NHS
Wessex
Cancer Alliance

Achievement of Ambitions

Foreword

In 2015, the Wessex Cancer Strategic Clinical Network (SCN) published **'A strategic vision for cancer'**[1].

This was a five-year blueprint for the future of cancer service development across Wessex (Dorset, Hampshire and the Isle of Wight), produced with wide stakeholder engagement at the request of the clinical commissioning groups (CCGs) who commission healthcare on behalf of our population.

The NHS is an institution which never stands still, and much structure and some function has changed since then. The SCN has evolved into the Wessex Cancer Alliance, one of 19 across NHS England at present, each tasked with improving outcomes and experience for cancer patients in their area.

The priorities we articulated at the time aligned almost exactly to those described in the NHS England National Cancer Strategy **'Achieving world class cancer outcomes'**[2] which was published later the same year, and these have stood the test of time.

The more recent publication of the NHS **Long Term Plan**[3] very clearly sets out specific new ambitions for the development of cancer services from 2019-2028, including all aspects of the patient pathway: from improvements in screening and prevention to the development of personalised treatment and care.

It is timely, therefore, to describe where we are now in relation to the challenges we set ourselves in 2015, so that we can establish how we prioritise and refocus our efforts in the coming years.

As you will read below, our work has resulted in some real improvements across all areas. Where we await publication of the most recent data, we have described the impact of our work in the most meaningful way we can.

We hope that those who read this will find it of interest and value, and very much look forward to continuing to work with all our partners to deliver the ambitions described in the NHS Long Term Plan.

There are some real challenges ahead of course.

Pressure, particularly in diagnostic pathways, is very real and we have profound workforce challenges across the NHS in most key professional groups.

More broadly, competing demands on resource distribution and capacity in Public Health, may have an impact on the opportunity to reduce future cancer incidence.

The increasing burden on primary and community care services may make it harder to deliver the intention of moving more care closer to home.

Clearly therefore, we will need to muster all the energy and dynamism of our teams in order to continue to make the progress our patients deserve.

The good news for Wessex is that we are starting from a position of strength and this predominantly reflects the quality and commitment of the people with whom we work.

For this we remain very grateful – but we will only succeed if the systems within which we operate can truly work collaboratively and in the wider interest of all.

Matthew Hayes | Medical Director | Wessex Cancer Alliance

Introduction

The Strategic Vision for Cancer set out six ambitions, detailing how the Alliance would work over the five years from 2015-2020.

This document provides an update for each of those six ambitions, detailing what work has been done, what improvements have been made, how the Alliance is performing against national standards and where work remains on-going; our expectation is that this will be used to inform our strategy and trajectory between 2019 and 2028.

Delay in the publication of contemporary data can and does remain an area of frustration amongst all those who have contributed to our work.

We accept of course that until data has been validated, it cannot be published and that process can be lengthy when handling the high volumes of data that are produced for cancer in England.

All the data provided in this document is attributed to the year from which it has been sourced and represents the most recent year for which that data has been published. This may not always reflect the most current position for the Alliance; which makes providing subsequent updates on a regular basis all the more important.

Contents

Cancer Survival

Cancer survival:

'Over the next five years cancer survival in Wessex will continue to exceed the England average and will improve by 5% across all cancers'

In 2015 this ambition was described as our over-arching commitment to achieve further improvements in cancer survival. Although not explicitly stated at the time, by cancer survival we meant 'one-year cancer survival' (i.e. the proportion of patients alive one year after a cancer diagnosis is made).

Success in this regard is, of course, complex and multi-factorial.

More than anything, however, survival improvements are most impacted by the earlier and faster detection of cancers in order to achieve what is termed 'stage shift'. This means detecting cancers early in their evolution and before they have had time to spread, so that potentially curative treatment options are more likely to succeed. You will find more on this subject in the section below entitled 'Ambition 3'.

In June 2019 the most up-to-date one-year survival data for the Wessex Cancer Alliance[4] system suggests that **73.7% of people in Wessex** (and **72.8% of people in England, with a range between 71.4% and 75%**) survive for at least one year after a cancer diagnosis – therefore cancer survival in Wessex exceeds the England average.

In terms of one-year cancer survival Wessex currently ranks **fourth of 19 cancer alliance** areas in England.

We are delighted that the hard work of all our colleagues continues to pay dividends in this regard.

Unfortunately, these data are not as contemporaneous as one would wish, due to the way in which such data are collected nationally – these figures pertain to cancer diagnoses made in 2016.

In 2015 when our survival ambition was stated, the available data suggested that 71.3% of people in Wessex (and 68.2% of people in England) survived for at least one year after a cancer diagnosis.

The survival improvement in Wessex between 2015-19 was therefore around half what we had hoped for (2.4% rather than 5%). Since the trajectory for improvement is steadily upwards it is likely that our 'real' current performance exceeds this.

There is, clearly, still much to be done if we are to be successful in delivering this component of our ambition in the timeframe we set out (by 2020) - it seems unlikely that this will be met successfully.

The expectation in the NHS Long Term Plan is that, by 2028, the proportion of cancer diagnosed at an early stage (stage 1 or 2) will rise from around half now to three-quarters of cancer patients. If we are successful in achieving this degree of 'stage shift' it is very likely that this will bring about a step change in one-year cancer survival. Wessex Cancer Alliance remains fully committed to this ambition.

Prevention

Prevention

a. 'Smoking prevalence at age 15 years will be below the national average'

Historically we have used data collected by the Public Health fingertips tool to analyse smoking rates in people aged 15 years in Wessex. Latest data from 2014/15, showed us that Wessex smoking rates were worse than the national average of 8.2% in all areas except Hampshire County Council which was at 7.2% (statistically similar to national average at the time). Since 2015, this data has not been collected in a routine way and so we cannot report on the current situation. However, we continue to proactively encourage the HIOW STP and Dorset ICS to support local schools and communities to continue to reduce smoking rates among 15 year olds.

The best way to encourage children not to smoke is to reduce the normality of smoking within their communities and any provocative advertising. Recent legislative changes such as banning smoking in the workplace, public places and cars with children have had an impact on the reduction in smoking and plain packaging reduces the advertising influence that smoking manufacturers have on children.

Although there is a strong downward trend in young people smoking those that do are still very much increasing their risk of developing a number of cancers and participating in the biggest preventable risk to their health. We intend to develop our work with the Teenage Cancer Trust to engage with children in school year 10 across Wessex to talk about risk factors for cancer, what cancer is and how it is treated.

b. 'Smoking prevalence in adults will be below the national average'

The latest data on smoking prevalence in adults shows a continued drop in rates. Aggregate figures show that Dorset is lower than the England average and Hampshire and the IOW are slightly above (see Fig1). The recent Public Health 5 Year Plan has highlighted smoke free England as their number one priority therefore this will continue to be a priority for the Wessex Cancer Alliance.

Fig. 1 Wessex smoking prevalence in adults (18+) – current smokers (2018)

Area	Percentage of adult smokers
England	**14.4**
Wessex Cancer Alliance	14.2
Hampshire & Isle of Wight STP	14.8
Dorset ICS	13.5

source: public health fingertips tool

Prevention

There has been a reduction in smoking over the last few years and one large factor in that has been the introduction of e-cigarettes as a smoking cessation aid. E-cigarettes are often considered to be less harmful than smoking a traditional cigarette and the availability of these not just in specialist vape shops but in corner shops, pharmacies, supermarkets and smoking cessation services has increased their use.

Wessex Cancer Alliance has facilitated Cancer Research UK's access to train GPs in very brief advice for the purposes of smoking cessation. This training shows practitioners that in 30 seconds it is possible to;

(i) Ask if a patient still smokes,

(ii) Advise that the best way to give up smoking is by using nicotine replacement or a medication with support and

(iii) Acting by giving them the number of the smoking cessation service or contacting the service for the patient.

c. 'Parity of smoking cessation between the wider population and people with serious mental illness for the Wessex population'

The method of data collection has changed since the ambitions document was written, however the disparity between the prevalence of smokers in the general population and those with long term mental illness still exists. In this respect Wessex is similar to the national average. The Bournemouth value looks inconsistent and is under review.

In an attempt to reduce this disparity, all Wessex inpatient mental health providers have implemented smoke free sites. This means that people being admitted are supported to stop smoking while they are inpatients, using nicotine replacement therapy (NRT) and are referred to community smoking cessation services when they are discharged.

Fig. 2 Smoking prevalence in adults with a long-term mental health condition 2017/18

Area	Percentage of adult smokers with long term mental health condition
England	**27.8**
Wessex Cancer Alliance	**27.2**
Hampshire	24.8
Southampton	29.3
Portsmouth	21.0
Isle of Wight	29.7
Dorset	22.0
Poole	20.3
Bournemouth	43.5

source: public health fingertips tool

Prevention

d. 'Aggregate % of all adults achieving at least 150 minutes exercise per week above the national average (currently 55%)'

The charts below show that all the local authority areas in Wessex are showing **more than 55% of adults achieving 150 minutes of exercise per week** (being defined as physically active). Since the ambition was published, the national average for England has increased to 66% and the poorest performing local authority area in Wessex is still over a percentage point above that, at 67.7%. The best performing area in Wessex is the Isle of Wight, with a 10% improvement on the national figures, showing 79% of the adult population achieving more than 150 minutes of exercise per week.

Fig. 3 Wessex percentage of physically active adults 2017/18

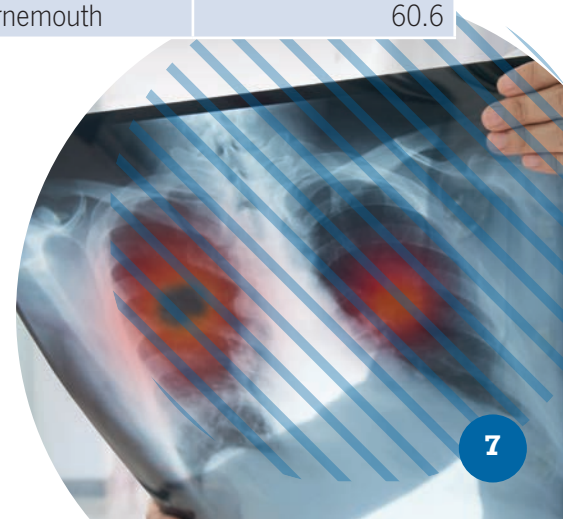
Area	Percentage of adults achieving 150mins of exercise per week
England	**66.3**
Hampshire	70.0
Southampton	69.3
Portsmouth	67.7
Isle of Wight	74.9
Dorset	70.4
Poole	69.2
Bournemouth	72.6

e. 'Aggregate % of adults classified as overweight below the national average (currently 64%)'

The current England average shows a slight reduction over the last 3 years such that 62% of adults are classified as overweight or obese. Only Bournemouth and Dorset local authorities remain ahead of the national average, while across the rest of Wessex, nearly two thirds of the population remain at an increased risk of developing a number of cancers, owing to their weight and potentially because of their diet.

Fig. 4 Wessex percentage of adults (aged 18+) classified as overweight or obese 2017/18

Area	Value as %
England	**62.0**
Hampshire	63.1
Southampton	64.2
Portsmouth	64.4
Isle of Wight	62.3
Dorset	61.6
Poole	64.3
Bournemouth	60.6

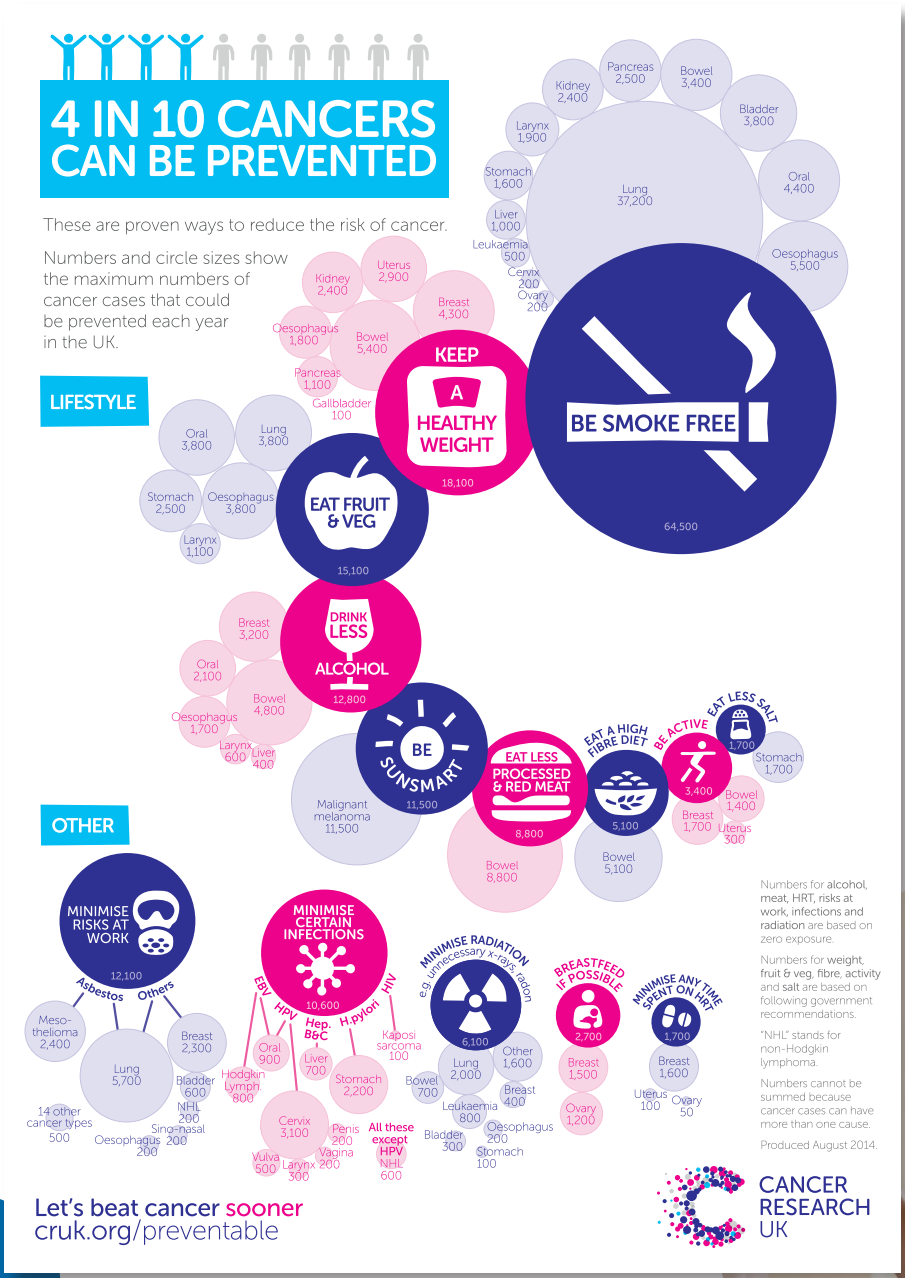


Prevention

f. 'All healthcare provider settings to be aware of and endorse the European Code Against Cancer recommendations for cancer prevention'

Wessex Cancer Alliance has worked with the Dorset Cancer Prevention at Scale board and the HIOW STP Prevention board to encourage local NHS organisations and local authorities to sign up to the Code as part of their objectives in 2018/19 financial year. This aims to highlight to those organisations the things that they can do to help reduce the risk factors of cancer in their workforce.

The European Code Against Cancer was a relatively new local approach taken at the time the Strategic Vision for Wessex was released in 2015. Since then, there has been rich learning with the Healthy Conversations educational programme training and encouraging health care professionals to explore healthy lifestyle changes, attitudes, options and willingness, building on the power of change that the patient feels. More recently, CRUK produced the '4 in 10 cancers can be prevented' infographic and the Wessex Cancer Alliance is actively promoting its use by all stakeholders and healthcare providers.



CRUK info-graph

Prevention

g. 'All practices will achieve at least the national minimum uptake for all cancer screening programmes'

Bowel Screening

The chart below (Fig. 5) shows the national minimum target for bowel screening (60%) is being achieved for the Wessex region. By the end of 2019 the new Faecal Immunochemical Test (FIT) will be implemented across the country. Evidence shows that this will increase the uptake of bowel screening as the new test is easier to use. Variation in uptake exists across both the Hampshire and Isle of Wight STP and the Dorset Integrated Care System (ICS) and is being addressed.

Fig.5 HIOW and Dorset Persons, 60-74, screened for bowel cancer within 6 months of invitation (Uptake, %) 2017/18

Area	Number of patients screened	Value as percentage (%)
England	**2,519,077**	**57.7**
Hampshire & Isle of Wight STP	94,876	61.9
Dorset ICS	46,319	62.1

Cervical Screening

The next chart (Fig 6) shows that whilst the HIOW STP and Dorset ICS are not achieving the national target of 80% uptake, the Wessex Alliance is out-performing the England position and recognise some individual practices are achieving over 80%. An incentive scheme across Wessex was set up by PHE/NHS England and NHS Improvement in conjunction with the Wessex Cancer Alliance with 70% of practices signed up to be involved. The results of this show a small increase in uptake and patient involvement insight has helped to shape a good practice guide for surgeries.

Prevention

Fig. 6 Females, 25-64 years, attending cervical screening within target period (3.5 or 5.5 year coverage, %) 2017/18

Area	Number of women attending screening	Value as a percentage (%)
England	**10,657,755**	**71.7**
Hampshire & Isle of Wight STP	330,519	72.8
Dorset ICS	139,169	74.5

Nationally, uptake of cervical screening is lower for people on the mental health (MH) register. This trend is reflected in Wessex.

Comparison of Figure 6, illustrating the percentage of women who take up cervical screening as compared to the uptake of women who are on the mental health register, Figure 7, it is clear there remains a difference, however this difference is much smaller than first reported back in 2015.

Fig. 7 HIOW and Dorset Female patients (25-64 yrs) on the MH register who had cervical screening test in preceding 5 years 2017/18

Area	Number of women screened	Value as a percentage (%)
England	**99,920**	**69.6**
Hampshire & Isle of Wight STP	3,084	69.4
Dorset ICS	1,169	68.7

Breast Screening

The next chart (Fig. 8) shows that the Wessex region is meeting the 70% national minimum target. Again, though, there is some variation and Portsmouth and Southampton are below the target.

A local review of breast screening uptake has identified a need to attract first time attenders to the service. Once women start attending breast screening, 88% will continue throughout their eligible time on the programme. 71% of all invited women take up the offer of screening but currently, only 60% of those women invited for their first mammogram will join the programme.

Prevention

Fig. 8 HIOW and Dorset Females, 50-70 years, screened for breast cancer in last 36 months (3 year coverage, %) 2017/18

Area	Number of women screened	Value as percentage (%
England	**5,201,689**	**72.1**
Hampshire & Isle of Wight STP	181,445	74.2
Dorset ICS	85,290	75.9

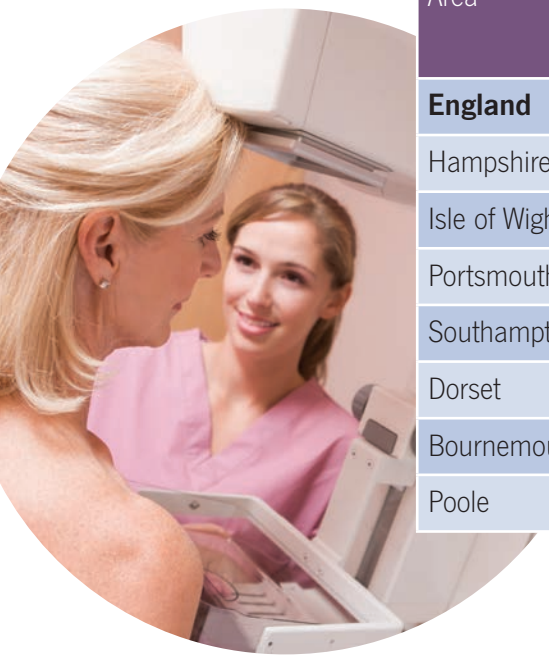
h. 'Every practice in Wessex will achieve at least the 90% HPV vaccine target'.

Local authorities have responsibility for commissioning school nursing services to deliver the Human papillomavirus vaccination across Wessex. The chart below (Fig. 9) shows that in Hampshire and the Isle of Wight (HIOW) all bar the Isle of Wight are delivering the 90% target. However, in Dorset, Bournemouth and Poole local authorities are not yet reaching the target.

In the next academic year there will be an extension of the vaccine to boys to help reduce not only cervical cancer, but also some cancers in males.

Fig. 9 HPV vaccination coverage for one dose (females 12-13 years old) Wessex 2017/18

Area	Number of females vaccinated	Value as percentage (%)
England	**266,785**	**86.9**
Hampshire	6,693	91.5
Isle of Wight	630	89.0
Portsmouth	952	94.9
Southampton	1,084	93.9
Dorset	1,974	84.7
Bournemouth	704	76.4
Poole	577	86.5



Early Diagnosis

Early Diagnosis

'The proportion of patients presenting as an emergency with a new cancer diagnosis will be below the England average across all nine CCGs in Wessex, aiming for an aggregate figure of 15% by 2020'

And:

'The proportion of patients diagnosed with early stage (stage 1 and 2) disease will improve by 20% across Wessex'

The Alliance has undertaken various initiatives to improve the early detection of cancer across Wessex, with the aim of increasing the numbers of cancers diagnosed at an early stage as well as reducing the number of cancers diagnosed following emergency presentation. Some of the initiatives have included;

- A continuous GP education programme delivered in partnership with our Macmillan GP team and CRUK facilitators to support primary care, improve knowledge, quality and timeliness of referral.
- Resourcing and launch of 'Gateway C'[7] as an online cancer educational resource for primary care colleagues in conjunction with Wessex Local Medical Committees (LMC) and Macmillan/CRUK GP team. As at April 2019 56.4% of Wessex GP practices, including 301 users, had enrolled to use this system.
- Establishing a series of cancer conferences with the Local Medical Committees aimed at GPs focused on early detection, with over 150 delegates at each.
- Supporting national Be Clear on Cancer[8] campaigns, and other more local campaigns (e.g. Heartburn UK pilot in North Hampshire)
- Local patient and public awareness events held in priority areas (Southampton, Portsmouth, Isle of Wight, Boscombe) where the proportion of early detection has been low to raise overall awareness of cancer signs and symptoms and promote utilisation of health services.
- Release of transformational funding to support improvements to lung pathway and move towards the 28-day faster diagnosis standard (28 FDS).
- Launch of 'Communities against Cancer'[9] initiative, which uses community leaders, support groups and organisations to engage hard to reach, at risk communities around screening, and recognising the signs and symptoms of cancer.
- Supported the 28-day Faster Diagnosis Standard (28 FDS) national pilot at Royal Bournemouth Hospital Trust.

Early Diagnosis

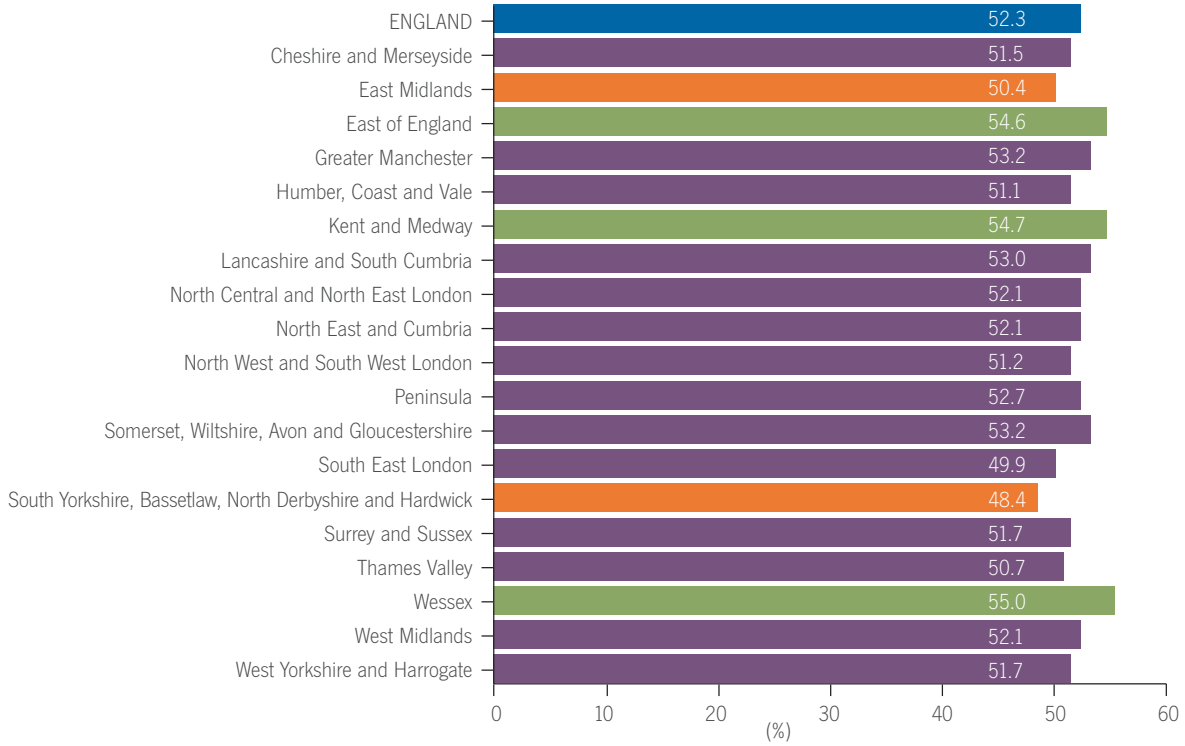
- Completed a Wessex wide review for demand and capacity of endoscopy services. Published recommendations to Trusts and CCGs to support improved efficiency of endoscopy services.
- Audit of emergency presentations, identifying common tumour sites which are diagnosed as an emergency and using primary care records to understand potential causes of diagnostic delay.
- Development, launch and Wessex wide adoption of iron deficiency anaemia pathway, accelerating and making more efficient diagnostic testing for these patients.
- Mapping of Skin, Lung and Prostate pathways to understand pressure points and developed recommendations to commissioners and providers to improve pathways.
- Refresh of two week wait referral forms with Wessex wide adoption to improve the quality of referrals, reduce delays within the pathways and support achievement of the cancer waiting time standards.
- Successful national lobbying for inclusion in Targeted Lung Health Checks programme as one of 10 pilot sites in 2019.
- Supporting commissioners and providers towards introduction of 28 FDS by April 2020 (currently 'shadow reporting' in 2019)
- Resourcing of additional diagnostic capacity for lung cancer patients across Wessex including new CT scanners in Portsmouth and Dorset.

Currently, our national data analysis system CADEAS, is only able to produce validated data as recent as 2017; providing us with a snapshot of the early diagnosis rates by CCG and STP/ICS areas in Wessex. The data tells us that Wessex Cancer Alliance is the best performing Alliance nationally with 55% of cancers diagnosed at early stage, but that there is also a long way to go to get to the 70% target we set ourselves in 2015-2020 and to the 75% target set for 2028.

Early Diagnosis

Fig.10 Early Stage 1 and 2 of cancer by Cancer Alliance

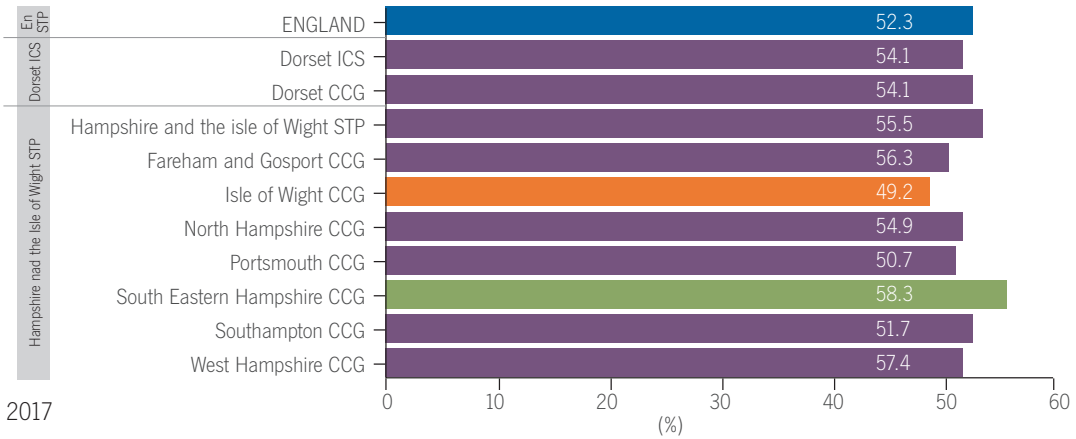
At time of publication Wessex Cancer Alliance is top in the country for the proportion of cancer diagnosed early, with 55% of all new cancer with staging reported, diagnosed at stage 1 or 2, as illustrated in Figure 10.



Within Wessex the national data shows variation within the Alliance

Fig.11 Early Stage 1 and 2 of cancer by CCG and STP/ICS

Figure 11 illustrates that within Wessex the national data shows variation within the Alliance in terms of stage of diagnosis. The reasons for this are multi-factorial, but work will continue towards a single, contemporaneous staging report for all Wessex to support identification of good practice, sharing of learning and support to areas needing improvement.



Source: CADEAS Q2 2017

Early Diagnosis

The validated published data is not yet able to represent the most current achievements in early detection and diagnosis rates and we have evidence to suggest the data for Wessex in 2019 are an improved picture from those above. The Cancer Alliance has, therefore, invested in spreading learning and approach, developed in Bournemouth, as a consequence of the national 28 FDS pilot programme.

The Bournemouth approach can provide more contemporaneous staging monitoring and allows Trusts to prospectively manage patients through a care pathway. The impact of this has been more consistent achievement of waiting time standards and realistic reporting of cancer staging at diagnosis.

The Wessex average was 50% of cancers diagnosed at stage 1 and 2 in 2015. Based on the Bournemouth analysis shown below, **a nearly 20% increase has been realised over the last four years which means we are likely on track to achieve the ambition we set in 2015 of a 20% improvement to 70% of all cancers diagnosed at stage 1 and 2 by 2020**. Wessex is likely to be well placed to deliver the 2028 target of 75% cancers being diagnosed at an early stage, from this assessment.

Fig.12 Cancer Stage at diagnosis (RBCH)

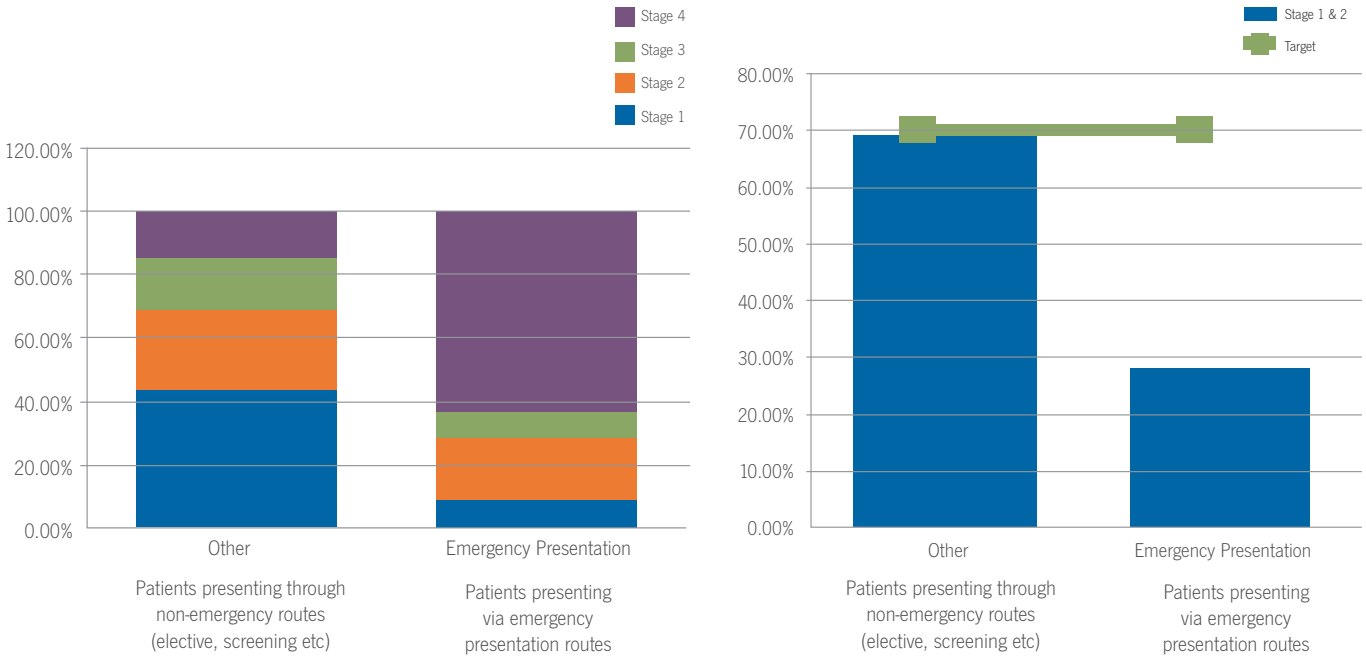


Image above shows staging monitoring data from Bournemouth Hospital – at 2019

Patient Experience

Patient Experience

'Within 5 years all patients will receive cancer care in Wessex on the basis of a personalised, evidence-based treatment pathway designed to optimise both outcome and experience'

Personalisation, in this context, can be rather a vague term but it's about making the most accurate and timely diagnosis and tailoring therapy to the individual disease, classified as precisely as possible.

Molecularly targeted therapies are a big part of this and represent new and increasingly complex workload for pathologists, but there is also a component of working with clinical/ molecular genetics colleagues to identify patients and families with genetic cancer predisposition (e.g. Lynch, BRCA) with ever-increasing knowledge of disease-associated variants.

Significant recent advances have been made in understanding cancer initiation and progression at the molecular (DNA) level, and these are increasingly being applied through genetic sequencing for more accurate diagnosis and to inform treatment decision-making for existing and novel therapies. The range of technological platforms used to acquire this information are also becoming more accessible to clinical and research laboratories.

Currently there exists within the health system a mixed economy in the delivery of molecular pathology tests and this is the result of multiple factors (including pharmaceutical company pump-priming, initial funding through research budgets and specific initiatives such as the CRUK Stratified Medicine Programme). This means that testing is currently delivered in a variety of settings, ranging from NHS molecular genetics laboratories and cellular pathology departments to private providers. Many tests are outsourced to other hospitals, including out of region referrals which leads to time-consuming administrative and logistic burdens, and difficulty incorporating returned reports back into the laboratory system and electronic patient record.

We are entering an era in which all health professionals need to become more conversant with the language of genomic medicine and increasingly confident in dealing with requesting and conveying results of this type of testing to patients outside of a clinical genetics setting; a process referred to as 'mainstreaming genomics'.

Progress in personalised treatment is vast and shows little sign of slowing down. The 100,000 Genomes project[10] has been completed nationally with a significant contribution to both rare disease and cancer components from the Wessex Genomic Medicine Centre. We also joined the Wessex, Thames Valley and West Midlands genomics consortium in October 2018 - a partnership for delivering the new NHS genomic test directories for cancer and rare disease, including whole genome sequencing. It also covers workforce, education and training needs across the geography.

Patient Experience

Plans for the next five years are also ambitious and include; new test development, developing the current and future workforce with skills and knowledge to deliver genomic medicine, maintain and develop pathways in support of equitable patient access and to consider how to consolidate and develop laboratory services within Wessex and develop more interoperable laboratory information management systems within Wessex, to facilitate transfer of results and reports between hospital sites .

In addition to the personalised medicine aim, ambition 4 covers a variety of treatment and patient experience goals for which, a considerable number of significant improvement initiatives have also been delivered by the Wessex Cancer Alliance since 2015;

Pathway work

The Alliance has utilised relevant Site-Specific Groups (SSGs) within Wessex to implement "Best Practice National Timed" pathways in prostate, colorectal and lung cancer. Pathway improvements also delivered include the introduction of an Iron Deficiency Anaemia (IDA) pathway, now implemented across Wessex and an assessment of skin cancer pathways in Dorset and HIOW to inform service commissioning.

The Wessex Cancer Alliance has provided resource and support for the Wessex Clinical Genetics Service to enhance pathways within its geographical catchment area and to facilitate more rapid referrals.

Access and equity

A Wessex-wide review of the Systemic Anti-Cancer Therapy Dataset (SACT) [Chemotherapy] treatments delivered to cancer patients within community or domiciliary based locations, was undertaken. This innovative project was a finalist in the HSJ Partnership Awards under the "Best Pharmaceutical Partnership with the NHS" category in March 2019.

Following this review, a minimum standard of Wessex SACT drug regimens and associated protocols deemed suitable for delivery within a community or domiciliary-based setting has been formally approved by the Wessex Chemotherapy SSG. Further work is now underway to examine and establish the quantity of patient treatment cycles that could potentially be switched from delivery in acute to community or domiciliary locations.

Work to support the establishment and implementation of a combined Wessex and Thames Valley Radiotherapy network following a national review, is currently underway.

Patient Experience

Healthcare workforce

The Wessex Cancer Alliance has actively supported the co-production together with Health Education England (HEE) of a Cancer Workforce document to assist treatment providers in adopting phase 1 of the National Cancer Workforce Plan.

Following funding by national team, the Wessex Cancer Alliance has led an initiative to pilot improved patient access to Cancer Clinical Nurse Specialists (CNS). Additionally, Wessex Cancer Alliance has supported the development and provision of role specific training days for Cancer Multi-Disciplinary Team (MDT) administrators.

Patient experience

Following the publication of the 2017 National Patient Experience Survey[11] for Cancer in October 2018, Wessex Cancer Alliance has supported the Wessex Strategic Senior Cancer Nurse Forum in developing appropriate improvement plans/actions to improve patient experience when receiving cancer care.

Wessex Cancer Alliance has commissioned the Dorset Cancer Partnership to develop an online Wessex Cancer Portal. The "Best in Class" quality of the overall portal should be such that cancer patients, carers, health professionals and other users, will view the portal as the initial and preferred primary source of all information, relating to cancer care and cancer support services across Wessex.

Accelerated adoption of technologies

Commencing with Southampton and Dorset CCGs and then rolling out more widely, Wessex Cancer Alliance has directly provided additional diagnostic capacity, to facilitate the successful introduction of the Symptomatic Faecal Immunochemical Test (FIT). This is a completely new, non-invasive investigation which supports the potential earlier detection of bowel cancers.

As part of a national pilot (one of 10 such sites) Wessex Cancer Alliance has actively supported the introduction of Targeted Lung Health Checks (TLHC) within the Southampton CCG geographical catchment area with the aim of earlier lung cancer detection in higher risk individuals.

Rehabilitation and Recovery

Rehabilitation and Recovery

'Within 5 years, all Wessex patients with a new cancer diagnosis will be offered a holistic needs assessment, a primary care cancer review and a detailed treatment summary, as a consequence of the implementation of the Recovery Package.'

The Living with and Beyond Cancer programme has focussed on transforming patient pathways with a greater emphasis on earlier implementation of the elements of the Recovery Package and Stratified Pathways for breast, colorectal and prostate cancer patients, thus reducing unnecessary hospital visits and enhancing supported self- management. Work continues to secure the appropriate IT infrastructures to support the various elements of this work.

It is also evident that the role of the Band 4 Cancer Support Worker is key in terms of delivery of this work. Working with the National Patient Experience Team, as a direct result of the Cancer Patient Experience Survey, we piloted the introduction of Band 4 Cancer Support Workers to work with patients from the point of diagnosis. The published report can be found online[12].

Treatment summaries were integrated in all CCG contracts from 2015/16 and MDTs within all Trusts now offer patient-centred treatment summaries. However, there is more work to do to ensure the treatment summaries are of value and meaningful to patients and primary care clinical teams and to ensure treatment summaries are adequately recorded across all IT systems.

Cancer Care Reviews are common practice within GP practices – however they are of a varying quality. There has been some under-pinning work undertaken by the Macmillan GPs and Practice Nurses to start addressing these quality issues to ensure that the reviews are relevant and patient-centred. Improved communication between primary and secondary care has been another key piece of work. Working in partnership with both Health Education England and the Thames Valley Cancer Alliance, we are piloting 'boundary spanning' roles to improve the knowledge and confidence of primary care teams to support their patients with a cancer diagnosis and other long-term conditions.

While access to late effects of cancer clinics is still very much work in progress, there are examples of good practice across Wessex. In terms of employment, there is a Wessex-wide Macmillan Citizens Advice Bureau (CAB) service which offers face to face and telephone advice for people affected by cancer.

Implementing stratified pathways of care recognising the dependency on having the elements of the recovery package in place to support alternatives to follow up and support, has been

Rehabilitation and Recovery

and continues to be a key focus for the Alliance and is reflected in the Long-Term Plan. Policies and protocols are in place across Wessex and Trusts are committed to meeting the national targets within the specified time frame. IT has been an on-going issue however, most Trusts within Wessex have now implemented stratified pathways for follow-up in at least one cancer site and numbers of patients on these pathways continue to increase.

Supporting the workforce to care for people with cancer and manage the consequences of cancer treatment has been a target area for the Alliance. Working in collaboration with Health Education England (Wessex) and Macmillan Cancer Support we have run and attended workshops for practice nurses, GPs, clinical nurse specialists and allied health care professionals.

Facilitating the learning and sharing of good practice has been an important element of our work. We have successfully submitted posters to and spoken at several local, national and international conferences on this topic and referenced by several key professional journals.

Following feedback from patients and carers, maximising the health and wellbeing of patients from the point of diagnosis was a key priority. Central to this work, is the design and development of Wesfit. Wesfit was designed and developed in partnership with frontline clinicians, leaders of research locally, and patients and their families and with the support of Wessex Cancer Alliance has become an international exemplar for commissioning of prehabilitation services with multi-centre and multi stakeholder collaboration. Developed through leadership of the Cancer Alliance, Wesfit is now being spread nationally and internationally. Wessex Cancer Alliance has also contributed significantly to the recently published Prehabilitation for People with Cancer guidance[13].

We are one of 5 pilot sites working with the national team to develop a quality of life metric for cancer patients. The first of its kind in the world, it will sit alongside the other cancer measures in the cancer dashboard.

Closer engagement with people affected by cancer and ensuring their experiences and needs are inherent within our work was another key focus – the results of three key pieces of work can be found on the Wessex Clinical Senate website.[14]

Clinical Trials

Clinical Trials

'All cancer patients who are eligible in Wessex will be offered recruitment into a clinical trial, aiming for an aggregate at or above the national level'

There is no doubt that the many advances in cancer treatments achieved in recent decades have contributed significantly to improving cancer survival. Such treatment improvements have generally resulted from a combination of laboratory and clinical research (clinical trials) – before the National Cancer Research Network (NCRN)[15] was set up in 2001, just 3.75% of patients in England were recruited to a clinical trial, compared to 22.8% in 2011-12.

Wessex Cancer Alliance is partnered with the Wessex Clinical Research Network (CRN)[16], whose purpose is to provide a broad portfolio of clinical trials to patients and their clinicians, by working closely with multidisciplinary teams across our area.

The table below shows total clinical trial recruitment figures for Wessex and the other CRNs across England in 2018-19, showing that Wessex recruited 1999 patients per million population (clearly exceeding the England average = 1303 per million).

Fig.13 Clinical trial recruitment figures 2018/19

Total recruitment	Recruitment per million population	Complexity weighted recruitment	Wessex: Specialty
South London	2,873		
North West London	2,463		
Greater Manchester	2,097		
Wessex	1,999		
Eastern	1,576		
Yorkshire and Humber	1,275		
North Thames	1,243		
Kent, Surrey and Sus	992		
South West Peninsula	960		
North East and North	813		
West of England	758		
East Midlands	680		
Thames Valley and So	667		
West Midlands	616		
North West Coast	545		

Clinical Trials

This means that 32% of new cancer cases entered cancer clinical trials in Wessex in 2018-19.

Whilst the proportion of people with new cancer diagnoses who would have been eligible for clinical trial recruitment is data not routinely collected, it is clear that Wessex is achieving excellence, with recruitment figures close to those of the national cancer research centres at the Christie and the Royal Marsden Hospitals.

Although we are unable to confirm whether all cancer patients, who were eligible in Wessex, were offered recruitment into a clinical trial, the national cancer patient experience survey reports that approximately a third of patients were offered to take part in clinical research in 2018-19. Wessex Cancer Alliance is proud of the achievements of the Wessex CRN and all its' affiliated research and clinical teams, whose hard work and commitment to excellence, underlies this achievement.

We will continue to strive for greater equity of access to clinical trials for all eligible cancer patients by continuing our collaboration into the future, and by ensuring that high quality clinical research remains a top priority for those commissioning and providing cancer services in Wessex.

To this end, Wessex CRN recently launched 'CancerLine'[17]; an online search engine promoting the Wessex cancer trials portfolio.

The site was developed primarily to provide local clinicians with easy access to the current portfolio and to aid patient referrals across the region. Development of the site is on-going, and the Alliance will be assessing its impact over the next three to six months.

Next Steps

This document has provided an in-depth look at the six ambitions that we set for cancer care and outcomes, across the Wessex region and the progress that has been made against each of them since the publication of our Strategic Vision for Cancer. We now look to our next five year Strategic Vision for cancer which will be published imminently, providing detailed plans for the ambitions that the Wessex Cancer Alliance must now deliver and our commitment to achieve the goals set out by the NHS Long Term Plan; ensuring our patients receive the very best in cancer care, treatment, outcomes and experience.

If you would like to learn more about the Wessex Cancer Alliance or be involved in any of our work, please contact us: england.wessexcanceralliance@nhs.net

References and Glossary

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Glossary

28FDS	28-day Faster Diagnosis Standard
BRCA	Breast Cancer Gene
CCG	Clinical Commissioning Groups
CNS	Clinical Nurse Specialist
CRUK	Cancer Research UK
DNA	Deoxyribonucleic acid (the carrier of genetic information)
FIT	Faecal Immunochemical Test
HEE	Health Education England
HIOW	Hampshire and the Isle of Wight
HPV	Human papillomavirus
HSJ	Health Service Journal
ICS	Integrated Care System
Lynch	Lynch Syndrome
LMC	Local Medical Committee
LTP	Long Term Plan
MDT	Multi-Disciplinary Team
NCRN	National Cancer Research Network
NHS	National Health Service
NHSEI	NHS England Improvement
PHE	Public Health England
SCN	Strategic Clinical Network
STP	Sustainability and Transformation Partnership








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