Cheshire & Merseyside Cancer Alliance

Cancer Delivery Plan for 2018/19: Achieving our vision for transforming cancer care

Foreword

Each year nearly 18,000 people are diagnosed with cancer in Cheshire and Merseyside. Through the course of their lifetime, one in two people will receive a cancer diagnosis, meaning that almost every family in our region will be affected by cancer. This makes it one of the most profound population health challenges of our time.

Our long term ambition is to take every opportunity to prevent cancer and ensure outstanding cancer care is provided across Cheshire and Merseyside. We will always focus on quality, patient experience and sustainability in equal measure.

By striving to be the most ambitious and effective Cancer Alliance in England, we will create the greatest possible opportunities to reduce outcome gaps for our patients. To do this, we will continue to implement the national cancer strategy locally as our central purpose. We will drive improvements in prevention, achieve earlier patient diagnosis and ensure access to comprehensive treatments, in a research-active climate, where adoption of new technologies and innovations are accelerated.

The Alliance builds upon a strong legacy of partnership and collaboration which has delivered great strides towards standardisation of cancer service delivery. We now need to go further by ensuring patients receive equity of access to high quality services irrespective of where they live.

Through the Cancer Alliance Programme Board, we will ensure delivery of the national Taskforce's recommendations and create a single service model for cancer and workforce which will provide for the needs of future generations.

Ultimately, the success of this plan rests on our ability to harness the energy and enthusiasm of front-line staff across all organisations and engage successfully with our local communities. For this reason, clinical and non-clinical leadership and patient engagement is core to the Alliance's governance structure and the delivery plan.

This document builds on our 2017/18- 2020/21 plan and sets out where we will focus efforts for 2018/19. We will work hard to bring partners together to lead and drive improvement as one to deliver outstanding care in Cheshire and Merseyside.

Dr Chris Warburton
Medical Director
Cheshire and Merseyside Cancer Alliance

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1. Introduction

The Cheshire and Merseyside Cancer Alliance covers a population of 2.5m, which is formed from 12 Clinical Commissioning Groups and more than 20 provider organisations.

The Cancer Alliance footprint for Cheshire and Merseyside aligns with the Health and Care Partnership (HCP) footprint and is hosted by The Clatterbridge Cancer Centre NHS Foundation Trust. All partner organisations in Cheshire and Merseyside are part of the Alliance and their interests are represented at the Cancer Alliance Programme Board.

In July 2015, the Independent Cancer Taskforce published a strategy to deliver the vision set out in the NHS Five Year Forward View; to achieve radically improved cancer outcomes by 2020. *Achieving World Class Cancer Outcomes: A Strategy for England 2015-2020* identified 96 recommendations within six strategic priority work streams:

a) Avoiding preventable cancers
b) Earlier and Faster Diagnosis
c) High Quality Modern Services
d) Living with and Beyond Cancer
e) Creating Patient Experience on a par with clinical effectiveness
f) Commissioning provision and accountability

In December 2016, *Delivering World-Class Cancer Outcomes: Guidance for Cancer Alliances and the National Cancer Vanguard* set out the requirement and mandate for Cancer Alliances to develop cancer delivery plans and submit bids against the National Cancer Transformation Fund . Subsequently NHS England published *Refreshing NHS Plans for 2018/19* which puts significant emphasis on improving cancer care with a specific goal for delivery to "*advance delivery of the National Cancer Strategy to promote better prevention and earlier diagnosis and deliver innovative and timely treatments to improve survival, quality of life and patient experience by 2020/21"*. The Alliance has responded to the opportunities for transformation presented by the national strategy and the National Cancer Transformation Fund. Figure 1 highlights the key alliance milestones to date. Since the Cancer Alliance was established in late 2016, our remit has significantly expanded to include:

- Managing the transition of functions from the Strategic Clinical Network to the Cheshire and Merseyside Cancer Alliance.
- Oversight and coordination of the NHS Constitution standards for cancer performance, including the 62 day GP to first definitive treatment standard.
- Implementing the new service specification for radiotherapy services.
- Ensuring that local services are safely and effectively configured.
- Creating a cancer workforce plan to enable the successful delivery of the national strategy recommendations.
- Working with partners to deliver a plan to implement new clinical guidance and techniques, including acute oncology and FIT in bowel cancer screening as initial examples.

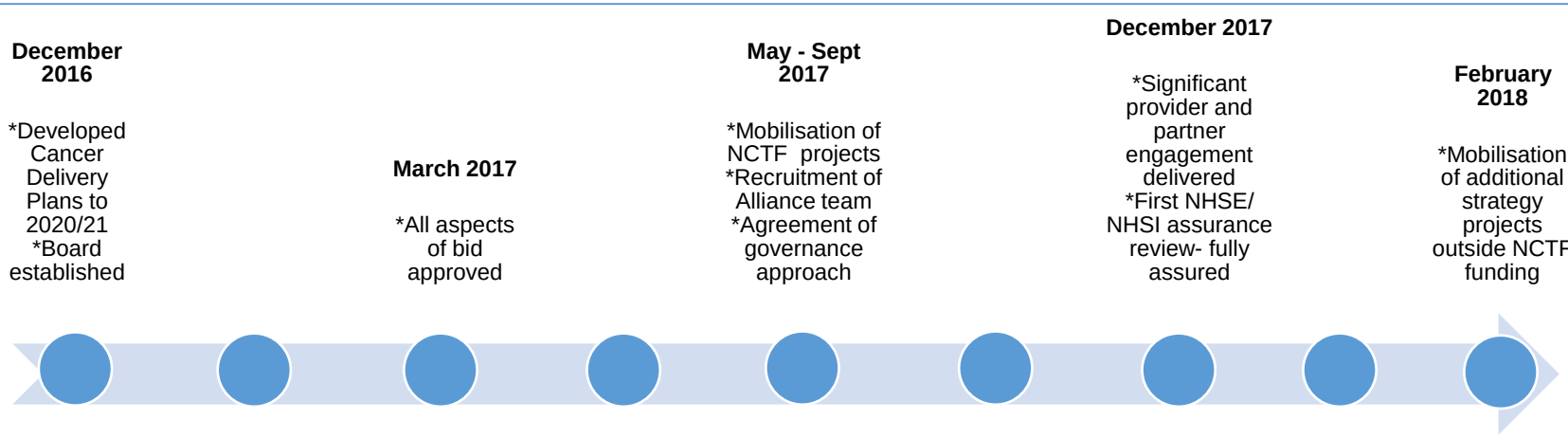

Figure 1 Overview of key alliance activities

2. The cancer landscape in C&M

The nature of cancer is changing. We know that half of people born since 1960 will be diagnosed with cancer in their lifetime. There is significant variation across Cheshire and Merseyside, for example the Liverpool City region has some of the worst outcomes from cancer in England and cancer is one of the leading causes of poor life expectancy. Cheshire and Merseyside as a whole also suffers the consequences of late cancer diagnosis with more than one in five of patients diagnosed through emergency care, often associated with poorer clinical outcomes. Clinical outcomes are, however, continuing to improve with more than half of patients living 10 years or more after their diagnosis

In Cheshire and Merseyside, of the 18,000 cancers diagnosed each year, four in ten are attributed to avoidable lifestyle factors such as smoking, poor diet, physical inactivity, excessive alcohol consumption and overexposure to ultraviolet (UV) radiation. Examples of this are highlighted in figure 2. We know that those who live in the poorest areas of Cheshire and Merseyside are less likely to have healthy lifestyles, more likely to develop cancer, and have poorer outcomes. Supporting people to live healthier lives is essential to reduce their risk of developing cancer. Interventions need to be undertaken at both the individual level, through awareness campaigns and engagement, training and service provision and at population level through local policy development, adaptation of the physical environment and national legislation such as minimum alcohol unit pricing, unhealthy food marketing and advertising bans.

Cancer screening programmes also play a significant role in finding and managing early signs that could lead to cancer if left untreated and also in detecting cancer at an early stage, before a person may become symptomatic. However there is wide variation in participation rates across Cheshire and Merseyside for all three screening programmes. Cancer screening uptake is also lower in the most deprived GP neighbourhoods than in the least deprived.

Meanwhile, the costs of cancer care accelerate at 9% per year reflecting increasing incidence, improvements in our ability to diagnose cancers accurately and provide access to new treatment technologies and research practices. This means that making the best use of the money available to transform cancer care is one of the key population health challenges facing the Cheshire and Merseyside Health and Care Partnership and drives our ambition in the Cancer Alliance.

Figure 2 Avoidable Lifestyle Factors

Smoking: Smoking rates are higher in Cheshire and Merseyside than England as a whole. This is reflected in our excess incidence of cancers such as lung and indicates why reducing adult smoking rates and promoting smoke-free environments, including through harm reducing measures are a priority.
Obesity: A greater proportion of adults are overweight or obese in Cheshire and Merseyside than nationally (68.3% vs. 64.9%). Obesity is one of the greatest lifestyle features associated with cancer.
Physical Activity: A third of adults (33%) in Cheshire and Merseyside do less than 30 minutes of physical activity a week, compared to 28.65% nationally.
Sun care: Overexposure to UV radiation causes 3% of all cancers nationally.
Screening: Detecting cancers earlier is key to improving outcomes. Rates of bowel cancer screening in the region range between 51 and 64%, breast screening 57-78%, and cervical 68-76%.

Despite these challenges, there is much to be proud of and our achievements to date can be attributed to a long history of collaboration between clinicians and organisations across Cheshire and Merseyside:

- ✓ More patients now live for one year following their cancer diagnosis than ever before.
- ✓ Cheshire and Merseyside is closing the incidence gap with England.
- ✓ Performance in diagnosing and treating cancers following referral from a GP often exceeds the England average and has delivered standards set out in the NHS Constitution. In Q3 2017/18, Cheshire and Merseyside was the second highest performing Cancer Alliance against the 62 day standard (GP suspected cancer referral to treatment) in England.
- ✓ Through strong clinical collaboration we have developed local and specialist cancer pathways that meet and exceed national commissioning guidance and we have excellent clinical governance through an established configuration of local and specialist MDTs.
- ✓ Cheshire and Merseyside was the only Alliance in the North to receive full transformation funding in phase 1 with £9m allocated through the national Cancer Transformation Fund.
- ✓ We have successfully mobilised significant programmes of work in prevention, early diagnosis and living with & beyond cancer to accelerate improvements in cancer care, focussing on areas with the greatest variation in outcomes and access and therefore contributing to delivery of recommendations in the Independent Cancer Taskforce report, *Achieving world-class cancer outcomes*.

3. Transforming Cancer Care in Cheshire and Merseyside: our vision and approach to implement the national strategy

Our long term ambition is to take every opportunity to prevent cancer and ensure outstanding cancer care is provided across Cheshire and Merseyside.

What differences will we see	Current National Position	Current C&M position	Aim by 2020
An increase in 1 year survival **An increase in the proportion of patients diagnosed at stage 1 and 2**	• 1 Year Survival 72.3% • 53.7% diagnosed at stage 1 & 2	• 1 Year Survival 72-75% • CCG variation diagnosed at stage 1 & 2 49-55%	• Greater than 75% • 62% diagnosed at stage 1 & 2
The new 28 day standard achieved (cancer diagnosed of excluded) **62 day standard achieved and sustained (referral to treatment)** **More patients diagnosed through a planned route**	• 28 day not available. New standard for 2020/21 • 81.9% year to date (April 17- Feb 18) • 19.2% diagnosed through an emergency route	• New standard for 2020/21 • 84.1% (April 17- Feb 18) • 16-25% diagnosed through an emergency route	• Standard yet to be set • Consistently above 85% • <20% diagnosed through an emergency route
Contributed to a reduced incidence of cancer by working with partners to reduce smoking rates.	• Smoking rate 15.5%	• Local authority range 11-22%	• Smoking rate 13%
All patients will have access to a personalised assessment of their care and support needs based on a "whole person" concept, throughout their journey. This will include access to the recovery package	• Not currently measured	• HNA and care plan within 31 days 30% within 6 months (62%) • Treatment summary (7%) • Health and wellbeing uptake 12%	• Recovery package (HNA and care plan, treatment summary and health and wellbeing offered to all.

Patients will be supported to self-manage when appropriate to improve their recovery. This will reduce unnecessary demand in secondary care and ensure expert resources are freed up for complex patients	• Not currently measured	Current uptake: • Breast cancer 37% • Prostate cancer 30% • Colorectal cancer 28%	• All eligible patients within breast, colorectal and prostate pathways offered supported self-management (risk stratified follow up)
We will attract clinical and non-clinical leaders to Cheshire and Merseyside and will ensure that the workforce is supported to deliver excellent care	• Recognised shortages in 7 priority staff groups	• Current local baseline underway	• Increased net supply, reduced attrition from training and improved recruitment and retention to deliver national workforce strategy recommendations
By understanding the strong correlation between research and improved outcomes, we will ensure that cancer patients have optimal access to clinical trials	• Significant variation by tumour group and area	• Lowest uptake to trials in England. Significant variation by tumour group and organisation	• Reduced variation across C&M. Increased access to clinical trials.
Significantly increased collaboration between organisations and teams, maximising the use of resource and infrastructure for example through networked approaches to diagnostics	• Direction of travel towards making best use of resources through integrated and accountable collaborative working	• Radiology at early development stage with some out of hours shared reporting • Endoscopy at concept stage • Digital pathology at concept stage	• Local ambition: ○ Network approach to radiology, endoscopy and pathology delivering benefits

4. How are we going to do this?

This plan outlines how we will build on progress in 2017/18 and the steps we will take in 2018/19 to go further in delivering these ambitions. We will work to further develop a single service approach which means that services will be delivered against agreed principles, guidelines and standards that are implemented across Cheshire and Merseyside. We will achieve this by:

- Building on our **programme approach** we will develop a coherent project and programme infrastructure using best practice change and service improvement methodology.
- Ensuring that we continue to build on the excellent **clinical leadership** that exists and ensuring that the **patient voice** is clearly heard and directly influences change necessary.
- **Lead the cancer system together.** This will mean wherever possible aligning governance, system planning, performance and financial levers to deliver a single service model.
- Collaborating with partners to implement **best practice prevention programmes** to promote healthy lifestyles and support organisations and the population to improve health outcomes with targeted focus on smoking cessation, alcohol reduction, weight loss and safe sun-care.
- **Learn** from **innovations** in local geographies and place based partnerships.
- Reviewing our **diagnostic and clinical treatment pathways** to make sure that they are effective, eliminate unwarranted variation, and reduce the number of places which patients visit for their cancer diagnosis and care.
- **Integrating research and clinical service delivery** much more closely, so that patients have equitable access to new research treatments, interventions and studies.
- Developing a plan to **learn from every patient's experience** of cancer services, optimising **use of technology** to radically transform the way patients access care, introducing **new models of delivery** that use all forms of data to plan and transform patient experience.

5. Our plan for delivery in 2018/19; National Cancer Transformation Fund and Strategy Recommendations

The successful National Cancer Transformation Fund (NCTF) bid has enabled the Alliance to mobilise a significant transformation programme and enable wider implementation of the national cancer strategy recommendations. Our approach to delivery of the NCTF and wider strategy recommendations is provided in **Appendix 1**.

By 2018/19 we will have delivered significant transformation programmes including:
Preventing avoidable cancers: Developed a targeted action plan for Making Every Contact Count (MECC) which seeks to change lifestyle behaviours through teachable moments, supporting implementation of PH48 through smoking cessation in secondary care and developing a focussed improvement plan for cancer screening.
Earlier and better diagnosis: Developed and implemented optimal pathways for diagnosing and treating cancer earlier for lung and colorectal cancers, and have a clear pathway for patients with vague symptoms. We will learn from this approach and scale this to other priority pathways including upper GI. By collaborating across the Health and Care Partnership work streams we will have developed a networked approach to ensure access to diagnostics for high-priority cancer pathways. This will cover imaging and digital pathology and a business case for endoscopy, making best use of our available workforce, equipment and infrastructure.
High quality modern services: We will ensure access to efficient MDTs, effective models of chemotherapy and radiotherapy delivery, modern genetic services and access to the latest clinical trials.
Living with and beyond cancer: By providing patients with access to interventions such as the recovery package, we will ensure patients feel supported to take control and live well, with and beyond their diagnosis of cancer. Supported self-management pathways will be implemented which will avoid unnecessary hospital attendances and admissions.
Creating patient experience on a par with clinical effectiveness: Acting through our Patient Advisory Board we will make sure that our priorities put patients first and always seek to improve their experience of care, using co-design principles.

To support delivery of the NCTF programme and strategy recommendations we will go further and develop a Cheshire and Merseyside wide workforce plan and take steps to provide system leadership. Our approach to workforce and system leadership is set out in sections 6 and 7.

6. Workforce

Alliance Lead- Heather Bebbington

In December 2017 Health Education England published its Cancer Workforce Plan which identifies priority groups for national action:

- Histopathology and health care scientists
- Gastroenterology
- Clinical Radiology
- Diagnostic and therapeutic radiography
- Medical and Clinical Oncology
- Nursing (CNS)

The Cancer Workforce Plan sets out the immediate and longer term national actions most likely to increase supply over the next 4 years. This plan will be followed by a longer-term strategy for needs beyond 2021. The national plan highlights that over the next four years Health Education England and partners will take action to increase investment in developing the consultant and wider workforce including additional endoscopists, radiographers and pathologists, enhancing the role of clinical nurse specialists, improving recruitment and retention and reducing attrition rates from training.

Cheshire and Merseyside Cancer Alliance has formed a strategic partnership with Health Education England North West to complement the national Cancer Workforce plan.

Throughout 2018/19 we will develop a workforce plan which will include:
A review of the current staffing position against the 7 priority areas for national action including current staff in post and funded establishment.
Scoping of organisational actions to increase supply, improve recruitment and retention and reduce attrition from training ensuring that a narrative is produced to support the numbers provided.
Engagement with the local clinical communities identified in the national workforce plan to identify initial opportunities and barriers to address to improve current workforce issues. This will support more detailed work and enable initial prioritisation of workforce interventions locally.

The Cancer Alliance will continue to work closely with Health Education England and with partners throughout 2018/19 to develop and enhance the workforce plan locally and augment the delivery of the national cancer workforce plan.

7. Developing system leadership

This is an exciting time of change for cancer services in Cheshire and Merseyside. The build of the new Clatterbridge Cancer Centre and Royal Liverpool Hospital alongside a significant number of large scale reconfigurations which are underway provides a real opportunity to improve services. Against this backdrop, the existing organisational, performance and commissioning context in Cheshire and Merseyside makes delivery of significant transformational change challenging. Patient flows are complex with multiple trust pathways involving multiple commissioning arrangements and no one single organisation responsible for planning and coordination of cancer services. The Cancer Alliance is well placed to capitalise on this environment of change and take a prominent system leadership role to positively impact the development of services for the future. The Alliance as it matures as a system leader will take an increasingly important role in leading change directly, influencing decision making and supporting others to lead. In 2018/19 the Alliance will deliver a number of important initiatives to support and lead delivery of excellent cancer care.

a) Clinical Quality and Leadership

Alliance Lead- Dr Chris Warburton

Oversight of clinical quality of cancer services in Cheshire and Merseyside has traditionally been monitored and managed through a peer review process and by guideline development, review and audit managed by Clinical Network Groups. With the transfer of responsibility for oversight of quality from Strategic Clinical Networks to the Alliance we will to review and implement a robust quality assurance process.

Ensuring a robust process for oversight of quality that is clinically led is essential to delivering the high quality cancer services that the population of Cheshire and Merseyside deserves. There is a need to standardise practice, improve and expedite access to new treatments and respond to emerging quality issues. We must also ensure that services are provided in alignment with relevant national specifications which describe measures linked to quality, minimum service/clinical activity volumes, configuration of multi-disciplinary delivery teams and supporting service infrastructure.

Throughout 2018/19 the Alliance will develop an efficient quality oversight system for cancer that is clinically led including:
Completing a review of existing clinical leadership and quality forums.
Developing a refreshed system of clinical leadership forums to act as Clinical Quality Groups with oversight of quality assurance and defined terms of reference that enables them to act to improve services.
Developing a standardised approach to quality assurance and management that has clear governance and is fully aligned with organisational quality approaches and forums.
Identifying appropriate resource to support the quality and clinical leadership agenda for cancer.

b) Performance Assurance

Alliance Lead- Linda Devereux

The Cancer Alliance recognises the importance of achieving key constitutional access and performance standards. The Alliance has taken a prominent role in supporting and assuring improvements delivered in performance. Working in partnership with NHS England and NHS Improvement as a tripartite we have supported improvement in performance by engaging with Trusts as 'one' to identify improvement opportunities.

The Alliance has played a pivotal role by acting as a system coordinator, bringing significant experience and expertise and acting as an honest broker in challenging performance conversations. This approach to shared leadership has demonstrated that by working together with our partners, including CCGs, we can use expertise and improvement levers to deliver greater effect, within the statutory performance framework managed by NHS England and NHS Improvement.

The Alliance will now take steps with partners to design a system wide approach and architecture for performance assurance. We will build on the relationships established with NHSE, NHSI, commissioners and provider organisations to review the individual levers that each organisation holds and the performance management forums and conversations that exist across Cheshire and Merseyside.

Throughout 2018/19 we will work with our partners to propose a performance assurance approach and architecture that will include:
Developing an agreed and recognised approach to performance assurance.
Developing system accountability for performance within the existing regulatory framework.
Moving away from performance thinking based on organisational boundaries towards pathway and system thinking to deliver improvements.
Reducing the need for multiple performance conversations and information requests where this does not add value.
Expecting cross organisational leadership to improve pathways and patient flows that cross multiple organisations.
Basing decision making and discussion on the best available data that is agreed, visible to all and timely.
Sharing best practice and learning with partners across Cheshire and Merseyside.

Designing and implementing this performance assurance system will be challenging. However we will build on the success of 2017/18 and our successful delivery of the standards for most of the year, using the excellent working relationships which we have developed with our partners.

c) System reconfiguration

Alliance Lead- Linda Devereux

The cancer and wider system in Cheshire and Merseyside is undergoing a period of significant change and development. This includes for example:

- Build of the new Clatterbridge Cancer Centre in Liverpool alongside the build of the new Royal Liverpool Hospital.
- Single Service discussions taking place in North Mersey between Aintree and the Royal Liverpool.
- Consolidation of blood cancers and solid tumours with the transfer of Haemato-oncology services from the Royal Liverpool and Aintree Hospital to Clatterbridge.
- Development of the system wide Clatterbridge Future Clinical Model developing Sector Hubs across Cheshire and Merseyside
- Development of a Cheshire and Merseyside cancer workforce plan.
- Delivery of the National Cancer Transformation Fund projects at scale including prevention, pathways, diagnostics and living with and beyond cancer across all secondary care trusts in Cheshire and Merseyside.

This represents a unique opportunity for the Alliance to play a role in supporting and influencing system reconfiguration to maximise the benefits for Cheshire and Merseyside. The Alliance is well placed to offer system wide leadership to system reconfiguration, drive change directly and bring expert clinical guidance to support and influence decision making.

By March 2019, the Alliance will develop its role in system reconfiguration leadership and will:
Deliver the National Cancer Transformation Fund programmes and deliver the Cancer Workforce Plan with our partners.
Further advance the single working model for radiology reporting through the NCTF funded project.
Support the single working model discussion for pathology through the NCTF funded digital pathology project.
Develop a case for a future working model for endoscopy services in Cheshire and Merseyside.
Support activities related to; the Clatterbridge Future Clinical Model for non-surgical oncology including sector hubs; upper GI cancer surgery; haemato-oncology.
Support the review of MDTs across Cheshire and Merseyside and propose a future working configuration.
Support the discussion and development of Radiotherapy Networks.
Develop towards a single service for cancer through an approach focused on reducing variation and delivering services against a common set of guidelines, pathways and standards that are clinically developed and agreed.

In addition it is likely that opportunities to develop further beneficial system configurations will present, for example as a natural result of pathway improvement work, due to national specifications and standards and as a result of quality assurance activities. Where these opportunities are identified the Alliance will seek to surface them and facilitate a system wide response.

d) Alignment with Cheshire and Merseyside Health and Care Partnership

Alliance Lead- Ann Marr

The Cancer Alliance footprint is co-terminus with that of the Cheshire and Merseyside Heath and Care Partnership (HCP). The Cancer Alliance acts as a delivery arm of the HCP. This offers significant opportunity to link the cancer programme with wider HCP priorities and activities for maximum benefit. A number of early examples of alignment are as follows:

- Endoscopy Improvement project aligned with HCP Get It Right First Time, Right Care and Acute Sustainability programmes.
- Focus on prevention and in particular NICE PH48 directly aligned and supported by HCP Cardiovascular and Prevention at Scale programmes.
- Approach to pathway improvement aligned with HCP Acute Sustainability and diagnostic programmes.
- Intention to develop a single service approach for cancer aligned strongly with the HCP strategy for whole system integration.
- Implementation of acute oncology guidelines and vague symptoms pathways aligns with the HCP Acute Sustainability and Urgent Care programmes.
- Living With and Beyond Cancer programme aligns with the HCP Palliative and End of Life Care Board.
- The CCC future clinical model aligns with the HCP Acute Sustainability programme.
- Cancer workforce planning aligns with the wider HCP workforce approach.
- Approach to remote monitoring, virtual working and digital pathology aligns closely with the Digital Roadmap for Cheshire and Merseyside.

The current Alliance approach to local engagement includes working directly with 3 Cancer Local Delivery Systems. HCP has developed a ‘place’ based approach where plans are assembled in partnership with primary, secondary and tertiary care partners, working with commissioners, local authorities and wider stakeholder groups in the respective localities. The focus on place is executed through a number of at scale priorities and strategic themes, which reflect the core challenges faced in population health terms in Cheshire and Merseyside. It is important that the Alliance considers the applicability of the place based approach and how this can best add value.

By March 2019, the Alliance will have focused on further aligning with the work of HCP and strengthening partnership working including:
Review in full the alignment opportunities between HCP and Alliance priorities.
Directly link work programmes with HCP to maximise benefits.
Engage with HCP to further understand place based approaches. We will work to support delivery of local priorities and engage with Places in terms of at scale Alliance-led activities.
Seek to develop strong working relationships between Alliance and HCP leadership teams to ensure continued close working between programmes.

Appendix 1 NCTF and Strategy Delivery Plans

1. Preventing Avoidable Cancers
Alliance Lead- Dr Sandra Davies

National Context:	**Strategy Recommendations** (recommendations denoted by number) • Optimal uptake of cervical screening programme, including roll out of primary HPV when introduced (12, 11). • Reduction in variation in service provision to address cancer risk factors (smoking, alcohol, excess weight and lack of physical activity), delivered through working with local authority partners (2-4). **Planned Outcomes** • Discernible fall in age-standardised incidence. • Fall in adult smoking rates (13% by 2020 and 21% in routine and manual workers). • Reduction in the number of cases linked to deprivation (metric: age-standardised incidence).
Our local long-term priorities C&M focus on Outcomes (2015-21)	**Local Long-Term Priorities:** 1) Develop an implementation approach linked to secondary prevention, embedding Making Every Contact Count (MECC) into secondary care diagnostic pathways initially focussing on vague symptoms, lung and colorectal cancer pathways. 2) Develop an implementation approach to embed NICE Guidance PH48 within secondary care to enable system wide delivery of smoking cessation. 3) Improve or maintain uptake relating to national cancer screening programmes and reduce unwarranted variation both in terms of performance and with vulnerable/ underrepresented groups. **Planned Outcomes** • Address the variation in the incidence of cancer (615 – 733 per 100k, current state) • Address the variation in under 75 mortality from cancer (112-193 per 100k, current state) • Reduce adult smoking rate to <13% across the geography (13% - 22%, current state). Achieve interim goal of 15% by 2021 based on higher C&M baseline

	Our 18/19 Priorities	Our 18/19 Plan
Delivering our 2021 vision: our 18/19 plan	Develop an implementation approach linked to secondary prevention, embedding Making Every Contact Count (MECC) into cancer diagnostic pathways.	Embed a MECC approach into the colorectal, lung and vague symptoms pathways across Cheshire and Merseyside. We will achieve this by: • Implementing a best practice approach to ensure patients who have been identified as not having cancer receive brief intervention and advice around healthier lifestyle choices • Supporting each Trust with the implementation of MECC by developing and supporting Early Diagnosis Support Workers to deliver this intervention. • Generating an increased sense of significance with clinicians involved in colorectal and lung cancer pathways of the importance of delivering preventative health messages. • Identifying other health professionals (Champions) involved in cancer pathways that will be trained to offer person centred brief interventions at differing stages of the pathway. • Developing an evaluation approach to ensure sustainability of the intervention. • Ensuring of cancer prevention activities with wider Health and Care Partnership plans and structures specifically Prevention at Scale.
	Develop an implementation approach to embed NICE Guidance PH48 within secondary care to enable system wide delivery of smoking cessation.	Working across Cheshire and Merseyside support trusts to implement PH48 through clinical leadership, new systems and processes and tools for evaluation. We will achieve this by: • Establishing a clinical leadership group to drive forward improvement across Cheshire and Merseyside, develop best practice approaches and monitor implementation. • Reviewing current implementation status of PH48 • establishing robust data on hospital intervention efficacy and smoking rates in secondary care

		• Engage with partners to pilot the CURE model to improve uptake of smoking cessation and evaluate for implementation across Cheshire and Merseyside
	Improve or maintain uptake relating to national cancer screening programmes and reduce unwarranted variation both in terms of performance and with vulnerable groups	Working in partnership with NHS England, Public Health and primary care develop strategies to improve the uptake of national screening programmes and in particular identify those groups not currently participating in screening for additional action. • Develop a Cheshire and Merseyside steering Group to identify opportunities for improvement, drive forward change and monitor progress • Identify current uptake of screening and in particular explore underrepresented groups. • Explore the evidence base to improve uptake generally and in underrepresented groups • Develop and oversee a Cheshire and Merseyside improvement action plan.

2. Earlier and better diagnosis
Alliance Leads- Dr Chris Warburton/ Dr Debbie Harvey

National Context:	**Strategy Recommendations** • Optimal uptake of bowel and breast screening programmes, including roll out of FIT into bowel cancer screening programme when introduced (12, 10) • Implementation of NICE referral guidelines which reduce the threshold of risk which should trigger an urgent cancer referral, including increased provision of GP direct access to key investigative tests for suspected cancer (16, 17) • Adequate diagnostic capacity and systems in place to meet waiting times standards and to ensure the 28 Day Faster Diagnosis Standard can be met from 2020/21 (24) • All GPs undertaking a Significant Event Analysis for any patient diagnosed with cancer as a result of an emergency admission (25) • GP practices have 'safety-netting' processes in place for patients sent for an investigative test (18) **Planned Outcomes** • Increase in 5 and 10-year survival (57% surviving ten years or more by 2020) • Increase in one-year survival (75% by 2020) • Reduction in survival deficit for older people (metric: one year survival) • Reduction in CCG/Place variation in one year survival • Reduction in CCG/Place variation in patient experience (metric: overall rating of care from CPES)
Our local long-term priorities C&M focus on Outcomes (2015-21)	**Local Long-Term Priorities:** • Deliver earlier stage presentation and fewer cases diagnosed via emergency care to improve patient outcomes and experience. • Deliver the new national 28 day diagnostic standard, through development of new referral routes and implementation of optimal diagnostic pathways. • Deliver the other NHS Constitution standards for patient access (14, 31, and 62 days). • Achieve modern, efficient diagnostic pathways based around the principles of standardisation, primary care access and straight to right test principles. • Implement the Type 1 presentation pathway for acute oncology based on the national specification. • Transform non-surgical oncology services by implementing CCC's Future Clinical Model.

<table>
<tr><td></td><td colspan="2">Planned Outcomes
• Address the variation in one year survival rate (66% - 73%, current CCG baseline).
• Increase staged cancers diagnosed at stage 1 and 2 (46% - 54%, current CCG baseline).
• NHS Constitution standards for access consistently delivered.</td></tr>
<tr><td rowspan="3">Delivering our 2021 vision: our 18/19 plan</td><td>Our 18/19 Priorities</td><td>Our 18/19 Plan</td></tr>
<tr><td>Lung Cancer

To improve access and reduce unwarranted clinical variation for suspected lung cancer referrals.</td><td>Support implementation of a rapid access and diagnostic pathway for lung cancer.
This will be achieved by:
• Developing bespoke implementation approaches and providing leadership for change at an organisational level; ensuring implementation is locally led
• Working with trusts teams to identify barriers and opportunities to implement the optimal timed pathway.
• Undertaking detailed analysis to identify system blockages and develop local and network solutions to address these.
• Developing innovative solutions and sharing best practice to ensure effective systems and process are in place.
• Leading the development of new roles to support delivery of the timed pathway including Early Diagnosis Support Workers and diagnostic coordinator roles.
• Working to improve interfaces on the lung pathway, including access to radiology, pathology and oncology, to ensure seamless patient transitions and reduce delays</td></tr>
<tr><td>Colorectal Cancer

To improve access and reduce unwarranted clinical variation for suspected colorectal cancer referrals.</td><td>Support the phased implementation of an optimal, timed pathway for suspected colorectal cancer.
This will be achieved by:
• Developing local clinically led implementation teams at organisational level and supporting these teams to implement the optimal timed colorectal cancer pathway.</td></tr>
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		• Working with trusts teams to identify barriers and opportunities to implement the optimal timed pathway. • Supporting implementation teams to develop robust local action plans and designing innovative solutions to local issues. • Undertaking detailed analysis to identify system blockages and develop local and network solutions to address these. • Working to improve interfaces on the colorectal pathway, including working directly with the endoscopy improvement project to ensure adequate capacity to meet demand and reduce waste in the diagnostic journey. • Leading the development of new roles to support delivery of the timed pathway including Early Diagnosis Support Workers • Exploring the opportunity to implement FIT testing of symptomatic patients presenting in Primary Care in order to reduce unnecessary diagnostic demand.
	Vague Symptoms To improve outcomes for patients presenting with atypical or unclear symptoms with a suspicion of an underlying cancer where no existing pathway is applicable.	Design and implement a consistent vague symptoms pathways across Cheshire and Merseyside, supported by a newly developed workforce This will be achieved by: • Establishing three locality based implementation groups to develop and lead local implementation plans • Supporting local implementation groups to develop bespoke local solutions based on Alliance wide agreed standards and frameworks • Supporting the design, recruitment and development of a new vague symptoms cancer workforce • Developing and approach to primary care engagement and education to ensure effective implementation • Developing a standardised approach to data collection and evaluation across the locality projects to ensure sustainability and applicability to the national evidence base.

	Endoscopy To increase access to endoscopy services for patients on cancer diagnostic pathways.	Deliver a system-wide understanding of productivity, capacity and demand and workforce issues relating to endoscopy access for cancer diagnostic pathways. Developing an approach to deliver improvements of access including reducing waste, increasing efficiency, developing a shared network-services structure business case and a future workforce model This will be achieved by: • Completing productivity, capacity and demand and workforce review in all units in Cheshire and Merseyside. • Implementing a suite of improvement projects across all units to reduce variation, waste and increase efficiency. • Develop an approach to improve identified workforce issues. • Develop a business case to demonstrate the optimum future endoscopy model for Cheshire and Merseyside including the option of shared, networked capacity.
	Imaging Support implementation of the optimal lung cancer pathway and other pathways by expediting access to CT testing and reporting.	Create the necessary infrastructure and capacity through development of the workforce, and developing a future networked model for capacity and demand. This will be achieved by: • Developing the skills of the radiography workforce to enable additional reporting capacity • Supporting a system wide approach to shared reporting capacity including governance, workforce and funding agreements • Supporting development of improved workflow and monitoring the enhanced IT infrastructure.
	Digital Pathology To improve access to timely histopathology reports, to enable	Implement a digital pathology solution which will digitise histopathology slides and develop a networked solution to image sharing. This will create seamless access to specialist pathologist advice, improve training and increase reporting efficiency.

	timely expert advice and improve MDT efficiency.	This will be achieved by: • Developing an agreed clinical model for digital pathology. • Identifying a best value procurement approach for Cheshire and Merseyside including consideration of procurement in collaboration with other Alliances. • Implementing digital pathology technology at 6 sites across Cheshire and Merseyside. • Developing an approach to enable connectivity between organisations. • Developing an approach to realising and evaluating the benefits.
	MDT Video-Conferencing Create a modern infrastructure for facilitating cross-trust MDT discussions which acts as an enabler to redesign of MDT meetings.	Develop a shared approach to improve MDT infrastructure for trusts in Cheshire and Merseyside. • Establishing a shared support function to deliver inter-connectivity between sites and to ensure equipment issues are addressed quickly.
	Significant Event Analysis Reduce emergency presentation by developing continuous learning networks between secondary and primary care providers.	Create a consistent framework and standardised operating model for undertaking SEA which will have been piloted across a number of sites. This will be achieved by: • Piloting a method for real time identification of patients who have received a diagnosis of lung cancer via an emergency route • Developing a protocol that enables patient information to be confidentially passed from secondary care to alert the registered GP • Developing an effective approach to SEA completion in collaboration with primary care • Developing a process for anonymised centralised capture of all data and learning for wider sharing • If pilot is successful, develop a plan for roll in Cheshire and Merseyside.
	Emergency Presentation Ensure consistent and clinically	Piloting a project with two trusts to audit processes and procedures for

	appropriate rapid access to the right care pathway for patients presenting via an emergency care route to ensure faultless transition of care.	management of patients presenting with a suspicion of cancer within secondary care emergency departments. Design and implement appropriate pathways of care to improve patient experience and outcomes. This will be achieved by: • Completing a Cheshire & Merseyside review of current protocols and pathways in place within Emergency Departments within two trusts. • Working with partners to review effectiveness of current pathways of care. • Working with clinical leads and partners to develop best practice pathways of care to ensure rapid access to treatment for patients presenting via these routes.
	Safety Netting As clinically indicated, ensure that an initial and on-going review process is implemented for patients with any symptom or results which may indicate an increased risk of cancer.	Design and deliver an education programme focussing on best practice safety netting approaches and identify IT solutions to support the safety netting process in primary care. We will achieve this by: • Developing a best practice approach to safety netting within primary care. • Developing an education approach and strategy to ensure GPs understand the importance and practice of safety netting. • Explore IT solutions to support safety netting within GP systems building on national pilot work.
	Primary Care Education	Work with partners to influence the development of an education strategy for primary care. We will achieve this by: • Developing a project with partner organisations (CCC and Macmillan) to improve primary care education. • Supporting primary care to engage with national pilots designed to enhance to enable earlier diagnosis e.g. Gateway C. • Working with primary care to improve referral processes for priority pathways.

3. High quality modern services
Alliance Lead- Dr Sheena Khanduri

National Context:	**Strategy Recommendations** **Radiotherapy** • Alignment with radiotherapy provider networks to ensure equitable access to modern radiotherapy services **Chemotherapy** • Chemotherapy available in community settings (roll out from 2018/19) (33) **Molecular testing** • Access to high quality molecular testing with genetic testing embedded in treatment pathways **Access to Clinical Trials** • Improved access to clinical trials (particularly for teenagers and young adults) (45) **MDT working** • Effective MDT working is in place (38) • MDTs review a monthly audit report of patients who have died within 30 days of active treatment (39) MDTs consider appropriate pathways of care for metastatic cancer patients (46) **Planned Outcomes** • Reduction in survival deficit for older people (metric: one year survival) • Reduction in CCG variation in one year survival • Reduction in CCG variation in patient experience (metric: overall rating of care from CPES)
Our local long-term priorities C&M focus on Outcomes (2015-21)	**Local Long-Term Priorities** • Achieve a configuration of MDTs across C&M to ensure good governance, efficiency and streamlined decision making • Support delivery of a radiotherapy network which ensures equitable access to specialist treatment and avoid variation in planning approaches • Support delivery of chemotherapy in the community where clinically appropriate • Increase access to clinical trials as a core part of the discussion for new patient diagnoses across surgical and

<table>
<tr><td></td><td colspan="2">medical/clinical oncology
• Deliver new technologies as directed and commissioned by NICE & NHS England respectively.

Planned Outcomes

• Address the variation in one year survival rate (66% - 73%, current CCG baseline).
• Increase staged cancers diagnosed at stage 1 and 2 (46% - 54%, current CCG baseline).
• NHS Constitution standards for access consistently delivered
• Whole system pathways redesign in line with agreed priorities within the transformation programme
• Demonstrate improvement in patient experience</td></tr>
<tr><td rowspan="4">Delivering our 2021 vision: our 18/19 plan</td><td>Our 18/19 Priorities</td><td>Our 18/19 Plan</td></tr>
<tr><td>Radiotherapy
Alignment with radiotherapy provider networks to ensure equitable access to modern radiotherapy services.</td><td>• Deliver an alliance-wide response to the national consultation on the establishment of radiotherapy networks, led by NHS England, collaborating with colleagues in the Manchester and Lancashire and South Cumbria.</td></tr>
<tr><td>Access to Clinical Trials
Improved access to clinical trials (particularly for teenagers and young adults)</td><td>• Collaborate with the North West Coast Clinical Research Network to agree a strategy to increase access and coordination of clinical trial activity.

• Ensure that this strategy is reflected in the priorities established by tertiary centres and delivered in partnership with secondary and primary care providers.</td></tr>
<tr><td>MDT working

Deliver improvements in the efficiency and effectiveness of MDT discussions</td><td>• Develop an understanding of current MDT processes across Cheshire and Merseyside

• Test out new approaches with pilot MDTs to improve efficiency and effectiveness including triage and protocol based decision making.

• Develop a plan to roll out an improved approach to MDTs

• Review existing MDT configuration for Cheshire and Merseyside and identify opportunities for more efficient models.</td></tr>
</table>

	Chemotherapy Continue to increase proportion of patients with access to chemotherapy in community settings where clinically appropriate	• Support delivery of the Clatterbridge in the Community strategy • Develop haemato-oncology service in the community • Expand provision of chemotherapy treatment in the workplace
	Molecular testing Access to high quality molecular testing with genetic testing embedded in treatment pathways.	• Support development of the molecular testing pathways • Embed within diagnostic and treatment pathways through clinical leadership forums • Develop referral and audit processes to support compliance with agreed pathways

4. Living with and beyond cancer
Alliance Lead- Jan Snoddon

<table>
<tr><td rowspan="3">National Context:</td><td colspan="2">Strategy Recommendations

All elements of the Recovery Package are available to all patients, including
• holistic needs assessment and care plan at the point of diagnosis and at the end of treatment
• treatment summary sent to the patient’s GP at the end of treatment
• cancer care review completed by the GP within six months of a cancer diagnosis
• patients have access to information and support that helps them to self-manage and seek help, this is often through a health and wellbeing event (65)
• Lifestyle advice is part of the Recovery Package (8) and return to work support is included in assessment and care planning (74)

Services are in place to respond to needs identified through assessment and care planning, including rehabilitation services to support return to work and the reduction and management of consequences of treatment. . These services will be developed with individuals and organisations beyond the NHS, for example employers, community organisations, and charities. (63, 70, 73, 74)

All breast cancer patients have access to stratified follow up pathways of care, and, dependent on evidence from pilots, from 2018/19 all prostate and colorectal cancer patients have access to stratified follow up pathways of care (67)

Appropriate integrated services for palliative and end of life care are in place (75)

Planned Outcomes

• Reduction in survival deficit for older people (metric: one year survival)
• Reduction in CCG variation in one year survival
• Reduction in CCG variation in patient experience (metric: overall rating of care from CPES)</td></tr>
<tr><td rowspan="2">Delivering our 2021 vision: our 18/19 plan</td><td>Our 18/19 Priorities</td><td>Our 18/19 Plan</td></tr>
<tr><td>Breast, prostate and colorectal cancer- risk stratified follow Up</td><td>This will be achieved by:
• Working with Trusts to develop detailed implementation plans
• Leading the development of new roles including cancer support workers</td></tr>
</table>

	All eligible patients to have access to a non-face-to-face follow up service, which includes adequate safety netting, access to a named support worker, and appropriate health and wellbeing interventions	• Managing the relationship with remote surveillance IT provider • Liaising with Clinical Quality Groups to ensure clinical protocols are updated in line with emerging evidence
	Lung Cancer- Risk Stratified Follow Up Explore the role of a "remote" surveillance pathway for patients treated surgically with curative intent	This will be achieved by: • Working with Lead Tertiary Trust to develop detailed implementation plans • Leading the development of new roles including cancer support workers • Developing a suitable safety-netting tracking system • Working with clinicians to develop a single surveillance protocol
	Gynae Cancer- Risk Stratified Follow Up Developing a single follow up service for all patients treated for ovarian and endometrial cancer with curative intent	This will be achieved by: • Working with Lead Tertiary Trust to develop detailed implementation plans • Leading the development of new roles including cancer support workers • Developing a suitable safety-netting tracking system • Working with clinicians to develop a single surveillance protocol
	TYA and Children's Cancer Develop an enhanced service to support young people transitioning from Children's to adults' services	This will be achieved by: • Working with Lead Tertiary Trust to develop detailed implementation plans • Leading the development of new roles including Clinical Nurse Specialist to manage transition service • Expanding health and wellbeing offer to include age specific events • Rolling out the use of "IAM" MDT management system with patient portal
	Recovery Package All eligible patient to have access to elements of the recovery package	This will be achieved by: • Continuing the regional improvement plan for HNA and end of treatment summaries • Working with community providers to develop alternative models of support • Targeted improvement work in one CCG to enhance patient experience of GP Cancer Care ReviewIntroducing standardised evaluation tool to evidence the benefit of health and wellbeing interventions

5. Patient experience on a par with clinical excellence
Alliance Lead- Sue Redfern

<table>
<tr><td>National Context:</td><td colspan="2">Strategy Recommendations

• Continuous improvement in patient experience
• Reduction in CCG variation in patient experience (metric: overall rating of care from Cancer Patient Experience Survey)</td></tr>
<tr><td>Our local long-term priorities

C&M focus on Outcomes (2015-21)</td><td colspan="2">In 2017/18 we will:
• Develop the patient experience and co-design work stream
• Develop innovative ways of service developers hearing patient stories and recommendations about how services could be improved
• Develop the infrastructure required to support the diverse needs of our population and address inequalities
• Develop patient partnerships within other organisations
In 2018/19 we will:
• Develop sustainable models for engagement within C&M
• Pilot a model of genuine co design with service developers and people affected by cancer
• Ensure the model for engagement is reflected and active across all Cancer Alliance projects</td></tr>
<tr><td rowspan="2">Delivering our 2021 vision: our 18/19 plan</td><td>Our 18/19 Priorities</td><td>Our 18/19 Plan</td></tr>
<tr><td>Develop and implement a Service User Involvement Strategy

The voice of service users will be central to the development of all work plans</td><td>This will be achieved by:
• Establish robust framework for partnership working with key stakeholders
• Continue to support current service users involved in the Alliance
• Develop Service User involvement throughout constituent organisations within the Cancer Alliance.
• Develop a directory of service user involvement across Merseyside and Cheshire and disseminate the directory to partners</td></tr>
<tr><td></td><td>Implement the National Quality of Life Metric study at 7 MDTs</td><td>This will be achieved by:
• Work with the national working group to develop detailed implementation plan
• Roll out programme of education and support for support workers recruiting patients to the QOL metric and participate in additional pilot to explore the usefulness of clinician reports in relation to QOL metric</td></tr>
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