Healthier Lancashire & South Cumbria | Cancer Alliance

Lancashire & South Cumbria Cancer Alliance

Delivery Plan for 2018 - 2019

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FOREWORD

The National Cancer Taskforce Report - ***'Delivering World Class Cancer Outcomes; A Strategy for England'*** published in July 2015 presented a total of 96 recommendations to be achieved nationally, regionally and locally by 2020. It sets an ambitious vision for improving services, care and outcomes for everyone by reducing the number of people getting cancer, increasing survivorship and ensuring that people have a positive experience of treatment and care, whoever they are and wherever they live, in short, more people living well for longer.

The Lancashire and South Cumbria Cancer Alliance (LSCCA) Delivery Plan sets out a way forward to achieve these recommendations thereby improving the cancer experience for the people of Lancashire and South Cumbria. We know that the incidence of cancer for our population is higher than the national average and that this framework will provide us with opportunities to improve what we do to help reduce incidence, improve earlier diagnosis, reduce variation and improve survival rates.

Cancer sits within the Acute and Specialist Service work stream of the Lancashire and South Cumbria shadow Integrated Care System (ICS) (formerly the Sustainability, Transformation Programme: STP). The ICS and the Cancer Alliance work, and will continue to work, closely together to ensure the National Cancer Taskforce Report is reflective of the developing ICS work, supporting the delivery of the NHS Five Year Forward View and the 'NHS Refreshing Guidance 2018/19 **(published February 2018).**

This document is the Alliance's 2nd year Delivery Plan describing the work to be undertaken by the Cancer Alliance and its Partnership Organisations to continue to work towards delivering the 96 recommendations during 2018/19.

It remains a challenging but exciting time for the partners across Lancashire and South Cumbria to work together in designing and delivering cancer services which meets the needs of our population.

Damian Riley, Chair of the Cancer Centre Alliance Board

Jane McNicholas, Medical Director, Cancer Alliance

Jane Cass, Locality Director, NHSE

Denis Gizzi, Chief Officer, Chorley & South Ribble CCG

Juliette Brookfield, Programme Manager, Cancer Alliance

Kathy Collins, Deputy Programme Manager, Cancer Alliance

SECTION 1 - INTRODUCTION

The Cancer Alliance has been in existence since September 2016. Its footprint is coterminous with the Lancashire and South Cumbria shadow Integrated Care System (ICS) where it sits within the Acute and Specialist Work Stream. The core central team is supported by staff from multiple joint partnership organisations. Its core function is to establish systems and processes to support achieving the 96 recommendations listed in the Cancer Taskforce Report - ***"Achieving World Class Cancer Outcomes: A Strategy for England 2015-2020' published July 2015.***

National NHS guidance published June 2018 sets out the following Roles and Responsibilities for Cancer Alliances:

Roles and Responsibilities:

- Use their expertise to foster a new way of collaborative working across their constituent ICSs, commissioners and providers aimed at transforming cancer services and improving outcomes for patients across their area.
- Deploy transformation funding in a way that is focused on the whole population across its area, and which complements baseline investment, helping to maximize the impact of improving cancer outcomes.
- Provide leadership, system oversight and co-ordination for cancer services across its area to support delivery of a consistently high level of operational performance to patients that meets the 62 day and other national performance standards.

In delivering their role, Cancer Alliances will:

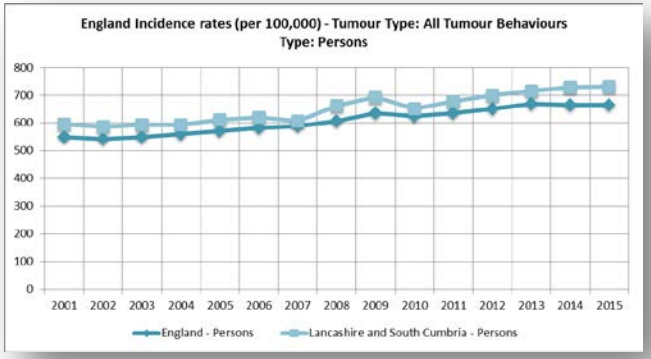
- Foster productive partnerships with and between ICSs commissioners (including specialised commissioning for specialised service networks, for example radiotherapy networks), service providers in their area (including other primary and social care providers and NHS Trusts) and patient groups and establish robust governance that bind these partnerships together.
- Set data at the heart of its work to analyse and improve operational performance, drawing on support from the national Cancer Alliance Data, Evidence and Analysis service.
- Submit a quarterly report including a financial report to their regional office and the national team. The national team will look to the regional office for assurance that the activities set out in the alliances funding agreement have been delivered.
- Work closely with Regional offices to develop a single view of the cancer system in their area and use data to monitor performance and identify areas of concern. The Alliance will use its sources and influence to broker actions to improve performance where required and regional offices will use their formal interventional powers to compliment the Alliances activity.

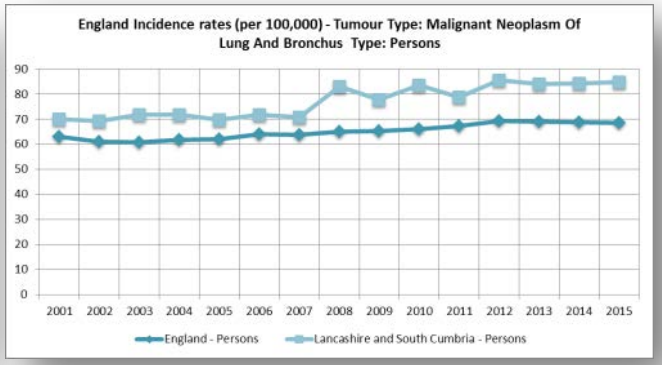
(Source: NHS Cancer Programme – May 2018)

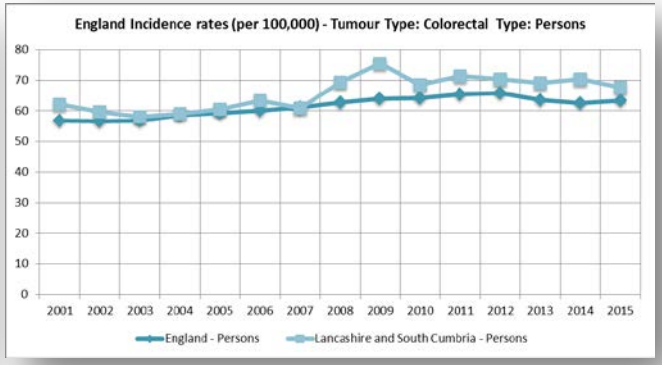
1.1 - Local Context

The population of Lancashire and South Cumbria Cancer Alliance is 1.7m served by 9 Clinical Commissioning Groups, 200 GP practices and 4 Acute NHS Hospital Trusts. Mental health services are provided through Lancashire Care and social care is provided by Lancashire County Council, Cumbria County Council and the two unitary authorities of Blackburn with Darwen and Blackpool. Additionally, there is an active Third Sector supporting health and care across the area.

Incidence: The incidence of cancer is greater than the national average, particularly in colorectal and lung cancer and there is variation across



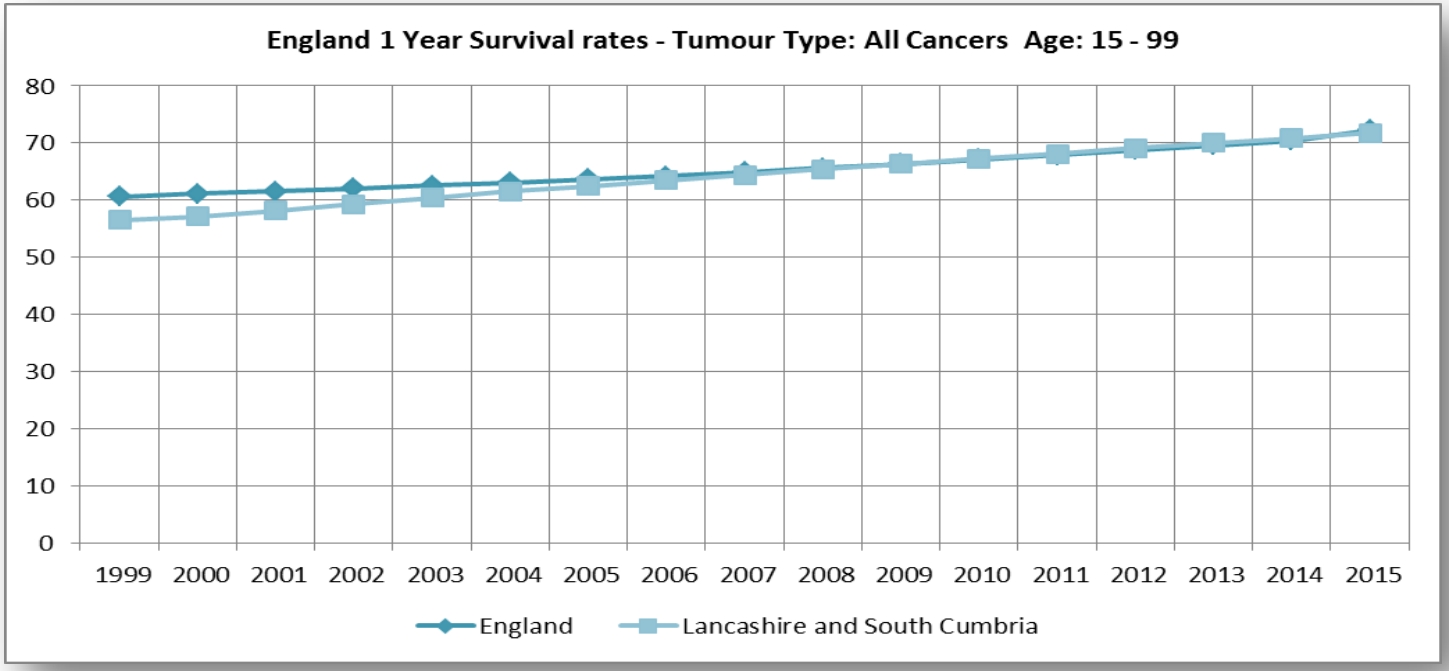




Lancashire & South Cumbria with areas with the greatest deprivation having the higher incidence and increased mortality, particularly for lung cancer.

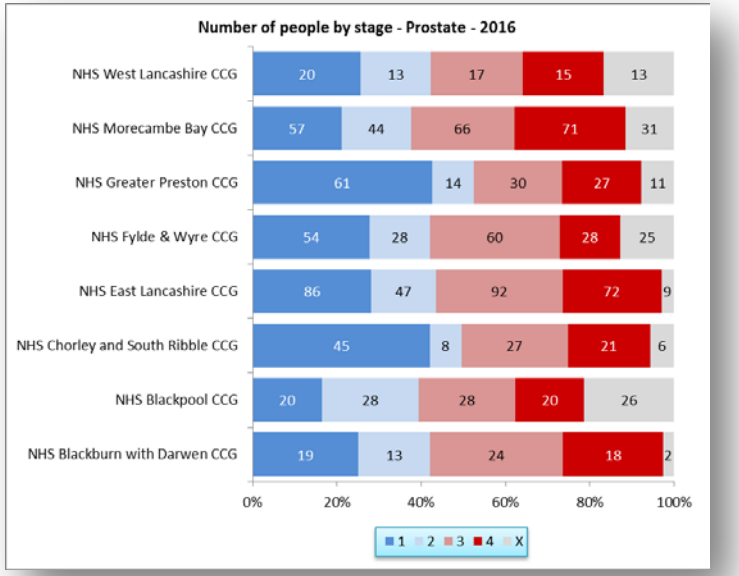
Source: National CancerStats

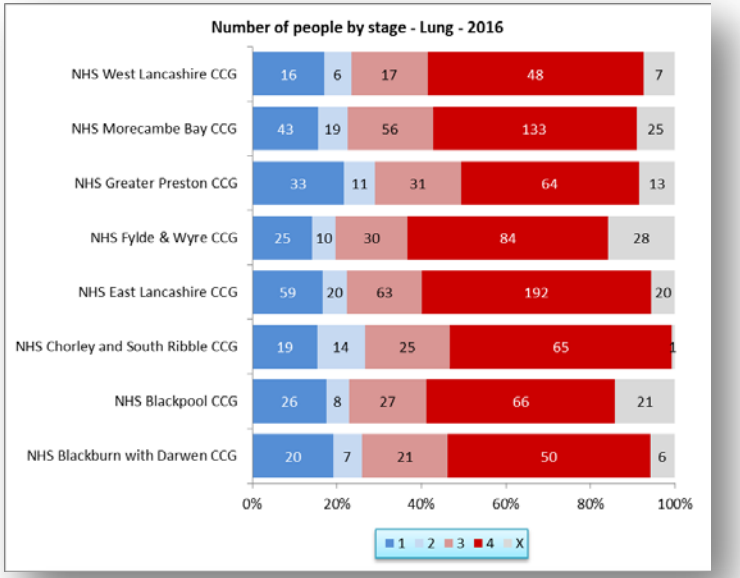
Survival: One year survival is improving year on year in line with the national average for England, however, in many areas across Lancashire & South Cumbria it falls significantly below this. Three CCGs fell short of the national on one-year survival (Blackburn with Darwen, Blackpool, and East Lancashire CCGs), and one was above (Morecambe Bay CCG).

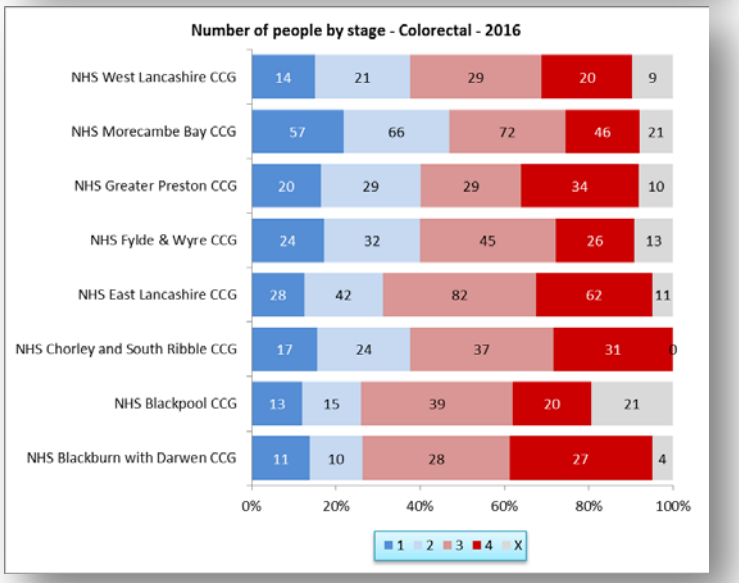


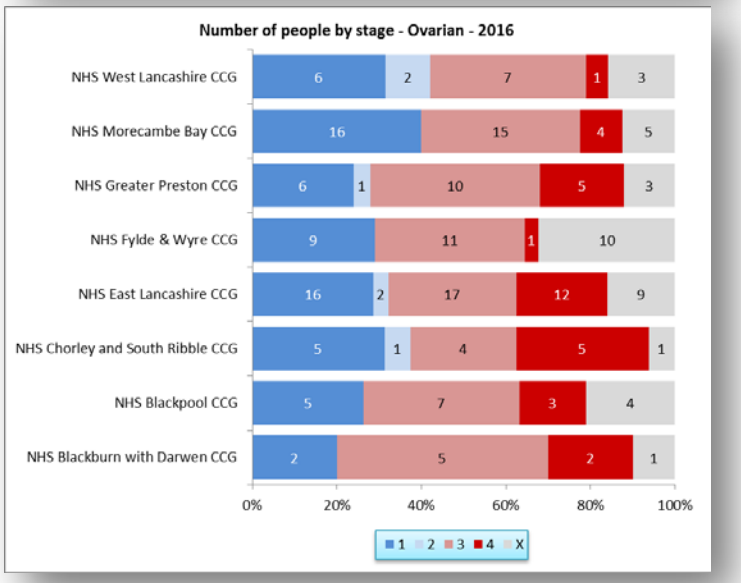
Source: CancerStats and CADEAS Lancashire and South Cumbria Alliance Data Pack by CCG v1_0

Stage at Presentation: Patients present at a later stage particularly those patients with cancer of the lung, bowel, prostate and ovaries.





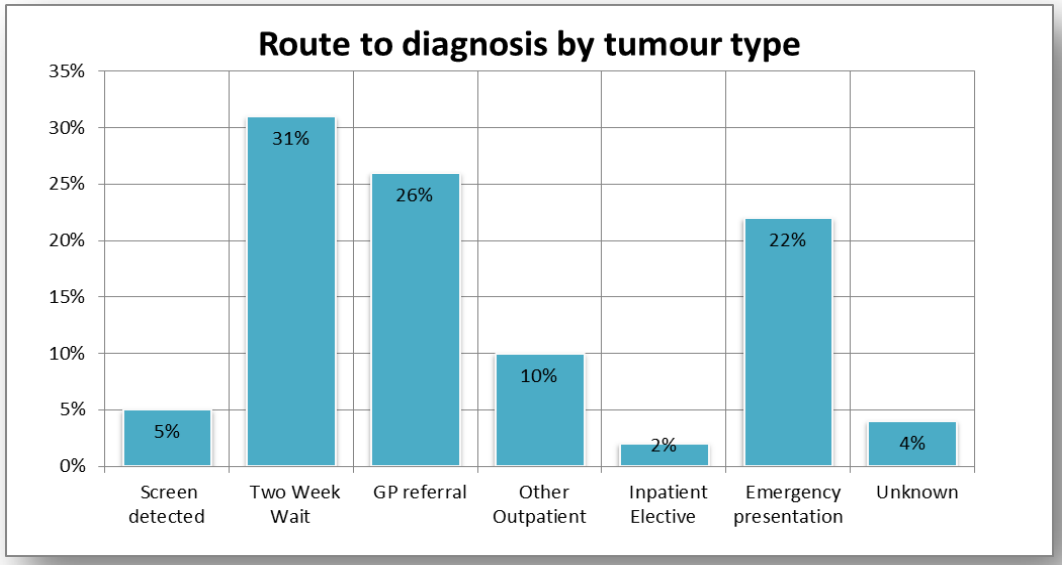


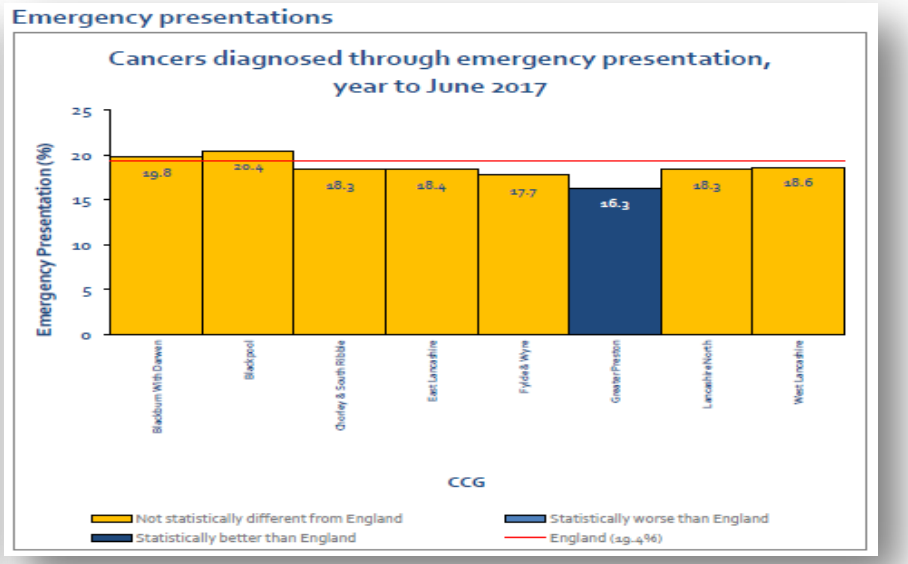


Source:

PHE NCRAS

Emergency Presentation: Data for emergency presentation suggests that the percentage of people within Lancashire & South Cumbria diagnosed through this route of presentation (22%) is fairly consistent with the rest of the country (19.4%) although local primary care audits challenge this information; local audits demonstrate that patients often already have a diagnosis of cancer or are already being investigated for cancer when they attend the Accident & Emergency department.





Source: PHE NCRAS

Cancer screening: as part of Section 7a agreement, NHS England North (Lancashire and South Cumbria) are responsible for the commissioning of cancer screening programmes across the ICS footprint. There are three NHS Cancer Screening Programmes that fall in to the Prevention and Early Diagnosis work stream of the Cancer Alliance; Breast, Bowel and Cervical. NHS England work in partnership with the Public Health England (PHE) Screening Quality Assurance Service (SQAS) who are responsible for ensuring that national standards are met and encouraging continuous improvement of service provision.

Patience Experience: Our Patient Experience Work Stream is led by our lead cancer nurse Anne Tomlinson with project support from Julie Edwards. The Work Stream Oversight Group will commence meeting more regularly during 2018/19 with a review of membership to ensure adequate representation. The work of this group interlinks very closely with the Cancer Alliance Lead Cancer Nurse group. Administration support is provided by Catherine Howson. The National Cancer Patient Experience Survey (CPES) results have informed the work plan for 2018/19 and is detailed in section 4.5

Clinical Commissioning Group Improvement: Results for 2017 (from the Improvement Assessment Framework for cancer), show that our CCGs have all moved into the 'Good' assessment score. At the time of publishing this Delivery Plan, the national scores for 2017 are not available. Looking at the 2016 scores shows 5 of our CCGS scored less than the English rate for one year survival and 6 failed the 62day target 6 of our CCGs rated less than the English rate for 'earlier diagnosis (stage 1 & 2 at diagnosis).

CCG / England	Year	Early Diagnosis	One Year Survival	62 Day Wait	Patient Experience	Assessment Score
England	2017	Not available yet	Not available yet	Not available yet	Not available yet	N/A
Greater Preston	2017	Not available yet	Not available yet	Not available yet	Not available yet	Good
Chorley & South Ribble	2017	Not available yet	Not available yet	Not available yet	Not available yet	Good
West Lancashire	2017	Not available yet	Not available yet	Not available yet	Not available yet	Good
East Lancashire	2017	Not available yet	Not available yet	Not available yet	Not available yet	Good
Blackpool	2017	Not available yet	Not available yet	Not available yet	Not available yet	Good
Fylde & Wyre	2017	Not available yet	Not available yet	Not available yet	Not available yet	Good
Blackburn with Darwen	2017	Not available yet	Not available yet	Not available yet	Not available yet	Good
Morecambe Bay	2017	Not available yet	Not available yet	Not available yet	Not available yet	Requires Improvement

CCG / England	Year	Early Diagnosis	One Year Survival	62 Day Wait	Patient Experience	Assessment Score
England	2016	52.57%	72.30%	82.01%	8.7	N/A
Greater Preston	2016	55.56%	72.10%	81.63%	9.0	Inadequate
Chorley & South Ribble	2016	53.29%	72.60%	86.88%	8.8	Good
West Lancashire	2016	49.22%	73.20%	81.41%	8.7	Good
East Lancashire	2016	47.74%	70.30%	84.83%	8.7	Inadequate
Blackpool	2016	44.66%	69.80%	82.38%	8.8	Inadequate
Fylde & Wyre	2016	47.61%	71.80%	85.02%	8.9	Good
Blackburn with Darwen	2016	49.46%	69.40%	85.08%	8.8	Requires Improvement
Morecambe Bay	2016	52.51%	73.00%	82.35%	8.8	Not applicable

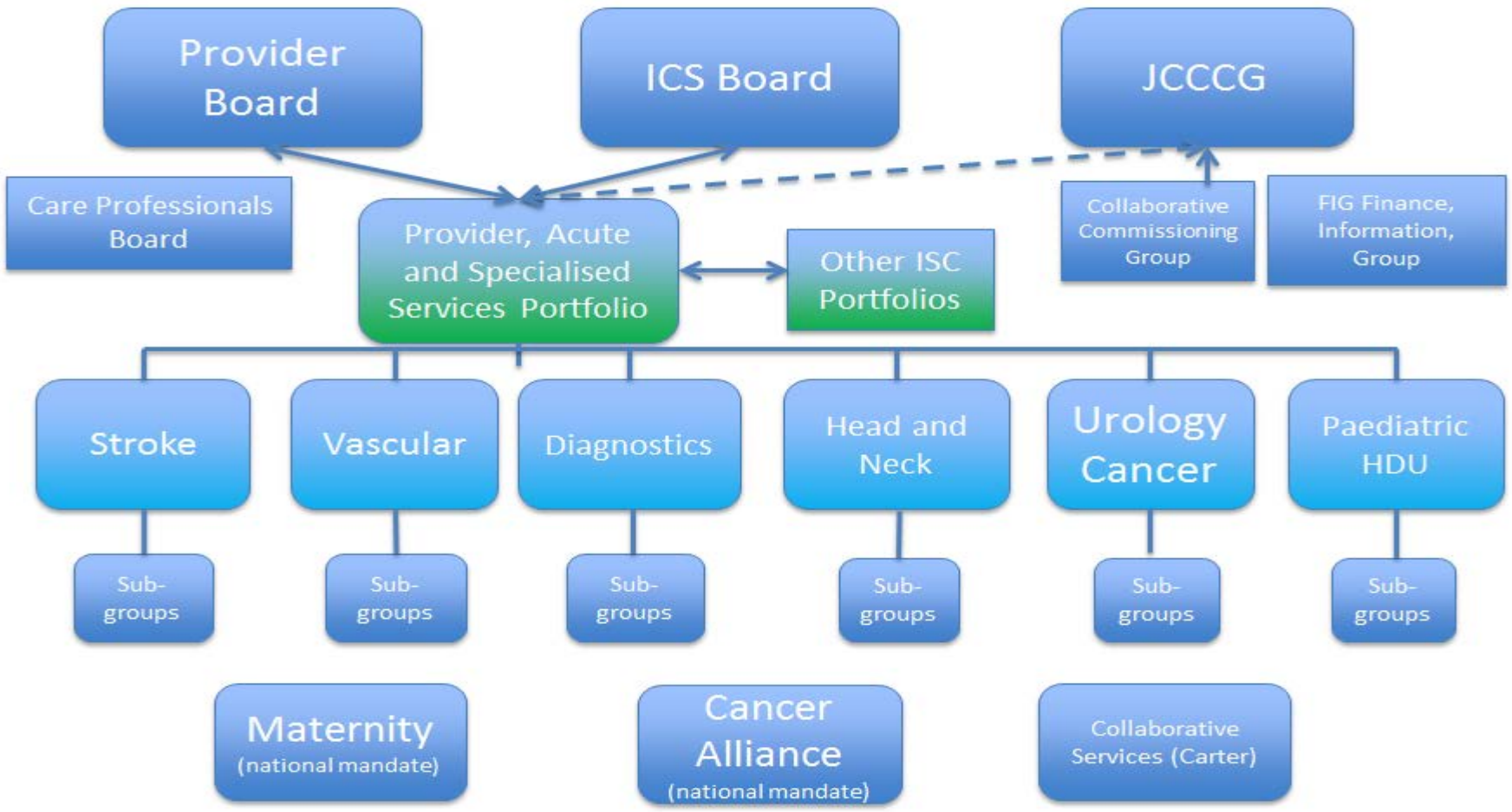
CCG / England	Year	Early Diagnosis	One Year Survival	62 Day Wait	Patient Experience	Assessment Score
England	2015	52.36%	72.30%	82.43%	8.7	N/A
Greater Preston	2015	46.32%	72.10%	81.43%	8.9	Requires Improvement
Chorley & South Ribble	2015	53.33%	72.60%	85.33%	8.9	Good
West Lancashire	2015	52.68%	73.20%	83.61%	8.8	Requires Improvement
East Lancashire	2015	47.95%	70.30%	87.23%	8.8	Requires Improvement
Blackpool	2015	41.73%	69.80%	84.00%	8.5	Inadequate
Fylde & Wyre	2015	46.87%	71.80%	86.38%	8.8	Requires Improvement
Blackburn with Darwen	2015	45.41%	69.40%	85.89%	8.8	Inadequate
Morecambe Bay	2015	51.98%	73.00%	88.53%	8.7	Not applicable

SECTION 2 – Organisational Structures

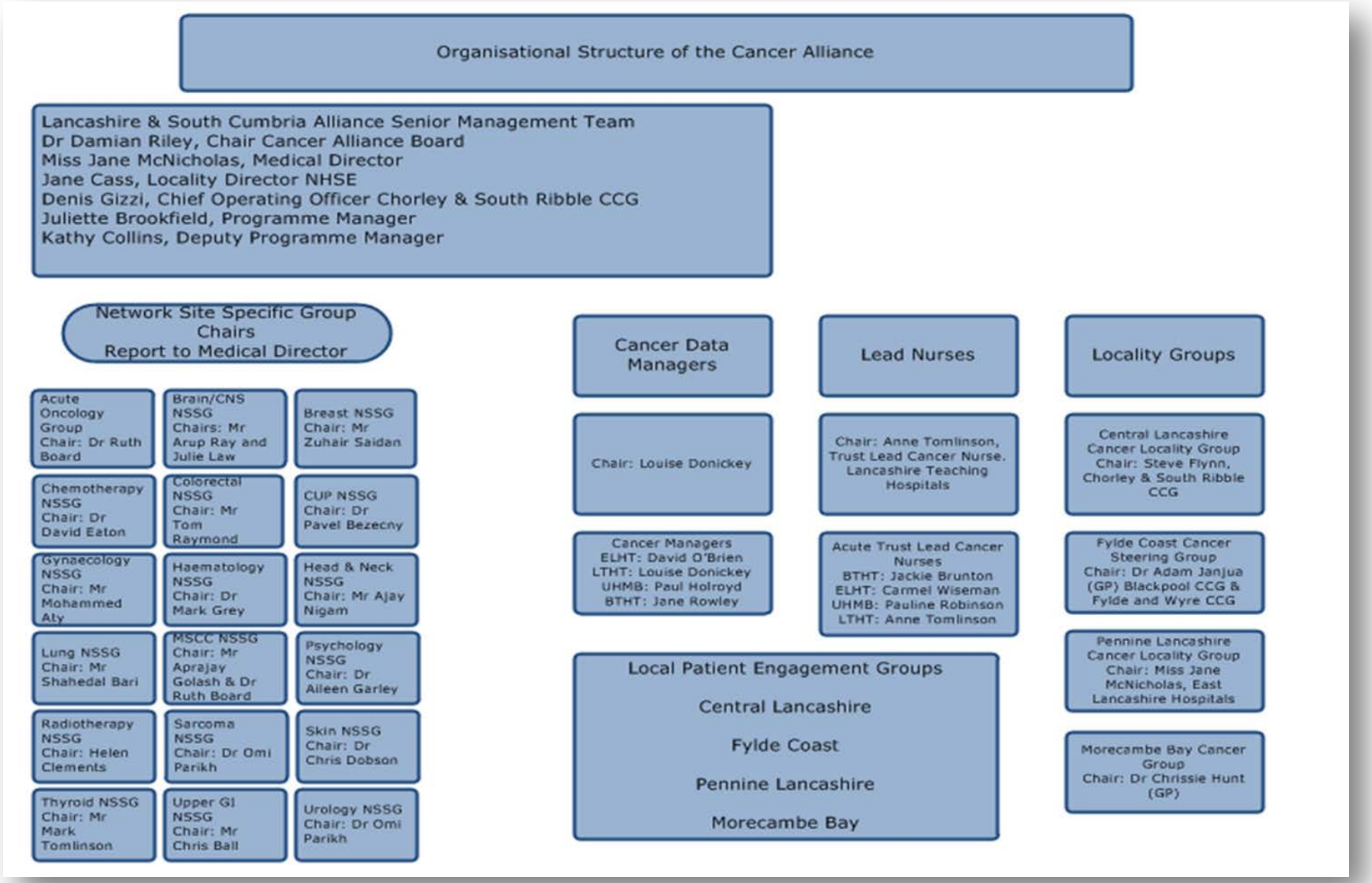
2.1 - Integration with the Lancashire and South Cumbria *'Shadow'* Integrated Care System (ICS)

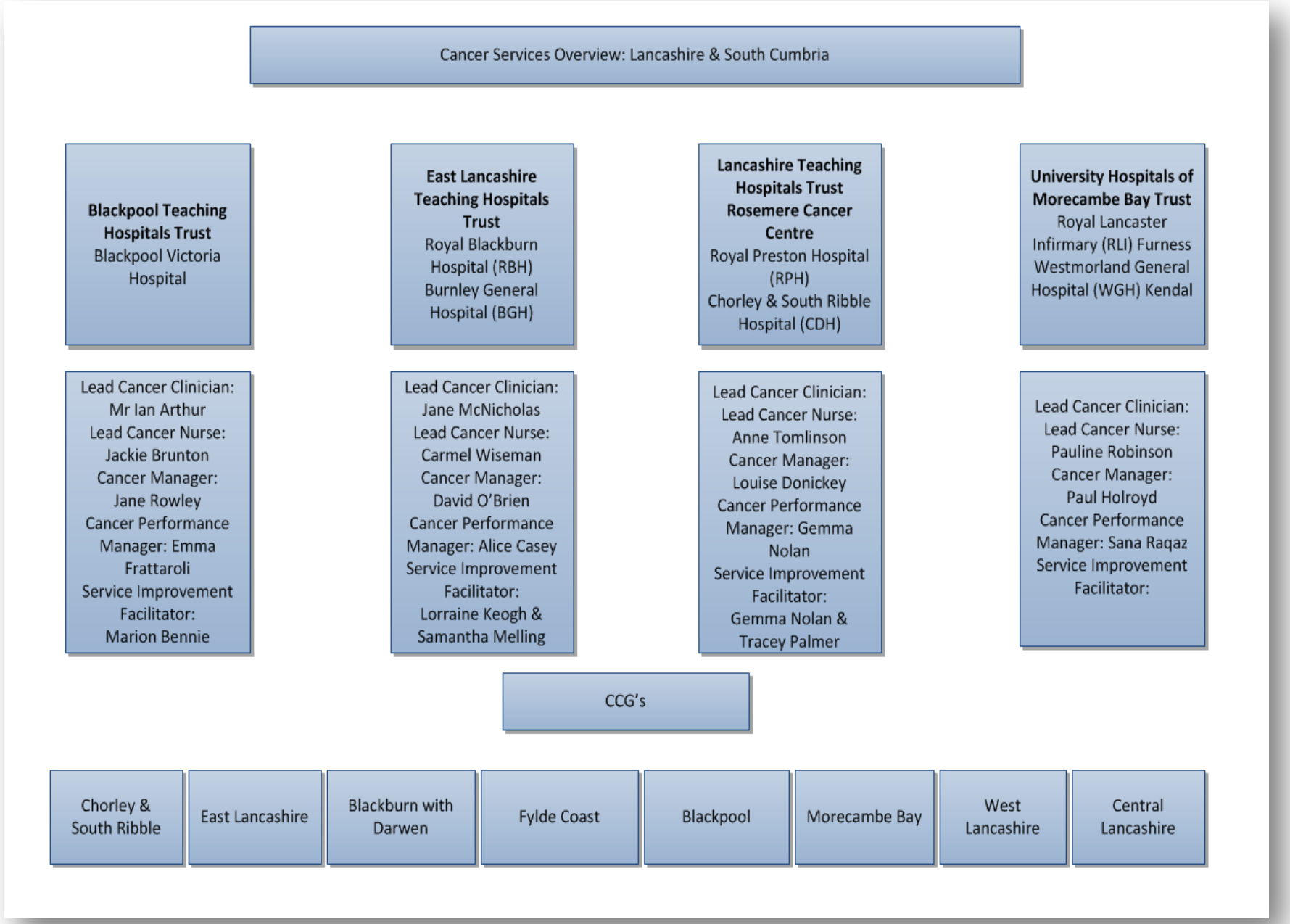
The Cancer Alliance encompasses representation from all constituent organizations across Lancashire and South Cumbria and includes a decision making Cancer Alliance Board. The Alliance Board reports to the shadow ICS for Lancashire and South Cumbria via the Acute and Specialised work stream. Jane Cass (Locality Executive Director NHSE) is a member of both the Cancer Alliance Board and the ICS Executive Board.

Denis Gizzi is the senior commissioner representative on the Board (Chief Officer Chorley & S Ribble CCG), and Miss Jane McNicholas (Consultant Surgeon) is the Medical Director. The Cancer Alliance Board is chaired by Dr Damian Riley (a Medical Director at East Lancashire NHS Trust) and the Programme Manager is Juliette Brookfield.


Provider Board
ICS Board
JCCCG
Care Professionals Board
Provider, Acute and Specialised Services Portfolio
Other ISC Portfolios
Collaborative Commissioning Group
FIG Finance, Information, Group
Stroke
Vascular
Diagnostics
Head and Neck
Urology Cancer
Paediatric HDU
Sub-groups
Sub-groups
Sub-groups
Sub-groups
Sub-groups
Sub-groups
Maternity (national mandate)
Cancer Alliance (national mandate)
Collaborative Services (Carter)

2.2 - Organisational Structure of the Cancer Alliance




Cancer Services Overview: Lancashire & South Cumbria
Blackpool Teaching Hospitals Trust
Blackpool Victoria Hospital
East Lancashire Teaching Hospitals Trust
Royal Blackburn Hospital (RBH)
Burnley General Hospital (BGH)
Lancashire Teaching Hospitals Trust
Rosemere Cancer Centre
Royal Preston Hospital (RPH)
Chorley & South Ribble Hospital (CDH)
University Hospitals of Morecambe Bay Trust
Royal Lancaster Infirmary (RLI) Furness
Westmorland General Hospital (WGH) Kendal
Lead Cancer Clinician: Mr Ian Arthur
Lead Cancer Nurse: Jackie Brunton
Cancer Manager: Jane Rowley
Cancer Performance Manager: Emma Frattaroli
Service Improvement Facilitator: Marion Bennie
Lead Cancer Clinician: Jane McNicholas
Lead Cancer Nurse: Carmel Wiseman
Cancer Manager: David O'Brien
Cancer Performance Manager: Alice Casey
Service Improvement Facilitator: Lorraine Keogh & Samantha Melling
Lead Cancer Clinician:
Lead Cancer Nurse: Anne Tomlinson
Cancer Manager: Louise Donickey
Cancer Performance Manager: Gemma Nolan
Service Improvement Facilitator: Gemma Nolan & Tracey Palmer
Lead Cancer Clinician:
Lead Cancer Nurse: Pauline Robinson
Cancer Manager: Paul Holroyd
Cancer Performance Manager: Sana Raqaz
Service Improvement Facilitator:
CCG's
Chorley & South Ribble
East Lancashire
Blackburn with Darwen
Fylde Coast
Blackpool
Morecambe Bay
West Lancashire
Central Lancashire

SECTION 3 - The Lancashire and South Cumbria Cancer Alliance Board

Title/Role	Name
Chair	Dr Damian Riley (Medical Director)
Medical Director (Vice Chair)	Miss Jane McNicholas (Consultant Surgeon)
ICS Executive Director and NHSE Locality Director	Mrs Jane Cass (NHSE Locality Director)
ICS Senior Commissioning Representative	Mr ,Dennis Gizzi (Chief Operating Officer Chorley & South Ribble CCG)
Director of Operations – Provider Organisations	BTHT: Janet Barnsley (acting) ELHT: John Bannister LTHTR: Adrian Griffiths (interim) UHMBT: Foluke Ajayi
Specialised Commissioner Lead Representative	Suzanne Fenney
Trust Lead Cancer Clinicians	BTHT: Mr Ian Arthur, Consultant Cancer Surgeon (Obs & Gynae) ELHT: Miss Jane McNicholas, Consultant Cancer Surgeon (Breast) LTHTR: Dr Ruth Board, Consultant Oncologist UHMBT: Vacant
Programme Manager	Juliette Brookfield
Deputy Programme Manager	Kathy Collins
MacMillan and CRUK Strategic GP Leads	Dr Neil Smith Dr Chrissie Hunt
Senior Finance Rep (Chorley & South Ribble CCG)	Emma McGrath
Chair of Cancer Lead Nurse Group	Anne Tomlinson
Director of Public Health/STP Lead	Lynn Donkin
Integrated Care Partnerships (ICP) Representatives	**BTHT:** Janet Barnsley Acting Director of Operations and Dr Adam Janjua, Chair of Locality Group
	ELHT: John Bannister, Director of Operations and Jane McNicholas, Lead Cancer Clinician
	LTHTR: Adrian Griffiths, Interim Director of Operations
	UHMBT: Foluke Ajayi, Director of Operations

3.1 - Terms of Reference – Cancer Alliance Board

Purpose: The Cancer Alliance Board will support the development and achievement of this cancer delivery plan to ensure delivery of the recommendations within the Independent Taskforce 'Delivering World Class Cancer Outcomes; A strategy for England'. This will be achieved through having individual Alliance Board members driving forward the activity required within their constituent/represented Organisations.

The Cancer Alliance Board will:

- Ensure integration of cancer services across the whole shadow ICS system and that the Cancer Alliance Delivery Plan is interlinked with the wider ICS health care transformation programmes.
- Work together to deliver the shared activities (for example, redesign of whole pathways which will involve multiple organisations and sectors/local delivery systems working together).
- Provide leadership to oversee delivery of the Alliance's programme of work, ensuring that the Cancer Alliance Delivery Plan is aligned to the targets in the 'Delivering World Class Cancer Outcomes; A strategy for England' and supports the strategic ICS transformational objectives across Lancashire & South Cumbria.
- Oversee implementation of new models of delivery that provide a cross-organisational approach to improving outcomes (including national commissioning policies and service reviews).
- Provide a mechanism for scrutiny and collective accountability across partner organisations by drawing on the opportunities and challenges where cross-organisational and health economy wide thinking is required to unlock benefits for patients.
- Ensure there is meaningful engagement with the public, patients and other key stakeholders regarding the development and delivery of the Cancer Delivery Plan.
- Participate in national forums to share learning between Alliances, Northern and National Cancer Teams.
- Hold bi-monthly meetings.
- Hold to account the delivery and programmes of work across the five work stream areas.
- Agree dedicated central funding and infrastructure required to support delivery of the programme of work within the Alliance work streams.

The Cancer Alliance Board will work by consensus and majority voting agreement. Any disputes will be referred to the ICS for commissioning decisions and the Care Professionals Board for clinical decisions if appropriate. Board decisions can be delegated to the Cancer Alliance Senior Management Team at any time if required.

Quoracy requires as a minimum:

- The attendance of the Chair (or vice Chair)
- 3 x Members of the Alliance Senior Management Team
- 1 x Senior Manager – Provider
- 1 x Commissioner Representative
- 1 x Representative from each of the Alliance Oversight Groups

3.2 - The Cancer Assembly

The Cancer Assembly represents a group of people gathered for the common purpose of supporting the Cancer Alliance and the people of Lancashire & South Cumbria to reduce cancer incidence and mortality rate while improving the experience of people diagnosed with cancer across the area. By influencing the content of the Cancer Alliance Delivery Plan and offering the role of "critical friend", the Cancer Assembly has a role in observing how the Cancer Alliance Delivery Plan is progressing, whether it is making the changes it aspires to and champion the message for everyone to make their contribution in improving cancer services across Lancashire & South Cumbria. Membership of the Cancer Assembly is open to any organisation or individual whose work is aimed at improving, delivering, using or evaluating cancer services

During 2018/19 the Cancer Alliance will:

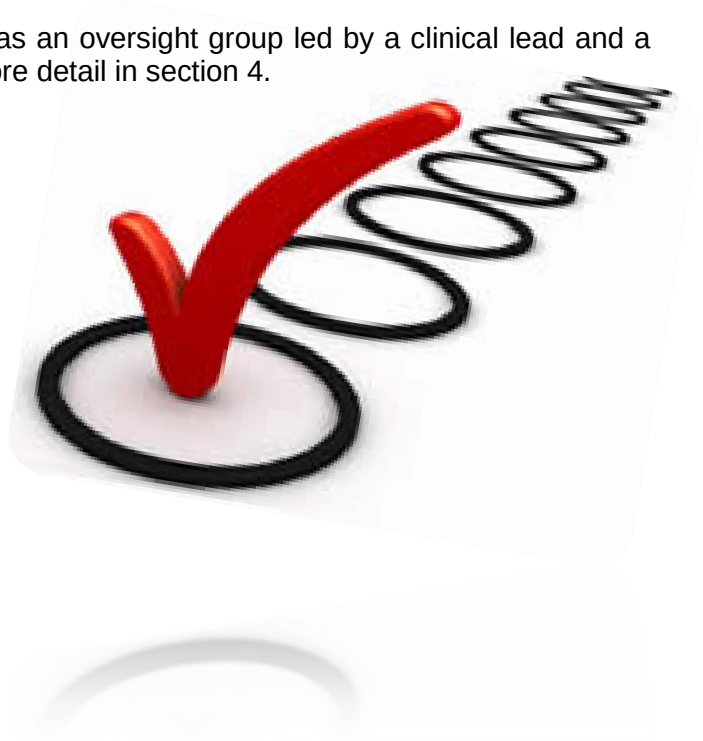
- Work to strengthen the membership of the Cancer Assembly so it truly represents the people of Lancashire & South Cumbria
- Facilitate two meetings of the Cancer Assembly

SECTION 4 – Objectives/Key Deliverables of the five workstreams of the Cancer Alliance

- The National Cancer Taskforce Report provides national metrics to be achieved; these dictate the key elements of the projects within our work streams.
- Discernible fall in age-standardised incidence

- Increase in 5 and 10 year survival (57% surviving ten years or more by 2020)
- Fall in adult smoking rates (13% by 2020 and 21% in routine and manual workers)
- Reduction in the number of cases linked to deprivation
- Increase in one year survival (75% by 2020)
- Continuous improvement in patient experience
- 62% of staged cancers diagnosed at stage 1 and 2 and an increase in the proportions of cancers staged
- Patients should be informed of definite diagnosis of cancer or otherwise within 28 days of GP referral by 2020
- 85% meeting the 62 day target and 96% meeting the 31 day target
- All patients to access a Cancer Nurse Specialist
- 75% update of 'FIT in the bowel screening programme

The Cancer Alliance has divided its work programme into five key work streams. Each work stream has an oversight group led by a clinical lead and a Senior Management Lead. The programme is shown in diagrammatic format below and described in more detail in section 4.



LANCASHIRE & SOUTH CUMBRIA CANCER ALLIANCE PROGRAMME DELIVERY PLAN

PREVENTION & EARLIER DIAGNOSIS WORKSTREAM

Oversight Group: Prevention and Earlier Diagnosis
Chair: Dr Neil Smith
Workstream Support: Juliette Brookfield

Aim: Improve cancer survival for people across L&SC by supporting earlier presentation and faster diagnosis

PREVENTION (2/4)	CL: Dr Sakthi Karvanithi PL: Tracy Pickens

- An Alliance plan to reduce:
  Smoking prevalence
  Obesity
  Alcohol consumption

SCREENING (10/11)	CL: Trish Spedding PL: Kerry Stephens

- Increase uptake of national screening programmes for breast/ cervical/ bowel
- Roll out HPV screening (national target 04/19)
- Roll out FIT for bowel screening (national target 04/18)

MULTI DIAGNOSTIC CLINICS	CL: Dr Neil Smith PL: TBC

- Consistent approach across L & SC for patients with vague symptoms to receive rapid diagnosis

SIGNIFICANT EVENT ANALYSIS (25)	CL: Dr Neil Smith PL: Angela Dunne

- Support Earlier diagnosis of lung cancer by all GPs undertaking an SEA and shared learning,.

NETWORKED RADIOLOGY REPORTING	CL: Dr Alistair Craig PL: TBC

- Develop pooled radiology reporting to support lung cancer pathway

BOWEL SCREENING ALERT	CL: Dr Neil Smith PL: Angela Dunne

- Introduce electronic alert to GP systems to flag and target non-responders to screening programme

FAECAL IMMUNOCHEMISTRY TESTING (FIT) IN SYMPTOMATIC PATIENTS	CL: Dr Neil Smith PL: TBC

- Establish FIT testing and support rollout

TREATMENT & CARE WORKSTREAM

Oversight Group: Clinical Forum
Chair: Dr Gerry Skailes
Workstream Support: Kathy Collins & Julie Edwards

Aim: Support optimum cancer treatment through compliance with National Cancer Strategy recommendations and NICE expert clinical guidance

IMPLEMENT ONCOLOGY ACTION PLAN (LP)	CL: Anne Tomlinson PL: Julie Edwards

- Monitor Alliance agreed SLA with oncology service managers
- Establish an multi-disciplinary forum to develop new roles in oncology

UROLOGY COMPLEX CANCER SURGERY SINGLE SITE (LP)	CL: Dr Damian Riley PL: Julie Edwards

- Identification of single surgical site and plan to transfer services

MDT REVIEW (38/39)	CL: Dr Ruth Board PL: Julie Edwards

- Develop an agreed Cancer Alliance model for MDT working based on research into the current effectiveness of L&SC MDT's using the UCLH Cancer Collaborative model

COMPLY WITH MOLECULAR TESTING RECOMMENDATIONS IN TASK FORCE REPORT(36)	CL: TBC PL: Julie Edwards

- Lynch Syndrome Testing
- BREA 1/2 In Ovarian Cancer
- BRCA 1/2 In Breast Cancer

ONCOLOGY E-PRESCRIBING	CL: Dr D Eaton PL: Judy Simmons-Jeffs

- Compliant E-Prescribing system across the Alliance footprint

HEAD AND NECK DEVELOPMENT	CL: PL: Tracey Murray

- Work with the ICS Project team to develop a model for the head and neck service.

LIVING WITH & BEYOND CANCER WORKSTREAM

Oversight Group: L&SC LWBC
Chair: Dr Chrissie Hunt
Workstream Support: Scott Alker

Aim: All eligible patients have access to the recovery package and self-managed follow up in breast, colorectal and prostate by March 2019.

HNA (65) and Treatment Summaries	CL: Medical Director PL: Scott Alker

- 100% eligible patients to be offered a HNA by 2020
- Improve on current performance of 41.1% of patients receiving a HNA within 31 days.
- 60% at QTR 4 2018/19 and 85% at QTR4 2019/2020
- A consistent approach needed to producing treatment summaries across the Alliance. Increase the number of treatment summaries produced by 25% each year to achieve 100% by 2020

HEALTH & WELLBEING EVENTS	PL: Anne Turner

- By 18/19 50% of eligible patients who have finished acute treatment to access HWB services which could be one or a combination of the following formats;
- 1:1 support through the Macmillan Information Support Centre
- 1:1 support through the WES Hub (creation of the WES Hub subject to transformation funding)

RISK STRATIFIED (67) FOLLOW-UP: BREAST	CL: Jane McNicholas PL: Scott Alker

- Clinically agreed risk stratified follow up pathway to support patient self-management for breast cancer patients
- By 2018/19 70% of breast cancer patients will be on a self-management pathway

RISK STRATIFIED FOLLOW-UP: COLORECTAL (67)	TBC

- Clinically agreed risk stratified follow up pathway to support patient self-management for colorectal cancer patients
- By the end of 2018/19 50% of colorectal patients will be on a self-management pathway

RISK STRATIFIED FOLLOW-UP: PROSTATE (67)	TBC

- Clinically agreed risk stratified follow up pathway to support patient self-management for prostate cancer
- By the end of 2018/19 45% prostate patients will be on a self-management pathway

PATIENTS ACROSS L & SC TO HAVE ACCESS TO ELECTRONIC PATIENT INFORMATION	CL: Anne Tomlinson PL: Scott Alker

- Implement eBook for breast, colorectal, prostate and health and wellbeing in all four trusts.

Wellbeing & Employment Services (WES)	PL: Gill Collins

- To provide people living with and beyond cancer with employment support, access to community based wellbeing services and further education.

My Medical Record	PL: Declan Hadley

- To roll out a digital remote surveillance system for risk stratified follow up in breast, colorectal and prostate by March 2019.

Version Final DRAFT

PATIENT EXPERIENCE WORKSTREAM

Oversight Group: Patient Group
Chair: Anne Tomlinson
Workstream Support: Julie Edwards

Aim: To reduce variation in cancer patient experience across the Cancer Alliance footprint and ensure the patient voice is represented throughout the Cancer Alliance programme of work.

CPES (54/55)	CL: Anne Tomlinson PL: Julie Edwards

- Reduce variation in patient experience across L&SC through developing a service improvement plan based on national cancer patient experience survey results

PATIENT CHARTER	CL: Anne Tomlinson PL: Julie Edwards

- Support a positive experience of cancer services across L&SC through an Alliance wide cancer patients charter

SUPPORT GROUPS	CL: Anne Tomlinson PL: Julie Edwards

- Enable cancer patients across L&SC to be supported during their cancer diagnosis, treatment and beyond through high quality information and support services

PEOPLE'S VOICE	CL: Anne Tomlinson PL: Julie Edwards

- Develop cancer services across L&SC using the influence of the "people's voice" group.

CANCER PATHWAY RE-DESIGN & 62 DAY CANCER WAITS WORKSTREAM

Oversight Group: Rapid recovery Team
Chair: Medical Director
Workstream Support:
Juliette Brookfield - Programme Manager

Aim: To provide cancer patients with an Alliance agreed 62 day pathway standardising care from referral to first treatment. Leading to better cancer outcomes, reduced variation and equitable access to diagnostic and treatment options without compromising patient outcomes and compliance with

LUNG PATHWAY	CL: Amy Ford PL: Lisa Flanagan

- Consistent implementation of Alliance agreed Pathway

COLORECTAL PATHWAY	CL: Tom Raymond PL: Joanna Marshall

- Consistent implementation of Alliance agreed Pathway

PROSTATE PATHWAY	CL: Steve Finney PL: Lisa Flanagan

- Consistent implementation of Alliance agreed Pathway

UPPER GI PATHWAY	CL: Chris Ball PL: Joanna Marshall

- Consistent implementation of Alliance agreed UGI Pathway

STAKEHOLDER WORKSTREAM Commissioning, provision and accountability.

Cancer Alliance Board:
Chair: Dr Damian Riley
Workstream Support:
Juliette Brookfield - Programme Manager

Aim: Lead the delivery of the transformation required to implement the National Cancer Taskforce Strategy, taking a whole pathways and cross-organisational approach to reduce variation in clinical outcomes and patient experience

Cancer Assembly:
Chair:
Workstream Support:
Kathy Collins - Deputy Programme Manager

Aim: Contribute to and Influence the content of the L&SC Cancer Alliance Delivery plan and to champion the message to make the plan a reality to improve clinical outcomes and experience for the people of L&SC

Cancer Clinical and Managerial Groups

Aim: Support best clinical practice and operationalise Cancer Alliance Delivery Plan

- Network Site Specific Groups
- Cancer Clinical Leads Forum
- Alliance Cancer Data Managers
- Alliance Cancer Lead Nurses

Workstream support:
Deputy Programme Manager: Kathy Collins
Medical Director:
Cancer Clinical Groups Administrator: Susan Booth

COMMS	Workstream Support: Kathy Collins & Julie Edwards

- Work with the ICS to develop a strategy for communication across L&SC for the cancer alliance

HEE WORKFORCE:	Workstream Support: Kathy Collins & Mike Burgess

- Work with the ICS and HEE to develop a cancer workforce plan for L&SC

COMMISSIONING	Workstream Support: Juliette Brookfield, Kathy Collins & Tricia Spedding

- Work with the ICS to develop a cancer commissioning framework for L&SC

4.1 - Prevention and Earlier Diagnosis

The Prevention and Early Diagnosis Work Stream is clinically led by Dr Neil Smith (Cancer Alliance GP and Cancer Research UK GP) and the management lead is Juliette Brookfield. The Work Stream Oversight Group is the 'Prevention and Earlier Diagnosis Work Stream Board', which meets monthly and has representation from all key stakeholders listed in the projects detailed below. Administration support is provided by Carol Wagstaff

4.1.1 - Prevention

There are 3 key areas described in the Independent Taskforce 'Delivering World Class Cancer Outcomes; A Strategy for England' around Cancer Prevention:

- Smoking
- Obesity
- Alcohol

Upper tier local authorities lead on improving health and coordinating efforts to protect the public's health. The Lancashire and South Cumbria Cancer Alliance area aligns with four authorities: Lancashire County Council, Cumbria County Council (part) and the unitary authorities of Blackburn with Darwen and Blackpool. The Cancer Alliance has established links with the Cumbria and Lancashire Public Health Collaborative, an informal network of local authority public health teams and Public Health England North West, to understand current strategies and actions that are in place to promote healthier lifestyles such as the recently agreed Tobacco Free Lancashire Strategy 2018-2023, and identify additional opportunities for action. **Appendix I** lists the structure and key leads working within the Cancer Alliance.

4.1.2 – Cancer Screening Programmes

Cancer screening programmes are a unique aspect of the National Health Service and play an important role in protecting the health of the population. However, across all three population cancer screening programmes, the uptake in Lancashire and South Cumbria is below the national average.

Following national trends, uptake has been declining year on year for breast cancer and cervical cancer screening and, following an upward trend in its first 6 years of operation, bowel cancer screening uptake performance has plateaued.

It is clear that there is variation in uptake and coverage across all cancer screening programmes in some groups with protected characteristics, different age groups and with some apparent geographical variation. This gap must be closed to encourage all eligible groups to attend the screening appointment. This will require direct targeting, understanding the local population and identified groups to improve access to services leading to early identification and treatment.

A robust workforce to deliver high quality population cancer screening programmes is essential. We want to achieve a position where patients

are able to access cancer screening programmes delivered in primary care and to commission cancer screening programmes that have an optimum level of highly trained staff in appropriate disciplines to deliver these services.

The Public Health Commissioning Team (PHCT) has invested in a number of interventions to improve uptake and reduce variation across all three cancer screening programmes during 2018/19, listed below:

Patient and Public Engagement (PPE)

The PHCT have commissioned a number of patient and public engagement activities in relation to cancer screening insight, which have informed commissioning decisions to further inform investments to improve uptake of screening and immunisation programmes and improve patient experience.

Breast Cancer Screening Programme

Public Health England

Improving uptake in the prevalent round and follow up of non-responders - Continue to commission the 3 breast cancer screening providers for a further year to expand the non-responder project. Evidence from the breast screening programmes suggests that the majority of GP practices where the project has been implemented have seen an increase of up to 10% from previous screening rounds. During 2018/19 work will be undertaken with providers to develop a sustainable model for the future.

Bowel cancer Screening Programme

Public Health England

Call for a Kit Clinics (CFAKC) - to target low uptake GP practices across Lancashire and South Cumbria have been implemented. The project is delivered within primary care and provides the opportunity for one to one support for people who have consistently not participated in the national Bowel Cancer Screening Programme across Lancashire and South Cumbria.

Cervical Screening Programme

Public Health England

Non-responder clinics - Commission a provider to work with the lowest 10 performing GP practices for cervical screening in each of the following CCGs; Blackpool, Greater Preston and Blackburn with Darwen. The project will focus on targeting women that have never been screened, either persistent DNA's, or those receiving their first invitation and will work along similar principles of the bowel screening Call for a Kit Clinics and the breast screening non-responder models.

Contraception and Sexual Health (CaSH) clinics - Expansion of current provision for cervical screening in lower uptake areas; these included Blackpool, Greater Preston, Blackburn with Darwen and Accrington via commissioning additional capacity within local CaSH clinics.

#25itstime - A targeted intervention to improve uptake in first time attendees for cervical screening using pre-invitation post cards (#25itstime).

The Cancer Alliance has funded a 0.5 WTE Cancer Screening Project Manager (until December 2018) to support the management of the above investments.

4.2 - Earlier Diagnosis Projects (supported by national cancer transformation monies)

The Cancer Alliance was successful in securing transformation monies to resource projects to support delivery of the ***"Earlier Diagnosis"*** section of the Cancer Taskforce: Achieving World Class Cancer Outcomes. The bid detailed a total of 7 projects which will be delivered during 2018/19.

The work commenced in April 2018 and a summary of each project, with its key deliverables is listed below:

4.2.1 - Lung Fit

The initial transformation bid contained funding to commission external support to produce a fully costed, detailed business plan with option appraisal looking at examples to implement a model within our Alliance similar to the lung screening programme established in Manchester. However, due to a loss of 15% in our allocation (due to non-achievement of 62d cancer wait time target) it may not be possible to fund this in 2018/19.

4.2.2 - Bowel Screening Programme Alert

A part time Project Manager (Angela Dunne) has been be appointed to facilitate an Alliance wide electronic bowel screening alert into all our GP Practices. Currently all GP's are notified of patients who have declined the offer of a bowel screening test but this project will be developed to facilitate an electronic alert which will be activated should that patient subsequently visit their GP. The GP EMIS screen will show a prompt to enable the GP to have an opportunistic conversation with the patient regarding the importance of attending for a bowel screening test, making every contact count. Should the patient agree, the GP will be able to electronically request another kit be sent from our local Rugby testing centre.

4.2.3 - Multi Diagnostic Clinics (Vague Symptom Clinics)

A project team with a full time project manager (Courtney Spinks) will be established to support implementation of a multi diagnostic clinic within each Provider. The project will deliver a standardised Alliance wide GP suspected cancer referral proforma (2 week wait referral) with a standardised Alliance referral protocol. Referral will require the GP to undertake an agreed range of initial diagnostics before referring the patient into secondary care. Each Provider may not follow the same model of delivery (i.e. whether the clinic is run by an Oncologist or gastroenterologist or ambulatory care) but the referral part of the pathway will follow an Alliance standard and each Provider will be required to implement some form of clinical referral triage and have dedicated admin support and a Multi-Disciplinary Team Meeting. Close working with the commissioner organisations will be required to evaluate options for sustainability at the end of March 2019.

4.2.4 - Implementation of Faecal Immunochemical Testing for low risk symptomatic patients

A project team with a full time project manager will be established to support the roll out of Faecal Immunochemical Testing across the Cancer Alliance for patients presenting at their GPs with a low risk suspicion of bowel cancer based on the service model already implemented across Preston and Chorley. The project team will produce an Alliance standard for GP referral and testing within the laboratories within our Alliance footprint.

4.2.5 - Pooled Radiology

A project team with a project manager will be established to plan and implement pooled radiology for early lung cancer diagnosis. Patients will continue to have their chest x-ray and diagnostic CT scan at their local District General Hospital, but the reporting of these will be operated by a "central virtual hub". The transformation funding will provide staffing resource but also additional IT equipment to facilitate shared working across our Alliance footprint, not necessarily within core business hours. This will support flexible staff working including home working if appropriate

Earlier Diagnosis Projects (not supported by national cancer transformation monies)

There are two other key projects, not initially funded from the transformation bid but very relevant to support Earlier Diagnosis and very much key projects within our Earlier Diagnosis Work Stream.

4.2.6 - GP referrals for suspected cancer – two week wait referrals (NICE NG12)

A significant amount of work has been undertaken since NICE revised the criteria GP referral for a suspected cancer in June 2015. During the 2018/19 period, work will continue to improve compliance with referral processes and in particular each Locality within the Alliance footprint will continue to seek options for decreasing patient deferral rates. This work will be supported by our 3 Cancer Research UK Facilitators and our GP Practice Champions. These stakeholders will facilitate effective communication channels with our GP Practice Managers and GP Practice Staff.

4.2.7 - Advice and Guidance (A&G)

During 2018/19 the national CQUIN across NHSE continues to be implemented by primary and secondary care providers to establish local advice and guidance systems. Within the Cancer Alliance there is strong support to roll out the A&G system currently implemented at Morecambe Bay and the Cancer Alliance will support the ICS Digital Solutions team to support implementation of an effective system.

4.2.8 - Data Analyst Support to the Prevention and Early Diagnosis Work Stream Board

As part of the transformation monies, funding has been secured to appoint a part time data analyst (22.5 hours per week) whose role will be to work with the project managers and project teams to design metrics to assure compliance with the national objectives, project objectives and to provide evaluation and outcome measures. Claire Ainsworth has been appointed and will commence this work during Quarter 2.

4.3 - Treatment and Care

The Treatment and Care Work Stream has formally been clinically led by Dr Gerry Skailes (Cancer Alliance Clinical Director) with overall project management from Kathy Collins (Cancer Alliance Deputy Programme Manager) and Vicki Wagstaff (Quality Improvement Lead). During 2018/19 the clinical lead will transfer to Miss Jane McNicholas. The Oversight Group is the Cancer Clinical Forum which meets every 2 months and has representation from all the L&SC Network Site Specific Groups Chairs, Lead Cancer Clinicians from each Trust and Lead Cancer Nurses from each Trust. Administration support is provided by the Network Site Specific Groups Administrator. The projects that are covered within this work stream are:

4.3.1 - Oncology Review

The Cancer Alliance commissioned an external oncology review in 2017/18 which has produced an action plan based on the recommendations of the review. During 2018/19, the Alliance will support the oncology directorate managers and other provider and commissioner stakeholders with this implementation.

4.3.2 - Urology Complex Surgery Cancer Single Site

Two years ago, the specialist commissioners tasked the four Trusts to come together as a Urological Cancer Team. They were charged with providing the preferred clinical option to provide a urological complex cancer surgery single site. The Options appraisal is then to be presented to commissioners. The Cancer Alliance has been providing support to the clinical team leading the project, this support will continue during 2018/19.

4.3.3 - MDT Review

The overarching key deliverable is to develop an agreed Lancashire & South Cumbria Cancer Alliance model for Cancer MDT working. In April 2018 Lancashire Teaching Hospital commenced an audit based on the UCLH cancer collaboration model with support from the Cancer Alliance. This work will be rolled out across all Providers within our Alliance requested during 2018/19. In addition the ICS Diagnostic Group has also commissioned a review of MDTs, looking specifically at the radiology and pathology resource implications. The Alliance will ensure that the Cancer MDT review is reflected in the work being done by the ICS diagnostic group

4.3.4 - Molecular Testing

Achieving World Class Cancer Outcomes advocates a stratified approach to prevention and screening for cancer and recommends

- All patients under 50 with a diagnosis of cancer of bowel cancer to be offered a genetic test for lynch syndrome as this can indicate whether they will go on to develop other types of cancer
- At the point of diagnosis women with non- mucinous epithelial ovarian cancer or women under the age of 50 with breast cancer should be offered BRCA1/2 testing to enable the most relevant and effective treatment

During 2018 the Cancer Alliance will

- Work with the Colorectal NSSG to determine a service model to support Lynch Syndrome testing which includes patient counselling and consent
- Work with Specialised Commissioning to support access to BRCA1/2 testing in line with national recommendation

4.3.5 - Oncology E-Prescribing

During 2018/19 the Cancer Alliance will continue to support the project team established over 12 months ago, to re-tender for the electronic oncology prescribing system used within the 4 Localities. A Senior Oncologist is the Clinical Lead for the project, with a recently appointed System Manager who, with support secured from the Lancashire & South Cumbria Procurement hub, will lead the re-tender exercise. The current contract expires in July 2019 and therefore this year will see considerable work preparing tender documents and evaluating suppliers.

4.3.6 - Head and Neck Centralisation

The centralisation of Head and Neck cancer has been identified as a key priority for delivery of the ICS Acute & Specialised Work Stream in 2018/19. The ICS Board have appointed Tracy Murray as a project manager and in Quarter 1, a Steering Group has been established to lead this

work. The role of the Alliance will be to support this group and the appointed project manager working for the ICS

4.4 - Living With And Beyond Cancer

There is currently a vacant Clinical Lead post for the Living With and Beyond Work Stream. This will be addressed during Quarter 2. The overall project manager is Scott Alker. The Living With and Beyond Oversight group (steering group) meets bi-monthly and has representation from all key stakeholders listed in the projects detailed below. Administration support is provided by Catherine Howson. In addition, each of our 4 Localities have a Living With and Beyond steering group (a subgroup of the overall Oversight Group)

The projects in this work stream are detailed below:

4.4.1 - A documented and recorded Holistic Needs Assessment (HNA) and Treatment Summaries

- At the end of the 2017/18 reporting period 41.3% of patients were reported to have had a documented HNA. The target is by 2020, 100% of eligible patients will be offered a HNA
- During 2018/19 a consistent approach will be developed into the recording of treatment summaries. The trajectory planned is a 25% improvement each year to enable achievement of 100% by 2020.

4.4.2 - Health and Wellbeing Events (HWBE)

- Generic Health and Well Being Events were held during 2017/18. Anne Turner (Project Support) is currently leading an evaluation of these events from which recommendations will be made during 2018/19
- Tumour Specific Health and Well Being Events have commenced and will be developed during 2018/19 as part of the tumour specific risk stratified follow up initiatives
- Well Being and Employment Services: This new service, contracted to Lancashire County Council, will commence in June 2018. This service will support patients living with and beyond cancer to facilitate their return to work/access to benefits advice/access further education opportunities etc.
- The health and wellbeing projects are being monitored and recorded on the Cancer Alliance Dashboard

4.4.3 - Risk Stratified Follow Up - Breast Cancer

- During 2017/18 with support from a Clinical Lead, the Alliance agreed a clinical pathway and protocol across all our 4 Providers for

implementing breast risk stratified follow up. During 2018/19, a commissioning service specification will be agreed and implemented to ensure this model of service is fully implemented.

4.4.4 - Risk Stratified Follow Up – Colorectal Cancer

- During 2018/19, plans will commence to implement risk Stratified Follow Up for colorectal cancer patients. The proposal is to appoint a clinical lead for approximately 3 months to facilitate production of a clinical pathway and protocol that will mirror the methodology used for the breast risk stratified follow up.

4.4.5 - Risk Stratified Follow Up – Prostate Cancer

- During 2018/19, plans will commence to implement risk Stratified Follow Up for prostate cancer patients. The proposal is to appoint a clinical lead for approximately 3 months to facilitate production of a clinical pathway and protocol that will mirror the methodology used for the breast risk stratified follow up.

4.4.6 - Monitoring of the Risk Stratified Follow Up Programmes

- The Alliance recognises the need to support the Providers with an electronic solution to monitor those patients in risk stratified follow up. Discussions and meetings commenced during 2017/18 will continue to be developed, integral with the ICS Digital solutions Team to agree an appropriate digital platform during 2018/19.

4.4.7 - Patients to have access to electronic patient information

- Some of our transformation funding is being used to implement ***'E-Books'*** for breast, colorectal, prostate, and 'health and well-being services'. A dedicated band 6 project manager is to be appointed who, with support from the Medical Illustrations Unit at Lancashire Teaching Hospitals, will roll out this initiative across all our 4 Providers.

4.5 – Cancer Patient Experience

The Patient Experience Oversight Group is clinically led by our senior cancer nurse, Anne Tomlinson and has received project support from Vicki Wagstaff. During 2018/19 the Alliance will review its membership and frequency of meetings to ensure delivery of this work stream.

During 2018/19 administration support will be provided by Susan Booth. There are 3 main elements to this work stream - (a) Acting on the results from the national cancer patient experience survey (b) Developing our 'patient's voice group' (c) Evaluating the need for a patient's charter (d) Providing support to tumour specific patient support groups

4.5.1 - National Cancer Patient Experience Survey (CPES)

In 2016, Lancashire and South Cumbria Trusts received the results from the National Cancer Patient Experience Survey. This national survey has been designed to monitor national progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients. The survey was for all adult patients (16 and above) with a confirmed primary diagnosis of cancer discharged from an NHS hospital after an inpatient episode or day case attendance for cancer related treatment in the months of April-June 2015. It is repeated (nationally) each year.

The overall results showed the experience of cancer patients in England is generally very positive. Patients were asked to rate their care on a scale of zero (very poor) to 10 (very good), and nationally respondents gave an average rating of 8.7. Within Lancashire & South Cumbria, all of our Trusts were overall rated the same or higher than the national average (our scores ranging from 8.7-8.9). However, the local picture of experience of care is not consistent, with some elements of care rated more positively than others. It should also be noted that if patient numbers were not above 21 for a particular tumour site, then these response was not included in the released survey results.

Nationally 116,991 patients responded with a response rate of 66%.

Trust	No. of patients sent a survey	Response rate	Teams score	Overall score per trust
Lancashire Teaching Hospital	1321	66%	Teams ranged from 8.6-9.1	Overall rating of care was 8.9
East Lancashire Hospitals Trust	1065	60%	Teams ranged from 7.4-9.2	Overall rating of care was 8.7
Blackpool Teaching Hospitals	943	65%	Teams ranged from 8.3-8.9	Overall rating of care was 8.7
Morecambe Bay Hospitals Trust	823	70%	Teams ranged from 8.8-9.0 All teams above National Average	Overall rating of care was 8.8

During 2018/19, we will work to maintain and build upon the good scores achieved in this survey. Through collaboration and sharing of good practice from those areas that did well, we will work to have consistency and equitable scores across the network focusing our efforts on those areas below national average. For those tumour groups not included in the survey, specifically Haematology, Brain, Skin and Sarcoma, we will conduct our own cancer alliance patient experience survey to better understand how they compare nationally.

Through the Cancer Alliance Lead Nurse, our Alliance Lead Nurses Group and our Network Site Specific Groups (NSSGs), we will continue to action the CPES work programme focusing on the following priority areas;

- Q22 of the survey asked if hospital staff gave information on getting financial help. This presented a low score for the network - BTH
- 55%, ELHT 50%, LTHT 58%, MBHT 60%. In response to this we plan to audit and evaluate the effectiveness of the Vocational Rehabilitation pilot service currently operating (recommendation 74) including collating data on the no. of patients who have accessed financial support and returned to work as a result of this intervention. We will further promote this service throughout primary and secondary care which should reflect in future scores.
- Q54 of the survey asked do hospital and community staff work well together - BTH 59%, LTHT 64%, ELHT 63%, MBHT 65%. To aid communication between primary and secondary care we will continue to identify and train cancer champions working closely with the CRUK Primary Facilitators. We will also look to hold masterclasses for CNSs and practice nurses and continue to work with the CRUK GP Strategic Leads, Macmillan GPs and CCG Locality Groups. Discussions are already underway to establish a primary care clinical reference group which will be aligned with the L&SC NSSGs and clinical forum.
- We will work with the research directorates to improve access to cancer research by raising awareness of clinical trials through information leaflets, posters, information centre, e-books.
- We will roll out additional communication skills training for all staff involved in cancer (recommendation 60).
- We will look to roll out across the network the Rosemere Cancer Foundation eBooks which have been developed and piloted by
- Lancashire Teaching Hospitals and provide an additional electronic information resource for patients.

4.5.2 - Patient's Voice Group

Our patient's voice group currently has a list of patients/service users we can call on when we need to include a patient's perspective on any of our developments. We have devised an application proforma that people use when interested in joining this list. During 2018/19 we will concentrate on growing this list and ensuring all our projects invite patients to participate with our developments.

4.5.3 - Evaluate the need for a Patient's Charter

During 2018/19, working with our patient experience oversight group, we will evaluate options to introduce a patient's charter.

4.5.4 - Providing Support to tumour specific patient support groups

Across the Alliance there are numerous tumour specific patient support groups. During 2018/19 we will ensure the Alliance provides support as required.

4.6 Cancer Performance and the Rapid Recovery Programme

Table 1 (below) shows the Provider performance against the national 62day cancer waiting time target (referral to 1st definitive treatment) for the 2017/18 period. The compliance standard is 85%.

Provider	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Blackpool	86.0%	81.3%	81.4%	78.2%	86.1%	76.4%	77.6%	86.3%	85.2%	78.0%	80.3%	96.3%
East Lancs	94.1%	88.7%	87.1%	88.5%	85.3%	85.2%	86.1%	80.7%	89.6%	85.9%	82.9%	82.1%
Lancs Teaching	81.1%	86.6%	81.2%	76.1%	85.0%	77.6%	85.1%	82.6%	80.7%	79.9%	83.4%	87.8%
M/Bay	85.6%	87.3%	78.7%	88.3%	85.9%	85.6%	82.2%	89.8%	85.9%	83.1%	79.6%	85.6%
L&SC	86.6%	86.1%	82.2%	82.6%	85.5%	81.5%	83.3%	84.6%	85.6%	80.2%	81.3%	86.9%
National Performance	82.9%	81.1%	80.6%	81.4%	82.6%	82.0%	82.3%	82.5%	84.2%	81.1%	81.0%	84.7%

Table 2 (below) shows CCG compliance with the 62 day target

CCG	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Blackburn with Darwen CCG	90.0	85.7	90.9	100.0	84.6	81.6	82.6	81.2	77.8	84.1	80.5	80.8	76.0	77.8	71.9
NHS Blackpool CCG	76.5	78.0	81.0	80.8	74.5	74.4	72.2	85.1	67.6	68.9	80.0	90.3	70.0	76.5	97.5
NHS Chorley and South Ribble CCG	81.0	83.3	94.5	86.8	87.0	81.1	75.9	85.2	80.6	91.5	85.7	80.0	84.7	87.8	84.6
NHS East Lancashire CCG	84.1	82.5	87.2	89.0	90.5	85.9	87.7	85.9	85.9	82.6	74.7	89.7	87.8	81.3	88.2
NHS Fylde & Wyre CCG	83.6	81.6	83.3	88.6	86.7	85.3	84.8	81.6	76.1	78.0	92.5	76.9	78.3	79.5	94.9
NHS Greater Preston CCG	72.9	86.3	74.5	77.8	87.2	82.0	70.3	89.6	85.0	89.4	81.8	87.5	84.3	90.2	93.5
NHS West Lancashire CCG	72.2	82.4	78.1	86.4	87.0	77.8	70.8	86.2	79.2	74.1	79.2	84.0	75.8	80.0	70.0
NHS Morecambe Bay CCG	75.8	67.6	93.5	89.0	86.9	76.6	86.1	83.0	82.1	81.9	89.6	82.7	77.1	77.9	84.8
LSC Alliance	**80.4**	**81.2**	**85.7**	**87.4**	**86.0**	**80.7**	**80.7**	**85.0**	**80.5**	**81.9**	**83.1**	**84.6**	**80.0**	**81.2**	**86.9**
National	**79.4**	**79.4**	**82.7**	**82.6**	**80.6**	**80.2**	**81.1**	**82.3**	**81.8**	**82.0**	**82.2**	**83.9**	**80.8**	**80.5**	**84.4**
Target	**85.0**	**85.0**	**85.0**	**85.0**	**85.0**	**85.0**	**85.0**	**85.0**	**85.0**	**85.0**	**85.0**	**85.0**			

Table 3 (below) show the trajectory for 62 day for 2018/19 (Alliance aggregate for Providers)

		Apr-17			May-17			Jun-17			Jul-17			Aug-17			Sep-17			Oct-17			Nov-17			Dec-17			Jan-18			Feb-18			Mar-18		
		N° Seen	Seen Within Standard	% Seen Within Standard	N° Seen	Seen Within Standard	% Seen Within Standard	N° Seen	Seen Within Standard	% Seen Within Standard	N° Seen	Seen Within Standard	% Seen Within Standard	N° Seen	Seen Within Standard	% Seen Within Standard	N° Seen	Seen Within Standard	% Seen Within Standard	N° Seen	Seen Within Standard	% Seen Within Standard	N° Seen	Seen Within Standard	% Seen Within Standard	N° Seen	Seen Within Standard	% Seen Within Standard	N° Seen	Seen Within Standard	% Seen Within Standard	N° Seen	Seen Within Standard	% Seen Within Standard	N° Seen	Seen Within Standard	% Seen Within Standard
17/18	All	351	304	86.6%	400.5	345	86.1%	394	324	82.2%	373.5	308.5	82.6%	427	365	85.5%	358.5	292	81.5%	445.5	371	83.3%	392.5	332	84.6%	340.5	290	85.2%	399	325	81.5%	368.75	314.75		387.75	336.25	
	BHT	64.5	55.5	86.0%	88	71.5	81.3%	70	57	81.4%	71	55.5	78.2%	86.5	74.5	86.1%	78.5	60	76.4%	91.5	71	77.6%	84	72.5	86.3%	71	60.5	85.2%	95.5	74.5	78.0%	79.75	68		85.75	75	
	EL	93	87.5	94.1%	106.5	94.5	88.7%	101	88	87.1%	113	100	88.5%	95	81	85.3%	88	75	85.2%	136.5	117.5	86.1%	109	88	80.7%	91.5	82	89.6%	95.5	82	85.9%	90.5	77.5		104	92	
	LTH	103	83.5	81.1%	123	106.5	86.6%	138.5	112.5	81.2%	117	89	76.1%	157	133.5	85.0%	105	82.5	78.6%	127.5	108.5	85.1%	106.5	88	82.6%	103.5	83.5	80.7%	134	107	79.9%	125	104.5		117.75	99.25	
	UHMB	90.5	77.5	85.6%	83	72.5	87.3%	84.5	66.5	78.7%	72.5	64	88.3%	88.5	76	85.9%	87	74.5	85.6%	90	74	82.2%	93	83.5	89.8%	74.5	64	85.9%	74	61.5	83.1%	73.5	64.75		80.25	70	

In response to the non-compliance, in September 2017, the Alliance produced a Rapid Recovery Action Plan and a Rapid Recovery Team

(RRT) was established. The RRT comprises of senior managers from all our Provider and Commissioner Organisations with representatives from NHSI and NHSE. The Team meets monthly and will continue to do so during 2018/19.

To ensure compliance with the waiting time standard and to maximise the patient experience, the Alliance has been concentrating specifically on the redesign of 4 Cancer Pathways – Lung, Colorectal, Upper GI and Prostate. During 2017/18, two senior project managers (Joanna Marshall & Lisa Flanagan) were employed (12 month contract) and 4 Senior Cancer Consultants were paid dedicated sessional time (for 6 months) to redesign these 4 pathways (from referral to 1st definitive treatment).

Several Alliance events were held with all key stakeholders. By the end of 2017/18, the Alliance had produced 4 Alliance pathways which all dovetail into national timed pathway guidance for these 4 tumour groups. During 2018/19, the two project managers supported by the Alliance Senior Management team, the Network Site Specific Groups and the Rapid Recovery Team, will work with the Providers and Commissioners to ensure implementation and subsequent improvement in the delivery of the 62d cancer waiting time target.

Appendix 2 shows the 4 Alliance pathways
Appendix 3 shows the Rapid Recovery Action Plan for 2018/19

4.6.1 Endoscopy Review

In April 2018, the Cancer Alliance Board received a report commissioned jointly by the Cancer Alliance and the provider Chief Executives on a review of our Endoscopy Services. The report highlighted several areas of recommendations for further work. Following a subsequent discussion with the Medical Director of the 4 Providers, it was agreed they would fund further work to develop action plans by each of our Providers.

During 2018/19 therefore, the Cancer Alliance will remain heavily involved in this review particularly as endoscopy is such a key diagnostic area to support earlier cancer diagnosis.

In addition, it has been agreed that the Cancer Alliance will supplement this work further by commissioning a review of the current bowel screening service to ensure our local endoscopy units have sufficient capacity required for the bowel screening programme.

SECTION 5 - Finance

5.1 - Cancer Alliance Core Funding

Each year the Cancer Alliance is granted core funding from the National Cancer Team. For 2018/19 a sum of £275,000 has been allocated. This funding pays for the staff in the core team and supporting expenditure (e.g. room accommodation, printing and stationery expenses etc.

5.2 - Cancer Alliance Transformational Funding

During 2017/18 the Alliance was successful in securing £1.2 million to support delivery of the ***'Living With and Beyond'*** Work Stream objectives (between September 2017 and March 2019). The funding is released quarterly and therefore, during quarter 3 and quarter 4 (2016/17), a total of £822,000 was received.

In January 2018, the Alliance was successful in securing £1.4 million to support delivery of the ***'Earlier Diagnosis'*** Work Stream objectives. This funding will also be released quarterly during 2018/19.

In February 2018, the national cancer team issued a directive to all Cancer Alliances that receipt of these funding allocations would be directly linked to compliance against the national 62 day cancer waiting time target (national standard is 85%). The table below sets out the funding allocation based on the percentage achievement of the 62 day target

Table 4 (below) shows 2017/18 data

Q3 performance - baseline	Funding decision Q1 &Q2 2018/19	Funding for Q3 & Q4 2018/19
62d performance – 85% + is achieved	100% transformation funding released for Q1 and Q2	The alliance receive any funding that was held back in Q1 & Q2

62d performance – if between 83% - 84.9% is achieved	85% transformation funding is released for Q1 and Q2	If performance has improved from 80%-82.9% orange category: Alliance also receive 10% of Q1 and Q2 funding If performance has improved from less than 80% red category: Alliance also receive 35% of Q1 and Q2 funding
62d performance – if between 80% - 82.9% is achieved	75% transformation funding is released for Q1 and Q2	If performance has improved from less than 80% red category: Alliance also receive 25% of Q1 and Q2 funding
62d performance – if less than 80% achieved	50% transformation funding is released for Q3 and Q4	N/A

In Quarter 3 (2017/18)(the baseline), as a Provider aggregate across all tumour groups, the Alliance achieved 83.9% which equates to a loss of 15% funding for the first two quarters of 2018/19 (£347,000).

A refreshed position is to be taken based on May, June and July 2018 62 Day provider aggregate total, which will then determine the funding to be allocated during the last 2 quarters of 2018/19.

Assuming the 15% loss is continued throughout all the year (our trajectory for May, June and July is 83.2%, equates to a loss of income of £694,000 between both transformation funds during 2018/19.

5.3 Cancer Alliance National Support Funding

In May 2018, the Cancer Alliance received notification that it is to receive a further £627k from a National Support Fund to support 62 day compliance. At a meeting with the North Regional Cancer Team, it was agreed this money will be used for the following:

Section 6 - Workforce

Health Education England (HEE) published its *Cancer Workforce Plan Phase 1: Delivering the Cancer Strategy to 2021* in late Autumn 2017 outlining the issues, challenges and plans to have in place staff able to support the ambitions within the national cancer strategy

HEE has sought support from Cancer Alliances in understanding locally both the current and predicted cancer workforce and local plans in place to address these challenges specifically in the priority areas of:

- Histopathology
- Gastroenterology
- Clinical Radiology
- Clinical and Medical Oncology
- Diagnostic Radiography
- Therapeutic Radiography
- Clinical Nurse Specialists

During 2018/19 the Cancer Alliance will work with HEE to:

- Determine an overview of the cancer workforce across L&SC against the priority areas
- Inform a report to the Local Workforce Action Board (LWAB)

Section 7 - Commissioning

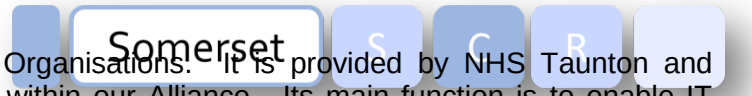
During 2018/19, the Cancer Alliance will work with the ICS Commissioning Group that has been established to develop a new way of commissioning cancer services. The work will commence looking at commissioning 4 cancer pathways (lung/colorectal/upper gi/prostate) and risk stratified pathways for breast, colorectal and prostate cancers by one lead commissioner on behalf of the ICS.

Section 8 - Information Technology

There are six key IT solutions in various stages of implementation that are considered ***'Alliance wide solutions'***. The introduction and development of some of these has been historic and there is now a need to work more closely with the ICS Digital Solutions Team to look at future development and sustainability.

A brief description of these systems is provided below:

8.1 - Somerset Cancer Registry (SCR)



The SCR cancer database is implemented and heavily used by all our 4 Provider Organisations. It is provided by NHS Taunton and Sommerset and provides a central cancer data warehouse of all patients with cancer within our Alliance. Its main function is to enable IT support to the cancer MDTs and of significance, the cancer tracking of patients on cancer pathway targets and it is the tool to enable monthly extract of performance for submission to the national cancer database. More recently however the Supplier, in response to the national agenda, has developed modules to support Cancer Nurse Specialists and in current development is a module to support the recording of the Holistic Needs Assessment. Each of our four providers has their own annual separate contract with the Supplier (NHS Taunton and Sommerset).

8.2 - Cancer Track

Due to some limitation of reporting within SCR, Lancashire Teaching Hospitals NHS Trust commissioned a build of interrogation software that provides extraction and enhanced reporting analysis of information entered into their SCR database. During 2017/18, there was an agreement in principle to roll this out to our other 3 providers and by the end of Q4 the system had been rolled out into Morecambe Bay Trust with plans for the same roll out to East Lancashire and Blackpool Trusts.

In May 2018, however, this work was temporarily stalled to allow an independent audit (MIAA). In addition, it has now been recognised there are limitations to this software which is written in an out of date and unsupported computer programme. During 2018/19 therefore the Cancer Alliance will work with our ICS Digital Solutions Team to see a modernised, sustainable solution.

8.3 - ‘My Medical Record’

During 2017/18, to provide IT Support to the introduction of ‘risk stratified follow up’, the Alliance worked with the ‘Living With & Beyond’ Board members and NHS Southampton to purchase their software ‘My Medical Record’. Agreement was reached to use some of our transformation monies to install this within each of our 4 Providers. This was presented to the Chief Information Officers during Q4 (2017/18) who raised some concerns about this being stand-alone software. Work has now commenced therefore with the ICS Digital Solutions team to evaluate this option to ensure it is in fact the most effective way forward providing optimal benefit from the funding allocated to date.

8.4 - E-Prescribing

In 2007, the then Lancashire and South Cumbria Cancer Network provided funding for an Alliance based e-prescribing system. 'Varian med onc' was purchased and its contract renewed in 2012. The System is implemented in all our 4 Providers and its current contract is due to expire in July 2019. The software is housed on a server located within Morecambe Bay NHS Trust. Each Provider funds its own annual maintenance and subscription to Morecambe Bay for 24 hour server support.

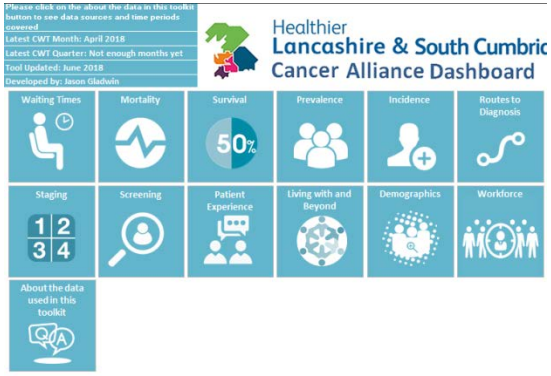
In 2018/19 there is a need to re-procure a new contract. A system manager has been appointed (April 2017: funded by the 4 Provider Trusts) and with support from the Lancashire Procurement Hub a retender exercise is under way. A small 'task and finish' group has been established and is meeting regularly with support from the Cancer Alliance admin team.

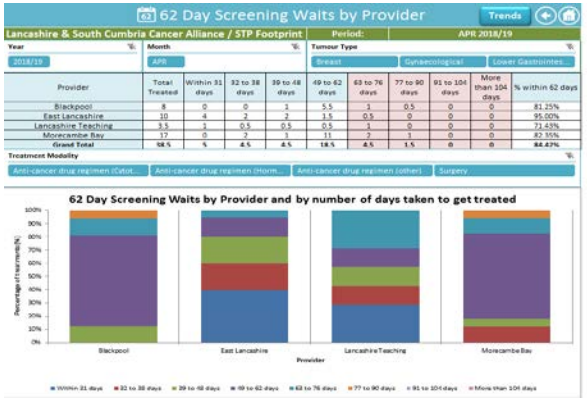
8.5 - Advice and Guidance

There is a national CQUIN mandating the implementation of Advice and Guidance systems for general practitioners. Within the cancer community there is an appetite to implement the system currently installed at Morecambe Bay as it has specific benefits for cancer. The system has been designed by a local GP (Dr George Dingle) who has now been commissioned by the ICS Digital Solutions team to provide some clinical leadership. The Cancer Alliance Board support the implementation of this version of Advice and Guidance and have offered a 50% contribution towards the salary of a project manager.

8.6 - Cancer Dashboard

The Cancer Alliance fund a 0.4 wte of a data analyst, who, over the 2017/18 period, has continued to develop a data warehouse of cancer stats. Examples include performance against the 62 day cancer target, survival rates, cancer staging and referral/presentation routes. The data is available at both Provider and CCG level and shows national performance to enable comparison. Nationally the cancer team have commissioned a team to provide cancer data at a national level (CAEDAS: Cancer Evidence Data Analysis Service).





Section 9 - Communications

The programme of work for the Cancer Alliance continues to evolve and develop. There has been substantial investment through the National Cancer Transformation Fund with a number of initiatives underway. There has been, and continues to be, active involvement with the development and delivery of the Cancer Alliance Delivery Plan although not all stakeholders are aware of the content , breadth and pace at which the programme is being delivered and the benefits of the work.
Throughout 2018/19 the Cancer Alliance will work to ensure:

- That the wider Healthier Lancashire ICS understand the content of the L&SC Cancer Alliance Delivery Plan
- Wider stakeholders feel engaged with the delivery plan and have the opportunity to contribute to the content and delivery of the plan
- The people of L&SC feel assured that the Cancer Alliance is striving to improve cancer services and clinical outcomes
- The profile of L&SC Cancer Alliance is raised both locally and nationally

This will be achieved through:

- Strengthening the website
- Introducing a weekly bulletin
- A monthly newsletter
- Increased use of social media
- Developing the Cancer Assembly

Section 10 - Network Site Specific Groups (NSSGs)

The Cancer Alliance cancer clinical groups are known as NSSGs (Network Site Specific Groups) and for the Cancer Alliance are the source of "expert" clinical opinion from which advice is sought on a wide range of clinical service issues including best practice clinical guidelines, optimum treatment pathways and patient focused care. NSSGs adopt an evidence-based approach and regard the National Institute for Healthcare and Clinical Excellence (NICE) guidance as their reference for determining common standards and pathways for cancer patients. Across Lancashire & South Cumbria eighteen NSSGs are established for the main tumour sites and cross cutting groups

The role of the NSSG is to ensure co-ordination of the cancer pathway, consistency of clinical practice and to achieve the best possible outcomes and experience for patients, irrespective of where their treatment and care is provided.

During 2018/19 the Cancer Alliance will work with NSSGs to ensure their support in implementing the Cancer Alliance key deliverables specifically in the areas of

- Cancer pathway re-design for the 62 day cancer waiting times standard in Lung, Prostate, Colorectal and Upper GI cancer
- Holistic Needs Assessment for all tumour groups
- Risk Stratified Follow up for Breast Colorectal and Prostate Cancer

Section 11 - Radiotherapy

During 2017/18 the Cancer Alliance responded to the national radiotherapy consultation published by NHSE. The proposal is for the establishment of Radiotherapy Networks supported by Cancer Alliances. The outcome of the national consultation is awaited and during 2018/19, the Cancer Alliance will respond as appropriate

Section 12 - Genomics

During quarter 1, 2018/19 the Cancer Alliance supported an application from our Cancer Centre (Lancashire Teaching Hospitals NHS Trust) to be a spoke of a Hub model. The application indicated some manpower funding would be available (funded nationally). The Cancer Alliance is awaiting further instruction, and, if appropriate will respond during 2018/19.

Section 13 - Cancer Research

The NIHR Cancer research delivery team for the Lancashire and South Cumbria region is part of the NIHR Clinical Research Network (CRN): North West Coast. The CRN is hosted by the Royal Liverpool & Broadgreen University Hospitals NHS Trust and also has an office in Preston Business Centre. The Cancer research specialty is led by Jaime Halvorsen (Research Delivery Manager) and Dr Alison Birtle (Cancer Specialty Lead).

Key contacts at the NIHR Cancer Research Network:

Cancer Research Delivery Manager	Jamie Halvorsen	Jamie.halvorsen@nihr.ac.uk 0151 331 5123
Cancer Specialty Lead	Dr Alison Birtle	Alison.birtle@lthtr.nhs.uk
Associate Specialty Lead (Solid Tumours)	Dr Isabel Syndikus	isabel.syndikus@nhs.net
Associate Specialty Lead (Haemato-Oncology)	Dr Amit Patel	Amit.Patel@liverpool.ac.uk
Associate Specialty Lead (Childrens & TYA)	Prof Barry Pizer	Barry.Pizer@alderhey.nhs.uk
Portfolio Facilitator	Gemma Nanson	Gemma.nanson@nihr.ac.uk 0151 482 9311
Information Manager	Jonathan Aitchison	Jonathan.aitchison@nihr.ac.uk 01772 52 4729
Industry Lead	Gavin Soady	Gavin.soady@nihr.ac.uk 0151 482 9301
CRN NW Coast Clinical Director	Prof Martin Lombard	Martin.lombard@rlbuht.nhs.uk
CRN NW Coast Chief Operating Officer	Jacqui Pirmohamed	Jacqui.Pirmohamed@nihr.ac.uk
CRN NW Coast Deputy Chief Operating Officer	Dr Chris Smith	Chris.smith@nihr.ac.uk

Objectives for 2018 - 2019:

Specialty	Objective	Measure	
Cancer	Increase patient access to Cancer studies across Cancer subspecialties	Number of LCRNs achieving on-target recruitment into at least 8 of the 13 Cancer subspecialties, where "on-target" means either improving recruitment by 10% from 2017/18 or meeting the following recruitment targets per 100,000 population served:	
		a) Brain: 0.2 b) Breast: 10 c) Colorectal: 3 d) Children and Young People: 3 e) Gynaecology: 3 f) Head & Neck: 1.5	g) Haematology: 7 h) Lung: 4 i) Sarcoma: 0.1 j) Skin: 0.5 k) Supportive & Palliative Care and Psychosocial Oncology: 4 l) Upper GI: 3 m) Urology: 12
Local Goals			
Cancer	Maintain 10/15 ranking - improve recruitment % of incidence	End of year recruitment comparison tables	
Cancer	Improve recruitment % of incidence: >= 125 per 1000 incidence	Recruitment >= 3,264	

Section 14 - 3rd Party Partnerships

The Alliance has a strong relationship with many 3rd party partnerships. ‘Macmillan’ have invested significant funding into our teams, particularly around the patient experience and living with and beyond work stream.

We have two Cancer Research UK Funded GPs who work one session per week and are very integral to a significant number of our projects. The Northern Cancer Research UK Senior Managers meets with the Alliance Programme Manager quarterly and within our Alliance, there are 3 wte funded Cancer Research UK Facilitators who work predominantly in primary care but are members of our Earlier Diagnosis work stream oversight group. Regular meetings ensure their work programme 'dovetails' into the work programme of our Alliance.

Section 15 - Conclusion

Since its creation in September 2016, the Cancer Alliance has seen considerable growth and development. This will continue during 2018/19 with governance reporting from the Cancer Alliance Board to the ***"Shadow"*** ICS Board. The national team will introduce an Alliance Self-Assessment process tool to support Cancer Alliances in their quest to become recognized system leaders across their footprint and support organizational development. This tool will facilitate the identification of areas of weakness which can then be addressed and reported on by the end of the 2018/19 period.

The Lancashire and South Cumbria Cancer Alliance is now well established, with strong systems, processes and structures in place to ensure compliance with this Delivery Plan.

Appendix 1

Key Contacts Prevention (June 2018)

	Directors of Public Health	Lead Consultant for Cancer
Blackburn with Darwen	Dr Dominic Harrison	Helen Lowry
Cumbria	Dr Colin Cox	Jane Mathieson
Blackpool Council	Dr Araf Raj Pura	Lynn Dorkin, Judith Mills & Liz Petch
Lancashire County Council	Dr Sakthi Karunanithi	Aiden Kirkpatrick

- Each of the directors sits on the Health & Wellbeing boards (one board for each upper tier local authority tier).

Public Health Representatives (at locality groups)

Pennine Lancs – Gifford Kerr

Fylde Coast – Lynn Donkin

Morecambe Bay – Jane Matheson

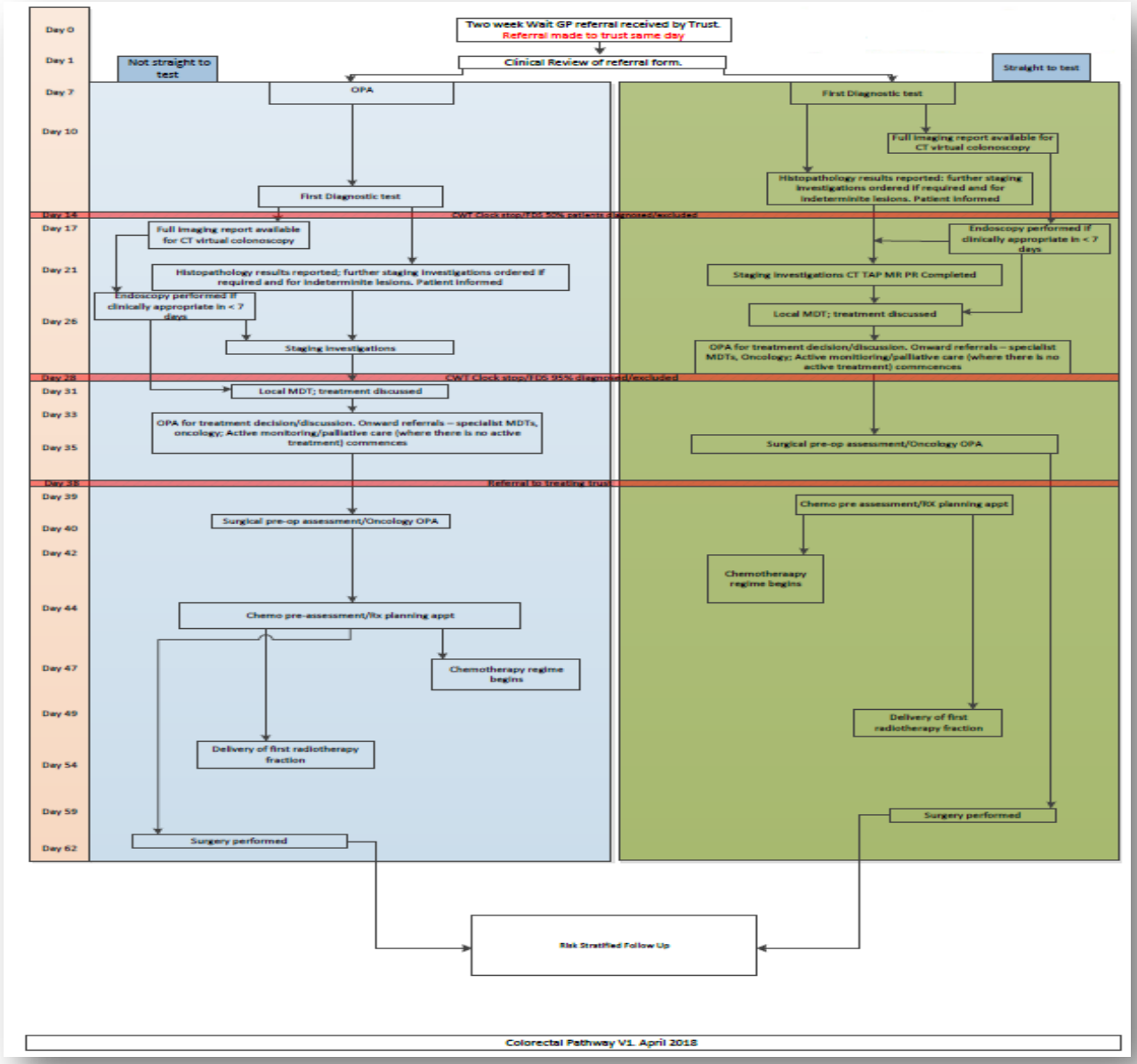
Central Lancs – Tracey Pickens

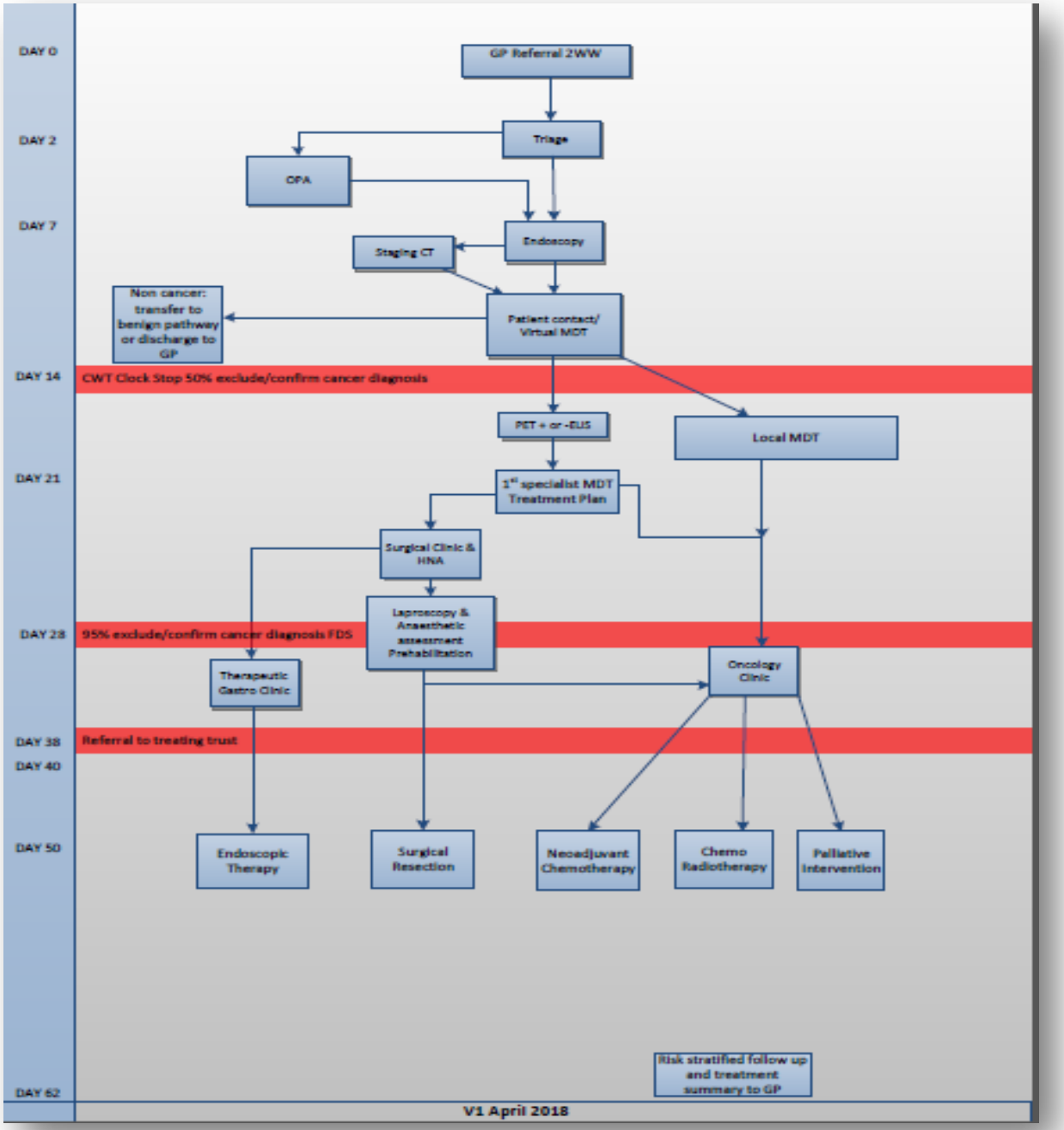
Public Health Collaborative

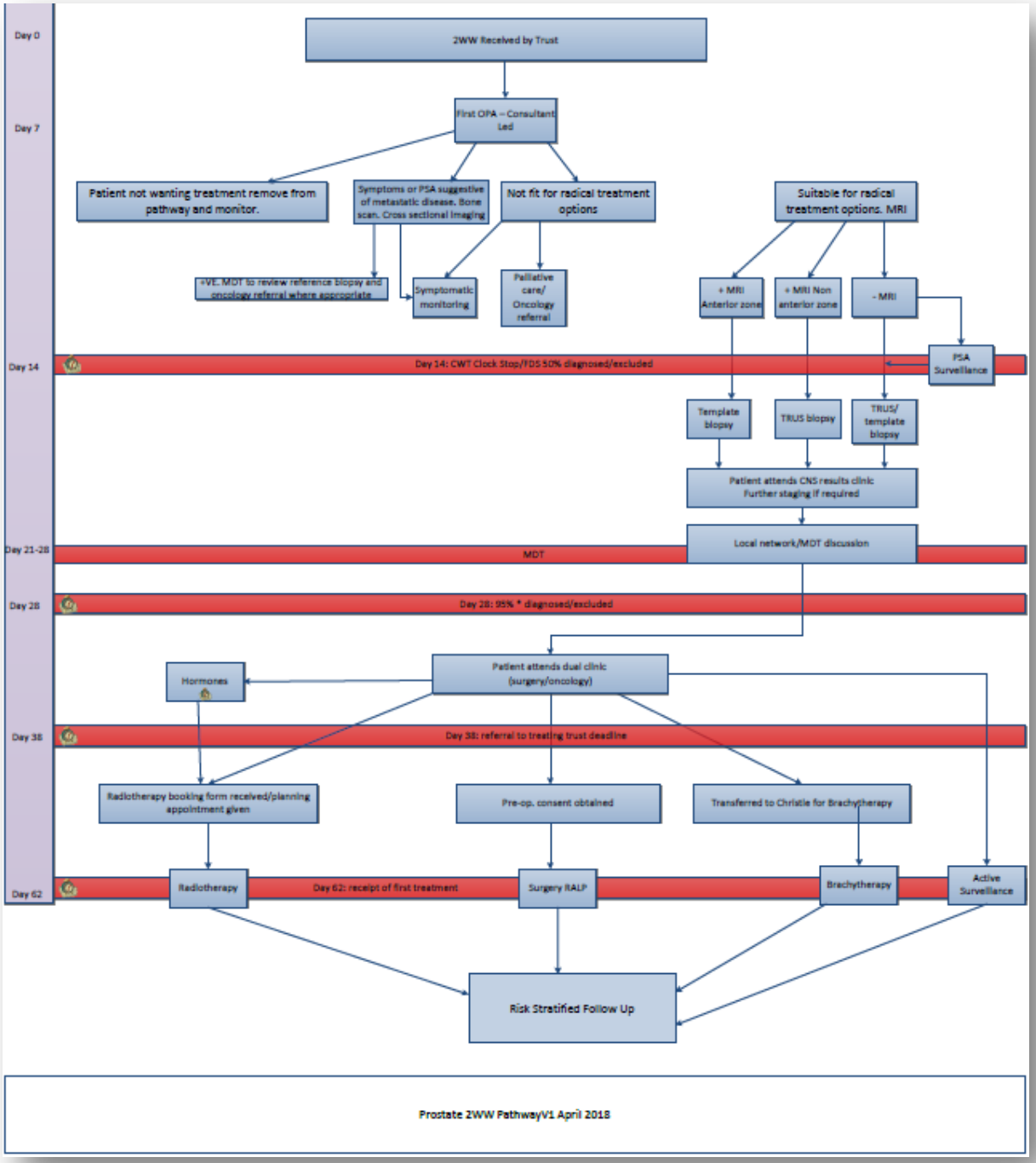
Informal collaborative, but each of the upper four tier authorities are represented and they have agreed that Lynn Donkin will represent them all on the Cancer Alliance board.

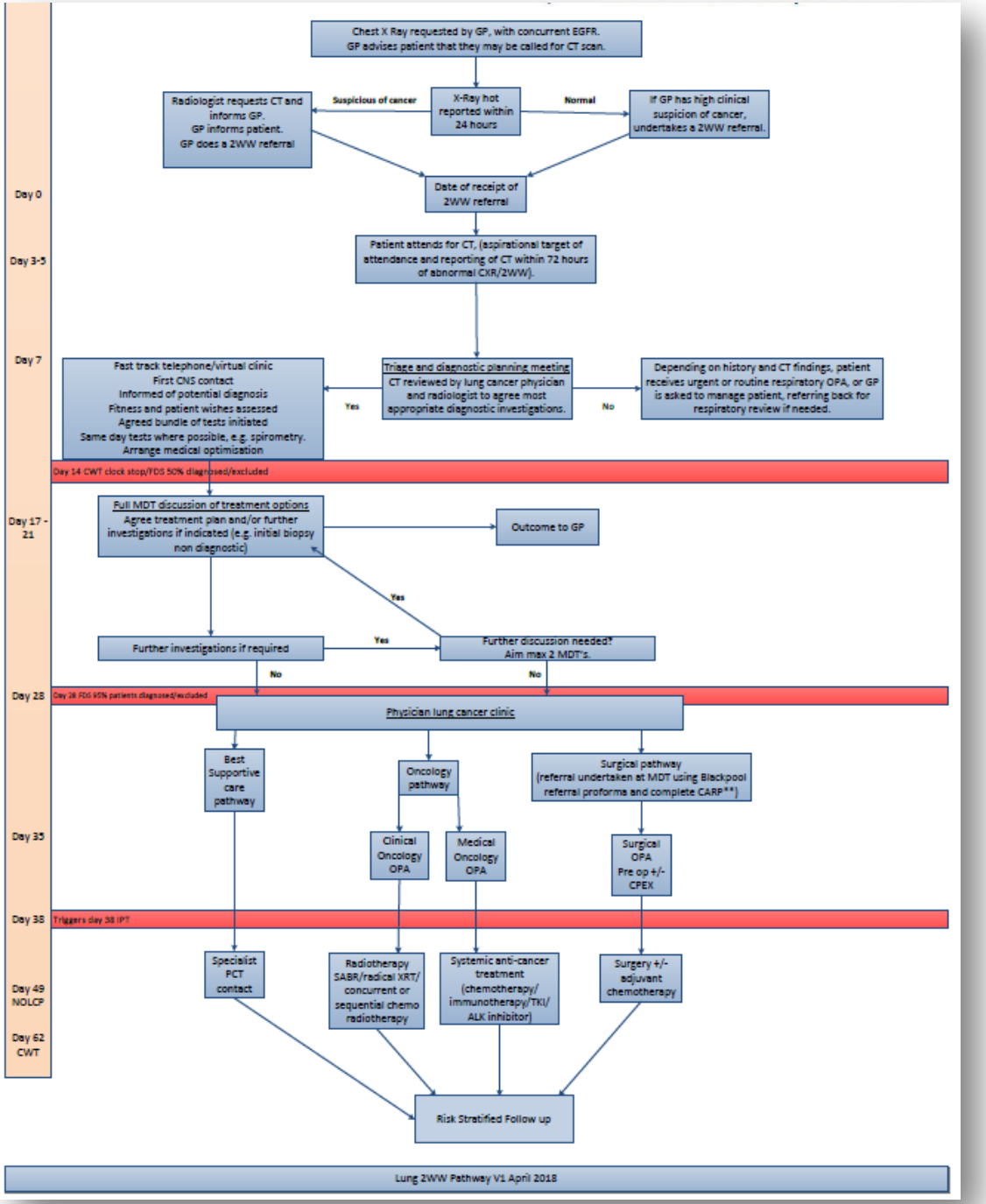
Appendix 2

The 4 Alliance Agreed Pathways v1




DAY 0
GP Referral 2WW
DAY 2
Triage
OPA
DAY 7
Endoscopy
Staging CT
Non cancer: transfer to benign pathway or discharge to GP
Patient contact/ Virtual MDT
DAY 14
CWT Clock Stop 50% exclude/confirm cancer diagnosis
PET + or -ELIS
Local MDT
DAY 21
1st specialist MDT Treatment Plan
Surgical Clinic & HNA
Laproscopy & Anaesthetic assessment Prehabilitation
DAY 28
95% exclude/confirm cancer diagnosis FDS
Therapeutic Gastro Clinic
Oncology Clinic
DAY 38
Referral to treating trust
DAY 40
DAY 50
Endoscopic Therapy
Surgical Resection
Neoadjuvant Chemotherapy
Chemo Radiotherapy
Palliative Intervention
Risk stratified follow up and treatment summary to GP
DAY 62
V1 April 2018


Day 0
Day 7
Day 14
Day 21-28
Day 28
Day 38
Day 62
2WW Received by Trust
First OPA – Consultant Led
Patient not wanting treatment remove from pathway and monitor.
Symptoms or PSA suggestive of metastatic disease. Bone scan. Cross sectional imaging
Not fit for radical treatment options
Suitable for radical treatment options. MRI
+VE. MDT to review reference biopsy and oncology referral where appropriate
Symptomatic monitoring
Palliative care/ Oncology referral
+ MRI Anterior zone
+ MRI Non anterior zone
- MRI
PSA Surveillance
Day 14: CWT Clock Stop/FDS 50% diagnosed/excluded
Template biopsy
TRUS biopsy
TRUS/ template biopsy
Patient attends CNS results clinic Further staging if required
Local network/MDT discussion
MDT
Day 28: 95% * diagnosed/excluded
Hormones
Patient attends dual clinic (surgery/oncology)
Day 38: referral to treating trust deadline
Radiotherapy booking form received/planning appointment given
Pre-op. consent obtained
Transferred to Christie for Brachytherapy
Radiotherapy
Day 62: receipt of first treatment
Surgery RALP
Brachytherapy
Active Surveillance
Risk Stratified Follow Up
Prostate 2WW PathwayV1 April 2018


Chest X Ray requested by GP, with concurrent EGFR.
GP advises patient that they may be called for CT scan.
Radiologist requests CT and informs GP.
GP informs patient.
GP does a 2WW referral
Suspicious of cancer
X-Ray hot reported within 24 hours
Normal
If GP has high clinical suspicion of cancer, undertakes a 2WW referral.
Day 0
Date of receipt of 2WW referral
Day 3-5
Patient attends for CT, (aspirational target of attendance and reporting of CT within 72 hours of abnormal CXR/2WW).
Day 7
Fast track telephone/virtual clinic
First CNS contact
Informed of potential diagnosis
Fitness and patient wishes assessed
Agreed bundle of tests initiated
Same day tests where possible, e.g. spirometry.
Arrange medical optimisation
Yes
Triage and diagnostic planning meeting
CT reviewed by lung cancer physician and radiologist to agree most appropriate diagnostic investigations.
No
Depending on history and CT findings, patient receives urgent or routine respiratory OPA, or GP is asked to manage patient, referring back for respiratory review if needed.
Day 14 CWT clock stop/FDS 50% diagnosed/excluded
Day 17 - 21
Full MDT discussion of treatment options
Agree treatment plan and/or further investigations if indicated (e.g. initial biopsy non diagnostic)
Outcome to GP
Yes
Further investigations if required
Yes
Further discussion needed?
Aim max 2 MDT's.
No
No
Day 28
Day 28 FDS 95% patients diagnosed/excluded
Physician lung cancer clinic
Best Supportive care pathway
Oncology pathway
Surgical pathway
(referral undertaken at MDT using Blackpool referral proforma and complete CARP**)
Day 35
Clinical Oncology OPA
Medical Oncology OPA
Surgical OPA
Pre op +/- CPEX
Day 38
Triggers day 38 IPT
Specialist PCT contact
Radiotherapy SABR/radical XRT/ concurrent or sequential chemo radiotherapy
Systemic anti-cancer treatment (chemotherapy/ immunotherapy/TKI/ ALK inhibitor)
Surgery +/- adjuvant chemotherapy
Day 49 NOLCP
Day 62 CWT
Risk Stratified Follow up
Lung 2WW Pathway V1 April 2018

Appendix 3

The Rapid Recovery Team Action Plan 2018/19

	LANCASHIRE & SOUTH CUMBRIA CANCER ALLIANCE	RRT ACTION PLAN 2018-19		Final Version agreed at the RRT meeting 12.6.18	
	Key				
		Action overdue			
		Action in			
		Action completed			
Task	**Details**	**Person Responsible**	**Timescale submitted with the RRP**	**Comment**	**RAG Rating**
1	Confirm Compliance with the 10 High Impact Actions	All RRT members	31.7.18	All Providers to revise compliance with the 10 High Impact Actions - JB to recirculate by 31.5.18	
2	Implement 'Cancer Track' Phase 1	Provider Senior Manager Member of the RRT	31.7.18	Complete Roll out of Cancer Track in all 4 Providers - East Lancs and Blackpool	
3	Implement 'Cancer Track' Phase 2	Provider Senior Manager Member of the RRT	31.12.18	Implement Phase 2 reporting	
4	Active use of 'red to green' from Cancer Track	Provider Senior Manager Member of the RRT	31.12.18	Enable 'red-green' reporting from Cancer Track	
5	Monitor implementation of the new Cancer Waiting Time Database/Portal	Provider Senior Manager Member of the RRT	30.6.18	Ensure all Providers have the new CWT implemented by 30.6.18 to enable live data exporting from 1.7.18	
6	Across the RRT develop procedures for reporting day 28 FDS	Provider Senior Manager Member of the RRT	30.9.18	Alliance wide approach to recording day 28 FDS	
7	Recording and shadow reporting of day 28 FDS	Provider Senior Manager Member of the RRT	31.12.18	All Providers to be shadow reporting day 28 FDS data	
8	Implementation of the 4 mandated pathways (Upper GI/Prostate/Colorectal/Lung to see sustained improvement in 62d compliance	Provider and Commissioning Members of the RRT	31.12.18	RRT to monitor Locality implementation against the 4 pathways	
9	Establish robust monthly reporting against 7 day 'stretch' target	Providers and Commissioners of the RRT	31.12.18	Develop current reporting system. 7 day capacity integral to the implementation of the 4 pathways	
10	Contine to work with Primary Care to continue to develop and revise implementation of NG12 in line with the national e-referral CQUIN	Commissioning members of the RRT to lead	31.3.19	Ongoing work through out the year to continue the work being undertaken in the Localities around appropriateness of referrals and steps taken to reduce patient deferrals	

End of document