

Briefing: February 2016

Boost for cancer care in Greater Manchester

The NHS in Greater Manchester has made real improvements in cancer care in recent years.

But there is still a great deal more to do – and a new partnership will deliver care in a way better tailored to the people of Greater Manchester.

Patients and their families can expect to see radical improvements in the coming years.

Second engagement event

Our second engagement event drew 150 delegates to the AJ Bell stadium in Salford, around twice the number who attended our first meeting in December.

Chaired by **Dr Nigel Guest, Chief Clinical Officer of Trafford Clinical Commissioning Group (CCG)**, the meeting opened with a video of four cancer patients who described what they wanted the new system to deliver.

Roger Spencer, Chief Executive of The Christie, introduced **Adrian Hackney, Associate Director of Transformation at Trafford CCG**, who explained how the partnership would be governed and funded. It will report to NHS England and, indirectly, to the group responsible for devolved health and social care in Greater Manchester.

David Shackley, Medical Director at Manchester Cancer, said our health system should be 'tilted' to focus more on prevention and early diagnosis. Leaving the system as it is will only produce the same results.

Wendy Meredith, Greater Manchester Director of Population Health

OUR MAIN AIMS

Prevent more cancers and raise awareness of symptoms

Diagnose people more quickly and when their cancer is at an early stage

Make sure people have the same excellent care no matter where they live

Develop local one-stop diagnostic services

Give better support to people living with and beyond cancer

Transformation, then outlined priorities for Greater Manchester's devolved health and social care agenda.

She said one of our problems is that many people are unaware of lifestyle risk factors. Our priorities should be to improve prevention, screening and the early

detection of cancer. A campaign to promote lifestyle changes was planned, while screening services will be improved.

Dr Wendy Makin, Director of Living With and Beyond Cancer at Manchester Cancer, said her focus would be on aftercare which would make patients feel more informed and confident, while it was also important to develop seven-day palliative care in Greater Manchester.

Dr Neil Bayman, Manchester Cancer Lung Pathway Director, gave details of ambitious plans in his field, including a daily diagnostic service which would need all health professionals to work together and pool their resources.

Text commentary

Delegates were able to text their observations during the presentations, and we received more than 60 texts. They fell into three very broad categories: **structure and organisation; capacity and resources; patient perspectives**. Below is a selection of representative texts:

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'

'Will hospitals accept changes and allow clinical teams to work together?'

Capacity and resources

'Treatment resources need to match diagnostics'

'There are Macmillan information and support centres in every hospital and they are an underused resource'

Patient perspectives

'Patients say that the systems/services need to talk to each other'

'One-stop clinics are good for patients'

'Patients should have direct access to secondary care without GPs acting as gatekeepers'

Our full response to all the texts will appear on our website:

www.gmcancervanguard.org

Group work

Attendees then spent an hour on 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:

- Resources should be moved away from oncology to prevention
- 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 avoid duplication and find out what data and intelligence is already available
- Our work should be targeted to address health inequalities
- We should avoid agreeing targets that are too challenging and thereby setting ourselves up to fail

First engagement event

Our first engagement event in December 2015 brought together patients and health experts for the first time under the banner of the partnership.

The event was introduced by **Roger Spencer**, Chief Executive at The Christie. **David Shackley**, Medical Director of

Manchester Cancer, set out the stark statistics: half of those born after 1960 will get cancer, while one person in Greater Manchester is diagnosed with cancer every 30 minutes.

While some of our health figures are encouraging, too many people are diagnosed late or as an emergency. There are also wide variations in death rates and in patient experience.

David said our services are not sufficiently joined-up, with no single organisation accountable for the whole range of cancer care. Under the new system, this will change.

And he added the most exciting opportunity was to put patients at the centre of the system to truly transform outcomes and patient experiences.

Adrian Hackney, of Trafford CCG, set out our priorities: we will create a single system for cancer which will be more accountable, we will improve services for diagnosing cancer and improve care for people living with and beyond cancer.

There will be much better coordination of public health, prevention and screening. We will draw up a single set of standards so we can see at a glance how much progress we are making. And we will also set up a unit to collect valuable data which we will use to focus our energies more effectively.

Adrian added that the partnership is preparing a bid for more government money to fund these schemes.

Feedback

Those attending the event were asked to give their feedback about the benefits and challenges of the new system. This is a summary of the main points:

Benefits: The new system promises to break down the barriers between different organisations. It will put the patient first and so improve patients' experience and help remove the inequalities we currently

How can I find out more?

Website

www.gmcancervanguard.org

Twitter

@GM_Ca_Vanguard

Email

CancerVanguard.GM@nhs.net

experience. Services will also be more joined-up and vital information will be shared more efficiently. 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: There were concerns that time might be short and cooperation between organisations not as good as it should be. There might also be a lack of courage to bring about real change, and a lack of funds, while there might not be enough resources to improve the way we diagnose cancer. There were also concerns about our ability to explain the new partnership to the wider public.

Overcoming challenges: Attendees said everything we do should be transparent and that the way we engage with patients, and others, should be genuine and open. Closer links with charities would be very useful. An organisation that coordinated all cancer services would also be vital. Above all, good communication, commitment and a clear vision were all essential.

The partnership is weighing up these observations and will respond in the coming weeks.

Where are we now?

The NHS in Greater Manchester is planning a radical new way of organising

cancer care across the city to allow us to make massive improvements.

Greater Manchester is part of a national organisation – a vanguard – with ambitious plans to overhaul cancer care.

We have joined forces with University College London Hospitals NHS Foundation Trust and The Royal Marsden NHS Foundation Trust to put these plans to the test.