Cheshire & Merseyside Cancer Alliance

# Cheshire and Merseyside Cancer Alliance

## Delivery Plan 19/20

### Introduction

The purpose of this paper is to provide a summary of the proposed Cheshire and Merseyside Cancer Alliance (CMCA) delivery plan for 2019/20. The plan is based on the ambitions for cancer in the Long Term Plan, responses from partners to the 'call for proposals' in late 2018 and subsequent criteria set by the National Cancer Programme.

### Approach to decision making

In November 2017 CMCA sent a call for proposals to partners across Cheshire and Merseyside requesting that they consider opportunities to further improve cancer services. At that time no formal national announcement regarding priorities or criteria for any transformation funding had been made. Proposals were invited for:

- Improving survival by preventing cancer and diagnosing cancer and cancer recurrence earlier
- Improving the diagnostic and treatment pathway
- Improving support for people living with and beyond cancer.

In February 2019, the National Cancer Director wrote to Cancer Alliances confirming the approach to cancer transformation funding in 19/20, advising of a move away from the previous bid-based approach to a CCG population-based allocation. The funding allocation for CMCA this year is £5.9m, subject to an agreed delivery plan. An additional £2m has been made available to deliver targeted lung health checks. The national team has identified transformation funding priorities for the following with clear associated 'must-do' deliverables:

- Sustainable operational performance
- Screening and early diagnosis
- Personalised care.

Further detail relating to national criteria is provided in **Appendix 1.**

The CMCA Senior Management Team supported by a number of working groups (for example the Cheshire and Merseyside Screening and Prevention Group) considered all proposals received against the national criteria and formulated a draft delivery plan. Priority was given to those proposals that most closely aligned with national planning guidance and were felt to be deliverable within a 12 month timeframe. This plan was presented to and approved by the Cancer Alliance Programme Board prior to being submitted to the national team on 15th March. We expect to receive confirmation of plan approval by end of April 2019.

**Outline Priorities**

The following detail provides a summary of the proposed CMCA plan.

**Driving a stage shift in early diagnosis, improved uptake in screening and reduced emergency presentation (c. £2.3m plus c.£2m for lung health checks)**

1. Address variation and increase **uptake of screening** programmes by:
    a. Implementing a non-responder/progression engagement programme for bowel and breast cancer screening;
    b. Developing an online training package and funding a local authority led, community delivered screening uptake project;
    c. Implementing a text messaging alert system for the cervical cancer screening population.
2. Implement a **Rapid Diagnostic Centre (RDC)** – national guidance and a defined model is awaited, due end of April. Cancer Alliances have been asked to ring fence 15% of their allocation to support delivery.
3. Pending further guidance on RDCs, build on the **vague symptoms model** developed during 2018/19, increasing spread to maximise opportunity to reduce emergency presentation, speed up diagnosis and improve patient experience.
4. Establish a **targeted lung health check programme** in Knowsley and Halton to tackle late diagnosis – separately funded as part of the national TLHC programme.

**Efficient and effective services – better pathways and sustainable operational performance (c. £2.2m)**

1. Comprehensive review of **urology** services' capacity, demand and workforce, identifying opportunities to balance capacity and demand, achieve earlier diagnosis and improve 62 day performance. A workforce education approach will be developed and initiated if required following the review.
2. Develop and implement **FIT (Faecal Immunochemical Testing)** to improve the colorectal cancer pathway and take opportunities to make best use of two-week wait referrals and endoscopy capacity.
3. Build on the 2018 **MDT optimisation** project to deliver improvements in the effectiveness and efficiency of MDTs including leadership and team development and standards of care where appropriate to increase effectiveness, efficiency and capacity.
4. Establish a CM **endoscopy** network model and deliver a comprehensive improvement programme to increase capacity and improve access for oesophago-gastric (OG) and colorectal cancer diagnostics. Initial areas of focus will include OGD demand optimisation and development of a networked solution. This project is part funded by the Health and Care Partnership.
5. Support trusts to collect mandatory data for the new **Faster Diagnosis Standard** (cancer excluded or diagnosed by day 28). CMCA will work with cancer teams to support MDT co-ordination and data collection in priority areas.
6. Support further improvements in the **optimal lung cancer pathway** over and above the national pathway to include a CM wide approach to endobronchial ultrasound (EBUS) provision and rapid oncology access.
7. Implement the optimal **prostate** cancer pathway, supported by recruitment of early diagnosis **support workers** in all trusts to improve efficiency, patient experience and performance.

8. Implement additional elements of the optimal **colorectal** cancer pathway, mobilising additional projects to support achievement of pathway timings. CMCA will work with cancer teams to identify and implement improvements that will support faster diagnosis (28 day).
9. Implement the **oesphago-gastric** timed pathway in all trusts, including recruitment of early diagnosis support workers to improve efficiency, performance and patient experience.
10. Implement the **optimal head and neck pathway** and review opportunities to refine the delivery model.
11. Explore opportunities to improve referral and communications between **primary care** and secondary care for **optimal cancer pathways.**
12. Continue and expand work to implement the **CURE** smoking cessation model in secondary care.
13. Develop and begin implementation of an optimal pathway for **gynae-oncology** to support achievement of 28 and 62 day standards and improve patient experience.
14. Support development of a networked approach to **pathology and radiology**.

**Personalised care (c. £800,000)**

1. Work in collaboration with Macmillan and emerging Primary Care Networks to develop a strategy for **personalised care** in CM. We will align this with the NHS Long Term Plan and Macmillan's 'Right by You' strategy. This will describe the 'offer' to people living with cancer across all sectors (primary to tertiary).
2. Build on the current programme to ensure that two-thirds of **breast cancer patients** are supported on a **supported self-management** pathway at all units by April 2020.
3. Increase the number of patients on a **prostate and colorectal supported self-management** pathway and systems for remote surveillance (half of patients finishing treatment) at all units.
4. Develop and implement **supported self-management** approaches in **gynae-oncology, haemato-oncology, lung and advanced colorectal cancer** at specified test units.
5. Develop and implement an approach to improve access to **psychological care** for all cancer patients.
6. Develop an approach to **pre and rehabilitation** for people affected by cancer.

**Next steps**

The CMCA team will be engaging with a wide range of partners in the coming months to begin to mobilise this significant transformation programme. The work described above is at an early stage of development. We will be looking to work with you to refine and define the scope of individual projects to ensure they best meet the needs of your organisations and patients.

Linda Devereux
Programme Director

## APPENDIX 1

Appendix 1.xlsx