



| Report to the Wessex Cancer Alliance Board | | | | |
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| Title: | Wessex Cancer Alliance Programme Updates | | | |
| Sponsor | Sally Rickard | | | |
| Date: | 9th December 2020 | | | |
| Purpose | Assurance or reassurance | Approval— | Ratification | Information— |
| Issue to be addressed: | The Programme updates below provide oversight for the Board on the Alliance key work programmes, in particular actions already achieved and deliverables for the next quarter. Key risks, issues and mitigating actions. | | | |
| Response to the issue: | Board members are asked to review progress against planned activities and comment on prioritisation of resource in terms of the dual objectives of sustaining and recovery of cancer services through the pandemic and continuing the work against the Long Term Plan | | | |
| Implications: (Clinical, Organisational, Governance, Legal?) | Implications are contained within individual work programmes. Overarching expectation from the National Cancer Programme that the Cancer Alliance supports local services and system recovery and sustaining cancer standards as well as long term plan realisation of ambitions. | | | |
| Risks: (Top 3) of carrying out the change / or not: | Key risks and issues are contained within the individual updates. | | | |
| Summary: Conclusion and/or recommendation | To seek assurance of progress against LTP priorities alongside COVID-19 actions for the Alliance, reallocation of resources as required and current budget projection. | | | |



Prevention & Early Diagnosis Programme Update



| Achieved September - November | Deliverables Jan-March |
|---|--|
| <ul style="list-style-type: none"> • Communication and engagement – building on the national <i>Help Us Help You</i> messaging targeting seldom heard groups locally. • Cancer Screening Recovery – Supporting the breast screening recovery for SE and SW working in partnership with the Public Health and Screening teams to identify issues and share best practice across the South with a view to more rapid recovery. • Communities Against Cancer – Developing the new model (online and cascade training) to deliver prevention and earlier diagnosis messages directly to hard to reach communities • WCA Education Strategy – Draft strategy ready to share – design for online repository being developed. • Earlier Detection Prostate – geographically targeted work with black African/Caribbean/British men to raise awareness of their heightened risk of developing prostate cancer. • Dorset Lung Cancer Case Finding – 17.5/18 PCNs signed up to the LES and starting to deliver. • Portsmouth Lung Cancer Case Finding – initial discussions and pre planning complete • Earlier Detection Colorectal cancer – FIT data analysed and CCGs on board to develop packs for practices to show them how they compare to others. Redesign of patient information and direct research into uptake of FIT testing in areas of poor return • Innovation – Clinical Lead in induction and Programme Manager starts at the end of the month. • Primary Care Strategy – first draft complete in partnership with CRUK, Macmillan and PCN leadership across Wessex. • Restarting Targeted Lung Health Checks - Linked to COVID-19 work with LMC and practices to send text messaging to smoking patients about quitting. Best practice shared across the South from Wessex. | <ul style="list-style-type: none"> • Launch and implement communication and engagement workplan for prevention and earlier diagnosis. • From the SE Adopt and Adapt workshop create a workplan to take forward with the Screening and Immunisation Team. • Start delivery on new online model in wider geography. • Finalise strategy and launch online repository for use across professions and organisations. • Run prostate campaign in Wessex. • Receive feedback from Dorset PCNs about their delivery of the Early Case Finding for Lung Cancer LES. Plan live Lung Case Finding in Portsmouth from March 21. • Support CCGs to work with practices/PCNs to increase use of FIT. Start work to understand barriers to early presentation and screening uptake. • Strategy launched giving us greater engagement and focus in primary care. • Lung Health Checks working at maximum capacity |
| Top Risks | Recommended Mitigating Actions |
| <ul style="list-style-type: none"> • Cancer referrals showing advanced staging after COVID-19 | <ul style="list-style-type: none"> • Communications work with the public and primary care focusing on inequalities |
| Top Issues | Recommended Mitigating Actions |
| <ul style="list-style-type: none"> • Breast and bowel screening programmes still in recovery | <ul style="list-style-type: none"> • Workshops to focus on breast screening for SE and SW following national discussion and case studies |



Faster Diagnosis Programme Update



| Achieved September - November | Deliverables Jan-March |
|--|---|
| <ul style="list-style-type: none"> Audit tool for timed pathways has been circulated to all Trusts and returns have been partially received back all outstanding returns have been chased. Commenced identification of changes made to pathways due to COVID-19 to pathways and the impact they have had on CWT standards: Focus on pathways with most significant delays (Head and Neck, Lung, Colorectal and Skin) <ul style="list-style-type: none"> Clinical and operational leadership collaboration to review pathways with greatest time pressure post Covid. Lung pathway project initiation commenced, partnership agreed with MSD to implement GIRFT recommendations and map current pathways Matrix working with early detection programme to support Skin pathway work, pilot expansion of tele-dermatology from Poole to PAN Wessex. Pathway deep dives for colorectal and head and neck cancers agreed to understand causality of long waiters on pathways focussed on patients waiting over 104 days initially Rapid Diagnosis Service - Phase 2 completed, services now live across all Dorset , Isle of Wight and West Hampshire Developed contemporaneous reporting on recovery, PTL and CWT position Working on data sharing agreement to enable the enhancement of current reporting tools for Wessex Both Wessex ICS/STP systems have received capital funding of ~£3.8M as part of the national Adapt & Adopt programme for Endoscopy Following our capacity & demand modelling, we are currently conducting a deep-dive into operational excellence and future resource requirements at PHU Additional specific initiatives currently being implemented include Set-up of regional endoscopy network meetings across both HIOW and Dorset to facilitate system-wide discussions and collaboration and funding confirmed to support capsule endoscopy at PHU and RBCH that could increase throughput. | <ul style="list-style-type: none"> Current position by individual Trust on implementation of timed pathways (Lung, Colorectal, Prostate and OG) - All timed pathways to be in place by 31st March 21. Impact of COVID-19 changes to pathways identified by provider and facilitating cross fertilisation of good practice for adoption to BAU. Head and Neck pathway improvements in place between UHS and HHFT, agreement for mutual aid if required. 2ww referral for reviewed and any identified improvements agreed and in place Lung pathway project will be ongoing in March, deliverables at this stage will be pathways mapped and recommendations developed at Trust level. Tele dermatology expansion complete Pathway deep dives for colorectal and head and neck completed with clear recommendations and harm reviews in place for any patient waiting over 104 days for treatment. Completion of Phase 3 – Full rollout of RDS across Wessex (Jan 2021) Weekly update summary of CWT and PTL position to be shared with key stakeholders Data sharing agreement in place, and work to automate Wessex PTL dashboard will have commenced Capital builds completed and additional capacity live in advance of end March deadline. All trusts confident of capacity and demand management for endoscopy |
| <h3>Top Risks</h3> <ul style="list-style-type: none"> Threatened capacity in timely COVID-19 testing processes Increase in COVID-19 Cases / impact of 2nd lockdown Cancer referrals do not return to historic levels | <h3>Recommended Mitigating Actions</h3> <ul style="list-style-type: none"> Being mitigated by providers Communication with Trust staff and patients/public |
| <h3>Top Issues</h3> <ul style="list-style-type: none"> Diagnostics taking longer to complete due to Infection control/PPE | <h3>Recommended Mitigating Actions</h3> <ul style="list-style-type: none"> Follow national guidelines and adopt and adapt pathways that have worked well during pandemic |

| Achieved September - November | Deliverables Jan-March |
|--|--|
| <ul style="list-style-type: none"> • Cancer Surgical Hub infrastructure in place. Test patients pathway complete for Dorset and IoW • Clinical specialist advisor for children/TYA collating service information in advance of specification publication, identifying current WCA progress/areas for improvement. • Mapping exercise of ovarian cancer mainstreaming across Wessex begun • Online training for ovarian cancer HCPs commenced • Presentations to Dorset and N Hampshire breast teams • regarding breast mainstreaming • Discussion at gynaecological SSG re implementation of new Lynch guidance for endometrial cancer • Draft Project plan for chemotherapy closer to home in place/virtual treatment hub • Discussion document around COVID-19 SACT hub developed, highlighting givens/issues • NHS improvement mapping chemotherapy pathways of care to scope issues arising on IOW around provision of chemotherapy • Clinical specialist advisor for psychological support for patients undergoing treatment for cancer appointed • Clinical specialist advisor to provide HIOW leadership for SSGs appointed • Thames Valley and Wessex Radiotherapy Operational Delivery Network established with oversight group meeting regularly (last meeting 21/9/2020). | <ul style="list-style-type: none"> • Assure availability of surgical hub following transition to new IS contract arrangement and provide ongoing administration, clinical leadership and managerial support to remain ready in case of further surge in Covid • Establish Operational Delivery Network (with Thames Valley CA). • Scope Wessex service gaps & challenges against new NHSE service specifications (publication awaited) and action planning. • Work with genomics team to implement genomics for all children in 1st wave. • Establish WCA-wide patient engagement for children and young people with cancer • Complete mapping of ovarian mainstreaming across Wessex • Continue rolling programme of training for ovarian cancer HCPs • Pilot breast mainstreaming in two early implementation sites • Work to implement new Lynch guidance for endometrial cancer • Appoint chemotherapy clinical specialist advisor to lead on chemotherapy project • Define an optimal approach to provision of chemotherapy services, understanding what is achievable in terms of quality and productivity • Alliance led support of review of chemotherapy services for the Isle of Wight • Work with SSGs to describe current practice and service provision in relation to screening and assessment of psychological support needs, and the delivery of psychological support interventions. • To work with Dorset clinical lead on MDT streamlining • WCA representation at next Radiotherapy ODN meeting (10/12/2020) |
| Top Risks | Recommended Mitigating Actions |
| <ul style="list-style-type: none"> • Increase in COVID-19 Cases / impact of 2nd lockdown leading to patients frightened to access treatment/waiting for treatment | <ul style="list-style-type: none"> • Communication with Trust staff and patients/public |
| Top Issues | Recommended Mitigating Actions |
| <ul style="list-style-type: none"> • IS capacity constraints as NHSE contract ends in December 2020 | <ul style="list-style-type: none"> • Support commissioners and providers |

Achieved September - November

- **Right By You** Commenced service delivery component of Macmillan Right by You creating opportunities for learning from project to support personalised care across the pathway (e.g. Personalised Care & Support Planning learning/Patient & Public Involvement)
- **Cancer Quality of Life (QoL) Survey** launched in Sept 20 across Wessex with local promotion to raise profile of survey within eligible cohorts
- **Use of the Patient Activation Measure (PAM)** - Licences acquired across all Trusts, PAM lead identified in each trust. The Macmillan Survivorship Research Group (MRSG) protocol for Patient Activation Interventions evaluation drafted to establish value and effectiveness of PAM in impact of care planning. Ethical approval all complete to support rigorous evaluation
- **Wessex Cancer Matters website** Live, now actively promotion of platform and building resources, <https://cancermatterswessex.nhs.uk/>
- **Cancer Patient Experience Survey (CPES)** local findings circulated. Resource identified to support BAME listening exercise.

Deliverables Dec-March

- **Personalised Stratified Follow Up (PSFU):** Complete Stock-take of PSFU/personalised Interventions for breast, colorectal & prostate. Review of learning – anticipate to overcome blocks in future PSFU roll out
- Work with Commissioning Support Unit to assist Trusts with business case development for PSFU
- Work with providers, PPI leads to demonstrate PPI engagement in planning/evaluation of PSFU pathways/interventions
- Additional admin resource for Dorset to support transfer of patients onto new Digital solution (Somerset)
- **Quality and Performance Reporting:**
- Review data reporting processes and explore integration of LWBC data onto Dashboard with a view to raising profile of personalised care in trust and system executive leadership
- **SafeFit** Trial to recommence with new self-referral system and CSW role in screening

Top Risks

- COVID-19 limits capacity workforce have to engage with the PSFU development/delayed progress
- PSFU Pathways delivered without related personalised care interventions present/embedded
- PSFU pathways/interventions established without PPI engagement and ongoing evaluation
- PSFU created without opportunity for learning to support future pathway delivery in other areas.
- Competing demands prevents prioritisation at Board level

Recommended Mitigating Actions

- Explore options to increase efficiency in data reporting processes to release time savings
- Explore integrating Living With & Beyond Cancer data onto Dashboard and use of communications platforms to raise the profile at Organisation level including benefits (patients, services, wider system)
- Explore integration of CPES/ QoL findings alongside this dataset
- Stocktake to confirm delivery of all aspects of personalised care and plans for evaluation).

Top Issues

- Dorset Remote Monitoring System delays following procurement
- NHSE contracting/procurement of PAM beyond April 21
- CPES finding demonstrate underrepresented groups (Black, Asian & Minority Ethnic groups)- engagement required with seldom heard voices to capture experience

Recommended Mitigating Actions

- DCP supporting teams with user acceptance testing of RMS – estimated ‘go live’ for Breast pathways Dec 20/Jan 21
- Engage with national conversations to resolve IT limitations and procurement beyond 2021
- Engagement with underrepresented groups to be planned in 2021

| Achieved September - November | Deliverables Dec-March |
|--|--|
| <p><u>New Ways of Working:</u></p> <ul style="list-style-type: none"> • Cancer Nursing Across Boundaries launched in Sept 20 and adapted due to COVID-19 to an on-line learning platform • Allied Healthcare Professional First Contact/Advanced Practitioner (AHP/FCP) • Exploring the potential of adapting the well established MSK model to cancer. Charged by the national team to lead on the work of developing a framework and competencies for this. • Gynae Pathway development • Initial HEE Star workshop and bid for additional resources to support this transformational work. <p><u>Developing the Cancer Workforce:</u></p> <ul style="list-style-type: none"> • Running a number of well attended on line webinars and for a supporting the non-medical workforce • Successfully applied to HEE to funding to support CNS and Chemotherapy nurses • Advanced Communication Skills Training – going through procurement process • PRoSPer – a national Macmillan led/HEE funded initiative to develop learning tools for AHPs and others working in prehabilitation. Content for Levels 1+2 agreed • Post COVID Innovation and Support Fund 19 bids received from across Wessex and rag rated – all bidders informed of the outcome following robust selection criteria | <p><u>New Ways of Working:</u></p> <ul style="list-style-type: none"> • CNAB – agree content and deliver a number of webinars. Evaluate feedback and develop plan for the next financial year. • AHP/FCP – continue to work with the national team and develop a roadmap to support this work. Explore potential for further resource to support a more robust evaluation of this work. • Gynae –engage with local providers and SSGs to ensure a Wessex wide approach to this work. <p><u>Developing the Cancer Workforce:</u></p> <ul style="list-style-type: none"> • Agree a programme of events for 2021 and a framework for evaluation and feedback. • Monitor uptake of places on the courses funded by HEE, including the ACST. • Prehabilitation Rehabilitation Personalised Care Project (PRoSPer)– work with local commissioners and cancer managers to agree content of Persona 4 which is aimed at this cohort • Explore the potential for maximising our digital offer in terms of stakeholder engagement. • PCIF – finalise and sign MoUs, agree reporting mechanisms and agree comms and PPI input |
| <p><u>Top Risks</u></p> <ul style="list-style-type: none"> • COVID-19 limits capacity workforce have to engage with the learning and development offers • Competing demands prevents prioritisation at Board level • Difficulty in recruiting to posts and lack of capacity within the Alliance to support this work | <p><u>Recommended Mitigating Actions</u></p> <ul style="list-style-type: none"> • Explore options to increase efficiency in data reporting processes to release time savings • Increase engagement and visibility with the wider workforce, including primary/community care and the leisure sector. • Appoint F/T workforce lead |
| <p><u>Top Issues</u></p> <ul style="list-style-type: none"> • COVID-19 • Engagement – equity of access • Digital communication | <p><u>Recommended Mitigating Actions</u></p> <ul style="list-style-type: none"> • Work with clinical teams to understand their needs • Work with Wessex Voices to ensure we identify and connect with BAME groups • Identify and work with organisations who are able to support us. |

Budget summary

| Programme area | Allocation | Forecast | Over / Underspend | HEE funding |
|---|-------------------|-------------------|-------------------|-----------------|
| Core team | £407,000 | £421,696 | £14,696 | - |
| Prevention, Screening and Earlier Diagnosis | £1,113,984 | £1,221,484 | £107,500 | - |
| Faster Diagnosis and Timed Pathways | £864,489 | £864,489 | - | £260,000 |
| Workforce | £173,000 | £93,467 | £79,533 | £614,915 |
| Treatment and care | £835,969 | £734,268 | £101,701 | - |
| Personalised Care | £484,100 | £484,100 | - | - |
| Colon Capsule | £260,600 | £260,600 | - | - |
| Post Covid Transformation | £178,928 | £178,928 | - | - |
| Total | £4,318,070 | £4,259,032 | £59,038 | £614,915 |
| Funding available | £4,327,776 | £4,327,776 | £9,706 | - |
| Unallocated | £9,706 | £68,744 | £68,744 | - |