

Report to the Wessex Cancer Alliance Board

Title:	2021/22 End of year report			
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Date:	8th June 2022			
Purpose	Assurance or reassurance			
Summary of paper:	<p>The paper presents to Board a summary of the Cancer Alliance’s achievements over 2021/22 and highlights the patient benefits arising from the programmes.</p> <p>The board membership are asked to review the work and delivery of the Wessex Cancer Alliance against agreed objectives and resources for financial year 2021/22 and to confirm satisfaction, or raise concerns, with the managing director and clinical director with respect to the achievements presented.</p>			
Implications: (Clinical, Organisational, Governance, Legal?)	Accountability of spend for 2021/22 financial year.			
Key risks and mitigations:	Not applicable			
Summary: Conclusion and/or recommendation	<p>That board membership review the presented summary of activity and impact of the Wessex Cancer Alliance and use opportunity at the WCA board meeting to clarify any queries or identify risks. Further that members confirm support of the work of the WCA, or identify areas of concern at this point with respect to the previous financial year’s delivery.</p> <p>The board are asked to note that the WCA have previously submitted a full year report for review at both South East and South West regional and national cancer programme level which has been fully approved.</p>			



What does the Alliance do?



- Wessex Cancer Alliance is responsible for overseeing the delivery of cancer care across Wessex, by supporting the two Integrated Care Systems (ICS) for Hampshire and the Isle of Wight (HIOW ICS) and Dorset ICS.
- Wessex Cancer Alliance brings together health, social care and other organisations to transform the diagnosis, treatment and care for cancer patients in Hampshire, the Isle of Wight and Dorset. It is a collaboration of NHS organisations responsible for commissioning and providing services; local councils who commission and provide public health services; charities, community and voluntary organisations; patient representatives and groups and academic organisations
- The purpose of this document is to outline what we have achieved over the course of 2021/22, the patient benefits and how much this has cost.



How we do work



- Our work focuses on five key programmes of work:
 - Prevention and Early Diagnosis
 - Faster Diagnosis
 - Personalised Care
 - Treatment
 - Workforce
- Through our work programmes we ensure that we:
 - Put patients at the heart of what we do
 - Work proactively in partnership with patients, the public and all our professional stakeholders
 - Make the most of the data that we have
 - Realise the benefits of innovation and research



Prevention & Early Diagnosis

What did we say we would do?	What have we achieved?
Implement a Local Improvement Scheme for Primary Care	91% of PCN signed up to the LIS which provides good communication between WCA and the PCNs. In addition to this messaging is conveyed to patients, Clinical Decision Support tools are being researched and used and symptomatic FIT use is encouraged.
Create a primary care case finding pilot for colorectal cancers	We know that increasing the return of screening FIT kits will have the biggest impact on earlier diagnosis of bowel cancers. We produced a primary care quality improvement toolkit which is an off-the-shelf way to increase the number of patients returning their screening FIT kit and therefore increasing the number of people diagnosed earlier.
Complete the Dorset Lung Cancer Case Finding	5 lung cancers were found through this project 2 at stage 1 and 10 non-lung cancers were found through the project.
Roll out the Lung Cancer Case Finding model to Portsmouth	Fewer people were found to need a chest x-ray using the same criteria even with all Portsmouth practices engaged, however no cancers were found through this project.
Raising the awareness of prostate cancer in Black African and Caribbean men.	Engagement through Dorset Race Equality Council across Wessex. A campaign during Movember was run in HIOW (Dorset experiencing blood bottle shortage). Videos of experiences and webpage developed. Onward funding of Basingstoke engagement (with evaluation) project implemented.
Create a Prostate Case Finding Pilot	Working with Solent Group of Practices in Southampton 118 African and Caribbean men were identified, 102 were invited for a prostate check, 35 attended and of those 3 were diagnosed with prostate cancer.
Create a Primary Care Toolkit to support the Local Improvement Scheme	This comprehensive toolkit with an enormous number of resources has been created on the WCA website and will continue to be updated 6 monthly.



Prevention & Early Diagnosis

What did we say we would do?	What have we achieved?
Develop and evaluate the Communities Against Cancer model	28 grants awarded to a vast array of community organisations working across the whole area and with challenged communities. Onward development of the model aiming to maximise impact across Wessex has continued and the evaluation, expected later in 2022, will show the outcomes.
Develop and Deliver Training for Social Prescribers	We worked with the other WCA pillars as part of the Wider Workforce programme of training, to deliver training to social prescribers in prevention, screening and earlier diagnosis.
Deliver Very Brief Advice Training for Clinicians	A podcast was recorded and has been downloaded 441 times additional face to face training has happened within 2022/23.
Seek practical input from the wider Primary Care community	Engaged a Practice Manager Advisor for 1 day per week with invaluable advice, guidance and ideas to improve earlier diagnosis in primary care.
Targeted Lung Health Checks	Over the course of 21/22 the following lung cancers were detected through the Southampton programme: <ul style="list-style-type: none">• 67 lung cancers diagnosed at stage 1• 9 lung cancer diagnosed at stage 2• 8 lung cancers diagnosed at stage 3• 6 lung cancers diagnosed at stage 4. Planning commenced on the Portsmouth roll-out which was due to start in April 2022.



Prevention & Early Diagnosis



Patient Benefits

More appropriate messaging to patients and the public about prevention, screening and signs and symptoms of cancer.

Increasing the use of CDS tools which in turn will help with earlier and more appropriate referral onto secondary care.

Increasing the use of symptomatic FIT in referral to ensure more appropriate referrals and reduce inappropriate endoscopies.

Greater awareness in the community about the risks of prostate cancer in African and Caribbean men and what to do if they are worried about it or any symptoms.

3 men diagnosed with prostate cancer.

28 organisations awarded funding (£111,442) through Communities Against Cancer, 105 people completed community training with 9.3/10 average score from evaluation sheets.



Prevention & Early Diagnosis



Patient Benefits

Delivering a greater understanding of how to have those very brief conversations with patients in a sensitive and appropriate way; therefore helping patients to quit smoking.

90 confirmed lung cancers identified through Targeted Lung Health Checks in Southampton.

Addressing health inequalities

Communities Against Cancer is focused on protected characteristics and deprivation areas.

Our work in prostate cancer has been focused on Black African and Caribbean men as they are twice as likely to develop prostate cancer than the rest of the population.

Targeted Lung Health Checks has started in areas that have the highest levels of smoking (the more deprived areas of Wessex).



Faster Diagnosis

What did we say we would do?	What have we achieved?
Sustain and develop pan-Wessex Non-Specific Symptoms (NSS) service	The Non-Specific symptoms service had 490 accepted referrals April 2021 – March 2022 and 25 cancers diagnosed (5.1% conversion).
To design a pathway to pilot a lumps and bumps arm to the NSS service offer	Project initiated to design a pathway to pilot for patients with a non specific lump or bump not meeting referral criteria for existing site specific pathways. Plan to pilot in 2022/23 when appropriate governance approvals in place.
To design and launch a breast self-referral service pilot	Pilot launched in August 2021 with 489 self-referrals seen in the first 9 months (02.08.21 – 03.04.22). Positive patient feedback demonstrating that the service model works well for people and that they found the service useful, efficient and reassuring. Evaluation of phase 1 and 2 undertaken which will be used in 2022/23 to develop a workforce model and to inform a wider roll out.
To increase direct access to imaging for GPs in line with NG12 guidance	Pilot launched on 01st March 2022 to look at providing direct access to CT scans for GPs for suspected pancreatic cancer. First piece of work looking to broaden access for GPs in line with NICE guidance and where appropriate in collaboration with CDC programmes.
Undertaking pathway mapping the most challenged pathways	Pathway mapping has taken place in prostate across all Wessex providers. Specific support has been provided to Dorset via PWC to focus in on the six most challenge pathways. Deep dive in head and neck and lung pathways supported by GIRFT review
Rollout of Colon Capsule Endoscopy (CCE) and Cytosponge	Cytosponge is live at UHD and CCE is live at UHD and PHU. However, run rate for CCE has been lower than anticipated due to revised national guidance re polyps.
Rollout of Endoscopy dashboard	Dashboard has been successfully rolled out.





Faster Diagnosis



Patient Benefits

First self-referral pathway piloted. The vision for Wessex self-referral pathways is to provide people with an alternative to traditional referral routes via primary care. Patient feedback from the pilot has shown people liked the flexibility of a self-referral route, felt reassured by the service provided and some noted it was quicker than accessing an appointment in primary care.

National benchmarked performance of Faster Diagnosis Standard consistently the highest in England. Particularly challenged pathways (e.g. colorectal) sighted as an exemplar across Wessex. Patients are seen equitably and as quickly as possible across our geography.

Addressing health inequalities

Targeted view seeking undertaken with groups of people identified through an equalities health assessment of the non-specific symptoms pathway including people with learning difficulties, mental health conditions including anxiety and those with a hearing impairment or part of the deaf community. This feedback was used to develop 'You Said We Did' responses and actions taken forward as a result to improve the service offer, access and equity.



Treatment

What did we say we would do?

Support providers to implement whole genome sequencing for all eligible cancer indications, including children with cancer

Support mainstreaming of Lynch syndrome testing for people with colorectal /endometrial cancer

Encourage the delivery of systemic anti cancer treatment therapy closer to home

Review and agree standards for acute oncology services on the Isle of Wight

What have we achieved?

Working with the GMSA, GLH and other key stakeholders, we have supported the regional centre which is also the paediatric principal treatment centre to implement whole genome sequencing for children with tumours. We have reinstated the lead Children's Cancer Nurse post at the principal treatment centre, a pivotal role for the implementation of whole genome sequencing. We have funded an administrative post to support and develop the Genomics Tumour Advisory Board. This provides scientific, clinical, pathology and bioinformatics expertise for the interpretation and reporting of cancer genomic results. We have funded a genomics associate post across Wessex to support the operationalisation of whole genome sequencing, with a specific focus on embedding this as usual care within clinical teams.

Lynch clinical lead appointed to ensure mainstreaming pathways across Wessex. All patients with Lynch syndrome across Wessex identified and enrolled on the national bowel screening programme.

Working with our providers across Wessex, we have scoped current service provision for systemic anti cancer therapy. Our clinical lead has extended the successful SACT self administration project piloted at University Hospital Southampton and Dorset County Hospital to Hampshire Hospitals. In 2022/23, we aim to roll out the pilot across Wessex.

We appointed a clinical advisor who worked with the IOW team to scope the existing service, agree clinical standards for acute oncology and offer innovative, evidence based examples of practice for improvement. The recommendations from this project are being operationalised in 22/23 by the IOW transformation team.



Treatment



Patient Benefits

Whole genome sequencing can give a more accurate diagnosis or reveal new treatment options.

The identification and appropriate follow up of patients diagnosed with Lynch syndrome allows a personalised enhanced cancer screening programme that could prevent future cancers, or at least help detect them and enable them to be treated early.

Patient feedback indicates that self administration pilot UHS and DCH has improved patients' experience and given them independence without compromising support from or contact with nursing staff.

'I would prefer to administer the injection at home as it is more convenient, and I do not have the stress of travelling to the hospital. Now that I have done it myself at home, I am happy to continue to do so'

'It seems a very simple procedure and it seems ridiculous to waste precious NHS resources and time.'

The agreed set of standards for the delivery of acute oncology services will ensure that the service provided meets the needs of the Isle of Wight population. Recommendations include optimising the integrated health care team to develop a bespoke service that meets the agreed acute oncology standards.

Addressing health inequalities

The systemic anti cancer treatment team are working closely with our health inequality leads to co-design the approach to bringing services closer to home. Improved patient experience is at the heart of this project but it is important to ensure that experience is improved for all and does not exclude any (for example, patients without a home).



Personalised Care

What did we say we would do?	What have we achieved?
<p>Continue to support development of Personalised Stratified Follow Up (PSFU) in Breast, Prostate, Colorectal and new pathways</p>	<ul style="list-style-type: none"> • Breast PSFU with RMS live in 4 Trusts with ongoing development in other 2 sites • Prostate and Colorectal live in 3 Trusts with ongoing development in other sites • New pathways launched in Lymphoma and CLL in 1 Trust with development underway for roll out in all other sites • Pathway development work also in progress in: Additional haematological cancers, thyroid, testicular, endometrial.
<p>Via the Right by you Wessex project – support the delivery of personalised care interventions and share the learning/resources developed through this work</p>	<ul style="list-style-type: none"> • Total of 125 referrals to the service since launch. 97 since August 21 (Southampton), 6 since September 21 (Southampton Homeless Healthcare) and 22 since Nov 21 (Portland) • 10 Meetings with Project Patient Advisory Group (virtual) – one in person stakeholder event to support co-design opportunities in this project • Co-designed Care Planning document in use – discussions in progress with My Medical Records team to build digital personalised care module with interactive care plan • 2 teams completed NHSE Leadership for Personalised Care Programme (both teams included lived-experience representatives, RbY clinical team, other local stakeholders e.g .commissioner, GP, Practice nurse).
<p>Support the delivery of personalised care interventions – Cancer Care Reviews (CCRs)</p>	<p>We have supported CCRs through:</p> <ul style="list-style-type: none"> • Mentorship offer in development of Practice Nurses/AHP supporting CCRs – 3 practices supported in early development phase • Community of Practice set up in Southampton City (plans to expand across Wessex) • Training session piloted in IOW for Social Prescribers to support non-clinical components of CCR using adapted RbY care plan to help people to prepare for consultations and capture a personalised care and support plan.



Personalised Care

What did we say we would do?	What have we achieved?
Promote and support the uptake of the new Cancer Quality of Life Survey	<ul style="list-style-type: none">• Consistently high response rate since QoL launch – regularly exceeding target of >50%• Wessex now has QoL data for 3031 people with Breast, Prostate & Colorectal who have taken part in the survey at 18 months post diagnosis• Data is being used to support pathway improvement in psychosocial support and planned improvement focusing on frailty.
Ensure the delivery of personalised care interventions across pathways.	<ul style="list-style-type: none">• Personalised care and psychological support CNS modules in development• Personalised Care Champions:- Successful grant application from Macmillan - £189K over 3 years to provide PM support to oversee new Personalised Care Champions initiative to launch in 22.
Development of Cancer Matters Wessex Website	Activity on the website in the last year includes: Visitors = 7,658, Sessions = 11,623, Page views = 19,935.



Personalised Care



Patient Benefits

Right by You Wessex feedback/early insights from evaluation:

Feedback from service user:

“...we can't thank you enough, it feels like we have been rescued from the cliff edge!”

“I was so worried about all of it and she [RbY staff member] sort of put my mind at rest. She was so good, I don't know what if she hadn't come, you can't get to see the doctor, they don't want to know. You can't keep phoning the hospital because they don't really want to know.”

Cancer Care Reviews – feedback from social prescribers who received training

- Training will change how they approach people and offer support
- Training increase flow/continuity of care for people with cancer.

PSFU: Dorset: Total of 1315 people in live PSFU pathways across 1 site (DCH).

HIOW: Total of 4556 people in live PSFU pathways across 3 sites.

Addressing health inequalities

Right by You Wessex

- 1: Homeless healthcare focus (Southampton City): 6 people supported by service since October 21. 18 Hostel staff received training related to supporting end of life care in this environment. Case studies being developed to demonstrate challenges faced by this community and to identify learning needs for service implementation and workforce training
- 2: Themes emerging from Right by You referrals received increased support requirements relating to neurodiversity, pre-existing mental health, multiple LTCs, social isolated groups
- 3: Early engagement with prison service in Portland site and transferable learning from Homeless healthcare project to Dorset Lantern project.





Workforce

What did we say we would do?	What have we achieved?
<p>Develop a workforce strategy for the cancer workforce across Wessex</p>	<ul style="list-style-type: none"> • A WCA Cancer Workforce Strategy that delivers on the ambitions contained in the NHS Long Term Plan, the WCA Plan, and is the mechanism for the two emergent Integrated Care Boards (ICBs) to take forward the Cancer Workforce agenda, aligned with and embedded in the ICB's wider NHS workforce strategies.
<p>Support health care teams to identify new ways of working in the cancer diagnostics work space</p>	<ul style="list-style-type: none"> • Through funding 5 diagnostic workforce transformation projects developed by the health care teams we are supporting clinical services to pilot new ways of working to improve patient experience e.g. across the 16 – 18 yrs pathway, Metastatic Spinal Cord Compression pathway.
<p>Work with clinical advisors across all cancer workforce groups to support WCA workforce programme</p>	<ul style="list-style-type: none"> • 5 WCA AHP ICS Advisors 0.2WTE funded by the Alliance are identifying where AHPs can improve patient experience and impact on the clinical pathways • Expert clinical advisors lead on HEE funded projects and input into other WCA projects • WCA support project leads and clinical advisors in their own development by facilitating drop ins, workshops and development days.
<p>Support the introduction of new roles into the cancer workforce</p>	<ul style="list-style-type: none"> • Introduced a skills mix approach to begin to address workforce challenges across Wessex through supporting and funding new roles in cancer teams: 16 pathway navigator and 9 Physician Associate posts • Commenced a project with HEE funding to support PCNs employ ARRS roles with a cancer focus.
<p>Upskill the non-cancer specialist workforce across Wessex</p>	<ul style="list-style-type: none"> • Undertook a training needs analysis leading to development of online education to develop wider workforce to support patient with a focus on nutrition, psychological, physical exercise. 3 webinars ran in 2022 with over 80 people attending • Prehab / rehab webinar series running across 2021/22 with over 600 people attending.



Workforce



Patient Benefits

Improved support and information for people affected by cancer provided by the non cancer specialist workforce through the provision of the wider workforce webinars, prehab/rehab webinars and access to the WCA Education Plan.

Over 100 cancer professionals attended Advanced Comms Skills training during 2021/22. Qualitative feedback shows that this training increased the confidence of the health care professionals to provide support for patients and families through difficult and challenging conversations.

By providing ongoing project management support to develop and evaluate the impact of new roles in cancer we are able to provide qualitative data regarding the impact of the role on patient experience.

Addressing health inequalities

The workforce clinical advisors and project managers have collaborated throughout 2021/22 with our Patient and Public Involvement Lead to ensure that equality, diversity and inclusion are integral to project design. Examples include the Equality and Inclusion Assessment undertaken for the Pathway Navigator (PN) Project; PNs have EDI training included in their training to support them provide the optimum experience for all people; clinical advisor leading on the nurse led redesign of ovarian pathway has included transgender training for primary and secondary care colleagues within the project plan.



Budgets



Programme	Budget	Actual	Variance	Explanation
Prevention and Early Diagnosis	£889K	£732K	£156K	Due to not recruiting to FIT and Practice Nurse posts, LIS costs less than budget
Faster Diagnosis	£700K	£586K	£114K	Uptake of Cystosponge lower than planned
Personalised Care	£432K	£428K	£3K	Small variance due to delay in recruitment start dates for 1 post
Treatment	£584K	£563K	£21K	Delay in uptake of new initiatives due to Covid
Workforce	£407K	£648K	£241K	Underspends form other programmes used to fund Wessex Radiotherapy Practice Educator and additional funding to support Pathway Navigators/Pathway Associates
Rapid Investigation Service	£3.142M	£3.142M	£0	
Targeted Lung Health Checks - Southampton	£1.102M	£1.102M	£0	



Budgets



Additional funds awarded in year

Programme	Budget	Actual	Variance	Explanation
Targeted Lung Health Check - Southampton	£838K	£435K	£402K	Variance due to lower number of CT scans undertaken than forecast due to recurring waves of covid infection
Targeted Lung Health Check – Portsmouth	£191K	£32K	£159K	Budget was a national flat allocation that was never planned for use in 21/22
Dermatoscopes	£125K	£125K	£0	
FIT	£200K	£200K		
Elective Recovery Fund	£911K	£911K		