

Our Ambition for Change

Briefing Note (Issue 1: November 2015)

Strategic Context - General

In 2014, NHS England published the *Five Year Forward View* (<https://www.england.nhs.uk/ourwork/futurenhs/>). This strategy described how new ways of organising NHS health and social care would be needed to meet the huge challenges faced by Health and Social care services. In particular, the strategy proposed 3 concepts: that care is delivered in a more cohesive, integrated and person centred way; that care is designed around local needs and not a one-size-fits-all approach; and that there should be more emphasis on preventing illness.

In taking this strategy forward, NHS England developed a national **VANGUARD programme** and offered the opportunity for local healthcare teams across the country to apply to become a vanguard by proposing new innovative local solutions.

This programme is led by NHS England's New Care Models Team (NCMT) which provides the transformational funding and other support to the successful national 'vanguard pilots', along with the evaluation of the projects.

These vanguard pilots (50 in total) have been chosen to test out different approaches that meet the challenges facing health and social care providers.

These challenges are many and include, amongst others, fragmented care, a lack of equity in patient outcomes, late presentation of patients with illness, financial pressures and complexity arising from the multiplicity of organisations involved in both delivering and commissioning care.



Strategic Context - Cancer

In addition to the Five Year Forward View, an independent task force was commissioned by NHS England on behalf of a number of national bodies, to examine the issues within cancer care and to provide clear recommendations for action as a national 5 year cancer strategy. Their report '*Achieving World Class Cancer Outcomes: A Strategy for England 2015-2020*' was published in 2015 (<http://www.cancerresearchuk.org/about-us/cancer-taskforce>) and identified 6 strategic priorities for action:

- A radical upgrade in prevention and public health
- National focus on achieving earlier diagnosis in cancer patients
- Patient experience on a par with clinical effectiveness and safety
- A Transformation in support for people living with and beyond cancer
- Further Investment to deliver a modern high quality service
- New processes for commissioning, accountability and provision

It also identified the need for vanguard pilots to take forward, as exemplars, the recommendations contained within the strategy.

The National Cancer Vanguard

In response to both this strategic context, and mindful of the challenges facing local cancer care, a **Greater Manchester Cancer Vanguard Proposal**, led by the Christie, was developed with key stakeholders, including Manchester Cancer Provider Board with Manchester Cancer, Trafford CCG (the lead commissioner for cancer care in GM), the North Region of NHS England and the Devolution team within Greater Manchester. The proposal was fully supported and submitted (<http://gmcancervanguard.org/documents/>) and was announced as being successful in September 2015. The decision on approval of the vanguard was dependent on the GM team working in partnership with 2 similar scale applications covering all of Greater London, and this has now been formally agreed.

In designating a single **national cancer vanguard** to explore new models of delivering care to cancer patients, the London partners (working alongside the Christie-led GM team) were **The Royal Marsden NHS Foundation Trust and University College Hospitals London NHS Foundation Trust (UCLH)**, who lead South London and North London collaborations respectively. Since the GM proposal covers 3 million people, the vanguard provides additional scale taking the **total combined population to over 10 million residents**. The national vanguard approach provides opportunities to share learning and expertise in piloting changes to the cancer healthcare system, but still allows for GM to develop a local approach to transformation.

The vanguard provides Greater Manchester **with the opportunity to radically restructure both the commissioning and provision of cancer care across the entire patient pathway** in order to realise fundamental improvements in clinical outcomes and patient experience and to also secure long term financial and clinical sustainability. **This work will form a key transformational work stream in the Devolution Manchester programme** and will complement the new organisational forms and functions currently being considered.

What are the issues facing Greater Manchester Cancer Services?

Fig 1

The pattern of cancer is changing in the population. We know that **1 in 2 people will get cancer at some point in their life** and that every 30 minutes; someone in Greater Manchester is told they have cancer.

We also know that over half of these people will live for 10 years or more after treatment and it is therefore essential that services are developed that respond to the needs of this group of cancer patients. There is recognition that many more patients could receive care closer to their homes and in different ways to the traditional hospital delivery model.

Greater Manchester has some of the highest rates of premature death from cancer in the country (death under 75 years of age). In addition, one quarter of patients are diagnosed with cancer through an emergency admission, with these patients doing particularly poorly. Earlier diagnosis of the disease in GM is essential if we are to make meaningful steps in improving survival for our patients. This means more public awareness of (i) key lifestyle prevention steps, (ii) potential cancer symptoms and of (iii) screening opportunities; and also GP's and hospitals responding rapidly in the diagnosis and initial treatment of patients with suspected cancer.

There is also **unexplained variation in operational and clinical standards and also importantly in clinical outcomes and patient experience within Greater Manchester**. This position is unacceptable and addressing it forms the central focus of the cancer vanguard in Greater Manchester. We do however know that once patients get referred in for treatment, the early outcomes are very good within the context of the UK

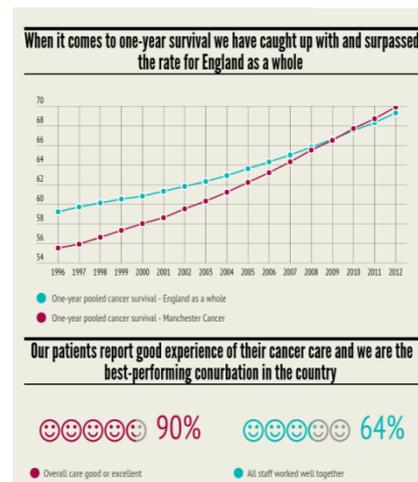


The published national outcomes data highlights that one year survival rates after treatment for Greater Manchester cancer patients has improved significantly over a number of years (Figure 2) and is now significantly better than the England average and other major conurbations like Birmingham and London.

Fig 2

This recent success can be attributed to the alignment of priorities and programmes of work across a number of organisations within an alliance of clinicians, patients, voluntary sector, academic bodies and commissioners. It will take time for these advances to be demonstrable in the premature cancer death (and other longer term) statistics.

Whilst these results show huge promise due to increasing collaboration in GM, we still stand well behind leading European countries in terms of cancer survival and a new approach is required to make meaningful and sizable improvements in preventing and treating cancer more effectively.



What will the Greater Manchester vanguard focus on?

The aim of the vanguard is to significantly improve the cancer outcomes for the 3.2 million Greater Manchester and Cheshire population.

This means work will need to be focussed on prevention and earlier detection in particular, but also on ensuring the highest quality care is offered to all in a coordinated, equitable and responsive way.

Specific city-wide projects will be rapidly developed and implemented which will include (i) increasing public awareness of beneficial lifestyle changes and suspected cancer symptoms (both vague and specific symptoms), (ii) Develop streamlined one-stop diagnostic clinics and pilot patient self-referral and (iii) Develop a comprehensive data and intelligence unit related to cancer outcomes and patient experience which will be widely shared amongst healthcare professionals and the public. We aim to reduce referral to treatment for cancer to under a month, from the current 2 months.

The vanguard is an alliance of partners working together. It creates a **single system leader, The Christie**, which will be held accountable by commissioners for all cancer outcomes across the city, and be responsible for leading a coordinated approach across all agencies involved in cancer care, spanning the entire spectrum of cancer care from public health and primary care through to diagnostics, treatment, long term support and end of life care.

It will seek to ensure consistency, equity and compliance in all cancer services across the conurbation and will establish rigorous co-produced standard setting, and monitoring, to secure this. The overall programme is a 3 year pilot (2015/16 – 2018/19).

The vanguard will provide a **focus to coordinate the commissioning of cancer care**, into a single commission with simplified decision making focussing on equity of care and the achievement of challenging patient related outcomes.

This **Single Cancer Commissioning function** means a change to the current model of commissioning responsibility which currently spans 12 CCGs (and East Cheshire) , 10 Local Authorities and NHS England, and will be streamlined through a single cancer commissioner and it is this commissioner who will hold the system leader to account for delivery.

The vanguard partners will jointly **co-produce a renewed GM cancer strategy** so that focus and energy is coordinated towards the most valuable interventions to improve patient outcomes.

The vanguard has identified some core principles by which it will test all decisions and recommendations made within its work programmes. These are that all the vanguard work will be **Patient Centred, Clinically Led and Outcomes Focussed**

A single shared service approach will be adopted in all services so there is a single set of standards, single leadership and a single governance structure. This will ensure that it is these, and not organisational interests, that are guiding decision making.

How will the Greater Manchester vanguard achieve this?

A programme of work streams will be established to make recommendations and subsequently to lead the major areas of change in key areas such as:

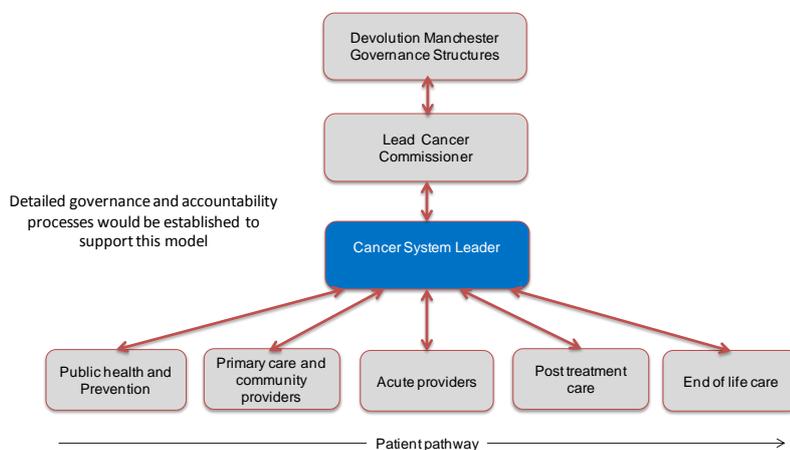
Clinical leadership – the 20 Pathway Boards of Manchester Cancer provide an excellent foundation from which to develop integrated clinical (and operational) leadership, spanning the cancer care pathway. The Pathway Boards provide expert clinical advice across Greater Manchester. Work will be undertaken with clinical leaders in CCGs, NHS England, local authorities, Public Health England, acute providers and the pathway boards to identify the priority areas for action. The clinical leadership will **work to establish and reinforce a single shared service approach across GM**.

New comprehensive and challenging clinical standards – Detailed service specifications which set out the clinical and quality standards required for each element of cancer care will be co-produced in order that there is a clear understanding of the requirements that need to be met.

Patient and Carer Voice – a number of patient groups already exist and the vanguard will aim to work with these groups to ensure that patients and their families are fully involved at every stage in shaping how this work will develop and what is important to them in future services. The patient voice in co-production of services and in terms of feedback will be strengthened.

Organisational Development – vanguards are by their nature involved in radical redesign of services. This will inevitably bring challenges around organisational form, function and future roles. The vanguard team recognise that supporting cultural change is as equally important as structural change and will therefore be working with the national NCMT to secure support in facilitating this change locally.

System leadership – The ‘system leader’ has a new remit to provide assurance to the commissioners that cancer services are being delivered to the required standard across a range of providers. They will need to detail to commissioners system-wide compliance of clinical and quality standards and delivery of improved outcomes and patient experience. This is quite distinct from a commissioner role as the system leader will not set strategy but will ensure delivery against it (both locally and nationally). It is also a separate role to a provider function. In this vanguard, the Christie is the system leader and will need to clearly separate its provider from system leader functions in a transparent way.



In addition, the system leader role is not to be confused with a lead provider function for an individual service – Opportunities will exist for there to be several lead providers of individual services though lead providers will work under the umbrella of the system leader.

Capitated cancer budget – In line with recommendation 77 of the National Cancer Strategy, the vanguard will seek to consolidate many individual cancer contracts and budgets into a single cancer care budget for the Greater Manchester and East Cheshire population. This budget will be used flexibly to target specific areas of concern, particularly around early diagnosis and referral.

How will the work be taken forward?

A **Greater Manchester Cancer Vanguard Board will be established by January 2016** with representation from key organisations. It is this Board that will ensure adherence to the requirements from the National Cancer Vanguard Board and National Cancer Strategy and alignment with local commissioning requirements and emergent devolution structures and work programmes.

What will be different about the vanguard?

At the core of the vanguard thinking is the **streamlining of commissioning and providing functions to drive consistency, equity and efficiency in all cancer care, supported by robust accountability agreements and the mandate for radical and innovative action**. An empowered clinical leadership structure spanning all of GM, and across the whole pathway, is critical to this.

This has never been attempted before and represents more than a collection of organisations with a common interest. It is a fundamental restructure and rebalancing of the arrangements for cancer care in Greater Manchester and East Cheshire.

The vanguard will work with the wide range of partners involved in different aspects of cancer care, building on the excellent work that is already being taken forward in many parts of the conurbation.

It is believed that through the concentration of accountability for delivery in both commissioning and providing, there will be a strengthened focus for action. This vanguard at both a local and national level will be a powerful voice for transformational change in realising our ambition that the clinical outcomes for Greater Manchester and Cheshire Cancer patients will become some of the best in the country, comparable with other European leaders.

What is the vision for how cancer services will look in 2018?

If we were to look at cancer care in Greater Manchester and Cheshire in 2018, we would see a very different picture:

- Patients and carers will be equal partners in the planning process and services will be modelled around their changing needs, with patient experience valued as importantly as other patient outcomes.
- The number of patients being diagnosed at a late stage in their disease will have reduced significantly.
- We will have integrated diagnostic services that are accessed rapidly by a number of routes.
- The performance and clinical outcome data for Greater Manchester will exceed comparable conurbations.
- GM will be a source of inspiration to other cancer systems on how they can change and improve.
- GM organisations involved in cancer will feel they are valued partners in the delivery of holistic high quality care.
- All providers will be clear of the standards that must be met with clear mechanisms developed to ensure their delivery.
- The cost of delivering this quality of cancer care will have been contained despite managing increasing numbers of patients.

- Finally, our patients and carers will have noticed a discernible difference in the care they receive that is delivered seamless with optimum efficiency.

How can I find out more about the vanguard?

We have a number of ways you can find out more or feed in your comments to the Greater Manchester Cancer Vanguard team:

Website	www.gmcancervanguard.org A range of vanguard materials and videos will be available to view on our website. There is also the ability to leave comments. Best viewed with a modern internet browser.
Twitter	Follow us @GM_Ca_Vanguard
Email	CancerVanguard.GM@nhs.net Jenny.Scott@christie.nhs.uk thomas.pharaoh@nhs.net
Vanguard office address	Greater Manchester Cancer Vanguard Vanguard Office Trust HQ The Christie Hospital NHS Foundation Trust
Webinars	We will be holding a series of webinars over the coming months at which we will outline progress to date and the issues we are addressing.
Workshops	We will be holding a series of workshops to explore different aspects of the vanguards work. These will be posted on our website.

Questions and Answers

Q1 When will the Greater Manchester Cancer Vanguard Board be established?

A1 The first meeting of the Greater Manchester Vanguard Board will be held in January 2016. This will be an important meeting as it represents the formal local launch of the vanguard and will set the programme of work for the coming year.

Q2 Who will be on the Greater Manchester Cancer Vanguard Board?

A2 The representatives will be drawn from a wide range of organisations to ensure that all key stakeholders are represented and that the named leads for each work streams report back on progress.

Q3 Who will be the system leader?

A3 The Christie is the system leader. The vanguard will explore the role of the system leader and will work with academic bodies like the Kings Fund, Manchester Business School and others to evaluate the model, and develop improvements and refinements over time.

Q4 How will you involve patients in this?

Q4 This is fundamentally important. We will work with existing patients groups and third sector organisations and if required, will establish further groups. Regular listening events will be held to ensure we continue to seek patients and the broader public view on what is important to them in the delivery of holistic cancer care.

Q5 How will you ensure this isn't just about who manages the funding?

A5 The ambition of this vanguard is to see demonstrable improvements in clinical outcomes and patient experience for the population we serve. Our success will be judged by this.

Q6 How will you ensure this work complements the Devolution Programme?

A6 Greater Manchester faces an exciting agenda through the devolution programme and it is the intention of the vanguard to work with and complement the devolution workstreams