



Report to the Wessex Cancer Alliance Board	
Title:	2019/20 Wessex Cancer Alliance Funding Summary
Sponsor	Sally Rickard, Director, Wessex Cancer Alliance
Date:	24/6/20
Purpose	Ratification
Issue to be addressed:	Visibility of oversight of spend and delivery for WCA for financial year 2019/20 for purpose of board transparency and oversight
Response to the issue:	Brief summary of financial activity and delivery for board
Implications: (Clinical, Organisational, Governance, Legal?)	Board oversight of financial accountability and input into 2020/21 planning
Risks: (Top 3) of carrying out the change / or not:	Importance of board awareness of financial accountability and future funding allocation process
Summary: Conclusion and/or recommendation	Request for board engagement and support for funding allocation and scrutiny of delivery.

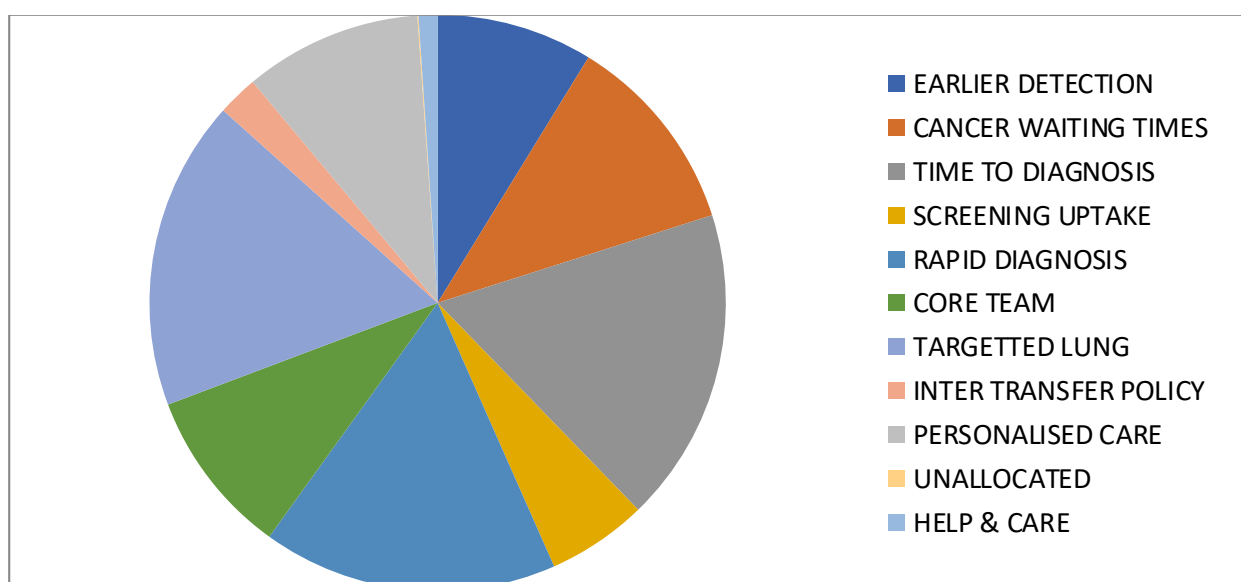
Financial summary

SUMMARY POSITION

	TOTAL DUE	ACTUAL YTD	VARIANCE
EARLIER DETECTION	£620,370	£624,902	-£4,532
CANCER WAITING TIMES	£800,000	£800,000	£0
TIME TO DIAGNOSIS	£1,250,000	£1,250,000	£0
SCREENING UPTAKE	£398,000	£398,000	£0
RAPID DIAGNOSIS	£1,171,000	£1,171,000	£0
CORE TEAM	£660,000	£660,000	£0
TARGETTED LUNG	£1,230,000	£1,230,000	£0
INTER TRANSFER POLICY	£160,250	£160,099	£151
PERSONALISED CARE	£705,000	£705,000	£0
UNALLOCATED	£4,380	£0	£4,380
Help and Care	75067	£75,067	£0
GRAND TOTAL	£7,074,067	£7,074,068	-£1

FUNDING HOSTED BY SE CCG	£5,184,067	£5,184,068	-£1
FUNDING SENT DIRECT	£1,890,000	£1,890,000	£0

Spend by area



Funding allocation by geographical area :

Of geographically specific projects 34.9% Dorset, H10W 65.1%

Achievements 2019/20

	Spent	Outcome
Earlier Detection	£624,902	Investment in primary and community clinical support tools for spotting early signs. Communities against cancer for local targeted messaging.
Cancer Waiting Times	£800,000	Investment across pathways, including Wessex wide analytical trust based team
Time to diagnosis	£1,250,000	Significant investment in prostate, colorectal and lung pathways showing recovery of performance pre CV-19
Screening uptake	£398,000	Focus on first invitation breast screening. Up take increased pre service pause.
Rapid diagnosis	£1,171,000	Service set up, significant investment in IT development, delay due to CV-19. Go live 22/6
Core team	£660,000	Funding for Director, Medical Director, Business Support team, staff development, accommodation.
Targeted lung	£1,230,000	See separate report. Pilot live from Jan 2019 as plan
Inter Provider Transfer Policy	£160,099	Wessex IPT policy implemented and coordinators in post across all trust.
Personalised Care	£705,000	Breast, colorectal and prostate remote follow up pathways across all trusts. Patients routinely offered Personalised assessment and care planning in 7/7 acute trusts. Patient Activation Measure applied.

Wessex Cancer Alliance – Funding and Impact Report 2019/20

Introduction

This report aims to describe the use of funding received by the Wessex Cancer Alliance in 2019/20. How this has successfully delivered against the Alliance delivery plan for 2019/20 and how it related to the wider strategic 5-year plan to deliver against the objectives set out for the Alliance in the NHS Long Term Plan.

The Alliance received £6.7m in 2019/20. Of this amount £1.890m was centrally hosted funding used to fund the Core Alliance team (£660k) and the Targeted Lung Health Checks (TLHC) pilot project (£1.230m). £5.109m was received in transformational funding. The spending of this transformational funding and impact of the TLHC pilot is described in this report.

Prevention, Screening and Earlier Detection

Total funding allocated for this programme in 2019/20 was £1.022m. Early detection, £624k and Prevention/Screening £398k.

Communities against cancer

Communities against Cancer supports communities to improve their health and reduce their cancer risk by: increasing awareness of the signs and symptoms of cancer; encouraging people to take-up screening and seek help at an early stage; and helping people to live more healthily.

The project is commissioned by Wessex Cancer Alliance to a third sector organisation called Action Hampshire (an umbrella organisation working with voluntary groups across Wessex). To date the project has achieved the following outcomes:

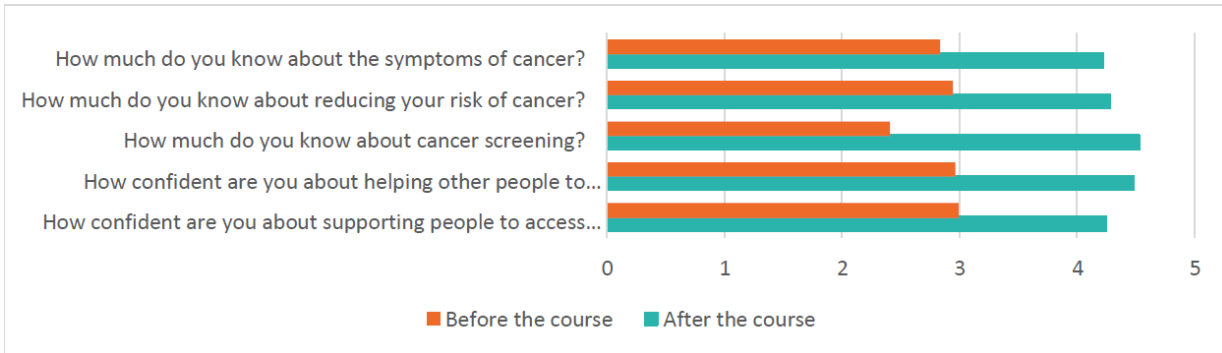
Cancer Champions Training

This element of the project is about cancer awareness, community development, promoting screening participation, symptom awareness and healthy lifestyle choices to promote cancer prevention and early detection. Engaging with communities to provide accessible information; and empowering people to support their own communities in the most appropriate way.

- **18 sessions** provided
- **118 people** from seldom-heard communities i.e. learning disabilities, ethnic minorities, older people have been trained
- Volunteers and staff from **59 community groups** attended

All participants are asked how the course has helped them and answer 5 questions both before and after the course.

These scores have been averaged to show the effect of the course. (Scale: 1= low knowledge/confidence – 5= high knowledge/confidence)



Large Grants

We've awarded grants of up to £10k to 12 organisations from Portland to Portsmouth. These are aimed at formal voluntary sector organisations that work with a significant number of the target beneficiaries.

Small Grants

We have awarded **32** smaller grants totalling **£20k** (with 7 pending approval). These grants are targeted towards less formal groups - generally volunteer led. The grants support small scale activities that are formulated and delivered **by the community, for the community.**

The full impact report is included with this report.

Primary care communication

Collaboration with Wessex LMCs and an enthusiastic GP has improved communication with GPs in Wessex. This has focused on video and audio podcasts on cancer screening, prevention and risk factors.

Screening

There have been many changes in the screening programmes this year, consequently as a support team to NHSE primary care commissioners and the public health Screening and Immunisation Team we have focused as described below in an attempt not to jeopardise reconfigurations and exacerbate capacity issues.

Breast Screening Workshop and action plan

Our main focus this year has been those women who have been invited for their first mammogram; the drop in attendance at breast screening is seen in the younger age range. Evidence suggests that once women attend their first breast screening they will continue to attend. The Prevention Lead has worked with the Screening and Immunisation team to develop a workshop to kick start work to increase the uptake and coverage of breast screening in Hampshire and the IOW.

We held a workshop with screening providers, public health (local authority and PHE), Wessex Voices, primary care and CCG colleagues to discuss the issue and bring together an action plan to tackle it. The many faceted action plan has aims to increase breast screening uptake in women in the prevalent round (first timers)

examples of the work include publicity campaigns, GP education, unlocking the systems to allow text message reminders, encouraging Primary Care Networks to focus on this aspect of screening, workplace initiatives, exploring the viability of local online booking.

A project manager is to be appointed by the screening and immunisation team to take this forward.

Secondary care clinical lead for prevention and early detection

Our secondary care clinical lead for prevention and early detection gives us a unique understanding of where we can bring primary and secondary prevention into the care pathway. Using an understanding of patients going through treatment and the feedback about their situation has helped us to shape our work programme to be focussed on the patient by giving them opportunities to understand the risk factors for cancer and linking them to health improvement services.

Healthy Conversations at Teachable Moments

All acute trusts in Wessex were given £15k to implement a scheme to have conversations with patients not diagnosed with cancer at their discharge from the 2-week wait pathway to increase their knowledge about the risk factors for cancer. This included a mixture of training cancer staff in Making Every Contact Count, developing a signposting resource to local health and wellbeing services and linking with primary care to enable a text message follow up. The table below summarises the impact of this investment.

Trust	Unit	Progress
Portsmouth - Pilot	Breast	<ol style="list-style-type: none"> 1. Training staff in Healthy Conversations (using very brief advice script) 2. Produce brief advice & signposting resource 3. Primary care text messaging follow up – 38 people from December - February
IOW	Breast	HcAs having Signposting Conversations. Produced a brief advice and signposting resource. Healthy Conversations training for all Band 4 support assistants being organised.
HHFT	All	Healthy Conversations training for all Cancer staff. Developing a brief advice and signposting resource.
Dorset	DCH & Poole - Lung Bournemouth – Colorectal	Band 4 HCAs appointed in 2 / 3 trusts Training – to be arranged Leaflets – to be organised
UHS	Breast and wider	Funded 1 day per week of a Healthy Conversations trainer to train cancer care staff. Developing a generic brief advice and signposting resource.

Alcohol in primary care

As a class 1 carcinogen alcohol has been a focus in Wessex Cancer Alliance prevention work for the last 2 years. Following work in secondary care to screen inpatients, the lack of alcohol screening in primary care has come to the front in 2019/20. Working with the Hampshire and IOW STP Prevention Board has enabled a piece of research to help unpick the understanding in primary care and the barriers of using tools such as Audit C outside

of NHS Health Checks in a more committed way. Once the research is completed (it has slipped into 2020/21) funding secured from Health Education England will help to implement any training changes.

Faster Diagnosis

Introduction of programme area and in year spend against plan/budget

The faster diagnosis programme aims to support the implementation of timed diagnostic pathways and optimisation of diagnostic pathways. Reducing any unwarranted delays to diagnosis and therefore supporting the achievement of new 28-day diagnostic standard and supporting the achievement of CWT standards overall.

£1.25m was allocated to support this in 2019/20. With the focus of this was on the colorectal, prostate and lung pathways. Allocations were determined against the weighted level of 2ww referrals coming into the Trusts.

Achievements to date

Urology

- Increased LA and template biopsy capacity across the system
- New local TP biopsy service has been established on the IOW
- Reduction in turnaround time for biopsy and reporting in line with timed pathways
- Dedicated clinics now in place for 2ww referrals booked where not in place before
- Increased nurse led oncology outpatient capacity
- Increased lists for robotic prostatectomy increasing capacity
- Fast track MRI slots (4 p/w) commenced in PHT, 75% of patients receiving fast track MRI reducing wait from Avg. 16 days to 6 days
- All Trusts in Wessex have now implemented the timed pathway

Colorectal

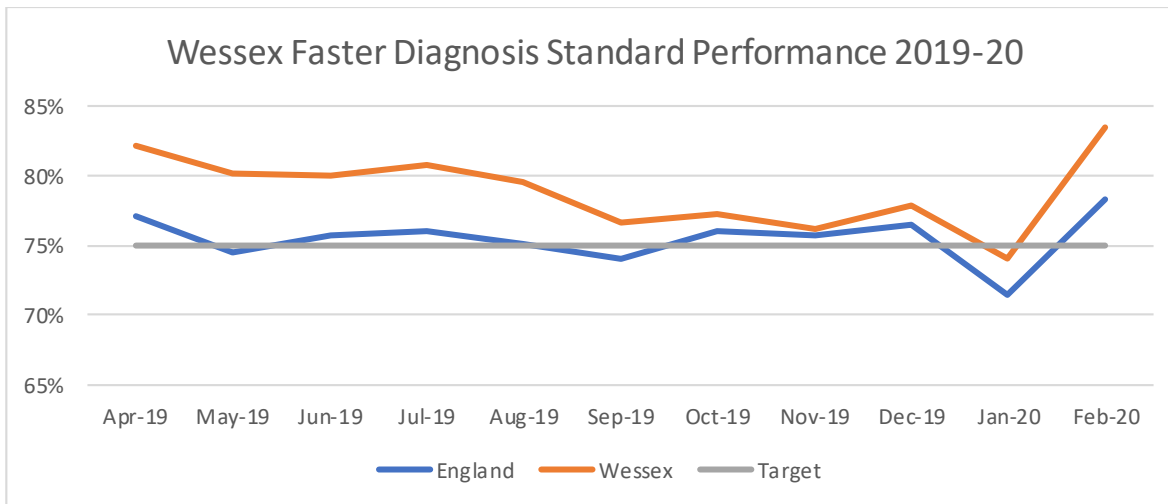
- Implemented consultant triage at HHFT, upon a review in Feb this had saved 131 out-patient appointments
- Recruitment of additional CNS and admin resources to support pathway
- Funding has enabled all Trusts in Wessex to fully implement the timed pathway

Lung

- Only funded for HHFT in 2019/20 (Other Trusts received funding support in 2018/19)
- Lung cancer only clinic to be put in place on the RHCH in HHFT site by April 2020
- Increased recruitment to support pathway, comprising of additional Consultant Radiologist reporting time, 1.5wte B6 Radiographer, and 0.5wte B3 Admin support.
- All trusts in Wessex have now implemented the optimal lung pathway

Impact of this across 2019/20

As shown in the graph below, Wessex Cancer Alliance has consistently performed above the national average for 28-day FDS performance, the latest data available from February 2020 shows that Wessex is currently achieving 83% of cancers diagnosed by day 28, with the national target being set at 75%, we are well placed to meet these targets in 2020/21.



Rapid Diagnostic Service (RDS)

Introduction of programme area and in year spend against plan/budget

The Wessex Cancer Alliance Virtual Rapid Diagnostic Service (RDS) has been developed in response to the Long-Term Plan (LTP) to deliver faster and earlier diagnosis, and an improved experience for cancer patients for whom a non-specific symptom (NSS) pathway currently does not exist.

The goal is to create a more ambitious model than previous Multidisciplinary Models and Vague Symptoms Clinics based on a single point of access for the Wessex geography. The RDS is accessed electronically and via a central virtual hub and is responsible for the integrated co-ordination, triage and onward referral of patients who will be able to access diagnostics and continued care in their local hospital, as appropriate.

The WCA received £1.171m to support the establishment of a virtual rapid diagnostic service in Wessex.

What was implemented as a result of this funding?

- Establishment of RDS programme management including appointment of programme lead and RDS hub implementation project manager
- Development of and identification of resources to ensure programme reporting, governance, including financial management, and oversight
- Pan Alliance engagement, and oversight via establishment of task and finish groups to develop recommendations for the RDS and pancreatic cancer site specific pathways
- Enabling funding to provide NHS digital leadership to develop and implement the RDS strategy
- Development of RDS digital technical specification resulting in the identification and procurement of immediate (tactical) and longer-term digital solutions
- Gap analysis and identification of and procurement of solutions to ensure image sharing capability with wider benefits beyond RDS recognised
- Expressions of interest processes developed and completed to identify partner organisations to host the RDS hub, University Hospitals Southampton (UHS) and South-Central Ambulance Service (SCAS) and become early adopter Primary Care Networks (PVCN's)
- Development of communication and patient engagement strategy

- Baseline patient survey undertaken and development of longer-term service evaluation strategy in partnership with Wessex Voices
- Identification of information requirements for staff and patients engaging with the RDS pathway

Baseline Performance vs End of Year Performance

Trajectory planning has been submitted to the regional team

Further Improvements to be implemented

- Establishment of RDS clinical hub and IT infrastructure based at South Central Ambulance Service (SCAS). Slippage to time scales due to the early development of SCAS's 111 COVID19 Response cell. Plans to locate at UHS paused as part of decision around recruitment
- Recruitment into clinical and managerial infrastructure to deliver the clinical RDS service as business as usual
- Contingency plan to second staff halted due to clinical frontline pressures and UHS response to meet COVID demand

Targeted Lung Health Checks

Brief introduction of programme area and in year spend against plan/budget

- In early February 2019, it was announced that Southampton would be one of the first sites in England to roll out the Targeted Lung Health Check project, one of ten national sites. Targeted Lung Health Checks is one of the first projects to roll out following the launch of the NHS Long Term Plan.
- The programme will run until 2023 – with initial lung health checks needing to be conducted by March 2021 and then patients will be followed up during the following two years.
- Modelling from NHS England indicates that 10,528 Lung Health Checks will be performed with 5,719 low dose CT scans undertaken. A budget of £4.7m has been allocated to the life of this project.
- £1.23m was allocated to this project for 2019/20
- In year spend has been on clinical time and project management and the associated set up and mobilisation costs to enable the project to go live in January 2020.

Achievements to date

The project was suspended in March due to the emergence of COVID19. The funding has been used to ensure the project can become operational in 20/21 when there is sufficient respiratory clinical capacity available.

Link to delivery of Strategic Plans

The Targeted Lung Health Check is a key element of NHS England's Long-Term Plan and also Wessex's 5-year plan. The anticipated stage shift of diagnosed lung cancers picked up through this initiative will contribute to an increase in the proportion of cancers diagnosed early.

Cancer Waiting Times (CWT)

Introduction of programme area and in year spend against plan/budget

The work to improve cancer waiting times forms part of the Alliances Faster Diagnosis Programme. £800k was allocated to support CWT in 2019/20.

Achievements to date

- Established data analyst posts in each of our provider Trusts.
- Establishment of live PTL reporting portal established
- Significant improvement in 62-day standard for Hampshire Hospitals and Portsmouth, gradual improvement over other sites
- Improvement of performance against key tumour sites compared to 2018/19
- Sustained achievement of 28-day FDS shadow reporting standards

Impact of this across 2019/20

Analyst Posts

- Same job descriptions across all Providers
- Co-ordinated induction and programme plan provided to support all analysts in post.
- Wessex wide meetings co-ordinated to include the new analyst posts and cancer managers to monitor progress against portal development

Benefits of Wessex wide information portal reports

Report	Performance benefit-trust level	Patient benefit	Wessex benefit/ challenge
104-day backstop dashboard	<ul style="list-style-type: none"> • Decrease no. of backstops per trust aiming for less than 1% of total cancer PTL by end of 2020 	<ul style="list-style-type: none"> • Treatment times improved • Review of clinical harm embedded as part of 104-day process • System failures identified and mitigating actions taken 	<ul style="list-style-type: none"> • Wessex wide 'predictor' of potential backstop pts • Ability to assess reasons for them and focus energies/resources accordingly • Wessex wide view of 'system failures' to agree way of sharing learning positively and prevent recurrence of same problem elsewhere
FDS compliance	<ul style="list-style-type: none"> • Increase % of pts diagnosed by day 28 to ensure compliance with 	<ul style="list-style-type: none"> • Quicker communication of diagnosis and 	<ul style="list-style-type: none"> • Increase in no of pts being diagnosed quicker – with appropriate pathways

	<p>National standard as a minimum</p> <ul style="list-style-type: none"> • Review pathway changes • Review IT benefits (move away from paper) • Review admin delays 	<p>required action (if any)</p>	<ul style="list-style-type: none"> • Share pathway changes/learning • Impact of rapid diagnostic centres
ED presentation	<ul style="list-style-type: none"> • Decrease % of patients being diagnosed via ED/medical emergency route (with tumour site level target as well as aggregate? To be agreed) • Opportunity to work with primary care to review pathways and improve service to patients 	<ul style="list-style-type: none"> • Elective pathway which efficiently manages the patient at an earlier stage 	<ul style="list-style-type: none"> • Fewer late stage presentations – improving survival rates (as per long term plan) • Better working primary/secondary care – linking to rapid diagnostic developments
IPT	<ul style="list-style-type: none"> • Decrease no of pts transferred after day 38 by an agreed% • Impact of breach sharing • Understand why late transfers are occurring 	<ul style="list-style-type: none"> • Elective pathway which efficiently manages the patient at an earlier stage 	<ul style="list-style-type: none"> • Better pathways for patients • Better cross site/ inter trust working – linking to IPT project • Link to 28-day FDS which implicitly should improve this
Staging report	<ul style="list-style-type: none"> • Increase no of stage 1/2 presentation to 75% (at aggregate or at tumour site) 	<ul style="list-style-type: none"> • Better outcomes of clinical intervention 	<ul style="list-style-type: none"> • Review performance Wessex wide to share ‘best’ practice and understand variation
Predictor	<ul style="list-style-type: none"> • Proactively manage performance against KPIs’ and develop robust internal 	<ul style="list-style-type: none"> • Elective pathway which efficiently manages the patient at an earlier stage 	<ul style="list-style-type: none"> • Proactively oversee Wessex performance highlighting potential pressure points and focussing support or financial assistance

	escalation processes	<ul style="list-style-type: none"> Better outcomes of clinical intervention 	<ul style="list-style-type: none"> Assess the potential for a Wessex predictor
Trust level management suite /CWT	<ul style="list-style-type: none"> Better oversight and assurance of compliance with standards or proactive management of identifies issues 		<ul style="list-style-type: none"> Ability to develop Wessex suite of key data visible to all Understand variation in performance/referral patterns and plan where resources need focusing

Other benefits which are pivotal to this and underpin these in the table above:

- Wessex wide cancer access plan
- Assurance all trusts have robust internal escalation plans / Wessex wide where Trusts are reliant on each other for pathways – with agreed timeframes
- Better working as a health community for pts benefit – sharing good practise in terms of corporate approaches to cancer lead meetings/CNS meeting secretary/admission meeting
- shared SOPs’ re admin – demonstrating compliance with National NHS contract standards –i.e. clinic letters and underpinning 28 days

62-day performance

While there is still work to be done to continue the improvements in performance and meet the national 62 day standard of 85%. Wessex performance is improving compared to last year.

When looking at 62-day performance across all tumour sites there has been improvement across the year. In April 2019 performance was 2.1% lower than the year before. However, the most recent data available for February 2020 shows that performance is now 0.4% higher than in February 2019.

Focussing on the tumour sites targeted this year, 62-day performance of **Lung, Upper GI, Lower GI and Prostate** cancers following the first tranche of funding being made available in June, in July 2019 combined performance outperforms that of the year before (month to month comparison). Further detail is included in the board performance pack.

Inter Provider Transfer (IPT) Policy

Introduction of programme area and in year spend against plan/budget

The aim of this project was to improve the patient journey and experience across the pathway, especially those pathways involving more than one provider and to support effective cross-organisational working and formed part of the Earlier and Faster Diagnosis (EDFD) programme. The project spent its allocated budget of £160k to support the establishment of IPT co-ordinator posts and facilitating networking of MDT and pathway co-ordinator roles in our main cancer centres.

Achievements to date

- Co-development and implementation of a Wessex IPT policy to improve patient flow between organisations
- Established IPT Co-ordinator posts for the next 18 months in the 3 main cancer centres across Wessex to support implementation of the policy into business as usual
- Identified and addressed required improvements to cancer IT systems and processes to ensure alignment of IT functionality across all providers in Wessex
- Training/Away days undertaken with all MDT and pathway co-ordinators to improve adherence to policy, improve networking, and improve the quality and efficiency of communication between sites.

Link to delivery of Strategic Plans

The objective of this project is to collaboratively design and embed a mechanism where patients pathways overlap more than one provider, are seamless and actively managed. The outputs below compliment the NHS England's Long-Term Plan and also Wessex's 5-year plan.

The outputs of this project have provided:

- support for improvement in the achievement of CWT standards
- an agreed Wessex wide approach to IPTs
- improved communication and collaboration between our provider Trusts
- improved patient experience

Personalised Care & Stratified Follow-up

Brief introduction of programme area and in year spend against plan/budget

- In 2019/20 a total of £705k was allocated to providers to support this programme
- The Personalised Care workstream has developed from the Living with and Beyond Cancer work which tended to focus at the post treatment phase of the pathway. Personalised Care takes account of the whole of the pathway, from the point of diagnosis.
- Implementation of Stratified Pathways of Follow-up continues to be a key priority for the Alliance, with all Trusts having an appropriate Remote Monitoring System (RMS) in place.
- Trusts were each allocated £75,000 to support these key pieces of work and Memoranda of Understandings signed to ensure the governance in place to audit this work.
- Trusts chose to use this funding in several ways including workforce and IT.
- The Alliance retained the remainder of the funding allocation to support several priorities including: Nursing and AHP leadership, project management support for Trust service transformation activities and a

portfolio for alliance service improvement projects, a robust evaluation of the introduction of Patient Activation Measures for patients with breast, colorectal and prostate patients.

Achievements to date

- There has been an increase in the number of patients having an HNA and Care Plan at or near the point of diagnosis
- All Trusts have now agreed the RMS they will be using and, where not currently in place, agreed timelines for implementation.
- There has been a significant rise in terms of the numbers of patients being put on a supported self-management stratified pathway of follow-up care. All Trusts have agreed policies and protocols in place for breast, colorectal and prostate pathways, with five out of the seven Trusts having breast cancer patients on a stratified pathway. Due to a delay in the implementation of RMS in some areas, only three Trusts are currently meeting the target of more than 60% of breast cancer patients on this pathway however all Trusts should be compliant by the end of Q2.
- There have been Wessex wide Nursing and AHP workforce surveys – currently being collated but able to evidence where there are gaps both in terms of capacity and learning and development needs.
- WesFit, the prehabilitation trial led by the team at UHS has gone from strength to strength and (pre COVID) was being rolled out both nationally and internationally. WesFit has also been short-listed for a prestigious HSJ award.
- The NHS resource funded activity has also enabled us to secure additional project income to support other work including two specific workforce related projects focussed on new ways of working.
- We have worked in partnership with HEE Wessex on testing boundary spanning roles with CNSs working in Primary Care alongside Practice Nurses to support patients with cancer and other long-term conditions.
- Working in collaboration with Macmillan Cancer Support on Right by You (RBY) – integrated. Building on the learning from the HEE project (boundary spanning CNS roles) the RBY initiative will introduce and evaluate the role of the Cancer Support Worker in Primary Care.