

Cancer Alliances

Five year planning

July 2019

- 55,000 more people each year will survive five years or more following diagnosis.
- Three in four cancers will be diagnosed at an early stage.

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Introduction and purpose



- The [NHS Long Term Plan \(LTP\) Implementation Framework](#) was published on 27th June. This provides the framework for all systems to develop five year plans for implementation of the LTP, and makes it clear that Cancer Alliances will work with their STP(s)/ICS(s) to lead this planning for cancer.
- We recognise that Cancer Alliances and their system partners will already be thinking about delivery of the LTP over the next five years and will have started to plan and prioritise.
- This pack provides additional information and resources for Cancer Alliances to support them to lead five year planning for cancer for their area. The pack is organised in line with six groups of local deliverables covering the first five years of the LTP (see [Annex A](#)). These have been developed to provide additional guidance and detail on the LTP commitments and the high-level deliverables in the LTP Implementation Framework.
- The pack starts by providing some additional information on the two ambitions for cancer in the LTP. Then, for each group of deliverables, it sets out:
 - **a short explanation of what we are trying to achieve as the NHS Cancer Programme;**
 - **resources, support and further information available; and**
 - **Alliance-led and national-led activities over the next five years.**
- This pack also includes further information on:
 - Metrics and evaluation;
 - Health inequalities;
 - Funding, including indicative Alliance-level population-based allocations for the next five years; and
 - Further planning support.
- We are not expecting the five year planning process to re-open signed off 2019/20 Cancer Alliance delivery plans.
- Cancer Alliances should refer to the LTP Implementation Framework for further information on the format and timescales for five year planning. Our expectation is that a single plan for delivery of the cancer LTP commitments will be developed for each Cancer Alliance area. This will then form the cancer section within the wider plans of each constituent STP/ICS.

Overall ambitions – introduction



- The Long Term Plan sets two bold ambitions for improving cancer outcomes. These build on and accelerate the significant progress already made through delivery of the recommendations of the Independent Cancer Taskforce (2015):
 - By 2028, 55,000 more people will survive cancer for five years or more each year; and
 - By 2028, 75% of people will be diagnosed at an early stage (stage one or two).
- The five year planning process provides an opportunity for Alliances to set out their contribution to meeting these ambitions. All Alliances should plan to deliver the ambitions in a way that:
 - Improves quality of life outcomes;
 - Improves patient experience outcomes;
 - Reduces variation; and
 - Reduces inequalities.

Overall ambitions – survival



- The LTP survival ambition aims to place England among the best countries in Europe for cancer survival. Estimates suggest that about 390,000 people will be diagnosed with cancer in 2028. 55,000 more people surviving their cancer for five years or more would therefore be equivalent to five-year survival reaching about 70% from an estimated 55.5% in 2015.
- We expect that, in the absence of any additional intervention, five-year survival rates would continue to increase in line with historical trends and reach about 65.5% by 2028. Meeting the ambition would require an improvement of about 4.5%age points over historical trend. This is equivalent to 17,500 more patients surviving for at least five years after diagnosis.
- However, we cannot assume historical growth will continue without ongoing action. To ensure we sustain and accelerate the upward survival trend, we need to make progress in three key areas:
 - **Diagnose more cancers early** - see 'Early diagnosis ambition' ([next slide](#)).
 - **Reduce variation in diagnosis and treatment**
 - A number of the specific LTP cancer commitments are designed to ensure that everyone with cancer is diagnosed as quickly as possible and has access to the best treatment and care.
 - In addition, the expectation remains that Alliances will play a central role in identifying and tackling variation in outcomes, access and practice across their areas, including as new treatments and care models are introduced. Alliances are uniquely placed to bring together their constituent systems and organisations, to use data to identify variation, to build consensus – including clinically – on the approaches to tackling this variation, and to track progress in doing so.
 - As a national team we will also be prioritising and delivering approaches for tackling variation that will have an impact on delivery of the survival ambition at a national level. Cancer Alliances will have an important role to play in supporting and enabling these approaches.
 - **Ensure faster translation of innovation and research into practice.**
 - We know that we will not meet the LTP ambitions by doing more of the same.
 - We are therefore investing funding through a new Innovation Fund to support the testing, evaluation and spread of promising approaches and interventions that are likely to have the biggest impact nationally on both of the LTP ambitions. We will be launching a 'call for innovations' in the coming months, which will be open to a number of partners, including Alliances.

Overall ambitions – early diagnosis (1)



- The ambition to diagnose 75% of cancers at an early stage is very ambitious and demands that we do things differently. It also covers all cancers, and therefore will require improvement for the rarer and less common cancers as well as the higher volume cancers. Currently, 53.7% of staged cancers are diagnosed at stage 1 or 2. The highest early diagnosis rate in a CCG is just over 60%. Only three cancers have early diagnosis rates above 75% (breast, melanoma, uterine) and some remain low, below 30%.
- Nationally, our long-term strategy to support delivery of the ambition focuses on:
 - a. Defining the areas in which the greatest impact can be made (see graph at [Annex B](#)).
 - b. Population based service and pathway transformation that responds to the challenge, led by Alliances.
 - c. Directing research, innovation and technology development to address those areas.
 - d. Setting and sharing a clear innovation pipeline and pathway for adoption.
 - e. Sustained investment in equipment and workforce.
- Some of the interventions that will deliver earlier diagnosis are ready to implement, while others require further development and testing as we begin to deliver the Long Term Plan. The below table sets these out:

Type of intervention	Examples
Interventions to be implemented from 2019/20	<ul style="list-style-type: none"> • Improving screening uptake • Roll-out of FIT • Rapid Diagnostic Centres (one RDC in each Alliance) • Targeted lung health checks • Reducing variation • Improving GP referral practice
Interventions that require further development as part of LTP delivery	<ul style="list-style-type: none"> • Rapid Diagnostic Centres (implementation plan for expansion) • Familial genetic testing • Accelerating the translation of innovation and research into routine clinical practice

Overall ambitions – early diagnosis (2)



- Many of the specific LTP commitments for cancer are designed to drive earlier diagnosis.
- CADEAS has also produced a tool that allows Alliances to look in more detail at their early diagnosis data (a link to the tool will be shared separately). The tool can be used to:
 - Understand variation across your Alliance (by tumour site and CCG) over recent years;
 - Compare your early diagnosis outcomes with those of other Alliances and CCGs; and
 - Model the impact of early diagnosis interventions locally.
- This tool is designed to help you in planning local approaches to tackling variation in current early diagnosis rates, supported by taking a whole Alliance approach as described on the [‘Overall ambitions – survival’](#) slide.
- Your Alliance may also choose to use some of its funding allocation (see [‘Funding’ slide](#)) to support the testing or implementation of interventions that will help to drive earlier diagnosis in those geographies/tumour sites where your data shows there is a strong need. If you choose to do so, you may find it helpful to consider the following:
 - How the intervention tackles an issue identified through your data;
 - Evidence base for the intervention;
 - How you will evaluate the testing and/or roll out of the intervention.
- **As part of the initial submission deadline in September, please include a first draft of the early diagnosis tool for your Alliance, showing how your planned local interventions (whether these be the local implementation of nationally-mandated projects or projects you have adopted locally) are expected to impact on your early diagnosis rates.**
- These returns will help to inform the overall national position against the LTP early diagnosis ambition. We will also look to identify any opportunities to share lessons across Alliances and, working with regions, to identify where any Alliances may benefit from additional support.

Screening – bowel, breast, cervical (1)



What are we trying to achieve?

Improved uptake of the national bowel, breast and cervical cancer screening programmes, to meet the minimum published programme standards. This can be achieved by addressing inequalities, improving access to services and reducing variation so that providers consistently meet the national standard.

National performance across bowel and breast screening is generally above the current standard, but uptake and coverage has been declining for years and there is still variation across the country.

National cervical screening performance is below where it should be and will require concerted effort to improve.

To achieve this goal, public health (NHS England, PHE and Local Authorities), primary care and CCGs/STP/ICSs will need to work together. Regional NHS England public health improvement plans and the CCG workforce and inequalities planning should be factored into any plans to ensure a joined up, impactful approach.

What support, resources and additional information are available?

Cancer Alliances should work with local NHS England public health commissioning and screening and immunisation teams, as well as other local partners including primary care, to agree joint plans to deliver actions to increase take up. Contacts can be found [here](#).

Continued on next slide.

Screening – bowel, breast, cervical (2)



What support, resources and additional information are available? (contd)

- Public Health England publishes online resources for improving cancer screening programmes, including ideas for improving access and uptake in cervical screening – <https://www.gov.uk/government/organisations/public-health-england>
- Charities - including Cancer Research UK (CRUK), Jo's Trust, Breast Cancer UK, Bowel Cancer UK - have published evidence online to support improvements in screening uptake. Two examples from CRUK are included below:
 - Bowel - <https://www.cancerresearchuk.org/health-professional/screening/bowel-screening-evidence-and-resources/evidence-on-increasing-bowel-screening-uptake>
 - Cervical - <https://www.cancerresearchuk.org/health-professional/screening/evidence-on-increasing-cervical-screening-uptake>
- Sir Mike Richards has published his interim Independent Review of National Cancer Screening Programmes, which highlights emerging findings – <https://www.england.nhs.uk/wp-content/uploads/2019/02/independent-review-of-cancer-screening-programmes-interim-report.pdf>. Recommendations following the review will be published in the summer 2019.
- Additional evidence on the types of interventions and advice that already exist for improving uptake and coverage in cancer screening can be found [here](#).

Key contact

For more information or key point of contact details, please contact the NHSE Public Health commissioning team at: england.phs7apmo@nhs.net



Screening – bowel, breast, cervical (3)



Five year deliverable	Activity				
	2019/20	2020/21	2021/22	2022/23	2023/24
<p>From September 2019, all boys aged 12 and 13 will be offered the HPV vaccination.</p> <p>By 2020, HPV primary screening for cervical cancer will be implemented across England.</p>	<p>Alliance-led</p> <p>NHS England is the responsible commissioner of national cancer screening programmes and is supported in delivery by Public Health England (under the Public Health Functions Agreement (Section 7A) with the Secretary of State for Health and Social Care – find the latest Agreement here).</p> <p>Cancer Alliances should work with local NHS England public health commissioning and screening and immunisation teams, as well as other local partners including primary care, to agree joint plans to deliver actions to increase take up in line with the commitments set out within S7A, NHSE Cancer Screening Programme service specifications, the GMS contract and the annual CCG planning guidance. There may also be local actions to be implemented in response to the Independent Review of Cancer Screening, led by Sir Mike Richards, which is due to report in summer 2019.</p>				
<p>From summer 2019, the Faecal Immunochemical Test will be used in the bowel screening programme.</p> <p>By 2023/24, significant improvements will be made on uptake of the screening programmes.</p>	<p>National-led</p> <p>Implementation of the Faecal Immunochemical Test in the bowel screening programme from summer 2019</p> <p>Report of review of cancer screening programme and diagnostic capacity, led by Sir Mike Richards, published (summer). National team to take forward relevant recommendations</p> <p>HPV vaccination programme extended to boys aged 12 and 13 (from September)</p> <p>Work with PHE to develop a plan for extension of the bowel cancer screening programme, to cover reduction in age to 50, and increase in sensitivity level</p>	<p>Deliver full geographical coverage of HPV primary screening across England by 2020</p>			

Earlier and faster diagnosis (1)



What are we trying to achieve?

Delivery of the Long Term Plan ambition for early diagnosis (see: [ambition slides](#)).

What support, resources and additional information are available?

Targeted Lung Health Checks:

- [Targeted Lung Health Checks Standard Protocol](#)
- National participant information booklet and low dose CT scan information sheet (to be published Q2, 2019/20)
- Quality Assurance document (to be published Q2, 2019/20)

Rapid Diagnostic Centres:

- RDC Specification for 19/20

Faster Diagnosis Standard:

- [Cancer Waiting Times Guidance](#), alongside the [Information Standards Notice](#) for dataset changes
- [Rapid Diagnosis and Assessment Pathways](#) (lung, prostate, colorectal, oesophago-gastric cancers)
- Faster Diagnosis Standard Information Pack (to be published Q1, 2019/20)
- Revised PHE screening service specifications (from 2020)

Primary Care Networks:

- NHS England [webpage](#)
- Network Contract Directed Enhanced Service (DES) [guidance](#)
- BMA [handbook](#)

Other support:

- CADEAS modelling tools (e.g. FIT, endoscopy demand)
- [NG12 Guidelines](#) and implementation guides
- [GIRFT](#) reports and recommendations (includes lung cancer, additional programmes TBC)
- National Cancer Audits
- Ongoing support for Alliance early diagnosis leads, e.g. through 'share and learn' sessions, national event

Key contacts

Targeted Lung Health Checks: Charis Stacey charis.stacey@nhs.net

Rapid Diagnostic Centres, and Faster Diagnosis Standard: Lily Megaw lily.megaw@nhs.net

Primary Care Networks: Dan Rattigan daniel.rattigan@nhs.net

Earlier and faster diagnosis (2)



Five year deliverable	Activity					
		2019/20	2020/21	2021/22	2022/23	2023/24
By 2023 the first phase of the Targeted Lung Health Checks Programme will be complete, with a plan for wider roll out (depending on evaluation).	Alliance-led	Ten projects covering 14 CCGs involved in first phase of delivering targeted lung health checks, with potential for additional projects to start from April 2020 onwards (based on the evidence gathered) in areas with higher mortality rates. NB. The expectation is that no additional local projects will start outside of the National Programme from 2020/21 onwards.				Depending on evaluation, all Cancer Alliances involved in expansion of TLHC
	National-led			Interim evaluation of first phase of projects	Implementation plan/approach for further roll out	Final evaluation of first phase of projects
By 2020, one Rapid Diagnostic Centre will be implemented in each Cancer Alliance, with further roll out by 2023/24.	Alliance-led	All Cancer Alliances to establish one RDC for a defined population within the Alliance geography (as per the 2019/20 Specification) All Cancer Alliances to agree implementation plan for expansion, within nationwide programme*		All Cancer Alliances to deliver implementation plan		
	National-led	Clinical and delivery models developed and shared Negotiation for capital investment for CT and MRI scanners through Spending Review		National evaluation to support implementation		

*In Autumn 2019 the national cancer programme will set out a more detailed plan for the rollout of RDCs beyond 2019/20, including guidance on how targeted funding will be used.



Earlier and faster diagnosis (3)



Five year deliverable	Activity					
		2019/20	2020/21	2021/22	2022/23	2023/24
From April 2020, all local systems should be recording their Faster Diagnosis Standard data.	Alliance-led	All Trusts to be collecting FDS mandatory data items	All providers to be meeting the Faster Diagnosis Standard All Cancer Alliances to implement other timed pathways to support delivery of Faster Diagnosis Standard			
		All Cancer Alliances to deliver demonstrable improvement in numbers of lung, prostate and colorectal cancer patients diagnosed in 28 days				
	All Cancer Alliances to implement the timed pathway for oesophago-gastric cancer across all Trusts					
	National-led	Shadow monitoring and reporting of the Faster Diagnosis Standard	National reporting of the Faster Diagnosis Standard			
		Threshold for Faster Diagnosis Standard defined (Q3)		Expansion of cohort for the Faster Diagnosis Standard (2021/22 onwards in line with introduction of RDCs)		
By 2023/24 Primary Care Networks will be working with Cancer Alliances to help to improve early diagnosis of patients in their own neighbourhoods	Alliance-led	All Cancer Alliances to work with their emerging Primary Care Networks and other partners to deliver early diagnosis				
	National-led	GP contract published	PCN DES specification for cancer implemented			
		PCN footprints defined and agreed Development of PCN Directed Enhanced Service (DES) specification for cancer				

Treatment (1)



What are we trying to achieve?

Patients will receive the most effective, precise and safe treatments, with fewer side effects and shorter treatment times.

Genomics:

Equity of access to cancer genomic testing as set out in the National Genomic Test Directory, so that during the next ten years all people with cancer who could benefit from genomic testing are able to do so.

What support, resources and additional information are available?

- Radiotherapy [specialised services](#) page
- Radiotherapy Network [service specification](#)
- Radiotherapy [service specification](#) (individual provider)
- [Letter to Cancer Alliances](#) on Radiotherapy service specifications
- Children and Young Adult Cancer Services [specialised services](#) page
- [Consultation](#) on children's cancer services

Genomics:

- National Genomic [Test Directory](#) for cancer
- Further information will follow, including:
 - Guidance on cancer genomic testing, pathways and designated testing providers, in line with the National Genomic Test Directory
 - Updates and information on the development of the Genomic Medicine Service
 - Mapping of all Cancer Alliances to the NHS Genomic Medicine Centres and Genomic Laboratory Hubs
 - Metrics for equity of access to cancer genomic testing to help identify variation and inform the development of local strategies to improve access

Key contact

Specialised Commissioning Cancer Programme of Care: england.npoc-cancer@nhs.net

Genomics: ENGLAND.genomics@nhs.net

Treatment (2)



Five year deliverable	Activity					
		2019/20	2020/21	2021/22	2022/23	2023/24
11 Radiotherapy networks will be established across England by 2019/20 to fully implement new service specifications by 2021/22.	Alliance-led	Support establishment of Radiotherapy Networks, including agreeing chair and hosting arrangements	Support effective functioning of Radiotherapy Networks			
	National-led	Reforming the National Tariff for radiotherapy to incentivise Trusts to offer advanced and innovative radiotherapy techniques				
		Delivering a radiotherapy Healthcare Learning System to speed-up access to new and effective treatments and technologies Delivering a radiotherapy quality assurance programme, including national tumour specific radiotherapy datasets, to support Radiotherapy Networks to improve outcomes from treatment				
New service specifications for children and young people's cancer services will be implemented by 2021.	Alliance-led	Support delivery of the updated service specification for children and young people's cancer services				
	National-led	Publishing the updated service specification for children and young people's cancer services	Supporting delivery of the service specification			

Treatment (3)



Five year deliverable	Activity					
		2019/20	2020/21	2021/22	2022/23	2023/24
More children and young people will be supported to take part in clinical trials, so that participation among children remains high, and the NHS is on track to ensure participation among teenagers and young adults rises to 50% by 2025	Alliance-led	Continue to support access to clinical trials				
	National-led	Work in collaboration with NIHR and third sector organisations, such as Teenage Cancer Trust, to promote access to clinical trials and participation in research in teenagers and young people with cancer				
From 2019, whole genome sequencing will begin to be offered to all children with cancer. From 2020/21, more extensive genomic testing should be offered to patients who are newly diagnosed with cancers so that by 2023 over 100,000 people a year can access these tests.	Alliance-led	Proactively engage with the relevant Genomic Laboratory Hub and NHS Genomic Medicine Centres to ensure local strategies are in place to provide all eligible patients with access to appropriate cancer genomic testing				
		Work in partnership with the relevant Genomic Laboratory Hub to ensure all genomic testing requested within the Cancer Alliance is consistent with the national genomic test directory and delivered by the designated providers				
	Promote the use of, and support all providers to implement, whole genome sequencing for all eligible cancer indications		Work with partners to support the implementation of cancer genomic research projects and ensure greater alignment across local research initiatives			
National-led	Developing and publishing guidance on cancer genomic testing, pathways and designated testing providers, in line with the National Genomic Test Directory					

Personalised care (1)



What are we trying to achieve?

Personalised care is based on what matters to people and their individual strengths and needs. A one-size-fits-all health and care system simply cannot meet the increasing complexity of people's needs and expectations. Personalised care from cancer diagnosis onwards will provide people with choice and control over their mental and physical health, and will improve a range of key outcomes for patients, professionals and health and social care systems. The new Cancer Quality of Life metric will bring parity to quality of life as an outcome alongside survival, and provide important new information to support planning of service/pathway developments that address quality of life.

Alliances are well on the way to implementing core interventions such as personalised care and support planning and personalised stratified follow up pathways for breast, prostate and colorectal cancers (which will inform further roll out in other clinically appropriate cancers). In addition, focus will be needed over the next five years on interventions such as psychological support, healthy lifestyle choices and preventing/managing consequences of treatment. The Cancer Quality of Life metric is undergoing a final round of testing and analysis in preparation for launch in 2020.

What support, resources and additional information are available?

- Relevant pages on Cancer Alliance Workspace (due to be updated by July 2019):
 - [Personalised care](#)
 - [Quality of life metric](#)
- NHS Personalised Care websites:
 - <https://www.england.nhs.uk/personalisedcare/>
 - <https://www.england.nhs.uk/personalisedcare/comprehensive-model-of-personalised-care/>
 - <https://www.england.nhs.uk/personalisedcare/what-is-personalised-care/>
 - <https://www.england.nhs.uk/ourwork/patient-participation/patient-centred/planning/>
- Macmillan webpage:
 - <https://www.macmillan.org.uk/about-us/health-professionals/programmes-and-services/recovery-package>
- Innovation to implementation: Stratified pathways of care for people living with or beyond cancer; How to guide:
 - <https://www.england.nhs.uk/wp-content/uploads/2016/04/stratified-pathways-update.pdf>
- Handbook on personalised stratified follow-up, including case studies and evaluation reports (due September 2019, will be uploaded on Workspace).
- Quality of life implementation toolkit – a how to guide for setting up QoL data collection in Alliances and Trusts (estimated June 2020).
- Ongoing support for Alliance Living With and Beyond Cancer/Personalised Care leads, e.g. through monthly 'share and learn' sessions, bi-annual meeting, national event.

Key contact

- Lesley Smith, Living With and Beyond Cancer Senior Programme Manager, NHS Cancer Programme lesley.smith45@nhs.net



Personalised care (2)



Five year deliverable	Activity				
	2019/20	2020/21	2021/22	2022/23	2023/24
By 2021 everyone diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.	Alliance-led	All Alliances to continue to roll out and improve the quality of personalised care interventions including needs assessment, a care plan and health and wellbeing information and support.			
			All Alliances to work with partners to implement comprehensive model of personalised care for cancer patients		
	National-led	Publication of HNA data from Q2 (then released quarterly)	Further information on comprehensive model of personalised care as it applies to supporting people to manage the impact of cancer		
By 2020 all breast cancer patients will move to a personalised (stratified) follow-up pathway once their treatment ends, and all prostate and colorectal cancer patients by 2021.	Alliance-led	From April 2020 approximately two-thirds of patients who finish treatment for breast cancer to be on a supported self-management follow-up pathway	All Trusts to have personalised (stratified) follow-up pathways in place for colorectal and prostate cancer by April 2021		
		All Trusts to have in place protocols for personalising/stratifying the follow up of prostate and colorectal patients and systems for remote monitoring for patients on supported self management.		All Alliances to implement personalised (stratified) follow up for other cancers as identified	
	National - led		Further cancer types suitable for personalised (stratified) follow up identified and shared		

Personalised care (3)



Five year deliverable	Activity					
		2019/20	2020/21	2021/22	2022/23	2023/24
From 2021, the new Quality of Life (QoL) Metric will be in use locally and nationally.	Alliance-led		All relevant providers to submit QoL data			
				All Cancer Alliances to use local QoL data to inform service improvements		
	National-led	Complete pilot and evaluation in five Cancer Alliances	Set the data collection method and criteria for the national QoL metric Begin data collection to inform full implementation of metric			



Workforce (1)



What are we trying to achieve?

The Long Term Plan sets out ambitions for improving cancer treatment and care in England. However, unless we have sufficient staff with the right skills and support and give consideration to the workforce impact of future service models these ambitions will not be realised.

In December 2017, Phase 1 of the Cancer Workforce Plan was published, with the aim to increase the net supply of numbers and skills up to 2021. Working with colleagues at a local and regional level, Alliances are developing local workforce actions to meet increasing need and demand. Alliances are also delivering wider transformation projects with important workforce implications. As we move forward, we expect Alliances will continue to engage with local and regional teams as the NHS People Plan is published.

What support, resources and additional information are available?

- Cancer Workforce Plan – Phase 1: [here](#).
- Interim People Plan: [here](#)

Key contacts

Dan Rattigan, Senior Strategy Manager, NHS Cancer Programme: daniel.rattigan@nhs.net

HEE regional contacts:

North West and North East and Yorkshire	Nick Fowler-Johnson	Nicholas.Fowler-Johnson@hee.nhs.uk
Midlands and East of England	Louise Kitley	Louise.Kitley@hee.nhs.uk
London	Lydia Lofton	Lydia.Lofton@hee.nhs.uk
South West and South East	Simon Mahoney	Simon.Mahoney@hee.nhs.uk

Workforce (2)



Five year deliverable	Activity					
		2019/20	2020/21	2021/22	2022/23	2023/24
Recruit an additional 1,500 new clinical and diagnostic staff across seven priority specialisms between 2018 and 2021.	Alliance-led	Continue to work with partners, including local HEE offices, to deliver phase 1 workforce plans		Continue to deliver improvements and changes to ensure a sustainable workforce and excellent cancer services		
		Support implementation of NHS People Plan				
	National	Publication of phase 2 of Cancer Workforce Plan	Continue to deliver improvements and changes to ensure a sustainable workforce and excellent cancer services			
		Publication of NHS People Plan				
All patients, including those with secondary cancers, will have access to the right expertise and support, including a Clinical Nurse Specialist or other support worker.	Alliance-led	Continue to deliver local actions to improve recruitment and retention of Clinical Nurse Specialists and support workers to ensure everyone diagnosed with cancer has access to the right expertise and support, including people with secondary cancer and/or with complex needs				

Metrics



The table below sets out draft indicators for reporting at national programme level on delivery across the NHS Cancer Programme, including by Alliances.

Alliances will also report on some additional process metrics as part of quarterly reporting.

Delivery area	Output indicators	Outcome indicators
Prevention and screening	Screening coverage <ul style="list-style-type: none"> a. Breast b. Bowel c. Cervical HPV vaccination coverage	Age-standardised incidence rate Proportion of cancer diagnosed at early stage Proportion of cancer admissions diagnosed for the first time via emergency presentation
Early and fast diagnosis	Faster Diagnosis Standard performance (placeholder - from April 2021)	One-year survival from all cancers
Access to optimal treatment	TBD	<ul style="list-style-type: none"> a. Childhood b. Adults
Personalised care	Number of Holistic Needs Assessments completed (COSD; until placeholder indicators are available) <ul style="list-style-type: none"> a. Breast b. Colorectal c. Prostate d. Other Personalised stratified follow up pathway indicator (placeholder)	Five-year survival from all cancer <ul style="list-style-type: none"> a. Childhood b. Adults Overall patient experience (CPES) <ul style="list-style-type: none"> a. Adults b. Children and Young People (TBD) Quality of life (placeholder)
Research and innovation	Access to clinical trials (CPES; CYP TBD)	Efficiency/productivity indicator (TBD)
Leadership, local delivery and workforce	62 day CWT performance Staff vacancy rates (7 prioritised professions) (TBD)	Health inequalities indicators (deprivation plus other inequalities to be defined) (TBD)
Programme delivery	NHS Cancer Programme Team vacancy rates and/or satisfaction rate through staff survey Engagement/communication indicator (TBD)	<ul style="list-style-type: none"> a. Smoking prevalence b. Screening coverage c. One-year survival d. Patient experience e. Emergency presentation f. Early stage

- As for 2019/20 planning, Cancer Alliances should plan to undertake local evaluations where the evidence base is not well established or where a national evaluation is not planned. For 2019/20, these areas are:
 - Approaches to increase screening uptake
 - Each additional project where the intervention is novel and the evidence is less established.
- Cancer Alliances are not expected to undertake local evaluation of programmes where a national evaluation is planned, e.g.:
 - Targeted Lung Health Checks; and
 - Rapid Diagnostic Centres.
- Local evaluations are crucial for developing evidence and best practice that can be shared across all Cancer Alliances and with the National Cancer Programme to support evidence-based decision making.
- Cancer Alliances should ensure resource is available to support this activity either through (i) their funding allocation, to commission an evaluation partner or (ii) utilising locally established analytical resource. Best practice suggests between 5 – 10% of a programme's budget should be allocated to evaluation activity.
- CADEAS will support Cancer Alliances to undertake local evaluation by developing an overarching framework setting out key evaluation themes to be addressed and supporting guidance. CADEAS will support Alliances to share this learning across all Cancer Alliances.

- The Long Term Plan is clear on the priority that must be given to reducing health inequalities over the next ten years. Alliances will need to consider how their five year plans actively contribute to this reduction in health inequalities, including through understanding their data and using it to direct action at areas of variation.
- In order to support this, the national team is working with partners to develop inequality indicators across key areas.
- To support planning, the following inequalities data is already available, via CancerStats 2:
 - Smoking prevalence by socio-economic deprivation
 - Overall patient experience by socio-economic deprivation
- Additional inequalities data will be available as follows:
 - Emergency presentation by socio-economic deprivation and ethnicity – June
 - Early stage by socio-economic deprivation – Q2 19/20
 - Cervical, breast and bowel screening coverage by socio-economic deprivation and ethnicity – Q2 19/20
 - 1-year survival by socio-economic deprivation and ethnicity – Q2 19/20
- Cancer Alliances can also refer to the Cancer Equality and Health Inequalities Library which collates examples of best practice with regards cancer interventions for the BME population. Please contact Campbell for access: campbell.mcneill@nhs.net
- Slides from the recent equalities and health inequalities webexes for Alliances can be found here: <https://future.nhs.uk/connect.ti/canc/view?objectId=692634>
- We also understand that a wider LTP health inequalities menu of evidence-based interventions is currently in development. We will share the link to this when it is available.

- The LTP Implementation Framework includes two five year funding profiles for cancer:

Indicative funding allocations:

- Fair shares funding to support LTP commitments that apply across the country, subject to assurance of five year plans.
- Funding to be made available to Cancer Alliances, as the cancer workstream of their STPs/ICs.
- Funding to support:
 - Screening uptake and any additional early diagnosis projects (see [early diagnosis ambition slide](#)).
 - Rapid Diagnostic Centres (19/20 only)
 - Delivery of Faster Diagnosis Standard and timed pathways
 - Implementation of personalised care interventions
 - Cancer Alliance core teams (see [Annex C](#)).
- Indicative individual Alliance-level five year allocations can be found at [Annex D](#)

Targeted funding:

- Funding to be made available to Cancer Alliances to support:
 - RDCs (20/21 onwards);
 - Targeted lung health checks (made available to sites involved in national programme, with funding earmarked for 2023/24 to support full national roll out depending on evaluation); and
 - Innovation (call for innovations to be launched in coming months).

Further support

- **Regional teams** will be providing direct support to systems as they develop five year plans and will work with Alliances and the national team to progress plans for sign off.
- In addition, the following support is provided by the national team:
 - The **[Cancer Alliances Workspace](#)** is a platform to share evidence and learning between Cancer Alliances and national and regional NHS Cancer Programme teams. Alliance members can upload documents, lead discussions and access support materials. For info and access please contact: england.cancerpolicy@nhs.net
 - The **Cancer Alliance Data Evidence and Analysis Service (CADEAS)** supports Cancer Alliances' broad range of analytical needs. Details of the Service's work programme and products can be found [here](#) and on the [Cancer Alliances Workspace](#). For further information, please get in touch with the CADEAS team: england.CADEAS@nhs.net
 - The Cancer Alliances **communications group** meets fortnightly to discuss engaging with and sharing information with stakeholders and the public. Contact england.cancerpolicy@nhs.net for details. In addition, please contact Kaz Obuka, Patient and Public Engagement Manager (kalu.obuka1@nhs.net) for any questions or support on patient and public engagement to inform planning. Please note that STP/ICS comms and engagement leads have been asked to coordinate LTP engagement, including with Healthwatch.
 - The following supporting **engagement sessions** have been delivered or are planned:
 - Five year planning overview session delivered at Cancer Alliances Leadership Forum (12th June)
 - Implementation planning webinar for Cancer Alliances (9th July)
 - Cancer Alliance Chairs meeting at Expo (4th Sept).
 - Main contacts are included in this pack for each area of planning. For **overarching questions** please contact: england.cancerpolicy@nhs.net

Annexes

- 55,000 more people each year will survive five years or more following diagnosis.
- Three in four cancers will be diagnosed at an early stage.

Overall ambitions

- By 2023/24:
 - An extra 30,000 people each year will survive for five years or more, following a cancer diagnosis.
 - Significantly more patients will be diagnosed at an early stage (stage 1 or 2) so that the NHS is on track to ensure 75% of people are diagnosed at an early stage by 2028.

Screening

- From September 2019, all boys aged 12 and 13 will be offered the HPV vaccination.
- By 2020, HPV primary screening for cervical cancer will be implemented across England.
- From summer 2019, the Faecal Immunochemical Test will be used in the bowel screening programme.
- By 2023/24, significant improvements will be made on uptake of the screening programmes.

Earlier and faster diagnosis

- By 2023 the first phase of the Targeted Lung Health Checks Programme will be complete, with a plan for wider roll out (depending on evaluation).
- By 2020, one Rapid Diagnostic Centre will be implemented in each Cancer Alliance, with further roll out by 2023/24.
- From April 2020, all local systems should be recording their Faster Diagnosis Standard data.
- By 2023/24 Primary Care Networks will be working with Cancer Alliances to help to improve early diagnosis of patients in their own neighbourhoods

Treatment

- 11 Radiotherapy networks will be established across England by 2019/20 to fully implement new service specifications by 2021/22.
- New service specifications for children and young people's cancer services will be implemented by 2021.
- More children and young people will be supported to take part in clinical trials, so that participation among children remains high, and the NHS is on track to ensure participation among teenagers and young adults rises to 50% by 2025.
- From 2019, whole genome sequencing will begin to be offered to all children with cancer.
- From 2020/21, more extensive genomic testing should be offered to patients who are newly diagnosed with cancers so that by 2023 over 100,000 people a year can access these tests.

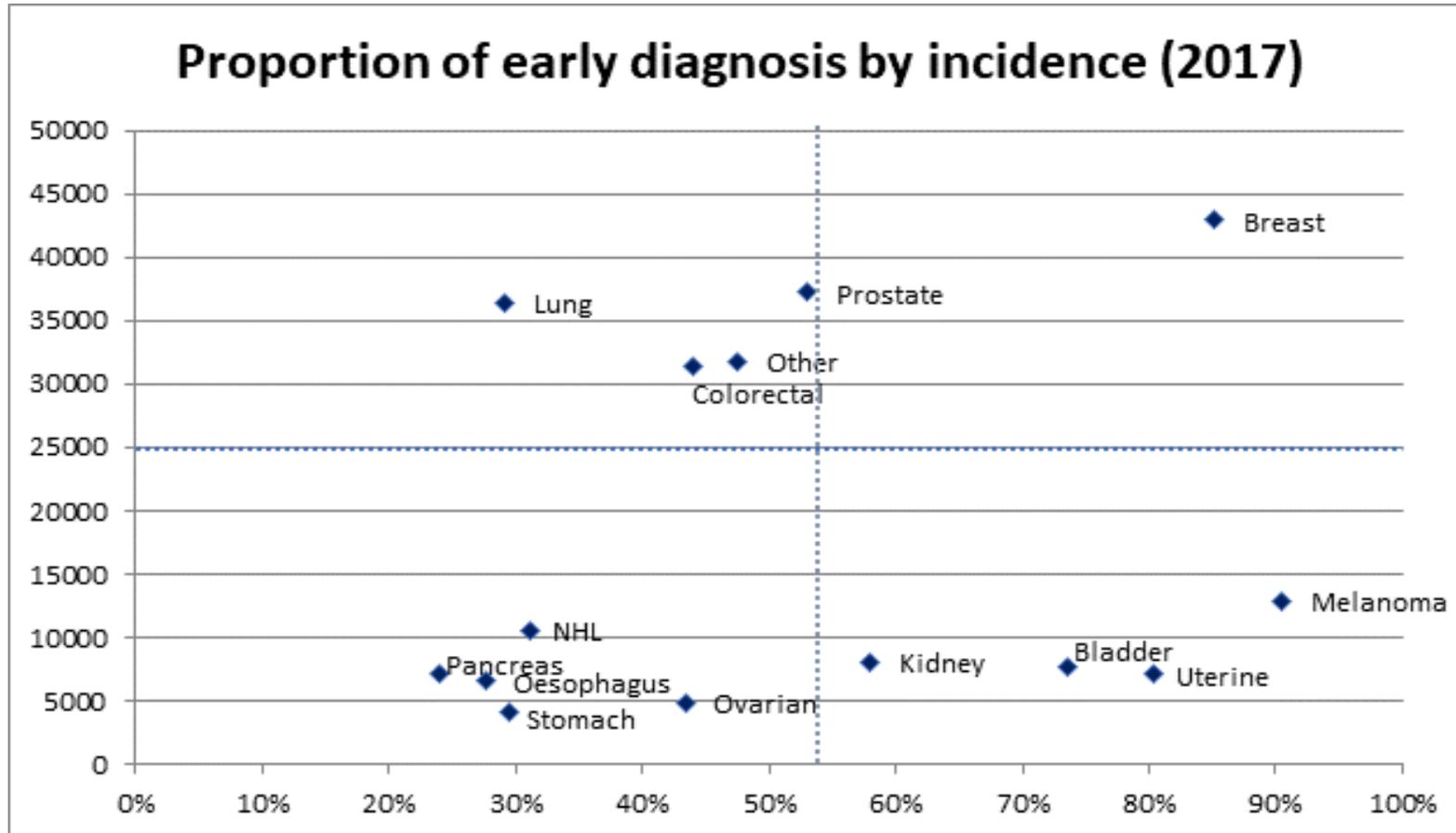
Personalised care

- By 2021 everyone diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.
- By 2020 all breast cancer patients will move to a personalised follow-up pathway once their treatment ends, and all prostate and colorectal cancer patients by 2021.
- From 2021, the new Quality of Life Metric will be in use locally and nationally.

Workforce

- Recruit an additional 1,500 new clinical and diagnostic staff across seven priority specialisms between 2018 and 2021.
- All patients, including those with secondary cancers, will have access to the right expertise and support, including a Clinical Nurse Specialist or other support worker.

Annex B



Annex C – Cancer Alliance core team



- As for 2019/20 funding, as a rough guide, Alliances should not be allocating more than 10% of their total allocation to the core team.
- Every Cancer Alliance core team is expected to:
 - Lead the delivery of the Alliance model (see: [2016 Guidance](#)), including driving the ongoing development of the Cancer Alliance as a system leader.
 - Ensure delivery of the cancer commitments in the Long Term Plan (as set out in this pack).
 - Support delivery of relevant enablers for improved care and treatment for people with cancer, e.g. implementation of the national guidance on streamlining MDT meetings.
- The Cancer Alliance core team is expected to comprise people who are able to influence and lead transformation across a range of stakeholders. Specifically:
 - A leadership team, as per the [national guidelines](#).
 - Dedicated capacity to:
 - lead delivery of the Alliance's major programmes of work;
 - lead communications and engagement activities, including patient and public engagement;
 - deliver financial, reporting and programme management requirements;
 - undertake local analytical work as required including reporting and carrying out (or commissioning) local evaluations.

Annex D – Cancer Alliance allocations



Indicative fair shares allocations are presented here, and are subject to assurance of five year plans. The allocations are based on Cancer Alliance geographic footprints as at 1st April 2019. The national team will follow up separately with those Alliances where geography changes are expected/planned.

NB. In addition to the figures below, the total amounts of targeted funding across the first five years of the LTP can be found in the [LTP Implementation Framework](#) (p. 34).

Cancer Alliance	2019/20* (£m)	2020/21 (£m)	2021/22 (£m)	2022/23 (£m)	2023/24 (£m)
Cheshire and Merseyside	5.95	4.47	3.48	3.33	3.33
East Midlands	9.42	7.22	5.65	5.42	5.43
East of England	13.23	10.10	7.89	7.56	7.56
Humber, Coast & Vale	2.93	2.23	1.74	1.66	1.66
Kent & Medway	3.75	2.91	2.28	2.18	2.19
Lancashire and South Cumbria	3.95	2.98	2.32	2.21	2.21
Northern	7.28	5.45	4.25	4.07	4.06
Peninsula	3.81	2.89	2.26	2.17	2.18
RM Partners	10.31	5.88	4.57	4.36	4.34
Somerset, Wiltshire, Avon and Gloucestershire (SWAG)	5.73	4.40	3.44	3.30	3.31
South East London	3.87	3.09	2.41	2.30	2.30
South Yorkshire and Bassetlaw	3.26	2.50	1.95	1.87	1.87
Surrey & Sussex	6.27	4.77	3.71	3.55	3.55
Thames Valley	5.37	3.45	2.69	2.58	2.58
North Central and East London	7.18	5.76	4.50	4.31	4.31
Wessex	5.41	4.07	3.17	3.04	3.04
West Midlands	12.60	9.69	7.57	7.26	7.27
West Yorkshire and Harrogate	5.46	4.12	3.21	3.07	3.06
Total	115.77	85.99	67.08	64.24	64.24
Other inc Greater Manchester	2.23	3.21	3.92	3.76	3.76
Grand Total	118.00	89.20	71.00	68.00	68.00

*Transition payments have been applied in 2019/20 only.