

Summary of 2023/234 Work Programmes and Budget

Report to the Wessex Cancer Alliance Board				
Title:	Wessex Cancer Alliance's draft work programmes and budgets for 2023/24			
Sponsor	Sally Rickard			
Author	Rob Chambers			
Date:	Tuesday 14 th March			
Purpose	Assurance or reassurance	Approval	Ratification	Information
Summary of paper:	<p>The paper presents the draft work plan and budgets for 2023/24. Draft delivery plans (of which this is a summary) have been submitted to the national team on 7th March in line with the National Cancer Programme Schedule with final delivery plans required by 18th April 2022.</p> <p>Board members are asked to review the content of the planning and budget allocation for appropriateness in line with both ICB ambition and national expectations of Cancer Alliances in 2023/24.</p>			
Implications: (Clinical, Organisational, Governance, Legal?)	All of the national expectations of Cancer Alliances in 2023/24 have been incorporated into 2023/24 budget and individual work programmes.			
Key risks and mitigations:	The key risk to overall delivery of the plan are at present related to the lack of capacity within primary and secondary care. This is mitigated by the ongoing review of plans and support provided by the Alliance.			
Summary: Conclusion and/or recommendation	<p>The actions within this report are key to delivering on the ambitions contained within the Long Term Plan as well as the national expectations of Cancer Alliances in 2023/24.</p> <p>Board are requested to review, comment on and approve this report.</p>			



Background

- The national NHS objectives for 2023/34 has three key priorities for cancer:
 1. Continue to **reduce the number of patients waiting over 62 days**
 2. Increase the percentage of cancers diagnosed at stages 1 or 2 in line with the key 75% **early diagnosis ambition** by 2028
 3. Meet the cancer **faster diagnosis standard by March 2024** so that 75% of patients who have been urgently referred by their GP for suspected are diagnosed or have cancer ruled out within 28 days
- The actions sets out in the programme plans aim to meet the national objectives as well as local priorities as outlined in the Wessex 2019-2024 strategy.



Planning process

- **NHS England** and the **National Cancer Programme** issue a pack detailing the deliverables expected of Cancer Alliances against our total budget
- The Cancer Alliance are required to submit detailed plans against each of the deliverables
- **Wessex Cancer Alliance board** members are asked to comment on the overarching objectives, with sight on the detail where appropriate
- Plans will then be submitted to **ICB commissioning and clinical executive** for review and approval.
- Planning has been developed in partnership with plane sight of ICB trajectories, wider elective and UEC planning to ensure coordination and collaboration as appropriate.
- Final submission of plans from WCA is due on 18th April, following review, edit and sign off with both **ICB and WCA Leadership**.



Reduce patients waiting over 62 days

- Evaluation of **short-term action** and investment from WCA December 2022 backlog recovery.
- Prioritisation of immediate **Waiting List Initiative** investment for tumour site pathways still showing waiting over 62 days – Q1 and Q2 only.
- Prioritisation in partnership with trust operational and clinical teams of 23/24 pathway review – developing more **sustainable solutions**, with focus on colorectal, prostate and skin (nationally mandated) and gynaecology (local priority).
- Investment from Q1 in sustainable transformation building on pathway review, working with Wessex Imagine Network and other system partners, with a focus on **prostate pathway deep dive**.



Prevention and Earlier Diagnosis

Primary care pathways

- Improve referral completeness— via audits and feedback from secondary care
- Training offer for primary care – to include clinical and non-clinical staff
- Explore direct access diagnostics via pharmacy – looking to pilot this on the lung pathway
- Clinical Decision Support Tools – maximise usage through focusing in on the ARRS roles and GP trainees
- Provide support to PCNs on the Network Contracts DES – via webinars, practice visits and providing bespoke data
- Introduce a revised Local Improvement Scheme – building up on the national DES and the evaluation of the previous scheme



Prevention and Earlier Diagnosis

Timely presentation of patients:

- **Communities Against Cancer** – working with people with protected characteristics and those from the more deprived areas of Wessex to
 - Educate community members
 - Support peer education through the community
- **Targeted communications** – focusing on pancreatic and ovarian tumour sites, homeless communities, those with SMI
- **Targeted campaigns in deprived neighbourhoods** across Wessex through working with PCNs



Prevention and Earlier Diagnosis

Targeted interventions and surveillance projects to increase the early detection of cancer:

- Expanding Targeted Lung Health Checks – to include Fareham and Gosport, South West Hampshire, Mid and North Hampshire and Dorset – pending agreeing a sustainable financial model
- Initiating a new nationally mandated project to **improve liver surveillance services**
- Establish a process to identify and triage patients into the **pancreatic cancer surveillance programme** – a new nationally mandated project to targets individuals at higher risk of pancreatic cancer
- Examine the best way to implement **GRAIL** nationally



Taking a data driven approach

- Maximise the use of our partnership with the Dorset Insight and Intelligence Service; use the expertise that we have available to provide bespoke and up to data so that informed decisions can be made
- Establish automated data feeds: to provide up to date information that reduces the need for manual interventions
- Improve the data completeness so that the most accurate data can be used for targeted interventions – for example staging data
- Expand inequalities dashboard to include the whole of Wessex



Faster Diagnosis

Improve speed and efficiency of patient pathways through:

- Complete demand and capacity models for prostate and colorectal against the national timed pathways to evidence understand capacity needed and current pathway blockages to clear backlog and ensure services are sustainable for future demand
- Working directly with clinical teams in the most challenged trusts to understand current pathway constraints and identify best practice service models to apply within the local workforce constraints. The Service Improvement Team will enable to the WCA to deliver this on the ground working directly with clinical and operational teams across Trusts.
- Working with operational teams to implement different approaches to delivery of diagnostic pathways, looking at alternative workforce (e.g. sonographer rather than nurse), exploring alternative service models, e.g. triage or one stop clinics, to reduce backlog and develop plans to deliver sustainable performance



Faster Diagnosis

Improve speed and efficiency of patient pathways through:

- Development of locally built tools to enable operational teams to track percentage of patients achieving each step of the best practice timed **pathways**, this will be in alignment with the national reporting ask for BPTP for prostate, colorectal, breast and skin
- **Conducting deep dive pathway reviews** across all trusts and share best practice by tumour sites starting with prostate and gynaecology
- Reviewing the roll-out of the **breast self-referral pilot** and development of a **testicular self-referral pilot**
- Working closely with CDC programmes to **maximise diagnostic capacity** and to progress the **direct access for GPs to imaging** in line with national guidance



Faster Diagnosis

Improve speed and efficiency of patient pathways through:

- Working with ICB partners to ensure [sustainability of non specific symptoms pathways](#) with the objective to have this pathway commissioned by end of March 2024
- [Evaluating the Lymph Node Pathway \(LNP\) pilot](#) and using this evaluation to develop plans to roll out across Dorset and then H&IOW
- Looking at [sarcoma and brain & CNS suspected cancer pathways](#) as locally challenged pathways and working across the Wessex Trusts and teams to maximise our collective resources to improve access and experience for patients [taking an Alliance wide approach to review](#)



Personalised Care

Improve personalised care through maximising Personalised Care & Support Planning:

- We will improve workforce confidence in delivering personalised care through implementing Personalised Care CNS modules
- We will recruit and embed Personalised Care Champions in each provider in Wessex
- We will support behaviour change in people with cancer through implementing Health Coaching
- We will progress and ensure sustainability of four Patient Stratified Follow Up pathways across Wessex (breast, prostate, colorectal and endometrial). WCA will provide project support resources to assist with this and share best practice



Personalised Care

Improve personalised care through maximising Personalised Care & Support Planning:

- We will evaluate our Right by Your programme, which is currently live in Portland and Southampton
- Pilot a Mental Health Practitioner –to improve access to Psychological support which has been highlighted as an area for development in Cancer Patient Experience Survey results
- Improve the update of Cancer Care Reviews in primary care

Work with partners to **reduce inequalities in psychological support through:**

- Implementing our local Psychological support action plan



Treatment

Our priorities for 2023/24 will include:

- Support the embedding of cancer genetic testing into mainstream testing
- Support the embedding of Lynch syndrome testing into endometrial and colorectal cancer pathways via supporting 'Lynch Champions' and education and training support for cancer teams
- With partners in the Radiotherapy ODN, conduct a capacity and demand model
- **SACT closer to home** – work with partners to pilot SACT model with a commercial provider



Treatment

- Improved access to Acute Oncology Services via reviewing current service provision across Wessex and developing improvement plans
- Using previous work at UHD as work to pathway map category 1 treatments to ensure that patients receive radiotherapy within 17 days at UHS and PHU



Workforce

Ensuring the capabilities within the current workforce are optimised by

- Working across the Best Practice Timed Pathways: [map capabilities around the patient needs at different points in the pathway](#); collate detailed workforce composition information to better understand shortfalls, different approaches to skills mix and identify what is working well and where we have examples of practice other Trusts might wish to implement
- Developing and / or support managers and clinical leads so they are equipped to [coach the cancer nursing, AHP and supportive workforce to identify and subsequently map their capabilities against the ACCEND framework](#), identifying individual and team development needs. Use this information to support a WCA approach to workforce development
- [Progressing with the oncology pharmacy and radiotherapy workforce transformation projects](#) from 2022/2023. Evaluate impact of investment and share insights regionally and nationally



Workforce

Retaining our experienced cancer workforce and attracting a new workforce into cancer services by

- Developing a leadership programme for aspiring clinical leaders – utilising existing learning and develop opportunities, linking them to a local leadership programme, developing and providers opportunities to develop strategic leadership skills
- Evaluating the work from 2022/23 on the introduction of new roles including patient navigators and physician associates to feed into the overall future workforce planning
- Gaining a local understanding of our administrative and supportive workforce across primary and secondary care regarding job roles, development routes and retention rates. Leading to recommendations for improved recruitment and retention within this workforce
- Consolidating the WCA cancer careers filming programme by developing the WCA webpage to include information on different training routes with links to existing careers information and professional bodies



Our budgets for 2023/24

Work Programme	Budget
Prevention and Early Diagnosis	£2.45m
Faster Diagnosis	£4.84m
Personalised Care	£0.62m
Treatment	£0.76m
Workforce	£0.82m
Overheads	£1.7m
Total	£11.19m



Our budgets for 2023/24

Targeted funding:

Initiative	Budget
Targeted Lung Health Checks TBA	
GRAIL	£0.38M
Lynch	£0.39M
Liver	£0.26M
CCE	£0.1M
Cytosponge	£0.05M



Key risks to delivery

Risk	Mitigation
Operational performance does not improve in line with national targets	<ul style="list-style-type: none"> • Regular monitoring of performance including high visibility within constituent ICB governance • Funding provided to providers to assist with challenged pathways • Service Improvement Team working on key pathways • Granular detailed provided by Insight & Intelligence Services • Weekly review and check in to support system load balancing
No significant improvements to early detection rates	<ul style="list-style-type: none"> • Rollout of Targeted Lung Health Checks • More granular details –by tumour site and PCN to be available in Quarter 1 2023/24 for all areas of Wessex
Lack of clarity on funding streams for key ongoing projects – for example Targeted Lung Health Checks	<ul style="list-style-type: none"> • Ongoing dialogue with the national team
Lack of detail on some elements of the national ask – for example GRAIL	<ul style="list-style-type: none"> • Clarity provided by the national team and potential Wessex model developed by local clinicians • Opportunity to shape implementation model to fit local services
Workforce pressures continue against rise in NICE approved treatment options	<ul style="list-style-type: none"> • Partnership approach with pharam, commissioning, population health and workforce leadership to plan for immediate and longer term workforce sustainability.