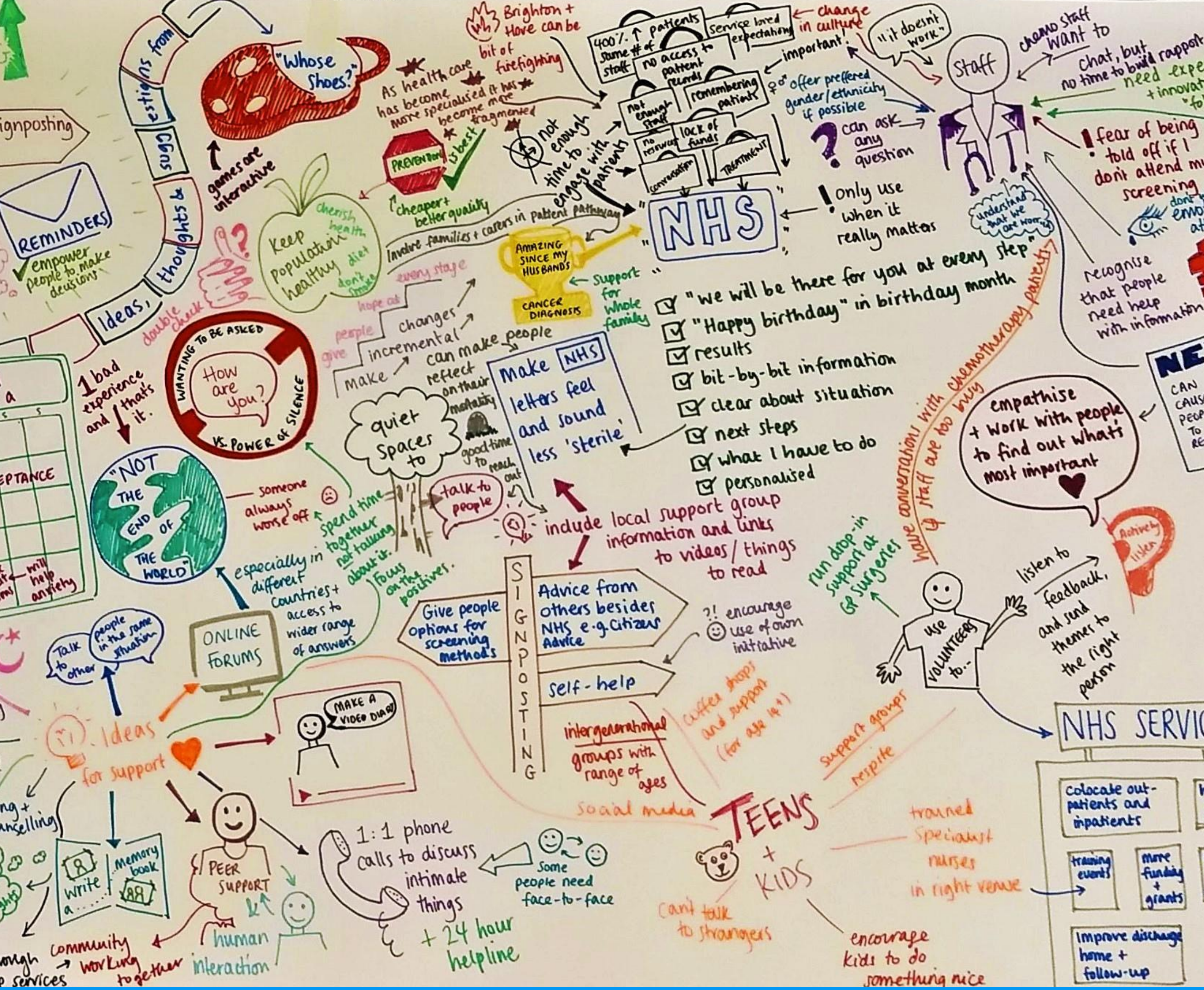

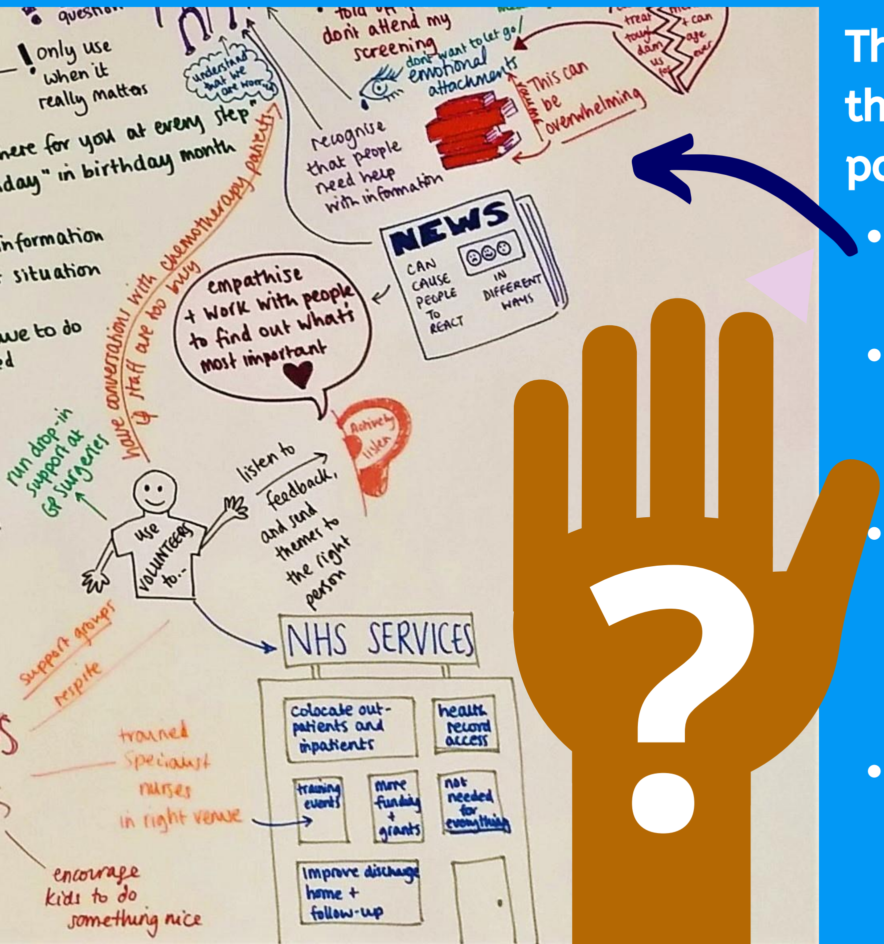

The group suggested some ways that volunteers could help NHS patients and staff, such as:

- Running drop-in support sessions at GP Surgeries.
- Running support groups for people with cancer (including teenagers and children)
- Supporting NHS services, by listening to people's feedback and sending the themes to the right person.
- Talking to people in chemotherapy if staff do not have the time.

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The volunteers were given goody bags of information to take home, and offered copies of any other information leaflets they were interested in from the Centre.

The volunteers completed an evaluation form about how they had found the training, their motivations for taking part in the pilot, and any further support they required before talking to a community group about cancer. The volunteers reported their most enjoyable parts of the day had been:

information I don't know

Everything - talk, tour, lunch and game

I learned so much in such a lovely atmosphere

informative, felt supportive space to discuss some personal health conditions, inclusive

Inspiring and caring. Pro-active. The game is SPECIAL and informative. Great communication tool.

very informative and enjoyable

getting information first hand and meeting the staff

Everything in short; good presentation, food lunch and the game. Overall [HKP] needs the credit to make it amazing.

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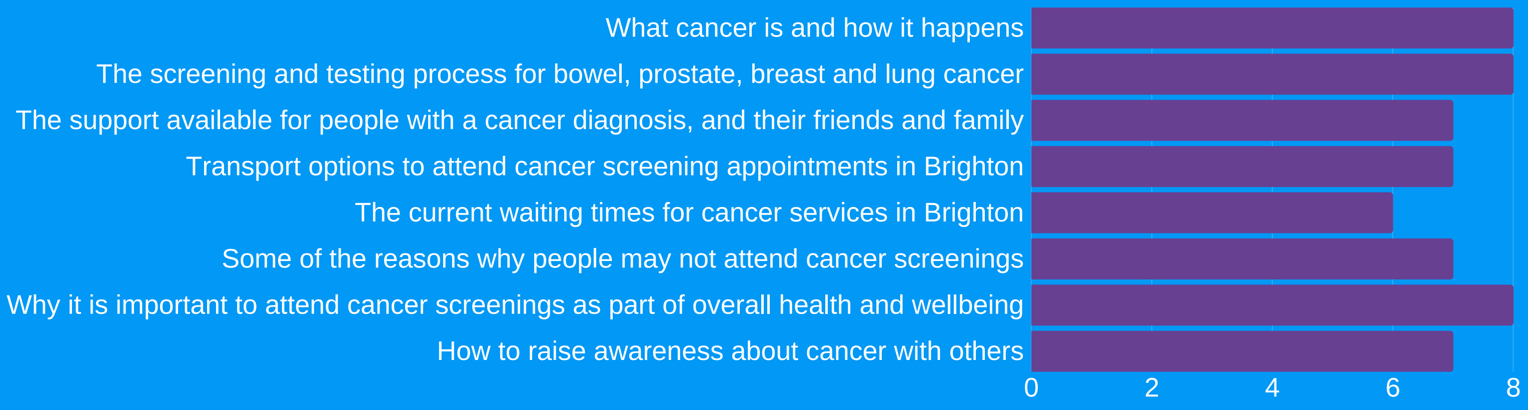
What did you learn about today?



Other things the volunteers said they learned:

Ways of interacting with passing on information

Treatment pathway and options

letter content sent to patient

How the day could have been improved:

Do more especially with cancer patients

We cover a HUGE TOPIC. Maybe a follow-up with the group

Just arrange similar days for other events, such as mental wellness

I thought it was perfect

Seeing more benefits to patients - at the Centre

7 people felt able to talk about cancer screening processes and the importance of attending to a small group of people. The 8th volunteer did not attend her assigned group with her husband.

3 people requested further support to help them feel more able to talk to their group. They asked for "prep to speak publicly", "guidance" and "Leaflets to share at the meetings so patients can take away and read at home, with relevant numbers to call".

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Why the volunteers want(ed) to take part in the pilot

One volunteer also took part: **To learn more about how the NHS works with the community**

Cancer conversations in local community groups

Finding local community groups that were both interested and available to host a cancer conversation with the volunteers proved much more challenging than originally anticipated.

11 community groups were offered a cancer conversation, of which:

3 already had full agendas for all of their meetings in the pilot's timeframe, and

5 were uninterested in a cancer-related conversation, regardless of timeframe.

This demonstrated that, for any future offers:

- Groups must be given more than 2 months' notice to plan this into their schedules.
- Cancer is not an engaging topic for every group; including those with a general interest in health.

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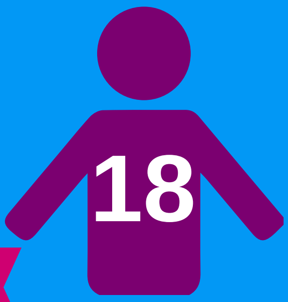
After the visit to the Horizon Centre, the volunteers were matched with the 4 interested community groups in pairs. This was assigned based on the volunteers' existing relationships with each other (i.e. married couples) and any historic attendance of the identified groups.

This approach was intended to minimise the impact on the volunteers' time commitments to the pilot, and maximise their ability to engage with their peers due to already-established trusting relationships.

We simplified the information slides from the training session to form an overarching structure for each conversation; tailoring this for each group based on the volunteers' ideas and preferences. We also captured attendees' feedback about the session on flipcharts and encouraged them to take home copies of the cancer information leaflets.

The Egyptian Coptic Christian Association



18 people attended the session, which took 90 minutes due to translating the presentation.

The presenting volunteer was a long-established member of the Egyptian Coptic Christian Association, and shared the information in English and Arabic (the main shared languages across the Egyptian, Italian and Dutch families in attendance).

Suggested future topics were:

- Healthy food for children and teenagers
- Diabetes
- Blood Pressure
- Help with forms/passports

We took leaflets in Arabic and English. The most popular one was

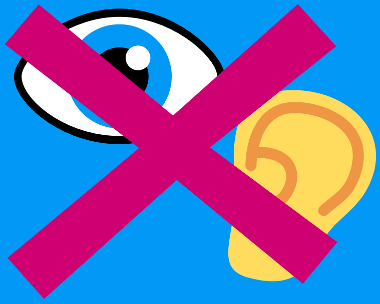
Why do so many children in England get cancer?

One question needed a future clinical response

The Multi-Cultural Women's Group

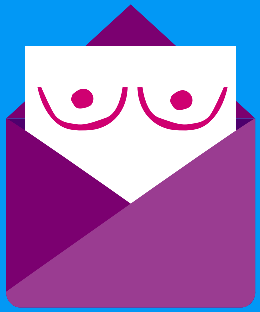
Both volunteers had worked in healthcare settings and were able to answer the Group's clinical questions. One shared her personal experience of having cancer, and used this to emphasise the importance of attending cancer screenings and being aware of your own body.

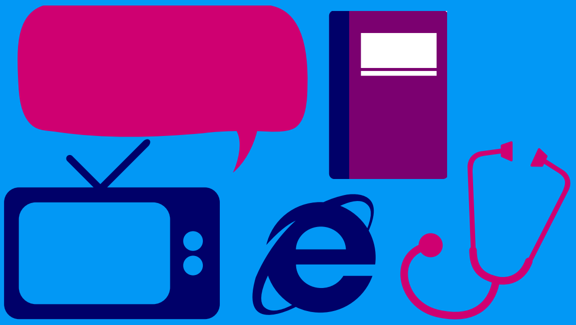
The women-only group had an open, honest conversation about their personal concerns and experiences. They asked about the signs and symptoms of cancer; especially breast and cervical cancer.



The women said they sometimes did not feel "justified" in worrying about their health, and queried how to feel "heard" by a clinician if/when they had health concerns to give them reassurance about their wellbeing.

The group suggested lowering the age threshold for breast cancer screening invitations, as it can affect younger people. They proposed that being able to talk to female clinicians might improve attendance by reducing any embarrassment.





The women agreed they would happily find out more information about cancer by talking to their GP, family and friends, attending another group talk, and having access to leafets, TV shows and the internet.

One of the volunteers reported she had also been asked to talk to a local group of Yemeni women (her home country).

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Knoll Lunch Club

We shared the MACMILLAN CANCER SUPPORT telephone numbers, and confirmed people aged 70+ can ask to be screened.

One of the volunteers met with the Community Development worker before the talk, to change the focus to look at support options (including the Horizon Centre and help with transport) and barriers to attending screenings. The volunteer felt this would be more appropriate as most attendees are older than the target age groups for screening invitations.

The group shared their views on possible barriers that were preventing people from attending screenings. Several people said they struggled to contact their GP, as they did not have the internet at home and could not get through on the telephone.

The group agreed that fear was probably the main barrier to screening attendance, so people might be more likely to attend if they were able to take someone they knew with them, and/or go to dedicated screening sessions at GP Surgeries to reduce embarrassment. They noted some people struggled to describe symptoms over the telephone, so face-to-face support was better, and that people could not be "forced" to attend screenings.

The Multiculture Club

Unfortunately, the Multiculture Club (a dinner club for people aged 50+ with Black and Minority Ethnic (BAME) backgrounds) was cancelled in line with COVID-19 social distancing guidance. However, four members of the group took part in the pilot and are willing to host a conversation at a future session once the group is able to meet again.

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Feedback from the volunteers

One of the volunteers sent a text message to the Community Development Worker the day after their group talk to say

I hope it started the conversation!!! It's a difficult one generally. The woman next to me said it helped her & said thanks. This whole process has encouraged me to be positive with my excellent care from the NHS & it has driven me further to help enable all women I meet (I'll start here first) to receive the same care by accessing good information!".

Feedback from the volunteers about the whole Cancer Volunteering Pilot was initially due to occur over a shared lunch at the the end of March 2020. Unfortunately, Public Health regulations for COVID-19 social distancing meant this could not happen as planned; so 1:1 feedback was sought by an HKP Community Development worker via telephone. The volunteers' feedback is detailed below.

Five of the eight volunteers responded to our feedback survey:

1. How much have you enjoyed taking part in the volunteering pilot?
1. Not at all
2. A little
3. A lot

All 5 volunteers who responded to the survey said: "3. A lot"

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2. Have you achieved the following goals as a result of taking part in the Cancer Volunteering Pilot? (Statements were scored "Yes" or "No")

I feel part of my community

Yes: 5 | No: 0

Mixed feelings

A little bit. I haven't spoken to many people since then [due to COVID-19]. I only discuss things like this with ladies.

I met new people/made new friends

Yes: 4 | No: 1

I already knew everyone in the group.

I started volunteering

Yes: | No: 5

I feel I am making a positive contribution to my community/group

Yes: 4 | No:

Totally positive. The people who were scared to fill in the forms at the end of the session said later that they "loved [volunteer name] and the way he was talking and the information he gave us".

I would have liked to have done more, but the circumstances have affected things. All of my groups haven't met since the start of April [due to COVID-19].

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I learnt more about cancer and cancer screening processes

Yes: 4 | No: 1

Yes to a certain extent

Definitely

I already knew it as I work for the NHS. It hasn't progressed further.

I am now taking better care of my own health and wellbeing

Yes: 3 | No: 1

I am a bit more vocal about telling my family to go and get tested.

Always careful

A little bit, but not a huge amount. My husband has had cancer before, so after that – and because of that - we take care of our health.

I understand more about how the NHS works with the community

Yes: 2 | No: 2

Yes, a little bit more. I felt like [my and my husband's] experience of cancer services [13 years ago] is outdated now. We changed our opinion because, in those days, people complained about the NHS; but when it comes to the real crunch they really are there. They were so understanding and caring and, due to not being very comfortable in my mind at that time and feeling all over the place, I would forget things. Not everyone had a phone in those days, so we had this little Dictaphone gadget and recorded [my husband's consultations] on that. The Consultant was fine for us to record it, and our children wanted us to. I was in my early 50s then, and still "with it"; but when you're emotionally not all there you forget or doubt yourself. The NHS is very understanding and very caring. I learned that then and [this pilot] has only gone on to reinforce this.

Yes, a bit. I still feel it's a "postcode lottery".

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Other (please specify):

This has opened my eyes more to the need to have screening / tests done

3. What do you think helped you achieve these things?

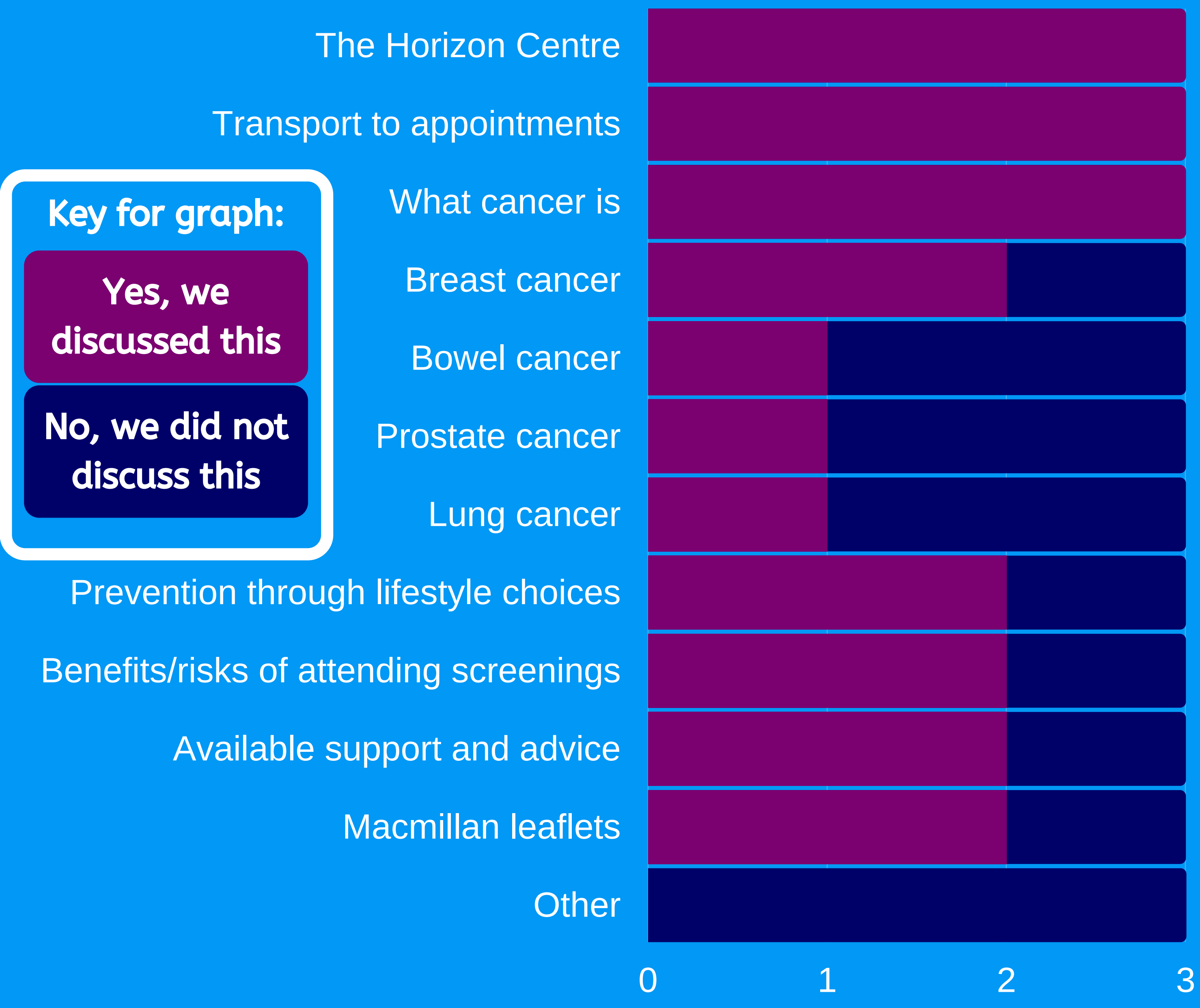
The session with Doctor Phil. A lot of personal information came out which made us very sympathetic to each other. Some of [the other volunteers] have had personal illnesses which we didn't know about and that came out. After the meeting, everyone tried to sympathise and understand each other better.

I learned a lot more about cancer. It made me feel more engaged with trying to help people go to screenings – even if it's only one thing. I want to get people to go. It energised me!

It was really good to get an invite to go [on the trip] through HKP. Whoever arranged it was excellent. From my perspective, I wanted to know where historic problems have got to - specifically for women's health. At least we've had a conversation and communication so we are aware of what's going on now, but I feel like it's only the start of an important conversation.

The visit. We knew the building was there but we never went in it. Going there and hearing the Doctor and finding out how much is there was great. They don't do operations there; it's just there to have somewhere to go and feel comfortable and if you're in that building you've got people involved. I previously thought they did operations and things. I learned a lot.

4. Did you share the following information with your group? *NB: only answered by volunteers who completed a group visit*



5. What did you feel your group were most interested in learning about? *NB: only answered by volunteers who completed a group visit*

They all showed an interest in the Centre and the Hospital – which is a good action. We would love to share more information with them.

A lot of people didn't know about the Horizon Centre and asked where it was and how to get there.

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I’m really pleased the transport information was shared to encourage people to get to their appointments, because it’s a nightmare getting to that part of Brighton. Not everyone can afford taxis, and people in their 60s don’t have a pension to support this either, so it’s a struggle for them. We need to tell more people about it.

We focused on breast cancer as we were assuming that was what the group wanted to know about, but we should/could have talked about other cancers too, as every single one of them affects the community.

Sharing the ways to prevent cancer through lifestyle choices is really important – and it was nice to pass that onto a community, to give people ideas to help them keep healthy and/or cope with cancer.

6. Are there any health conditions you think we should consider in the future and why are they important to you/your group?

The group I talked to have now started to talk about learning more about diabetes and women’s health (particularly the vagina and the system "down there").

There are two more very important topics they want to talk about. One is food hygiene, as people in the group are used to living in hot climates and not used to living in a colder country - so they leave rice out for too long. The men also want to know how to start a small business and how to get a loan for this. I feel these topics will bring a lot of people to the group's meetings.

Screening for aneurisms in men came up in my group, and I've had personal experience of this too. It’s like cancer screening. It can prevent death. We need to raise awareness that these screenings are offered.

There are still so many women who don’t open up and talk about [women's health issues]. This probably happens in all communities, but especially for the Multi-Cultural Women's Group (MCWG). You have to encourage them to get involved. They are the ones who still get neglected as a gender. If they’ve got an issue, it doesn’t get talked about. They have to be made more caring for themselves; which is difficult because of their culture. It’s female issues, like ovarian cancer, periods and breast cancer. They go on for a long time without self-care. The women who have daughters need to be there for them and give a female outlook on issues. With periods [for example] – the men blame women and think it’s taboo, mumbo jumbo or “there’s a silly problem with her”, and it's not a medical condition.

The only [reason] I can think of for this is because those women can’t converse in front of a doctor. [I wonder if] can they take someone with them? The husbands are hopeless: they don’t care, and they want a kid. Someone needs to be understanding from a female point of view, such as an English-speaking Nurse. Men don’t care unless they care from a Western point of view.

- Can we talk about each type of cancer in "modules", so each conversation gets the time it needs?
- I want to do a broader overview of women's cancer, as breast cancer comes into gynaecological cancer too: they’re all related. It can be cyclical, affected by hormones, and signs can show up as something else.
- I would also want to explore the impact of gynaecological dysfunction on mental health. The Multi-Cultural Women's Group has dipped into mental health before, but I have found a relationship between this and gynaecological issues. You can have those dark, quiet moments, in a room all by yourself, and it's hell.
- HPV is also so important today - especially for young people - due to cervical cancer. I’ve got two young girls and the knowledge is partly about communication as well.
- Helping women feel "heard" by clinicians - although this is actually more for the professionals asking the questions.
- The women at the Multi-Cultural Women's Group talk on behalf of partners and other people; so I think they would want to know about men’s health for genital cancer as well – as this can also be mistaken for bowel cancer. Screening is key for this too.
- Can Dr Phil/Macmillan come to St Richards to do another talk to a wider group for anyone in the community who is interested?
- Highlighting the importance of screenings, and clinicians taking reported symptoms seriously. I always say to people the best possible news you could have is “we’ve checked you out and you're fine” and they will skip out of the department knowing that you’re OK. On the other hand, if you find out something’s wrong now (a "stitch in time saves nine" attitude) you’ll be sorted for the future and you won’t remember the difficult times for that long.

7. Is there anything else you would like to tell HKP?

I was privileged to be able to be part of that group and see the Horizon Centre. I've lived in Brighton all my life and didn't know it was there. It gave me so much to talk to other people about.

I think a food hygiene talk is particularly important. I am very happy to help with anything but would like to do [the organising] rather than talking.

I just wish there was some way we could get women to get more involved in sharing. [Host] an intimate conversation just for [one] issue, and see how many women come. Bangladeshi or European women need people to support them at medical appointments.

The group found the cancer information positive and good to know about. Since my talk, people [are] stopping me in the street to ask me lots of questions about their issues and where they can go [because they] know that I have information about illnesses. I am happy to talk to other communities with help from a translator, until HKP is able to find someone from each community as a direct contact.

I think we need more information about which screenings have the worst uptake from different age groups, so we can target those.

I had a mixed bag of emotions. It was an amazing opportunity, but I choked a bit because we're no further forward with women's cancers than we were when I had it in 2005. Gynaecological cancer should be up there with equal importance to prostate.

When my husband had cancer [13 years ago] it was like you'd committed a crime. He didn't want to tell anyone. Men don't talk. We only told our friend, a doctor, and his wife. We never spoke about it, as he realised we had told him in a medical capacity. He then got prostate cancer in his late 70s, and came over to us specially. We ate together, but his wife joined me in the kitchen as he wanted to have a closed conversation with my husband. I just felt very happy that he felt comfortable enough to talk about it with someone.

We need more targeting for smear tests; with girls given the information before they leave school. I think it will take money to change it. "Don't forget your test when you're old enough" isn't enough. It needs to be hard-hitting, with videos of people who have lost someone to this type of cancer. I also think that there should be regular communication with these young ladies in the years between leaving school and being eligible for a test.

Women don't know how to feel "heard" by clinicians. They aren't listened to or taken seriously. That was my experience, and I'm very vocal compared to other women. You're either considered hysterical or told to take a hot water bottle to bed. A hormone inbalance can affect your mental health, but calling women "hysterical" is not an excuse: it's part of the picture. Professionals need to come to terms with that, and have the education to deal with it. Women are petrified to have anything done, or to go in and talk to someone and actually be taken seriously. I feel there is a 50:50 chance of that kind of experience.

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Multi-cultural women have extra issues with the gender of clinician they speak to. There are also problems with assumptions based on people's appearance or race. Before my cancer diagnosis, a clinician told me "ovarian cancer is European" - and was so rigid in that belief that they didn't consider it as a diagnosis. I don’t know how to emphasise enough that screening should be offered to everybody.

This pilot was our first start at this and what we got out of it was superb. The talks we heard and gave were wonderful. People weren’t blinded by science – they were able to engage. And having the knowledge displayed meant people could take away more information too.

The NHS needs to look at keeping track of people. I expect a high number of people who don't get tested have moved or had to resort to "sofa-surfing". People who live a more transient lifestyle fall off of the radar until they need to use the NHS. I'm not suggesting there's an easy answer; it's just a possible reason for screenings being missed. Maybe there's a case for more active follow-ups via text/phone if there is no response to an initial letter?

A dedicated weekend surgery just for women, with a relaxed, calm atmosphere and people to support them if needed. Obviously, this would need funding and goodwill from staff and it's certainly one for the future. We also need better support for parents, who have such busy, hectic lives these days.

Impact on community groups members

In June 2020, we asked the members of the Multi-Cultural Women's Group and Egyptian Coptic Christian Association who attended the cancer conversations for their feedback about the sessions (via a written survey). Responses were received from 9 people. Their answers are below.

1. How useful did you find the cancer conversation?
1. Very useful
2. Quite useful
3. Not useful

7 people responded "1. Very useful"
2 people responded "2. Quite useful"

2. Did you learn anything new during the conversation?

[There were] things about how you get cancer which I found interesting and useful

Yes, the statistics of all the kind of cancer especially when compare between the women and mens.

3 people said "Yes, I know many information"

I know new information about ovary cancer

Yes, I learn about the many kind of cancer

New information about breast cancer

Yes the prostate cancer

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3. Was there any information missing that you wish had been included?

I think I collect of the information which is important for me

What the new treatment for it [is]

I would to know the last result of research about the effect of therapy in this area

Yes about young girls

The effect [of] cancer on mental health

3 people said "Nothing". 1 said "I don't remember".

4. Have you changed anything in your life as a result of the conversation?

Yes I started to give my daughter much advice about the personal care

2 people said they had changed their lifestyle

Give me to experience about how to check myself

Not that I can remember

No

I'm be more careful

2 people said they had changed their diet

5. Are there any other health conditions you would like to talk about in your group?

The diseases for the people who [are over] 70 years old

The children's disease

It would be good to talk about covid-19 and dealing with other examples of the corona virus

The drugs which is causes high risk

Coronavirus

Nothing

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Yes the mental health

Yes, children problems

The behaviour

6. How did you feel about the conversation being led by volunteers? Would you have preferred a presentation from a medical professional (who you did not know)?

1. I found it more helpful/enjoyable/comfortable having a member of my group lead the conversation
2. I would have found it more helpful/enjoyable/comfortable having a medical professional (who I did not know) lead the conversation
3. I do not have a preference

8 people said they did not have a preference.

1 person said they would have found it more helpful having a medical professional that they did not know lead the conversation.

1 person added that, while they had no preference, they "liked having [the GP volunteer] lead it. I think she brought her knowledge and experience of the group with her. She was also clear and not patronising. I don’t think that it would necessarily apply to [all group members]. I think that sometimes speakers to the group who are native English speakers can come across as patronising in their effort to be understood."

7. Is there anything else you would like to tell us?

Thank you for this fantastic service

The lecture was very helpful

The lecture was very good

It would have been good to have a handout or something sent out by email, to save paper – I recall that there were interesting things I learned but I can't remember them now

The lecture was much helpful

4 respondents wrote "Nothing"

What we learned

People are more likely to volunteer for topics relating to a personal experience. Half of the volunteers in the pilot had been personally affected by cancer, and wanted to learn more. The ninth volunteer (who did not complete the pilot) said they would be more interested to take part in a pilot where they learnt about HIV (as they lost a friend to it).

People who already volunteer are more likely to volunteer again. Everyone who answered our final survey was already volunteering before they joined the pilot.

Holding these conversations within established communities and groups enabled them to focus on topics that were of specific interest to the group's members. This was seen at the Multi-Cultural Women's Group, where questions and conversation centered around issues pertaining to women's health and wellbeing. Questions from the members of the Egyptian Coptic Christian Association, which is culturally centred around family and community, focused on children's health and wellbeing.

There are multiple benefits (for both volunteers and group attendees) in matching volunteers with groups that see them as peers due to shared characteristics/demographics. Realisations of this included:

- One of the Knoll Lunch Club volunteers (of the same ethnicity and age as the majority of the group's members) adjusted the structure and focus of the talk in advance, to reflect their anticipated areas of interest for the attendees.
- The Egyptian Coptic Christian Association volunteer was already an established leader within the group. They were able to adapt the information in advance to reflect cultural nuances (e.g. differences in diet), and translate information to increase accessibility in the session.
- The Multi-Cultural Women's Group volunteers were known and accepted members of the group. This increased attendees' trust in the volunteers; enabling a more open and honest conversation, including potentially sensitive or 'taboo' topics. The volunteers were also able to understand the barriers that affected the attendees as members of various Black And Minority Ethnic (BAME) communities, and as women.
- One volunteer was approached by a group of local women with the same ethnic background to host a dedicated talk.

The majority of groups we approached with an offer of a volunteer-led conversation were reticent to host a talk about cancer; suggesting that it is still a 'taboo' subject for the majority of the local population. Further research into these groups' interest in hosting topics relating to other aspects of health and wellbeing (e.g. diabetes, anxiety or weight management) may help identify whether this is the case.

It may be worth noting that the membership of the groups that embraced the offer is predominantly comprised of people from Black And Minority Ethnic (BAME) communities. However, the total number of groups approached is not of sufficient size to determine if there is a trend of cancer be a less 'taboo' subject within BAME communities.

NHS England

THE MACMILLAN HORIZON CENTRE
Cancer support for Sussex

NHS
Brighton and Hove
Clinical Commissioning Group

The Hangleton & Knoll Project
Working for a better community