

REGISTRATION OF INTEREST FOR FUTURE MODELS OF ACUTE CARE COLLABORATION

Q1. Who is making the application?

The Christie NHS Foundation Trust is making this vanguard application as the lead organisation for cancer services but it is submitted with the support of a range of clinical and commissioning partners, working in collaboration across Greater Manchester. These partners include:

- Manchester Cancer and Greater Manchester Provider Board (a collaboration of expert clinicians from the 10 acute trusts in Greater Manchester and East Cheshire that provides NHS services to people affected by cancer)
 - Dave Shackley, Medical Director
 - Sir Neil McKay, Chair
- Trafford CCG (lead commissioner for non-specialised cancer services)
 - Gina Lawrence, Chief Operating Officer
 - Nigel Guest, Chief Clinical Officer
- NHS England (lead commissioner for specialised cancer services)
 - Alison Tonge, Area Director for NHS England
- Devolution Manchester and the Healthier Together Transformation Team
 - Ian Williamson, Interim chief officer for Devolution Manchester
 - Leila Williams, Director of Service Transformation Healthier Together

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Q2. What are you trying to do?

This proposal centres on a transformational approach to the establishment of a single system provider for Greater Manchester cancer services. This will be focussed on driving improvements in clinical outcomes and patient experience through integrated operational oversight and leadership across the entire cancer patient pathway (including public health, primary care and diagnostics). This proposal is consistent with the recommendations contained within the recently published Independent Cancer Taskforce Cancer Strategy for England (2015 – 2020) and with the Five Year Forward View approach to new models of service delivery.

The pressures facing cancer services are significant and increasing with Cancer Research UKs estimate that 1 in 2 people now alive will develop cancer at some time in their lives. Greater Manchester has some of the highest rates of premature deaths from cancer, clearly linked to late identification and referral of patients. Despite this, cancer care in Greater Manchester has seen some outstanding improvements in recent years, bringing one year survival rates, performance against waiting time targets and patient experience ahead of all other areas in England. This success can be attributed to the commitment of a number of Greater Manchester organisations, working in collaboration through Manchester Cancer and its 20 clinically led pathway groups, to align and unify their objectives in driving forward service improvements. Augmenting this has been the establishment of the Greater Manchester Cancer Commissioning Board and the development of a cancer domain within Manchester Academic Health Science Centre (MAHSC). The opportunities for developing a coherent vision and narrative around cancer care through service redesign and reconfiguration presented by the Devolution Manchester programme are also significant and create the context in which change can be managed through inclusive and integrated partnerships. The Christie is a core member of the Devolution Programme architecture and this proposal is consistent with their emergent thinking.

There is a consensus that whilst significant progress has already been made, in order to further improve the clinical outcomes for Greater Manchester, focussed action is required to educate the

general public to take on personal responsibility with cancer prevention behaviours and to support primary care colleagues in identifying and referring patients at a much earlier stage in their cancer progression. In addition, the importance of partnerships with patients, their families and their GPs in managing longer term care beyond their initial cancer treatment is clearly recognised.

There is significant ambition and energy for improvement in Greater Manchester cancer outcomes and fundamental to achieving this will be bold and radical changes to the commissioning and provider architecture. The Dalton Review highlighted that *'transformational change requires strong and capable leadership. Leaders of successful organisations should become 'system architects'* (Dalton Review 2014). Maintaining status quo or undertaking peripheral changes will not see the results that are needed in Greater Manchester. The new Models of Acute Care Collaboration Vanguard pilots being progressed as part of the Five Year Forward View implementation offer an important opportunity to build on the successes to date in embracing the whole cancer system under a single leadership process. This is in line with the 'single service' approach that is proving to be so effective in other local services such as major trauma and neurosciences.

The Christie is the largest single site cancer centre in Europe and is regarded as a national leader in the provision of tertiary cancer care. We have consistently reported achievement of all key performance and financial targets, have a well-respected Clinical Outcomes Information Team, producing validated outcomes data and are a world leader in academic and applied research, leading on a number of national trials, including a range of Commissioning through Evaluation services. We have a proven track record of success in the areas for which we have direct responsibility but we recognise that if Greater Manchester is to realise the ambition for clinical outcomes comparable with the very best in Europe, we must move beyond our traditional organisational boundaries.

The majority of care provided at The Christie is ambulatory and outreach focussed. 80% of our chemotherapy is delivered within local communities and patients' homes and the plan is for further local delivery of radiotherapy and community follow up. Our community based prostate cancer follow up programme, provided by clinical nurse specialists, and has been recognised nationally by Prostate Cancer UK as an example of best practice. We want to build on this model to extend it to other areas of cancer care.

In cancer services, driving improvements in clinical outcomes and patient experience are at the heart of the proposed changes and there is clarity of vision in terms of the actions required but the large number of organisations involved makes progress at pace more difficult. We believe that streamlined leadership will also result in significant efficiencies and cost reductions.

Q3. Please articulate how your vision will deliver clinically and financially sustainable high quality acute services to maintain local access for patients and their families and/or how you will help codify and replicate effective clinical and managerial operating models in order to reduce avoidable variations in the cost and quality of care?

The 'single service' approach being proposed is believed to be the optimum model for effective service delivery. The benefits of this approach include:

- Reduction in avoidable and unacceptable variation in access and outcomes.
- Ensuring consistent, reliable and equitable service delivery
- Providing assurance on compliance with national standards
- Driving out inefficiencies leading to cost reductions

The single service approach, transacted through streamlined commissioning and provider leadership, would ensure cohesion and connectivity across the full spectrum of cancer care. We believe this to be a highly replicable model that is not unique to the specific circumstances in Greater Manchester but that has general service improvement aspects including:

1. Clinical leadership with a supporting architecture of pathway based, clinically led expert groups.
2. Empowered and involved patient and carer representatives in a culture where patients are considered equal partners in not only their own care but also in the service planning and delivery process.

3. High quality data on outcomes and risk stratification that can be used to stimulate and focus partnership action.
4. A research and evidence based focus on precision medicine, ensuring clinical and cost effective delivery of targeted care.
5. A Provider Partnership Board with a corresponding Commissioner Strategy Board and an overarching academic focus creating an effective tripartite alliance.
6. A clear mandate for action to address poor and variable outcomes in certain areas.

The specific benefits to be derived from this approach are many and can be summarised in 4 key areas:

Patient Experience	<ul style="list-style-type: none"> • Consistent and equitable service delivery • A strengthened focus on self-help, lifestyle changes, earlier identification and management • Assurance on standards of care, irrespective of location • Faster and more streamlined referral through to specialist care • Holistic care delivery before, during and following treatment • More care delivered locally • Greater involvement in shaping future service provision
Clinical Sustainability	<ul style="list-style-type: none"> • Clinical leadership through Manchester Cancer and pathway groups providing for consensus amongst all stakeholders and an action focus. • Strengthened partnership action on public health and primary care aspects • IOG compliance secured through the provision of expert clinical advice, augmented with streamlined operational leadership • Opportunities for new models of service delivery through the diversification and flexible training and deployment of the cancer workforce more rapidly implemented.
Quality and Care	<ul style="list-style-type: none"> • Consistent quality standards across all providers – The Christie Quality Mark gives formal recognition to franchised services. • Alignment of objectives with a focus on driving up quality standards • Assurance on consistency in care delivery, irrespective of location
Financial Sustainability	<ul style="list-style-type: none"> • Firm adherence to agreed clinical protocols and policies, based on best practice, will reduce duplication of diagnostics, streamline referrals, provide consistency in drug regimes, reduce unnecessary outpatients and ensure earlier intervention, all of which will significantly reduce costs. • Securing consistency in local tariffs across the range of providers. • Initial estimates indicate a minimum of £12 mill potential cost reductions.

Q4. Please describe where you are currently and what steps you have already taken in thinking through and delivery towards your proposed care model.

There is already a solid foundation of partnership working on which we are aiming to build:

- Our vision for system leadership in cancer care has been discussed with a number of stakeholders and is gaining momentum as a general approach that could apply as equally in other services. Through the Devolution Programme there is a consensus that radical change in organisational form and function for both providers and commissioners is fundamental if improvements are going to be realised.
- The Clinical Outcomes Team at The Christie is capable of providing pathway based data on each clinical area and this has been utilised to target areas of poor outcomes and late presentation.
- Clinicians within the Christie have been considering the strategic implications of becoming a system leader and at a recent clinical engagement event, over 90% of attendees indicated their support for this.
- The Christie already has a number of service innovations and delivery models in place. There

are franchise arrangements in place at Wigan where the local trust has been accredited to provide cancer care in line with Christie consistent standards. A Chain approach has been established at Salford and Oldham where Christie@ models exist for radiotherapy. The prostate cancer community based clinics have significantly reduced hospital attendance for follow up appointments and have been identified as an exemplar by Prostate Cancer UK.

- Manchester Cancer is a well-established and respected leader of clinical best practice with its 20 clinically led cancer specific pathway groups.
- MAHSC has a specific cancer domain within its work programme and, together with the Academic Health Science Network, will ensure a detailed focus on alignment of research and academic opportunities.
- The Christie has a globally respected School of Oncology, leading in the provision of world class academic training and development.
- A cancer patient / carer partnership group has been formally established and would be integral to the core architecture of the system leadership structure.
- A Primary Care Engagement Group has been established to strengthen the links between public health, primary care and more specialist service provision across the patient pathway.
- In terms of agreeing a capitated budget for the cancer system leadership function, The Christie is already the sole provider of all chemotherapy and radiotherapy across Greater Manchester and in addition, undertakes a range of surgical procedures. The leadership role would not initially require any change to the contract portfolios of other Greater Manchester providers but would strengthen the leadership role by directing all cancer funding through The Christie with appropriate sub contractual and governance arrangements in place.

Q5. Where do you think you could get to over the next year?

The pace of the Devolution Programme is such that we believe significant real progress can be made within this coming year. The anticipated deliverables for this period are:

1. Establishment of a single system leader for Greater Manchester cancer care, with associated governance agreed.
2. IOG compliance achieved across all tumour groups.
3. Specific programmes of work progressed around public health and primary care actions
4. A portfolio of consistent standards and specifications produced for non-specialised cancer services.
5. Patient and carer input embedded in all key planning groups.
6. Streamlined access to and reduction in duplication of diagnostic services.

Q6. What do you want from a structured national programme?

The specific additional support that would facilitate this pilot is grouped under 2 main headings:

Organisational Development: Significant progress has already been made in developing trusted partnerships across a range of organisations. Taking this collaborative approach to the next phase to include primary care and public health colleagues will necessitate time spent on developing a common understanding of roles and responsibilities and how the system leadership role could facilitate consistent action. Expertise in methodologies such as action learning and appreciative enquiry would make a significant difference.

Peer Support: Facilitation of peer support in tackling difficult decision making processes and in wider engagement would be beneficial.

Financial support: In order to progress at pace with this quality improvement programme, it will be essential to effectively resource the necessary system leadership structures within the following areas:

- Clinical leadership
- Operational and financial leadership
- Communication and engagement resources