

Summary of planning submission for 2021/22

Report to the Wessex Cancer Alliance Board				
Title:	Summary of planning submission for 2021/22			
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Purpose	Assurance or reassurance	Approval	Ratification	Information
Summary of paper:	The national planning template for Cancer Alliances needed to be submitted by 3 rd June 2021. A draft was submitted to both ICSs for comment and the following paper is a summary of the version submitted, taking into account of the feedback received. The paper lists the key actions being taken by work programme, the budget and the key risks and mitigation.			
Implications: (Clinical, Organisational, Governance, Legal?)	All of the actions have been incorporated into 2021/22 budget and individual work programmes.			
Key risks and mitigations:	The key risks to overall delivery of the plan are at present related to Covid – in terms of any future waves impacting on the ability to deliver actions contained in the plan. This will be monitored on a monthly basis and any exceptions reported to Board.			
Summary: Conclusion and/or recommendation	Board are asked to approve the plan.			



Background

- Wessex Cancer Alliance has five work programmes
 - Prevention & Early Diagnosis
 - Faster Diagnosis
 - Personalised Care
 - Treatment
 - Workforce
- The following sets out the priorities by work programme for 2021/22. This reflects nationally set priorities for 2021/22, actions contained in our local plan for 2019-2024 plan as well as those needed to achieve ambitions set out in the NHS Long Term Plan



Prevention and Earlier Diagnosis

We will aim to achieve the early diagnosis of cancer through:

Increasing screening uptake whilst reducing health inequalities, in particular :

- **Focusing on people with learning disabilities and people with severe mental illness** in Quarter 1 with the initial focus on increasing the uptake of cervical screening for women with learning disabilities through networking opportunities with CCG and community trust learning disability health facilitators.
- Quarter 1 will also see work with **homeless populations to increase screening uptake** starting in Dorset
- Section 7a underspend funding is being utilised in CCGs to increase the uptake of cancer screening programmes, our priority geographical areas of Southampton and Portsmouth are a focus for this work with plans starting to be implemented in Quarter 3



Prevention and Earlier Diagnosis

- **Work with Black African, Black Caribbean and Black British men to raise awareness about their heightened risk of prostate cancer** and unequal health outcomes will be completed in partnership with Dorset Race Equality, Wessex Voices and those community members, this will commence in Quarter 1
- **Communities Against Cancer will work in a community development way within the more deprived communities** in Wessex to give information about prevention, signs and symptoms and the importance of cancer screening this will recommence in Quarter 1
- **Lung Case Findings in Portsmouth** will commence in Quarter 3 (building upon the work undertaken in **Dorset** in 2020/21 and ongoing)
- Increase throughput of **Targeted Lung Health Checks** in Southampton
- Continue to campaign for expansion of **Targeted Lung Health Checks** to across the Wessex area.
- Learn from our emerging **Cancer Inequalities Dashboard** to support ICS programs to close gaps in health outcomes for people from BAME and more deprived areas specifically



Faster Diagnosis

Improve operational performance through pathway mapping in the most challenged pathways to inform targeted investment to facilitate improvement:

- **Urology** - Prostate pathway analyser work being undertaken across all Trusts to identify pinch points along the pathway and develop bespoke Trust level recommendations for improvement, completion by end of Quarter 2 in partnership with the urology SSG
- **Lung** - Pathway mapping and gap analysis work being undertaken across all Trusts to understand areas of improvement against the optimal lung pathway - completion by end of Quarter 2
- **Head and Neck** - Pathway mapping and gap analysis work being undertaken across 3 sites in the Alliance (UHS, HHFT and UHD) to understand areas of opportunity for improvement against existing pathway covering referral to treatment, providing recommendations for improvement for each Trust, completion by end of Quarter 2 with focus particularly on the longest waiting patients
- **Breast** – working with DCH to map out and recommend improvements to breast pathway
- **Colorectal** - Pathway mapping -Initially just at HHFT, Alliance led delayed pathway review to understand causality of breaches and developing recommendations for the Trust and share the learning across the Alliance. There will be a continued focus on increasing FIT rates within primary care. Cytosponge and capsule endoscopy are being used in Wessex which should help alleviate the pressure on endoscopy services, completion by end of Q2.



Faster Diagnosis

- Build on the learning from **endoscopy service review**, sharing learning from the PHU deep dive and carrying out detailed demand, capacity and process review of endoscopy services across all acute sites for Dorset and HIOW and supporting development of Endoscopy clinical and operational networks to share learning and best practice.
- We will develop an **endoscopy dashboard** across Wessex giving a contemporaneous view of performance including capacity utilisation, capacity, demand, and cancellation rates.
- Continue expansion of **Rapid Diagnosis principles** to more cancer pathways, with focus on lumps and bumps and breast pathways for this year. Additional capacity to be developed to support further deep dive analysis of pathway efficiency to realise opportunities to share best practice across all sites, identify particular challenges in terms of timed pathway delivery and focus resource to address issues
- **Pathway navigators** in funded and trained across all Wessex with a view to developing clear training and best practice protocols for development of this group of staff into future workforce planning



Personalised Care

We will improve personalised care through:

- **Expanding the roll-out of Personalised Stratified Follow Up** to three additional tumour sites by April 2022 and support Dorset trusts to go live with digital platform across all Dorset by Q2.
- Work with Trusts to **understand the uptake and explore quality of personalised care interventions** through:
 - Develop a Wessex Quality Metrics Dashboard/COSD reporting to provide opportunity for scrutiny and deeper dive evaluations/service improvement opportunities
 - Explore opportunities to promote/raise aware of quality metrics amongst clinical teams and importance of personalised care interventions to build will within the workforce
 - Use the WCA Personalised Care Programme Board as a forum for Trusts to showcase and evidence/evaluate how they are implementing quality personalised care interventions, creating opportunities to share good practice/lessons learnt/spread at scale to build skill within the cancer workforce



Personalised Care

- WCA along with Macmillan are funding and providing project support to the Wessex **Right by You** (RbY) project, focusing on boundary spanning roles to support the delivery of all personalised care interventions along the continuum of care.
- Further increase our response rates for the **Quality of Life survey** (latest figure for February 2021 is 57%, national ambition is 50%) through a range of communication methods, targeting harder to hear communities
- We will work closely with the Trusts who have opted in to the **NCPES** for the coming year but will endeavour to share the learning across the whole Alliance, with a view to making sure all Trust participation will be resumed in 2022/23. We will use the national assets provided to promote the NCPES
- To inform our service delivery model for **homeless people** we will work with the regional Peer Mentors who have lived experience, to support development of personalised care for this population group



Treatment

Our priorities for 2021/22 will include:

- Evaluating **psychological support services** for cancer patients
- Embed **genetic ovarian testing** (Somatic and germline) pathway across Wessex and rollout streamlined **Lynch syndrome testing** across all Wessex through 2021/22 for both colorectal and gynecological cancer pathways
- Mainstream **BRCA breast pathway** in two local trusts for 2021/22
- Work with the **Radiotherapy** Operational Delivery Network to review treatment protocols used to explore ways of developing standardised approaches to radiotherapy treatments based on clinical evidence and good practice, and to advance further collaborative working amongst the centres to minimise unwarranted variation and improve clinical care and patient experience



Treatment

Our priorities for 2021/22 cont:

- We will continue to work with the GMSA and Genomic Laboratory Hub partners to ensure **equitable access to genetic testing**. We will focus initially on whole genome sequencing for children with cancer and patients of any age with sarcoma and leukaemia as an exemplar for other eligible cancer indications
- We will build upon the **Children and Teenagers and Young Adults** ODN and undertake a whole-system co-production plan to inform implementation of service specifications. Further workstreams include increasing access to clinical trials across the TYA portfolio
- Work to improve the effectiveness of cancer tumour **Site Specific Groups** so as to focus on improvements to pathways and the early detection of cancer



Workforce

Our priorities for 2021/22 will include:

- Working with Cancer nurse leads to collate **CNS and chemo nurse training needs**, prioritise development needs by September 2021 and reserve required training places / book courses
- Working with HEE and local systems to **recruit and retain Clinical Nurse Specialists and cancer support workers** by :
 - During 2021 / 22 working in collaboration with HEE, develop a **Cancer Career Framework for CNSs** supporting CNS to develop within the CNS role. A national HEE project commences summer 2021 with the aims of consolidating the **competency framework and training for CSWs** across the pathway
 - By September 2021 review and prioritise recommendations from the 2021 review of the Wessex CNS workforce to further support the CNS role.



Workforce

- We will support **local oncology services** to identify and share skill mix best practice through sharing outcomes of HEE funded projects and using available workforce transformation tools e.g. HEE STAR workshop
- We will collaborate with HEE SW and SE AHP Faculties to further **develop clinical leadership within the AHP workforce** by Autumn 2021 so they are fully equipped to lead on service innovations and transformation
- A HEE funded project commences May 2021 **transforming patient pathways with Head and Neck and Gynaecological cancers** as exemplars taking a pathway approach to these cancer across organisational and professional boundaries
- Through the **Cancer Workforce Programme Board** we will work in partnership with ICS workforce leaders to ensure cancer workforce needs are embedded in wider ICS planning and supported fully by HEE resources, spanning South East and South West HEE teams as well as national leadership



Our budgets for 2021/22

Work programme	Dorset	HIOW	Wessex wide	Total
Prevention & Early Diagnosis	£255k	£307k	£327k	£889K
Faster Diagnosis	£205k	£360k	£135k	£700K
Personalised Care	£72k	£98.5k	£261.5	£432K
Treatment	-	£59k	£525k	£584K
Workforce	-	-	£407k	£407K
Core Team			£660k	£660K
Targeted Lung Health Checks		£1,102K		£1,102K
Rapid Investigation Service				£3,142K



Key risks to delivery

Risk	Mitigation
<p>Addressing health inequalities - The Alliance is focused on tackling groups who may have poorer experiences or worse outcomes than other groups</p>	<p>The Alliance is actively using the CADEAS information on inequalities to understand the issues in Wessex in terms of "missed" referrals. In particular:</p> <ul style="list-style-type: none">• WCA has embarked on an engagement project with Black men around prostate cancer, because of the higher risk they face• The Targeted Health Lung Checks are underway in Southampton and is likely to address those who experience health inequalities and lung case finding is being expanded to Portsmouth due to the impact that this is having.
<p>Workforce planning - Key parts of the cancer pathway are restricted by shortages in the workforce. This impacts on patients' experience as well as waiting times</p>	<p>Work will commence in 2021/22 in order to clearly articulate the workforce shortages and develop actions plans to address this. Governance is now in place in terms of a Workforce Programme Board</p>
<p>More cancers detected at a later stage - Covid has meant that some cohorts of patients have been reluctant to attend primary care and there will be a resultant increase in the late stage detection of cancer</p>	<p>Communications campaign to re-iterate the cancer services are open.</p> <p>Communities Against Cancer (community champions) being used to target local communities.</p> <p>Work is underway on having timely early detection data at a PCN level</p>

Key risks to delivery

Risk	Mitigation
<p>Increases in breast referrals - Providers are experiencing a high volume of 2WW breast referrals which is placing pressure on the service with resultant long waits.</p>	<p>Breast pain pathway is explored as part of the Rapid Investigation Service. The Cancer Alliance is part of a start and finish group being convened by SW region and any learning will be shared across the whole of Wessex</p>
<p>Constraints in the diagnostic pathway - A key risk in terms of the Faster Diagnosis Standard is the availability of timely diagnostics</p>	<p>Through the Rapid Investigation Service, funds are available to improve the diagnostic pathway.</p> <p>The Alliance is also closely involved in the development of Community Diagnostic Hubs</p>
<p>Delays to PSFUs in Dorset - The go-live date for digital solution PSFUs is not yet confirmed, due to protracted commissioning and installation over the last two years</p>	<p>Discussions are taking place with the Dorset Cancer Partnership to ensure all digital systems are live by July 2021 latest</p>
<p>Potential new wave of Covid - Whilst current infection rates are low another wave of Covid could massively impact staffing, diagnostics and elective capacity</p>	<p>Monitoring of Covid infection rates and hospital admissions. A key mitigation action would be the resumption of the Cancer Surgical Hub.</p>