Housekeeping

- There are no planned fire drills. If there is a fire, an announcement (not a siren) will play through the tannoy system, advising everyone to vacate the building.
- The duty manager will direct delegates out of the marked exits. Please do not use the lifts. The gathering point is the car park outside The Point.
- A member of staff in a hi-vis jacket will be there to provide further instructions.
- Mobiles on silent, please, but…
- **We will be tweeting under the #cancervanguard hashtag**
Housekeeping

- There will be a coffee break at 10.40 and lunch at 12.30
- Toilets are near the registration desk
- Don’t forget to exchange your car parking ticket
- We’ll be taking pictures – let us know if you’d rather not appear
- Please complete the questionnaires on your table
- Presenters’ slides will appear on our website gmcancervanguard.org
Jenny Scott
Programme Director
Greater Manchester Cancer Vanguard
Driving Innovation through the Cancer Vanguard
Challenges in Greater Manchester Cancer Care

• Significant improvements have been seen in key areas such as one year survival rates however...

• Too many patients diagnosed late in their disease and inequity in access to services

• There is fragmentation of both the commissioning arrangements and the care that patients receive

• No one body accountable for overseeing cancer outcomes and patient experience across Greater Manchester

• Lack of whole pathway approach leading to too much focus on secondary care treatment
The Cancer Vanguard

- NHS England (5 Year Forward View) – New Care Models Team – transformation funds
- Implementing ‘Achieving World Class Cancer Outcomes’ and aligning with GM Health and Social Care Partnership (Devolution)
- Single national cancer vanguard – ‘Accountable Clinical Network for Cancer’ – Greater Manchester, Royal Marsden & UCLH
- Population covered is over 10 million
- Two-year programme testing new models of cancer care delivery and commissioning through piloting ‘system’ reform – replicable nationally
Six National Cancer Taskforce Oversight Groups

- Prevention Oversight Group
- Early Diagnosis Oversight Group
  - Be Clear on Cancer Steering Group
  - Bowelscope Screening Delivery Board
- Living with and beyond cancer
  - Living with and beyond cancer Oversight Group
- High-quality modern services
  - Specialised Cancer Services Oversight Group
  - Workforce Oversight Group
- Patient experience
  - Patient experience data and improvement Oversight Group
  - Digital Revolution Oversight Group
  - Cancer Patient Experience Advisory Group
- Commissioning, provision and accountability
  - Commissioning, Provision and Accountability Oversight Group
  - Cancer Dashboard Steering Group
  - Cancer Vanguard Steering Group
What will the Vanguard do?

• Clinical projects focussed on prevention, early diagnosis and living with and beyond cancer
• Commissioning and finance project exploring how to streamline cancer commissioning and funding to drive improved outcomes
• Effective use of cancer medicines and cancer intelligence
• Dedicated patient link in the Vanguard
• Links to other key work programmes – ACE, MCIP, Macmillan, Manchester Cancer Pathway Boards
• Part of the broader approach to cancer in GM – emergent Alliance
Our Guiding Principles

- Patient centred
- Clinically led
- Outcome focussed
The opportunity we have been given

To be part of shaping the future of cancer services in Greater Manchester

To test out new and different models of care

Support to work at pace and be really radical

To share our work nationally in driving improvements in the care other cancer patients receive

2020 wish you were here...
How to get involved?

Web: www.gmcancervanguard.org

Twitter: @GM_Ca_Vanguard

Email: CancerVanguard.GM@nhs.net
Jane Pilkington, Head of Public Health Commissioning, Greater Manchester Health and Social Care Partnership

Harnessing citizen power: a social movement
Transformational Programmes

Connecting people to growth, jobs and prosperity

Different relationship between people and services supporting resilient communities

Start Well ➔ Live Well ➔ Age Well

School readiness + educational attainment

Good work
Cancer Vanguard: Innovation in Prevention

- Greater insights into human behaviour to:
  - *Shift public and clinical behaviour towards early intervention and prevention plus unique collaboration with Cabinet Office BIT*

- Social innovation → creating a revolution in how people are involved in their own health and that of others

- Radical upgrade in lifestyle behavioural change via digital innovations
Behavioural insights and screening invite letters

- Small changes = nudge behaviour = call to action
- Based on EAST framework – (Easy, Attractive, Social and Timely)
- Outcome to increase response, bookings and attendance
- Scalable, low-cost, manageable, immediate pragmatic improvements
- Similar project for Australian breast screening → delivered two per cent increase in attendance
Project approach – invite letters

Stage 1
- Understanding the current situation/field work
- Literature review/good practice from similar field

Stage 2
- Develop ideas and options
- Run six-month trial with options

Stage 3
- Monitor response rate outcome/impact
- Data analysis and demographic profile

Stage 4
- Refine proposal/trial options based on outcome
Example behavioural cervical screening postcard

Every year 700 women in the UK die from cervical cancer

**Book your NHS cervical screening today**
by calling [insert GP practice name]
on [insert number] or your local clinic
(see overleaf).

**My Appointment**
Date_________ Time_________
Location____________________

*Stick me to your fridge!*

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**Risk and loss made salient**

**Clear call to action**

**Postcard avoids friction cost of opening envelope, makes message salient and can be stuck on fridge as a reminder**

**Planning prompt to help people visualise, plan for, and commit to their appointment**
Health as a social movement

Social Movement characteristics:
• Start with the community, either organically grown or co-designed with communities
• Respond to local issues or need, and act as a catalyst for change
• Involve collective or shared actions
• Bring communities together, building on local resources and assets
• Result in mass involvement. They get larger and larger and become self-sustaining
Blackburn’s Couch to 5K
Blackburn’s Couch to 5K

- Founded by a volunteer named Rick Wilson
- Rick weighed nearly 20 stone but wanted to train towards running the Pennine Lancashire 10k race
- The 46-year-old said he thought about joining a running club but thought it might be a bit daunting so decided to set up one himself after finding out about an NHS running programme called “Couch to 5K”
- In eight weeks, he lost three stones. Word spread around and the group got bigger and bigger
- Now have a pool of 104 volunteers, who have all completed the Couch to 5K plan themselves, and there are usually around 65 of them attending every session
- Currently supporting between 300 to 350 runners, meeting three times per week at Witton Park
- Sustainable: Spring 2013-present
- Free and entirely voluntary-led
Other examples...

**Dementia Friends**

The Alzheimer’s Society claims the “Dementia Friends” to be the largest social movement for any disease as it reached its millionth “dementia friend”. Dementia Friends was launched two years ago to tackle the stigma and lack of understanding that see so many people with dementia facing social exclusion.

**Critical Mass Bike Ride**

Critical Mass is a bike ride that happens in Manchester and cities all over the world every last Friday of the month. Critical Mass rides began in San Francisco in 1992 and rides spread around the United States and the world with over 200 rides taking place in 2006.

Critical Mass has no leaders, and no central organization licenses rides. In every city that has a Critical Mass ride, locals simply pick a date, time, and location for the ride and publicise it. Critical Mass is an idea and an event, not an organisation.
Cancer prevention social movement in GM

• Harness the energy of communities and third sector to improve cancer prevention in GM
• Part of the *Taking Charge* ambition to develop a new relationship between people and services
• Enable people and communities to become resilient and empowered
• More than medicine approach → via network of 20,000 cancer champions and expert patients help us understand what motivates people to make healthy choices and tip the balance toward prevention
• It will explore the use of digital technologies including social media
Digital Innovation: Incentivised Health

• Investing in the development of a co-ordinated, GM wide, incentivised health programme linked to retail and sporting rewards.

• We are exploring the potential of:
  - Incentivising uptake of screening and immunisation
  - Incentivising healthier lifestyle choices (eg physical activity, healthier eating, smoking quits)

• It will be a bespoke GM system that can be promoted and integrated locally.

• We are exploring existing market products to create a GM model:
  - Platforms such as Rally Health offer rewards and incentives in return for positive actions relating to health and lifestyle
  - Schemes like Vitality reward people with discount retail vouchers, flight tickets, cinema tickets and gym membership linked to activity and diet
  - We will look to build local retail offers in to the programme, helping to promote economic growth
Engage in this project

• Interested and want to find out more?

• Please contact Rachel Allen via
  
  rachel.allen12@nhs.net
Dr Cathy Heaven, Associate Director of Education, The Christie School of Oncology

Gateway to primary care education
GPs see illness at an early undifferentiated stage – early diagnosis is not always easy!
Our response

1. New online education platform – not just a document repository
2. Designed to improve GPs’ ability to identify potential cancers in their patients and refer them efficiently for diagnostic screening
3. Content defined by patients and GPs, and piloted with GPs in Manchester
4. Produced by Technology Enhanced Learning experts at The Christie School of Oncology
Supporting GPs

1. Enable the patient to disclose
2. Pick up on cues and hear what is being said
3. Know that these symptoms are important
4. Follow-up with specific screening questions to elicit risk
5. Confident in making decisions about referral
6. Confidently speak to patients about referral & next steps
7. Know the referral pathways and act quickly
Online Platform
By March 2017...

• Build an online educational platform for GPs, bringing together resources across all cancer pathways

• Create key learning activities for lung and colorectal cancers, using specialists and experts from primary care

• Pilot new platform with six GP practices in south Manchester
By March 2018

• Launch the new platform across Greater Manchester, East and South Cheshire
  – Communicate and engage with all GP practices to use when they have a suspected cancer patient

• Develop “Gateway C” to add new pathways

• Develop “Gateway C” for other primary care professionals

• Show evidence that the platform has achieved what it was designed for
Engage in this project

Interested and want to find out more?

• If you are a GP please contact Dr Sarah Taylor: sltaylor@nhs.net
• If you are a patient please contact the team via this address: mc.userinvolvement@nhs.net
• Otherwise please contact Sue Whitworth: cancervanguard.gm@nhs.uk
Dr Matthias Hohmann, GP in Oldham

New approaches to diagnostics
Objectives

• Shorter time to cancer diagnosis and treatment
• Shorter time to exclude cancer
• Convenient and patient and carer-friendly
• Access for as many patients as possible
• Resource aware/cost-neutral
• Reproducible (other pathways, trusts, regions)
‘QUERY CANCER’

- Cancer YES/NO
- Unified platform for multiple two-week wait pathways
- One-stop multi-disciplinary centre within seven days
- CT scanning +/- supplementary diagnostics
- CNS support and pathway navigators
  - Effective interface with cancer pathways
  - Effective interface with AOS and palliative care
  - Safety net and lifestyle advice
QUERY CANCER MDC

One-stop model
Same day CT with report
Additional primary diagnostics as required
Clinician review
CNS support
Navigator

Intelligent discharge:
Advice and safety-net Opportunistic lifestyle advice

Cancer confirmed or remains possible
Incurable disease and poor PS

AOS / CUP team
Early palliative CT / RT Early palliative care involvement

Lung Referral
UGI / HPB referral
GP filter function
Vague symptoms referral
Triage

...
‘QUERY CANCER’

• Two pilot sites across Greater Manchester
• Launch vague symptoms pathway multi-disciplinary centre in 2016/17
• Introduce second pathway in 2017/18

• Phased and reflective implementation
• Flexible template for other two-week wait pathways and Direct Access / Straight-to-test
Objectives

Projected outcomes

• Shorter time to cancer diagnosis and treatment by 14-21 days compared to 2020 national target

• Seven days to exclude cancer. Public health benefits.

• Rapid access to palliative treatments

• Convenient and patient and carer-friendly

• Access for as many patients as possible

• Resource aware/cost-neutral

• Reproducible (other pathways, trusts, regions)
Panellists: session one

- Ian Clayton, patient representative
- Jenny Scott, Programme Director, Greater Manchester Cancer Vanguard
- Jane Pilkington, Head of Public Health Commissioning, Greater Manchester Health & Social Care Partnership
- Dr Cathy Heaven, Associate Director of Education, The Christie School of Oncology
- Dr Matthias Hohmann, GP in Oldham
- Dr Maryna Brochwicz-Lewinski, Consultant Radiologist, Stockport Hospital NHS Foundation Trust
- Dr Brian Benatar, Consultant Histopathologist, The Pennine Acute Hospitals NHS Trust
- Chaired by Mr Dave Shackley, Clinical Lead, Greater Manchester Cancer Vanguard
Coffee break

Twitter: @GM_Ca_Vanguard
#cancervanguard
Dr Brian Benatar,  
Consultant Histopathologist,  
The Pennine Acute Hospitals NHS Trust  

Setting standards: the drive for consistency in cancer care
Manchester Cancer Vanguard: Standards work stream team

- Roger Prudham – Standards lead
- John Lear – Deputy Standards lead
- Ben Taylor – Diagnostic Standards lead
- Brian Benatar – Pathology Standards Lead
- Patient representative – to be confirmed
- Commissioning representative – to be confirmed
- Yasmine Warsame – PMO, Cancer Vanguard
- David Shackley – MD, Manchester Cancer
What are we aiming for?

• Develop system to record, measure and improve cancer standards for GM, the vanguard and beyond
• System based on GRS methodology used nationally and internationally for improvement in endoscopy services
• 40 specialty specific systems in development (Royal College of Physicians accreditation unit)
• Cancer is first cross-cutting system
  — Ground-breaking world first
  — Embed continuous standards measurement and assurance (to patients, commissioners and providers)
  — Embed quality improvement and knowledge sharing
Clauses – developed in association with BSI

• Service planning and service definition
• Leadership, organisation and delivery
• Person-centred care
• Safety
• Clinical effectiveness
• Clinical service users with complex needs
• Staffing
• Improvement, innovation, and transformation
• Educating the future workforce
How might this look for a user?
Patients
Clause of ‘Person-centred care’

• Patient experience will be a key domain across the whole system
• Some themes may be bespoke for pathways or providers
• Mature top-scoring patient experience will
  – Publish evidence that quality improvement as defined by patients for experience is shared and validated by patients
Mr Dave Shackley
Clinical Lead,
Greater Manchester Cancer Vanguard
Perspectives on developing an accountable cancer network
Key National Cancer Priorities for 2016/17

- £15m to test the faster diagnosis standard in five areas and
- Launch a National Diagnostic Capacity Fund and
- Roll out the ACE wave 2 pilots:
  - London Cancer
  - Greater Manchester
  - Leeds
  - Bristol
  - Oxfordshire
  - Airedale, Wharfedale & Craven
- Cancer Alliances
- Vanguards testing change
What are Cancer Alliances?

- A shared focus on cancer across the pathway
- Work across and with STPs to provide the detail on cancer
- For the first time an integrated dashboard
- National priorities delivered locally
- Knowing where the gaps are and working together to address
- Bring together providers and commissioners
Organisational Evolution

2000: Cancer Networks
- Individual organisational plans/metrics
- Competitive approach
- Limited system-wide approach to challenges

2016: Cancer Alliances
- Working to a specific system plan in line with National Cancer Strategy
- Providers work together with commissioners to design/reform pathways
- Increasing use of lead provider roles
- Single set of system metrics
- Collaborative approach

Accountable Cancer network
- More formal arrangements in place between providers to ensure standards
- System leadership overseeing agreed pathway plans and cancer resources
- Clinical not organisational leadership
- Financial & contractual levers

All regions
vanguard
Alliances to Accountable Networks?

Est. alliances

Shared learning and testing

Accountable Cancer networks

Est. Cancer vanguard
Adrian Hackney,
Director of Commissioning,
Greater Manchester Cancer Services, NHS Trafford CCG

Reforming the commissioning landscape
Work stream focus

Commissioning Landscape
• Clarifying responsibilities
  – Avoiding duplication
  – Minimising variation

• Reviewing
  – Budgeting
  – Payment mechanisms

• Accountable Cancer Network development
Financial and contractual reform

Balancing
• Pace and listening
• Applying learning
• National and local
• Cancer and other programmes

By end September
• Develop case for change

By end December
• Produce options for financial and contractual arrangements
Rob Duncombe
Director of Pharmacy,
The Christie

Medicines optimisation:
a partnership approach
Medicines Optimisation

• Making the unaffordable affordable
• We know it, Pharma knows it...
• Getting the best value from every intervention we make
• £1.6bn a year on cancer
• Time for some radical thinking!
Medicines Optimisation
The Pharma Challenge

• A challenge to EVERY Pharma company to come up with their best shot at delivering medicines optimisation in cancer

• No matter how wacky or weird – we want to hear about it
Deadlines

• Outline proposals by 24th June 2016
• Reviewed by Chief Pharmacists of UCLH, Marsden, Christie.
• Filtered
• No idea is a bad idea
• Invite to present to panel of experts: 5th July 2016
Next Steps

• Identify up to 10 projects for further development
• Final five or six projects taken forward
• Benefits realisation
• Monthly monitoring
• Expectations
• Rollout. Meds Opt CRG
Outcomes

• Something new, something different

• It might work – or it might not...

• But we have to try it.

• Robert.duncombe@christie.nhs.uk
Panellists: session two

• Alison Walters, patient representative
• Dr Brian Benatar, Consultant Histopathologist, The Pennine Acute Hospitals NHS Trust
• Adrian Hackney, Director of Commissioning, Greater Manchester Cancer Services, NHS Trafford CCG
• Rob Duncombe, Director of Pharmacy, The Christie
• Dr Maryna Brochwicz-Lewinski, Consultant Radiologist, Stockport Hospital NHS Foundation Trust
• Chaired by Mr Dave Shackley, Clinical Lead, GM Cancer Vanguard
Jenny Scott,
Programme Director,
Greater Manchester Cancer Vanguard

Closing remarks
Please remember…

• Use your questionnaires
  • Return your badges
• Take your car parking pass