Our ambition for change

Briefing note (Issue 2: February 2016)

This briefing outlines the work to date of Greater Manchester Cancer, part of the national Cancer Vanguard (known as the Accountable Clinical Network for Cancer). It summarises the outputs from our first two engagement events and gives an update on our progress.

Vanguards have been established by NHS England's New Care Models Team to test out new ways of working and explore how to secure future clinical and financial sustainability in health and social care services. Greater Manchester Cancer forms part of the single National Cancer Vanguard and will be addressing many of the recommendations for action in the recently published national cancer taskforce plan (http://www.cancerresearchuk.org/about-us/cancer-taskforce). We will work with a wide range of stakeholders in addressing a number of challenging areas in the delivery of integrated patient-centred cancer care. We will:

- create a single cancer system for Greater Manchester;
- introduce a single point of commissioning for cancer;
- create a single system leader to be held accountable for all cancer outcomes;
- co-produce challenging clinical and operational standards across all pathways;
- create a cancer intelligence unit to give us the information we need to ensure standards are met;
- launch a number of campaigns to raise awareness of cancer, its risk factors and screening programmes;
- develop local one-stop diagnostic services;
- explore new ways of diagnosing people earlier;
- develop new models of aftercare for those living with and beyond cancer.

How will the vanguard work be taken forward?

Effective partnership working is the key to success for the vanguard. We will be establishing a number of clinical and operational working groups and throughout the vanguard will be holding a series of engagement events to ensure we are listening to the views and ideas of everyone with an interest in cancer care.

If you would like to become more involved, you can follow us on social media (details at the end of this briefing), join us at our engagement events, which we plan to hold at regular intervals over the coming months, or contact us to join our work streams – our email is also at the end of this briefing.

Engagement event at the AJ Bell Stadium, 27 January 2016

Our second engagement event drew around 150 delegates, including many cancer patients, including many cancer patient representatives, to the AJ Bell stadium in Salford. This was around twice the number who attended our first event.

Chaired by **Dr Nigel Guest**, **Chief Clinical Officer of Trafford CCG,** the event opened with an arresting video portrait of four cancer patients who described their experiences and explained what they would like the new system to deliver.

Roger Spencer, Chief Executive of The Christie outlined the importance of these engagement events in securing a wide range of views on the work of the vanguard and in ensuring it remained focussed on the issues that would make a fundamental difference to outcomes and experience of cancer patients.

He then introduced **Adrian Hackney, Associate Director of Transformation at Trafford CCG**, who summarised the key commissioning challenges the vanguard would be addressing, including the complexity of the commissioning landscape and the importance of streamlined accountabilities.

He also identified the four work streams the vanguard would be establishing: clinical transformation, commissioning and finance, cancer intelligence and governance task and finish group. Each work stream will have a number of working groups with named leads to address the full range of challenges we face.

Adrian outlined details of the emergent governance arrangements, under which the GM cancer vanguard oversight group would report directly to both NHS England and the GM devolution Joint Commissioning Board.

David Shackley, Medical Director at Manchester Cancer, then emphasised the need to bring about a strategic shift in a system that was delivering poorer results in early identification and referral compared with the highest European standards. He said clinical innovation would focus on ‘tilting’ the system with more emphasis on cancer prevention and early diagnosis.

Wendy Meredith, Greater Manchester Director of Population Health Transformation, and the lead for the vanguard's prevention work stream, then outlined priorities for Greater Manchester's devolved health and social care agenda.

Its challenges include low awareness of cancer lifestyle risk factors, and a lack of community engagement in cancer prevention as well as low levels of health literacy. Among its priorities are prevention, screening and early detection. A large-scale social marketing programme to promote behaviour change, backed by a wellness hub and digital platform, aims to achieve these goals.

There are also plans for improved screening, including the accelerated roll-out of bowel screening services and an early diagnosis pilot for lung cancer.

Dr Wendy Makin, Director of Living With and Beyond Cancer at Manchester Cancer, and the lead for this in the vanguard, outlined the challenges facing health professionals in her area of expertise. She said growing numbers of people were living with and beyond cancer but, while more treatment options were available, there needed to be a stronger emphasis on survivorship.

Among the priorities in the field were new models of 'aftercare' including a recovery package which would support patients to be better informed and confident. There should be a risk stratification of follow-up pathways, with a focus on breast, colorectal and prostate cancer, while it was also important to develop seven-day specialist palliative care services across Greater Manchester.

The vanguard will provide the opportunity to radically improve the way that we diagnose cancers in Greater Manchester. **Dr Neil Bayman, Manchester Cancer Lung Pathway Director,** showed how this might work in lung cancer and gave details of ambitious plans currently under discussion. These included a radical improvement in the link between primary and secondary care and also a new diagnostic service allowing treatment to be started much more quickly than currently.

A daily diagnostic service would meet the requirements set out by the Greater Manchester Lung Pathway Board for suspected lung cancer. This would require providers to collaborate and pool resources in a lung cancer unit or units, the locations of which would be decided after discussion. A rapid treatment pathway would be developed in parallel with this.

Adrian Hackney then summed up the vanguard's priorities. To improve cancer outcomes we will need to develop our core capacity and work with the leads of work streams and pathways. The focus will also be on developing and revising specifications and on revising contractual arrangements.

Text commentary

One tool we have found helpful in capturing a spectrum of views and ideas is in the texting technology we use at events. By this means, delegates texted their questions and observations during the presentations. We received more than 60 texts which fell into three broad categories: **structure and organisation; capacity and resources; patient**

perspectives. An extract from the texts is shown below. Our full response to all the texts will appear on our website: www.gmcancervanguard.org

You said	Our response
Structure and organisation	
'We need to make sure work isn't duplicated across the Vanguard with trusts and CCGs starting projects already being done by Manchester Cancer within the Vanguard'	We aim to streamline the system. Good collaboration should prevent duplication or identify it where it already exists.
'Need integrated workforce reporting and planning across GM rather than individual organisations'	We intend to create a single system which will make reporting arrangements and planning much simpler and more efficient.
'Will hospitals accept changes and allow clinical teams to work together?'	Our aim is that, by working closely with providers, clinical teams will be encouraged to work in the most efficient way possible.
Capacity and resources	
'Treatment resources need to match diagnostics'	We recognise that improved diagnostics will require dedicated resources. Collaborative planning will help us maximise resources across Greater Manchester.
'There are Macmillan information and support centres in every hospital and they are an underused resource'	One of our aims is to make sure everyone – clinicians and patients – are fully aware of the valuable contribution Macmillan makes in cancer care.
'How will this great work counteract the disinvestment happening in local public health budgets?'	Raising awareness of cancer, and of vague and specific systems, is one of our main goals.
Patient perspectives	
'Patients do say that the systems/services need to talk to each other'	One of our principal aims is to make the system more coherent – and that means making sure organisations are fully 'joined up'

‘One-stop clinics are good for patients’	We want to improve patient experience and early diagnosis is vital to the success of our plans. We will be testing out one stop diagnostic services in the vanguard.
‘Patients should have direct access to secondary care without GPs acting as gatekeepers’	GPs will continue to have a crucial role in improved cancer services. However, one of the changes we are looking at is a system of patient self-referral.

Group work

Attendees then devoted an hour to group work and discussed prevention and awareness, living with and beyond cancer and supportive care, diagnostic models, and commissioning and finance. These are selected thoughts and observations from their work:

- One-stop diagnostic centres will require ‘sobering’ discussions about capacity
- Resources should be moved away from oncology to prevention
- Commissioning should take place across pathways
- For diagnostics to improve, institutional boundaries must be challenged
- Culturally, we are too ready to accept mediocrity
- There should be greater incentives for innovative practices
- We should have a conversation about each pathway, focusing on data and specifications. The patient pathway needs to be simplified
- We should avoid duplication and find out what data and intelligence is already available
- There should be equity of access to supportive care
- National service should be re-introduced: at a given age, everyone should work for a time in the National Health Service
- Our work should be targeted to address health inequalities
- We should avoid agreeing targets that are too challenging to meet and thereby setting ourselves up to fail
- We should scale up those interventions that already deliver a significant impact

In drawing together the day's themes, **Dr Nigel Guest** emphasised the importance of a collective approach to addressing the issues we face. 'It's vital we work together. That's what will make the difference – it's all about you,' he told delegates.

Bex Smalley, a patient from Stockport, agreed. She said: 'It was a fantastic event and I was really pleased to be invited because you can see that the momentum is growing. The important thing is for patients to have their input into the way services are improved.'

First engagement event at Home arts centre, 16 December 2015

Our first engagement event in December was a highly successful meeting that brought together clinicians, managers and patient representatives for the first time since the partnership was formed.

The event, chaired by **Nigel Guest,** featured a number of presentations as well as workshops to allow delegates to air ideas and raise concerns.

Roger Spencer, Chief Executive of The Christie, introduced the event and showed an introductory vanguard video and was followed by **David Shackley, Medical Director of Manchester Cancer**, who set the context for our work.

David outlined examples of marked variability in standards and outcomes that are seen in cancer both in primary and secondary care.

He stressed that the principal challenges lie in the fragmentation of services, a lack of accountability in the system and the absence of a whole-pathway approach to care. To address these three fundamental problems, the GM cancer partnership will have a single system leader and a streamlined commissioning process with a focus on the whole pathway and on accountability.

The most exciting opportunity, he said, was the chance to put patients at the centre of the system to transform outcomes and patient experiences. Access to transformation funding should also lead to advances in public health and primary and secondary funding.

Adrian Hackney, **Associate Director at Trafford CCG**, then set out our priorities, including raising awareness of the programme, developing a governance road map and identifying and resolving obstacles. He said that stakeholder engagement was already under way: a video had been produced and a website and social media accounts set up, while a number of events were planned to ensure wide system consultation of all key stakeholders.

Adrian added that a business case (known as a value proposition) for this year has been submitted and a similar document for the next financial year is being prepared so that the vanguard can benefit from a share of £200m national transformation funding.

While the Greater Manchester performance in terms of the one-year survival rate and the 62-day target is good, too many people are diagnosed late or as an emergency and there are wide variations in death rates and patient experience.

Half of those born in Greater Manchester after 1960 will get cancer, while half of those live for 10 years or more. In addition, one person in Greater Manchester is diagnosed with cancer every 30 minutes – more than 15,000 patients per year.

He also spelt out what the partnership will do: it will co-produce a single set of clinical and operational standards across all pathways, create a single system for Greater Manchester and provide a single point of commissioning. The principle of a single system leader would improve accountability while the creation of a cancer intelligence unit will provide information on performance, highlight variations in care and ensure money is spent wisely.

To improve the whole pathway approach, the partnership will launch an awareness campaign, develop one-stop diagnostic services, develop new ways to diagnose earlier, deliver a recovery package for people living with and beyond cancer and improve end-of-life care.

The system leader will co-commission and influence public health, prevention and screening, commission incentive schemes for primary care, consider hospice services and commission all cancer-related care delivered by and in secondary care. Clear governance will be developed in the coming months to decide on how decisions will be taken.

Patient representative **Mark Davies** also contributed with an impassioned plea for clinicians to take account of the individual's needs and wishes. He said they should focus on the patient's future after cancer, not merely on treating the illness itself.

Feedback themes

Delegates were asked to give feedback on what they thought would be the benefits of the new system, the challenges it faces and the ways in which those challenges could be overcome. This is a summary of the main points:

Benefits: The new system offered the chance to reduce variations in outcome by breaking down the barriers between primary and secondary care. It also held out the promise of acting more quickly, providing more information to even out inequalities and, crucially, of putting the patient first. Better patient experience would stem from the improved integration of services and sharing of data, and there was an opportunity to define outcomes that matter to people affected by cancer, not just organisations.

Challenges: The challenges were many and various, and included the threat that self-referral might overwhelm the system, concerns that time might be short and cooperation not as forthcoming as it might be. There were also fears that competition and procurement rules might frustrate change. There were also concerns there might be a lack of courage to bring about real change, and a lack of funds, and that organisational boundaries would become barriers.

Other challenges included a lack of capacity to introduce one-stop diagnostic services, lack of capacity in the midst of a recruitment crisis and other challenges posed by organisational boundaries. There was also concern about explaining the partnership – what it is and what it does – to a broader audience.

Overcoming challenges:

There was plenty of creative thinking to overcome the challenges. There was an emphasis on transparency and on informed decision-making, on maintaining good information and the meaningful, not token, use of engagement. Embracing the charitable sector would also be helpful, and ensuring the right people in the work streams was imperative.

A cancer coordination system would help overcome fragmentation, while engagement with a wider stakeholder group and talking to the right people was essential. Upgrading GPs' skills would also help end variation in services. Delegates identified a number of attributes that would be vital: they included excellent communication, commitment, resilience, genuine collaboration and a clear sense of direction.

How can I find out more?

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