

# DRAFT Cancer Long Term Implementation Plan



# Collaborative Programme – Cancer Alliance

## Bold Ambition

Our vision is to :  
**“Deliver world class cancer outcomes for our communities”**

## Anticipated Outcomes & The Case for Change

- Nationally there are two bold ambitions for cancer in the Long Term Plan these are:-  
**By 2028 55,000 more people will survive cancer for five years or more and  
 By 2028 75% of people will be diagnosed at an early stage (stage one or two).**
- Each week 160 people in Humber, Coast and Vale are diagnosed with cancer; this figure is growing by 2.2% a year, this means there will be an estimated 3,730 additional patients going through cancer diagnosis, treatment and follow up each year. Our cancer services and workforce are already under enormous pressure and we know that transforming the way we work and provide services to our community is the only way to cope with the increase in demand.
- Our Cancer Alliance wants to use the opportunity of the NHS Long Term Plan to set bold ambitions and accelerate the necessary changes needed across Humber, Coast and Vale to improve cancer outcomes and quality of life through personalised health and well being support. We recognise this will take significant system leadership to achieve and Humber, Coast and Vale Cancer Alliance is in a unique position to provide this.
- The Cancer Alliance has agreed four Goals which will help to achieve our vision of ‘delivering world class cancer outcomes for our communities’. These are:-
  - 1) Increased lifestyle choices that minimise risk of cancer
  - 2) Standardised Treatment Pathways across Humber, Coast and Vale
  - 3) Equity of access to high quality services for our patients
  - 4) Services designed to reduce inequalities in health outcomes

Cancer survival is the highest it has ever been. In Humber, Coast and Vale the percentage of people surviving at least one year following diagnosis has increased from 64.5% in 2001 to 71.6% in 2016. More cancers are also being diagnosed early, when curative treatment is more likely.

## Anticipated Outcomes & The Case for Change

- Despite this, too many people in Humber, Coast and Vale have their lives cut short or significantly affected by cancer, with the consequent impact on their families and friends. There are certain tumour sites in Humber, Coast and Vale where we lag behind national one year survival progress, particularly in lung cancer where our local one year survival rate is 39.2% compared with an England average of 41.6%.
- We will work together to reduce preventable cancers before they appear as well as finding more cancers before symptoms appear by increasing screening uptake. We will work with local communities to co-design campaign activities that suit the needs of the local population and ensure that we tailor the approach to ensure we reach specific groups including people with learning difficulties. We know there is significant variation in access to and uptake of screening across our Alliance and we want to reduce this
- Nationally, only around 37% of cancers are diagnosed following an urgent suspected cancer referral, which takes a person straight in to a rapid management pathway. The majority of cancers in Humber, Coast and Vale are still found following non cancer specific urgent or routine referrals or presented as an emergency. We need to transform the way we manage vague but concerning symptoms to ensure patients are diagnosed faster.
- With improvements in survival, more and more people are living with and beyond their initial cancer diagnosis. There are currently around 53,000 people across the Alliance. Many people face long term difficulties such as worry and depression, concerns about money, family and relationship issues as well as dealing with the physical effects. Our goal is to provide personalised care and support to people affected by cancer by better coordination and signposting to services already based within communities.

Prioritised Objectives	Anticipated year of delivery	Level for delivery
<b>1) INCREASED LIFESTYLE CHOICES THAT MINIMISE THE LIKHOOD OF CANCER</b>		
Continue Cancer Champions training & introduce 'train the trainer' to ensure sustainability	2019/20	HCV
Introduce Lung Health Checks (LHC) to the community of Hull	2019/20	Place
Secure charitable funding LHC roll out in prioritised communities across HCV	2020-24	Place
Full roll-out of qfit for low risk symptomatic patients	2019/20	Place
Support PHE colleagues to roll out FIT for screening	2019/20	Place
Increase Screening uptake for cervical cancers, particularly in hard to reach groups	2019-21	HCV/place
<b>2) STANDARDISED TREATMENT PATHWAYS</b>		
Set up at least one Rapid Diagnostic Centre (RDC) for patients with serious non-specific (SNSS) symptoms	2019/20	HCV
Roll out RDC developments across the entire alliance footprint	2020-2024	HCV
Establish Clinical Tumour Site specific groups to agree standardised pathways	2019-2021	HCV
Create vision and begin to implement a new model of hub and spoke lung services across HCV	2019/20	Place
Roll out UGI optimal diagnostic pathway in all Acute Trusts to aid delivery of 28 day Faster Diagnosis Standard (FDS)	2019/20	Place
Deliver 28 day FDS across Cancer Alliance	2020/21	HCV

Prioritised Objectives	Anticipated year of delivery	Level for delivery (place, sub-system, HCV?)
<b>3) EQUITY OF ACCESS TO HIGH QUALITY SERVICES</b>		
Introduce network model of radiology reporting Sustain & ensure benefits realisation	2019/20 2020-22	HCV
Commence digitalisation of pathology services Sustain & ensure benefits realisation	2019/20 2020-22	HCV
Collaboratively create vision and model for sustainable oncology service across HCV	2019-2021	HCV
Work with HEE colleagues to develop sustainable workforce model Embed workforce model	2019/20 2019-24	HCV
Establish Radiotherapy Network Agree annual work programme	2019/20 2019-24	HCV
Offer more extensive genomic testing to patients newly diagnosed with cancer	2020/21	HCV
<b>4) SERVICES DESIGNED TO REDUCE INEQUALITIES IN HEALTH OUTCOMES</b>		
Every cancer patient diagnosed will have access to personalised care and care plan (including a Holistic Needs Assessment)	2021	Place
Ensure that there is a Risk Stratified approach to follow up appointments across HCV for Breast Prostate and Colorectal patients by 2020 and for all other cancers by 2023.	2019/20 2023	Place
Work with the national Cancer Team to introduce a quality of life metric	2020/21	HCV



## Key risks to delivery

### • **Capital Investment Programme In Equipment and Estate**

A lack of capital funding is available to increase the provision of the equipment and estate required to improve and sustain timely diagnosis and develop the RDC approach. An indicative updated forecast of HCV wide demand and associated capacity shows that, despite current planned investment, there is an initial gap in equipment provision of 3 CT and 4 MR scanners across the alliance if demand is to be met over the next five years. Investment is also required in x-ray equipment, fluoroscopy & gamma cameras, ultrasonography and endoscopy equipment, including decontamination equipment. Providing such equipment then also presents estates challenges, particularly x-ray facilities.

### • **Workforce Capacity and Capability**

Availability of clinical staff to support delivery of pathways and engagement in development work, particularly when some of the transformation work increases demand, through early diagnosis.

### • **Targeted Funding Delivery Risks**

The indicative timescales and delivery approach, associated with targeted funding such as the TLHCs in Hull, do not often take account of lead times in relation to additional staffing provision, procurement and estates provision therefore slippage can often occur due to factors outside the control of the programme/project team because provision is often done in partnership and often has to be planned in with their other pressing operational priorities. Lack of clarity re availability of other targeted funding e.g. RDCs which makes planning for the full 5 years difficult

### • **Targeted Funding Staffing Risk**

The availability of existing clinical resource is perennially limited and often insufficient capacity exists to support the initial planning of proposed transformational activity therefore leading to slippage to pressing operational priorities.

## Resource to support delivery

- Funding is made available to the Cancer Alliance, as the cancer work stream of the Humber, Coast and Vale Health Care Partnership.
- Targeted funding was also made available to the Cancer Alliance for 2019-23 0 to roll out Lung health Checks in Hull

## Approach to engagement

- Our Communications and Engagement strategy and supporting implementation plan sets out our objectives to engagement which include ensuring those affected by cancer can give feedback and are listened to. We Will:- i) Identify mechanisms by which stakeholders can better understand, be involved and actively shape and influence the priorities and ambition of the Cancer Alliance. ii) Establish mechanisms for the involvement of key stakeholders in the development of cancer services using the Engagement Ladder approach.
- A Communications and Engagement Steering Group, chaired by a Lay Member with a number of patient and public voice partners, oversees the delivery of the implementation plan which includes a number of priority areas to ensure effective engagement. The steering group reports to the CA System Board.
- A HCV CA website has been developed and will be launched 29.7.19. The website will raise the profile of the CA and provide a better understanding to our stakeholders of the work and how patients and the public can get involved in our work and influence our priorities. A Community Network is being established to provide an opportunity for those affected by cancer to be involved and give feedback on the work of the Alliance.
- We are working collaboratively as a vanguard with colleagues from other North Eastern Cancer Alliances to develop PPI quality standards is currently being developed; these will include performance indicators and reporting mechanisms.

## Brief description of governance to support delivery )

- The Cancer Alliance has four core work streams, the work streams each have their own Delivery Board, with participation from a cross section of stakeholders from across the Alliance. All the Delivery Boards feed in to the Cancer Alliance System Board, which meets bi-monthly.
- Escalations are taken to the HCP Executive meeting by exception.
- **Interdependencies:-**
- Workforce development and the interconnection of pressing transformational priorities on the initial tasks in the Interim People Plan.
- Downstream impacts of increased screening on allied and associated pathways not specifically within the remit of cancer clinicians
- Increased demand on specialist cancer services, brought about by the transformation or targeted activity, when these services support other non-cancer clinical pathways. Primary care engagement/ongoing acute service reviews

