

THE  
CANCER  
VANGUARD

Accountable cancer network  
Greater Manchester



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## Programme scope

May 2016

## Introduction

The nature of cancer is changing. It is getting more common, with one in two people expected to be told at some point in their lives that they have a cancer diagnosis. Clinical outcomes are, however, continuing to improve with more than half of patients living 10 years or more after diagnosis.

There is much to be proud of with our successes to date. In Greater Manchester, we have dramatically improved our one-year cancer survival figures faster than comparable cities, we have some of the best patient experience feedback in our hospitals and primary care services and we perform markedly better than the England average in terms of ensuring our patients are diagnosed and treated within two months of referral.

We also have a comprehensive Greater Manchester-wide cancer clinical network working alongside a large community of people affected by cancer who are involved in the design of our services and how these are delivered. These two resources put us in an excellent position to move forward quickly in improving cancer care, not only in terms of treatment but also recognising that cancer patients and their families should have access to a broader range of support.

Our success to date can be attributed to the excellent collaborative working that has taken place across Greater Manchester. This collective purpose has been strengthened by the Greater Manchester Health and Social Care Devolution Partnership which has the ambition to work at pace to transform healthcare services across the conurbation.

Despite these successes, there is still much to do in Greater Manchester. Too many patients are diagnosed late with cancer, our clinical outcomes in some areas lag behind the best in Europe and the care that we offer, especially in terms of aftercare, needs to be more holistic and personalised.

Through the New Care Models programme established by NHS England, Greater Manchester has been given the opportunity to radically reform cancer care locally. By working with our Vanguard partners, The Royal Marsden NHS Foundation Trust and University College London Hospitals NHS Foundation Trust, we can also share our ideas and learning on a national basis. Working with similar-minded partners within the national Cancer Vanguard provides us with the opportunity to develop and test a number of innovative ideas and solutions for cancer care.

We want to pursue better prevention, screening and awareness initiatives, improve recognition of the symptoms of cancer so that patients are referred earlier, radically upgrade our diagnostic capabilities and eliminate the postcode lottery of care in Greater Manchester. We also have plans to improve aftercare for cancer patients and deliver an effective online cancer teaching resource for primary care professionals.

Commissioners of cancer care play a vital role in leading change and in ensuring the resources we have are used to the very best effect. We are fully committed to working with all our partners in developing streamlined commissioning arrangements, reviewing and testing potential reforms to funding and payment mechanisms that support whole pathways, placing a greater emphasis on prevention and early diagnosis.

This document sets out the ambition and scope of the Cancer Vanguard in Greater Manchester. Through this initiative and the broader development of cancer care, we have the opportunity to develop a unified and shared vision for improvement and to deliver better outcomes that will transform cancer care for all of our patients.

## Our ambition for cancer care

Our ambition for cancer care is that, together, we will tackle the causes of inequity in access and late presentation to address the reasons for poorer clinical outcomes and variation. The Cancer Vanguard is a catalyst for change that can demonstrate how, through focused fast-paced action, we can deliver cancer care in a more responsive and personalised way. It is not, however, only professionals that can be part of this change. As in the Devolution Partnership, the Cancer Vanguard in Greater Manchester seeks to fully involve people affected by cancer and the general public in determining what action is needed if we are all to realise our ambition for significantly improved clinical outcomes.

The vision of the Cancer Vanguard is that through our work and our partnerships with the broader cancer system:

- > Our populations will understand how they can minimise their risk of getting cancer.
- > Our populations will know how to seek help with concerns about early signs and symptoms and there will be a range of options tailored to different needs. Variations between different communities will be reduced.
- > Our patients will be identified promptly and fast-tracked through accessible diagnostic services so they rapidly access the most appropriate care.
- > Our patients and their families will be fully included in decisions about their treatment and will be supported to take an active role in managing their own care.
- > The gap will close between our cancer outcomes and those of the best health systems in Europe.
- > Cancer care partners will work in an integrated and patient-centred way.
- > Funding will be used in the most effective way, targeted flexibly according to clinical need.

## The scope of The Cancer Vanguard in Greater Manchester

The national Cancer Vanguard has been established as an accelerated delivery programme to test and fast-track innovations in cancer care, addressing many of the recommendations within *Achieving world-class cancer outcomes*, the report of the Independent Cancer Taskforce.

The Cancer Vanguard represents a powerful vehicle for change, spanning a 10.7 million population. The key findings from the Vanguard's work will have national significance and will aim to be replicable in other parts of the country.

The Greater Manchester part of the Cancer Vanguard will work in partnership with a range of people and organisations across the 3.2 million population of Greater Manchester and its surrounding areas. In taking forward this work and sharing the learning, we will inform how strategic plans for cancer care are developed and embedded within Locality Plans.

The Cancer Vanguard is a two-year programme which will initially focus on rapidly testing out new ideas in its priority areas over the next year (2016/17). These will then be evaluated to reshape its focus in the second year (2017/18). Each project will be required to demonstrate how it will add value, both in terms of improvement of clinical outcomes and patient experience but also how it will secure the most effective use of resources. One of the key principles in the Greater Manchester Health and Social Care Devolution Partnership is to protect future services by ensuring good stewardship of the current resources and this principle is mirrored in our work.

All the Greater Manchester projects have been chosen to test out new approaches to the challenges that have been identified in cancer care. In 2016/17, 15 focussed projects will be established. The majority of these projects are locally based but there are two that are being undertaken jointly with our other Cancer Vanguard partners.



**Leads**

- > Wendy Meredith, Greater Manchester Director of Population Health Transformation
- > Jane Pilkington, Head of Public Health Commissioning – Greater Manchester Health and Social Care Partnership

Cancer Research UK estimates that four in 10 cancers are preventable. This means that as many as 6,000 of the 16,000 cancers that are diagnosed each year in Greater Manchester could be considered preventable. We want to work with our colleagues in the Greater Manchester Health and Social Care Partnership to prevent as many of these cancers as possible. We also want to make sure that we detect those cancers that cannot be prevented as early as possible so that there is the best chance of a good outcome for each patient.

**Project 1: Raising awareness and changing behaviour**

We will work to better understand our population and how best to reach out to the different groups of people within it. We will use the latest evidence, including local insights into human behaviour, to launch a large-scale social marketing campaign to change behaviours with regard to:

- > Lifestyle decisions that raise the risk of a cancer diagnosis
- > The signs and symptoms of cancer and how to act on them, and
- > The benefits of cancer screening programmes and how to access them.

This campaign will be supported by the development of an online 'lifestyle hub', through which we will try out new ways to help people assess their individual risk of cancer.

## **Project 2: Creating a citizen-led social movement**

We will work with a broad range of partners from the voluntary and community sector to start a social movement in Greater Manchester focussed on cancer prevention. We will develop a network of up to 20,000 'cancer champions', members of the public who will help us spread prevention messages throughout their communities and support people to make and maintain healthy behaviours as part of their daily lives.

## **Project 3: Enhancing cancer screening**

We will launch an innovative public engagement programme to understand better why people do not take up the offer of cancer screening. We will use the latest evidence to test new ways of inviting people in Greater Manchester to take part in screening programmes with the aim of increasing the uptake of services. We will also work to identify any parts of Greater Manchester where the uptake of screening is particularly low and take targeted action to improve this.

## **Project 4: Delivering lifestyle-based secondary prevention**

We will work to better understand why some people living with and beyond a cancer diagnosis either do not have access to or do not use the support available to change their lifestyles and help prevent further cancer diagnoses. Research has shown that people who have had cancer would like more information about how to approach lifestyle changes and would welcome support tailored to their individual needs. We will make sure that all improved aftercare pathways provide health promotion messages and access to the necessary tailored support for people who want to have a healthier lifestyle.

### **What we will do by March 2017**

- > We will design, develop and deliver the first priority area of the social marketing campaign
- > We will undertake research into why people do not take up the offer of cancer screening and use this to redesign services
- > We will initiate the roll out of a lifestyle support offer as part of the new aftercare pathways for breast, colorectal and prostate
- > We will recruit 5,000 cancer champions to our social movement



### Leads

- > Dr Richard Cowan, Director of Christie School of Oncology
- > Dr Cathy Heaven, Associate Director of Christie School of Oncology

GPs and other primary care professionals see many patients each year who have symptoms that might be suggestive of cancer. Only a small proportion of these patients will go on to receive a cancer diagnosis. We want to make sure the wealth of cancer expertise we have in Greater Manchester, be that hospital specialists or GPs with a particular interest in cancer, can support GPs in the difficult task of identifying suspected cancer early so that they can make a rapid referral into hospital.

### Project 5: Creating an online platform of cancer education and information for primary care

We will work with primary care professionals, cancer charities and colleagues elsewhere in the NHS to create a tailored and comprehensive online education platform to support GPs and other primary care staff in the difficult job of recognising and referring early patients who might have cancer. The platform will provide a central repository for Greater Manchester-specific information on cancer risk, cancer symptoms, decision-making and referral pathways to support primary care colleagues in the management of cancer patients through diagnosis and treatment. The platform will create a unique educational environment, supporting changes in knowledge, attitudes and behaviours.

#### What we will do by March 2017

- > We will design and develop an education platform initially aimed at GPs in GM
- > We will create learning resources for all cancer pathways involving 10-minute bites of learning on cancer symptom recognition, conversations and referral
- > We will work with the other vanguard teams to create educational materials for primary care that support their system changes
- > We will collect baseline and follow-up data from 6 GP practices on information-seeking behaviours, referral rates, significant events, cancer diagnoses, and patient experience
- > We will test out the use of, the learning from, and the impact of the new platform in a minimum of 6 GP practices
- > We will develop an implementation plan for phase 2 of the vanguard (2017/18), extending the platform to all GP practices in GM and expanding the educational elements to include the wider primary care workforce



**Work stream 3:  
New diagnostic models**

### **Leads**

- > Dr Sarah Taylor, GP in South Manchester
- > Dr Matthias Hohmann, GP in Oldham
- > Miss Hazel Warburton, Consultant Urologist at University Hospital South Manchester

The amount of time that it takes to identify patients with suspected cancer and carry out the appropriate investigations, even when this conforms with national waiting time targets, can add to the anxiety that patients experience and may in some instances affect their outcome. We want to try new ways of speeding up this process.

### **Project 6: Developing rapid cancer investigation units**

We will test a new way of rapidly investigating patients with suspected cancer. We will launch two units with the diagnostic capacity to confirm or exclude the presence of a broad range of cancers within 7 days for most patients (a 'Query Cancer' service). Patient involvement in development will help ensure a convenient and excellent experience. The vast majority of those referred will know within a week whether or not they have cancer. Those with cancer will be rapidly referred to the appropriate specialists. Those without cancer will receive a specialist and individualised intelligent discharge plan, providing patients and GPs with reassurance

### **Project 7: Exploring electronic decision support for GPs and patient self-referral**

We will explore ways of giving GPs access to electronic tools to help them in the difficult task of identifying patients with suspected cancer and referring them to the appropriate specialist.

We will also look into possible ways to allow patients to refer themselves for cancer investigations. This work will start with signs or symptoms most closely linked to the presence to cancer.

### **What we will do by March 2017**

- > We will align referral pathways for patients with gastrointestinal and lung symptoms with current rapid referral pathways in a multidisciplinary diagnostic centre setting with appropriate patient support.
- > We will engage and involve people affected by cancer in the development of the Query Cancer service.
- > We will identify and engage with stakeholders and confirm sites for the Query Cancer service.

- > We will recruit the necessary personnel to deliver the Query Cancer project.
- > We will educate GP practices involved in the Query Cancer pilot.



#### **Leads**

- > Dr Roger Prudham, Consultant Gastroenterologist and Deputy Medical Director – Pennine Acute Hospitals NHS Trust
- > Dr John Lear, Consultant Dermatologist – Central Manchester University Hospitals NHS Foundation Trust

There is variation in the cancer care that is delivered currently across Greater Manchester. This variation leads to delay, duplication and the possibility of different patient outcomes and experience. We think that cancer care should be standardised across Greater Manchester so that patients get the highest standard of care, wherever they live.

### **Project 8: Establishing new and challenging clinical standards**

We will test the development of consistent and challenging clinical and operational standards across the cancer pathway to address the variations in access to and outcomes from cancer care in Greater Manchester. We will build on methodologies used in other medical specialities to test new ways of assuring that cancer standards in Greater Manchester are being met and reporting on this publicly.

#### **What we will do by March 2017**

- > We will develop new challenging standards in three priority cancer pathways: colorectal, lung and breast
- > We will test an accreditation system in one of these three areas, with units achieving different levels of accreditation based on their adherence to the new standards
- > We will plan for the development of standards in the remaining areas



**Work stream 5:**  
**Living with and beyond cancer and supportive care**

**Lead**

- > Dr Wendy Makin, Consultant in Palliative Care and Oncology and Deputy Medical Director – The Christie NHS Foundation Trust; Manchester Cancer Clinical Director for Living With and Beyond Cancer

The combination of improvements in survival and cancer detection and an ageing population means there are an estimated two million people in England living with or beyond a cancer diagnosis. This figure is projected to rise to 3.4 million by 2030. The needs of these people vary and we want to provide services that support them and are tailored to their needs.

### **Project 9: Developing new aftercare pathways**

We will develop a new aftercare pathway for all early breast, colorectal, prostate and renal cancer patients in Greater Manchester, moving from traditional hospital-based follow-up to a more personalised and supported self-management for appropriate patients. We will prepare patients for this change by giving them a full recovery package which will include health promotion information. We will also give them the information they need to access care when they need it and test new systems to monitor their aftercare.

### **Project 10: Exploring supported patient decision-making in progressing disease**

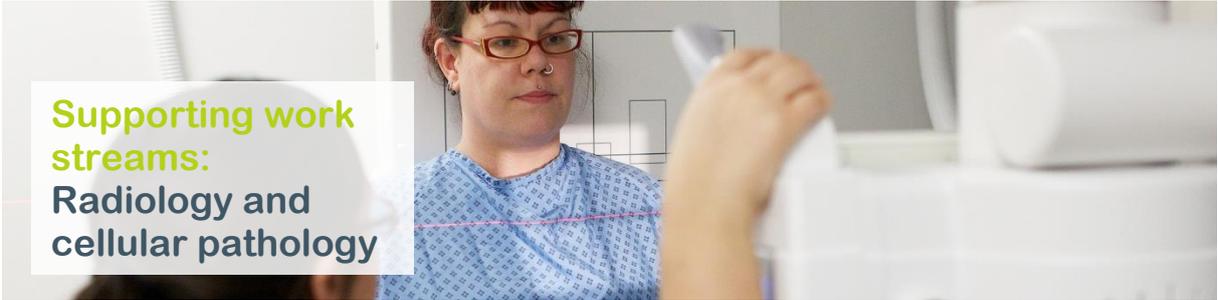
We will aim to improve the way information is presented to patients with progressing disease about the benefits and risks of further treatment. We will explore new ways to support these patients in making decisions about their further treatment based on a shared understanding between professionals, patients and their families of the patient's goals for their own care.

### **Project 11: Ensuring access to seven-day palliative care advice and assessment**

We will work to understand the variation in access to palliative care advice and assessment across Greater Manchester and develop new models to ensure that the whole population has access to palliative care seven days a week.

#### **What we will do by March 2017**

- > We will progress the implementation of a universal breast cancer aftercare pathway
- > We will test the goals of care initiative as part of a supported decision-making programme
- > We will develop recommendations on the provision of seven-day palliative care



**Supporting work streams:  
Radiology and cellular pathology**

**Radiology leads**

- > Dr Maryna Brochwicz-Lewinski, Consultant Radiologist -- Stockport Hospital NHS Foundation Trust
- > Dr Ben Taylor, Consultant Radiologist – The Christie NHS Foundation Trust

**Cellular pathology leads**

- > Dr Brian Benatar, Consultant Histopathologist – The Pennine Acute Hospitals NHS Trust
- > Dr Luisa Motta, Consultant Dermatopathologist – Salford Royal NHS Foundation Trust

Many of our work streams and projects will require the support of radiology and cellular pathology professionals if they are to be a success. We have therefore appointed dedicated leads for these areas to work with the work stream leads as they develop their proposals. The radiology and cellular pathology leads will also bring their colleagues together from across Greater Manchester on a regular basis in a cross cutting forum. These groups will develop projects to further the overall aims of reducing time to diagnosis and improving patient experience in addition to standardising practice across Greater Manchester and driving equitable access to services for all users.

**What we will do by March 2017**

- > We will support all vanguard workstreams with particular input to the diagnostic, standards and education pathways
- > We will evaluate the intelligence surrounding access to and provision of diagnostics and develop targeted projects to address areas of particular deficit
- > We will develop standardised radiological protocols for follow-up in colorectal cancer patients



**Work stream 6:**  
**Streamlining the cancer commissioning process**

**Lead**

- > Adrian Hackney, Director of Commissioning – Greater Manchester Cancer Services, NHS Trafford CCG

Commissioners of cancer are responsible for securing equity of access to consistent high-quality care across the populations they serve. They must also seek assurance from providers regarding best value for money and effective use of available resources. This can be a challenge in the current complex and fragmented commissioning landscape and it is a core Vanguard objective to streamline this responsibility. With all our commissioning partners, we will explore how to achieve more integrated commissioning of cancer care and revised funding and payment mechanisms including reviewing how a capitated or pooled budget would work.

### **Project 12: Reforming the commissioning landscape**

Working with partners in the system, we will produce proposals for revised commissioning and contracting arrangements for cancer care, to reduce fragmentation and increase transparency and accountability. This project will address the potential to pilot an *Accountable Clinical Network for Cancer* for implementation in shadow form in 2017/18. This will include the role of commissioners in setting specifications for delivery by a lead provider, the principles of the lead provider working with other providers, the mechanics of financial flows, quality accreditation mechanisms, and the governance structures required to demonstrate transparency in the system.

### **Project 13: Effective use of cancer budgets**

We will develop proposals and test alternative methods of budgeting for cancer services. In addition, different payment mechanisms will be evaluated, placing an increased emphasis on improved outcomes and whole pathways of care, incentivising prevention, earlier diagnosis and better aftercare.

#### **What we will do by March 2017**

We will produce the following proposals for piloting in 2017/18:

- > Proposed changes to the commissioning arrangements including the establishment of an Accountable Clinical Network for Cancer services in Greater Manchester.
- > Proposed funding arrangements and financial flows for cancer services including revised payment mechanisms



The three partners in the national Cancer Vanguard will jointly work on two projects.

### **Project 14: Establishing a cancer intelligence service**

We will work with our partners in the national Cancer Vanguard to develop a robust service that can draw on the large amounts of cancer data that are already collected and turn this into intelligence that can be used to drive change and improvement. This will be supplemented by the following:

- Patient experience feedback regarding services in Greater Manchester
- Outputs from Work stream 4: Developing standards of care
- Pathway specific measures

This integrated information and supporting analysis will enable clinical leaders and their teams to direct improvements, commissioners to hold services to account, and the public to better understand the quality of the different cancer services in the region.

### **Project 15: Optimising the use of medicines**

The pharmaceutical industry can play an important role in the Vanguard's work to deliver improvements in the use of cancer medicines. With the support of the Association of British Pharmaceutical Industries (ABPI) we have challenged organisations to submit project proposals and will now evaluate responses.

The advent of ['biosimilar'](#) medicines creates increased choice for patients and clinicians and enhanced value propositions for individual medicines. This approach aligns with the principles of Medicines Optimisation and with initiatives focused on greater efficiency and productivity, such as the Carter Review. As a separate work strand, the 3 Vanguard sites will work together to develop a strategy to enable the early implementation of 'biosimilar' cancer medicines as they become available.

#### **What we will do by March 2017**

- > We will establish a cancer intelligence service and begin reporting intelligence at the system level and in three priority pathways.
- > We will jointly establish with pharmaceutical partners 5 specific projects that deliver improvements in the patient's experience, reductions in cancer medicine waste and the improved use of data to inform decision-making.
- > We will seek policy approval for the use of 'biosimilar' cancer medicines

## Our partners

The Cancer Vanguard programme in Greater Manchester is being led by a partnership of The Christie NHS Foundation Trust, NHS Trafford Clinical Commissioning Group and Manchester Cancer. It is, however, clearly recognised that in order to effect transformational and sustainable change in cancer services, it is fundamental that we harness the energy, enthusiasm and ideas from our full range of partners.

We will engage with our partners in a variety of ways such as inclusion in project work groups, engagement events and through a number of other cancer focussed groups. We will secure effective partnership working with industry in driving forward innovations at pace that can be rapidly tested out, evaluated and potentially replicated in other parts of the country.

We are committed to placing people affected by cancer at the heart of our vanguard development and will achieve this through a variety of groups and initiatives including securing and training cancer champions and close working with third sector organisations such as Macmillan. We will appoint a dedicated lead for ensuring the Cancer Vanguard fully engages with people affected by cancer at every stage and we will commission patient specific outcome measures to assess how people feel about the services they receive.

## Taking our work forward

The Cancer Vanguard in Greater Manchester forms part of the Greater Manchester Health and Social Care Devolution programme and this offers a significant opportunity to mirror their ambition and vision for change. We will ensure that as the work of the Vanguard progresses, it is fully aligned with the 10 localities across Greater Manchester and appropriate groups within Cheshire and elsewhere.

Progress from the Greater Manchester part of the Cancer Vanguard will be reported through the Devolution programme to ensure it remains aligned with its overarching objectives. It will also be reported to NHS England through the National Cancer Vanguard Oversight Group and the Cancer Vanguard Steering Group which forms an implementation group of the National Cancer Strategy.

## Evaluating what we have achieved

We will be working with an independent academic partner to evaluate our work both in terms of the processes that we have followed in securing change but also whether our work has or is expected to make the real and measurable differences we are aiming for. This is important as we have the responsibility to share the lessons we learn with the rest of the country.

## Communication and engagement

We are committed to engaging and involving a wide range of stakeholders in shaping the work of the Cancer Vanguard in Greater Manchester. We have already held a number of engagement meetings and events which helped to shape the early focus of the Cancer Vanguard in Greater Manchester.

We have a website on which we will be hosting an innovation space for posting ideas, suggestions and learning from other areas [www.gmcancervanguard.org](http://www.gmcancervanguard.org).

We will be holding further Cancer Vanguard events throughout the lifetime of the programme and there are a number of working groups with multi-professional membership from an extensive range of organisations that will ensure we benefit from a diverse range of views and ideas.

## Finding out more about the Cancer Vanguard in Greater Manchester

If you have any questions about the Cancer Vanguard in Greater Manchester, please contact [cancervanguard.gm@nhs.net](mailto:cancervanguard.gm@nhs.net)

Visit our website: [www.gmcancervanguard.org](http://www.gmcancervanguard.org).

Follow us on Twitter: @GM\_Ca\_Vanguard

You can also contact our Cancer Vanguard local leaders:

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