



Report to the Wessex Cancer Alliance Board	
Title:	2022/23 End of year report
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Date:	21st June 2023
Purpose	Assurance
Summary of paper:	<p>The paper presents to Board a summary of the Cancer Alliance achievements over the course of 2022/23, focusing in particular on the patient benefits and how health inequalities have been addressed.</p> <p>As part of the Cancer Alliance's assurance process, there is quarterly monitoring of the Alliance's achievement against national priorities, and Wessex Cancer Alliance has been fully assured by South East and South West regional teams and the National Cancer Programme. Representation from both constituent ICSs are present and active part of the quarterly assurance.</p>
Implications: (Clinical, Organisational, Governance, Legal?)	Organisational – delivery of agreed objectives.
Key risks and mitigations:	Not applicable.
Summary: Conclusion and/or recommendation	Board members are asked to review the content of the report and pass on any comments or queries at the meetings of the WCA Board on 21 st June 2023. Following which the paper will be summarised and shared with all stakeholders.



Prevention & Early Diagnosis



What did we say we would do?	What have we achieved?
<p>Developing Communities Against Cancer (community development initiative) to maximise engagement, training and spread of message in our most deprived communities</p>	<p>200 people trained in prevention, signs and symptoms and the importance of screening. 52 grants awarded to spread the word. 46 cancer events held in communities. 61 healthy eating sessions. 1,237 resources produced and used as part of the campaigns. Reached 7 million people via TV, 17125 via newsletter, 145,735 via social media.</p>
<p>Messaging with younger people, linking to universities for cervical screening message</p>	<p>Staff changes in stakeholder groups made contact and progression of this objective impossible.</p>
<p>Targeted campaigns in deprived neighbourhoods across Wessex</p>	<p>Through our PCN LIS practices have used their social media messaging, text messaging, posters and leaflets and in a couple of instances engaged with food banks and community events.</p>
<p>Piloting a breast self awareness pilot in cervical screening appointments</p>	<p>This has been piloted in 4 practices across Wessex . 2101 smears performed and of those 1489 patients were educated on breast awareness = 71% conversion rate. General feedback is that the shower stickers and leaflets were a big hit but PCNs found it hard to use across the patch as not enough resources in the boob box. All have stated they will continue with the education as part of routine smear appointments moving forward. This will now be highlighted as a good way to increase breast screening and awareness in practices as part of the DES.</p>



Prevention & Early Diagnosis



What did we say we would do?	What have we achieved?
Implementing a training programme to raise the awareness of the early detection of cancer to include	GatewayC were commissioned to provide 2 study days for primary care one for non prescribers and one for prescribers. 233 registrations over the two study days 178 attendees in total 108 survey responses 100% would recommend training to a colleague
Delivery of the Wessex Cancer Alliance Local Improvement Scheme	90% of PCNs signed up to the LIS, this was a great achievement as we had not engaged PCNs before. The links we have with PCNs has been enormously enhanced through this. PCNs achieved well against their requirements with many PCNs going above and beyond.
Expanding Targeted Lung Health Checks – to include Portsmouth and Dorset (via CDC funding)	Programme successfully expanded to Portsmouth and Dorset and planning took place for new sites to come onboard in 2023/24. In Portsmouth 35 lung cancers have been diagnosed – 83% at stages 1 or 2. Still awaiting national data for Dorset.
Examine the possibility of extending the geographical reach of the Targeted Prostate Health Tests programme	The reach of the service was increased from Southampton City area to the UHS catchment. 712 calls received, 626 PSA tests completed, 93 people referred for further investigation.



Prevention & Early Diagnosis



What did we say we would do?

What have we achieved?

Working with the Hepatitis C Operational Delivery Network to maximise the number of local patients at high risk of liver cancer who are on a liver surveillance pathway

The Hep C ODN are a third of the way through the project. They are consolidating data across the three trusts to establish the size of the problem and recruiting into peer supporter posts. In one trust it has been possible to identify patients who need additional support and once people are in post will be able to support them to their 6 monthly appointments.

Developing a case finding pilot for liver cancer focusing on patients with NAFLD, Hep B&C, high risk alcohol drinkers and diabetics

Search criteria, primary care pathway and onward pathways were developed, but unfortunately PHU recommended this project as a research project and unfortunately we could not continue.

Developing pathways with community pharmacists for lung and upper GI

It was agreed to focus on the lung pathway on the Isle of Wight. Protocols and service specifications have been developed with a view to pilot this in 2023/24.

Working with COPD nurses to spot potential lung cancers

Service specifications and pathways were incorporated into a respiratory LIS for SE Hants, but unfortunately there was no uptake. However this was discussed and suggested at the cancer study days through Gateway C.

Roll out prostate cancer case finding for Black African, Caribbean and Black British men and those with a family history of prostate cancer

3 practices took up the offer of a LIS to deliver this case finding model. 70 people were invited to a Prostate Health Check, 18 people attended and 2 people were referred on a routine pathway.

Implementing the national FIT incentive scheme

New LGI 2ww form and guidance rolled out, prioritising FIT in the LGI pathway. FIT<10 pathway implemented in all 6 Wessex Trusts, providing an alternative route for primary care to safety net FIT<10 patients. Support provided included a webinar, patient information, safety netting guidance and attending PCN meetings. Early data suggests that the proportion of LGI fast track referrals with a FIT result is increasing.



Prevention & Early Diagnosis



Patient Benefits

More people have an understanding of how to reduce the risk of cancer and why cancer screening programmes are so important to engage with. Also they have a greater knowledge of the signs and symptoms of cancer and when to visit their GP. This means that any cancers that do develop should be picked up earlier if people act on the information given.

Primary care have up to date information about how to spot cancers earlier and how to refer patients appropriately which means that cancers should be diagnosed earlier.

More patients will be picked up earlier through targeted lung health checks and targeted prostate health checks.

Patients at high risk of liver cancer should be picked up earlier as they will be supported to attend their 6 monthly check up.

The increased use of FIT in referral has meant that patients are triaged and treated appropriately. The implementation of the new FIT <10 pathway has meant that patients are not given an invasive procedure where not necessary.



Prevention & Early Diagnosis



Addressing health inequalities

[Develop training and resource development for practice to work with people with learning disabilities.](#)

Training co-developed with LD nurses, primary care staff, advocacy and service users. Delivered to 108 sample takers across Wessex and supported by a resource pack.

[Develop the Serious Mental Illness workstream for screening.](#)

Training delivered to 20 MH support workers in Dorset and working with HIOW ICB to develop and deliver training for practice staff and MH support workers.

[Work with partners to unpick barriers in bowel screening in deprived neighbourhoods and those with protected characteristics.](#)

This piece of work was paused due to staff changes in stakeholder teams.



Faster Diagnosis

What did we say we would do?	What have we achieved?
<p>Complete demand and capacity models for the following national timed pathways to fully understand capacity needed to clear the backlog as well as sustain services against demand</p>	<p>Service Improvement Team recruited to support review of pathways. As part of all pathway work undertaken in 22/23 pathway analysers and demand and capacity work was undertaken to understand current position, challenges and bottlenecks to enable understanding of aspects which needed to be delivered differently. This included both additional capacity and links to the item below where options to deliver pathways differently were also used to improve efficiency.</p>
<p>Working with operational teams to deliver a different model of diagnostic pathways, looking at alternative workforce (e.g. sonographer rather than nurse) exploring alternative service models to reduce backlog and sustainable performance</p>	<p>As part of all pathway work undertaken the workforce model used to support each step of the pathway has been mapped alongside. This has enabled review of efficiency of various approaches. Scrutinising delivery in this way has led to the introduction of nurse led triage for some pathways which has supported efficiency at the front end of the pathway and released time for other staff groups.</p> <p>Another key focus for 22/23 was the introduction of patient navigators for some pathways. These roles have allowed greater support and release of time for other staff groups.</p>
<p>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</p>	<p>As part of all pathway work BTPs were scrutinised against existing pathways to look for opportunities to deliver pathways differently and deliver efficiencies.</p> <p>For example, for gynaecology, it was identified that there was a lack of use of triage and limited use of one stop approaches.</p> <p>Work has been undertaken to successfully implement triage which supported getting the patient to the right place first time and thereby increasing efficiency for clinics and diagnostics.</p>
<p>Development of locally built tools to enable operational teams to track percentage of patients achieving each step of the best practice timed pathways</p>	<p>Work undertaken by cancer analyst team, in collaboration with the DiiS and WCA Data Driven Lead to look at options to support reporting of BTP milestones. This was nationally a challenge and reporting of all milestones not widely attained with the ask for 23/24 being reduced in line with the challenge. The WCA was able to return a partial return for one Trust within year. This work and learning has been used to support plans for the reduced reporting ask in 23/24 with testing currently in progress.</p>



Faster Diagnosis

What did we say we would do?

What have we achieved?

Conducting deep dive pathway reviews across all trusts and share best practice by tumour sites

Radiotherapy Category 1 treatment review undertaken with UHD in collaboration with the radiotherapy ODN. This work allowed in depth review of all stages of treatment planning and provision with detailed interviews undertaken with all staff groups. The work produced recommendations that were proven at piloting to increase capacity and reduce wait to treatment. This work was well received by other radiotherapy centres and is planned to be replicated in 23/24.
Review undertaken of gynaecology pathways and document produced with common themes, challenges, issues and opportunities and shared across Trusts to disseminate best practice and learning.

Reviewing the roll-out of the breast self-referral pilot

Second phase for breast self-referral pilot designed and implementation planning undertaken.
Second phase design includes the introduction of a community based face to face clinic for breast symptoms, established working with colleagues in the Community Diagnostic Centre Programme. This clinic will also see people who are referred in to Hampshire Hospitals and who do not require a triple assessment clinic. The model also includes the introduction of an integrated workforce model with nursing staff recruited to enable working across secondary, primary and community care settings.
Recruitment and implementation work completed with launch planned after required staff training in 23/24 Q1.

Working closely with CDC programmes to maximise diagnostic capacity

Regular meetings and engagement held throughout 22/23 with both Dorset and Hampshire and Isle of Wight CDC Programme Managers.
22/23 saw national changes to the programme ask and as such much of the focus and input required was around completion of business cases with limited pathway work progressed by these programmes.
WCA ensured that the cancer agenda was prominent in discussions and business case content.
Within year additional capacity was provided to support cancer pathways for colonoscopy, MRI and CT.
The focus for 23/24 will move to pathway specific work and considering delivery models to support increased GP Direct Access in line with national guidance.



Faster Diagnosis



Patient Benefits

Pathway work and focus has supported an improved position in Q4 against both the 62 day backlog and FDS standard. This means that people who have been waiting are now getting their treatment and fewer people are now waiting longer than they should for both treatment and diagnosis.

New Lumps and Bumps pathway launched in pilot form working in collaboration with UHD. This new pathway is in response to an unmet need for a cohort of people presenting with suspicious non specific lumps and bumps who previously would have had no defined referral pathway. This pathway is getting those people diagnosed more quickly and provides much needed support through what can be very complex pathways for diagnosis and treatment.

As part of this piece of work semi-structured conversational interviews were offered and held with people using this pathway to allow improvements to be made as part of the pilot process in line with patient feedback and experience.

The breast self-referral pilot has allowed people to access advice, support and where needed referral without the need for a GP appointment. As part of this piece of work semi-structured conversational interviews were offered and held with people using this pathway to allow improvements to be made as part of the pilot process in line with patient feedback and experience. People fed back that they liked the flexibility of the service and felt empowered by the information and support they were given.

Addressing health inequalities

The focus on self-referral models is looking to understand whether the provision of access routes outside of the traditional GP model is an enabling approach for those less likely to attend their GP practice. Data is being collected around ethnicity, geography and more widely for the existing breast self-referral and will be continued with the introduction of testicular self-referral in 23/24 with plans to pull this together into an evaluation.



Treatment



What did we say we would do?

Ensure [equality of access to cancer genomic testing](#) across Wessex by developing genomic associate post

What have we achieved?

Whole genome sequencing (WGS)

We have introduced pathways for WGS for all children under 16 diagnosed with cancer where clinically relevant as standard of care. Some progress has been made for WGS for 16-25 year olds through adult MDTs.

21/22 52.5 WGS for cancer

22/23 225.75 WGS for cancer

Lynch syndrome testing

Percentage of colorectal and endometrial tumours receiving germline testing for Lynch syndrome (expected 8%)

22/23

Q2 – 3.4%

Q3 – 5.9%

Q4 – 8.6%

100% of colorectal and gynaecological MDTs have Lynch syndrome champions identified.

Gynaecological cancer/genetics MDTs

MDTs established quarterly.

Two MDTs held since establishment of post.

Genomics associate post adopted substantively by regional centre.



Treatment



What did we say we would do?

Work with partners to develop a [Wessex Genomics Strategy](#) recognizing that precision medicine is likely to have the greatest impact on the treatment of cancers which have a genetics base

Established a joint childhood cancer ODN and a TYA cancer ODN for Wessex and Thames Valley

[Transform approach to SACT in Wessex](#) ensuring that patients who wish to receive it, receive SACT closer to home

What have we achieved?

Genomics strategy co-produced with person with lived experience of cancer genomics. Input from key stakeholders in Genomics Laboratory Hub, Genomics Medicine Service Alliance and clinical genetics regional centre. Wessex cancer genomics special interest group established.

The Thames Valley and Wessex (TVW) Children's cancer ODN and the TYA cancer ODN are established within the TVW child and young people ODN structure. There is medical and nursing leadership from the Wessex Principal Treatment centres and local hospitals, and representative from the Cancer Alliance at Board level. The WCA Child and TYA network groups continue to provide clinical advice, engagement and a point of reference for future joint working between WCA and the ODNs.

Following a workshop with representation from across Wessex, clinical pathway agreed. Capacity and demand modelling carried out in all providers. SACT Nurse workforce census to understand SACT Nurse workforce composition.



Treatment



What did we say we would do?	What have we achieved?
<p>Work with specialised commissioners and ICBs to develop and agree multi-year radiotherapy equipment replacement plans</p>	<p>The radiotherapy operational delivery network (ODN) have developed and maintain an equipment tracker which details requirements for radiotherapy equipment replacement. The responsibility to plan for radiotherapy equipment replacement resides with Integrated Care Systems (ICSs) including providers using their system operational capital allocations. We are working with local ICSs to develop replacement plans as part of their multi-year capital plans, in partnership with specialised commissioners and the radiotherapy ODN, based on an assessment of equipment age, capacity and demand, opportunities to improve access and service risk.”</p>
<p>Using UHD as exemplar, work to pathway map category 1 treatments to ensure that patients receive radiotherapy within 17 days</p>	<p>As per service specification for Adult External Radiotherapy Service: each provider should aim to treat category 1 patients within 17 days, from the decision to treat with radiotherapy radically. Our service improvement team have been working with UHD to identify and address bottlenecks in the pathway. Pathways are estimated to be approximately 28 days (varying according to tumour sites). Efficiencies with electronic CT systems may reduce the pathway to an anticipated 21-26 days, with an anticipated 15 extra patients/week being seen.</p>
<p>Work with secondary care colleagues to review and implement recommendations concerning the functionality and potential streamlining of cancer MDTs in line with national guidance</p>	<p>Work has paused on this pending the revised Site Specific Groups and will be resumed in 2023/24</p>



Treatment



Patient Benefits

Child and TYA cancer services have been benchmarked against service specifications to highlight any areas of inequity and difference - for service improvement actions and to inform decisions regarding access to local services.

The pathways for WGS offer patient-specific benefit in terms of better prognostic insight, awareness of family cancer risk, and potential future therapy if required.

People in Wessex should now have equitable access to whole genome sequencing and Lynch testing where it is clinically appropriate.

Person with lived experience of cancer genetics commenting on cancer genomics strategy:

“I am encouraged to see that efforts are being made to make testing more accessible and for patients to be given literature and guidance as soon as it is possible to obtain genetic counselling and genomics screening. It is important that information given is sensitively handled and existing staff from all areas should be trained on genetic implications and additional specialised staff involved in the initial cancer pathway.”

Addressing health inequalities

The benchmarking of children’s services is informing re-designation of local services by NHS SE, with particular significance for the potentially disadvantaged rural, remote and island communities in Wessex.

Efforts are being made to ensure that all people in Wessex have informed choice and equitable access to cancer genomic testing where appropriate.





Personalised Care



What did we say we would do?	What have we achieved?
<p>We will implement Patient Stratified Follow Ups across 8 pathways (6 fully operational) at each Trust including patient portal by Mar 23</p>	<ul style="list-style-type: none">• 8,977 people now supported by PSFU pathway across Wessex. All 6 Trusts now live with at least 1 pathway. 26 live PSFU pathways in total across the region.
<p>We will develop a Wessex Tool for supporting self-management and work with stakeholders to co-design and pilot a bespoke self-management tool for use in cancer from point of diagnosis.</p> <p>We will develop standardised methods for assessment of personalised care individual needs - including psychological, nutritional support requirements</p> <p>We will develop Clinical Champions to promote the self-management tool</p>	<ul style="list-style-type: none">• Personalised Assessment in Care and Cancer (PACC) Project now has prototype pathway with proposed screening/trigger points and proposed assessment tools to help understand individual needs and support a personalised approach to care planning• >60 Health Professionals and 4 Experts by experience supported development of prototype to date.• Two PACC champions/Early Adopter sites in post
<p>We will increase the understanding of uptake in personalised care interventions and quality metrics through the development of a Personalised Care Dashboard</p>	<ul style="list-style-type: none">• Development commenced – currently paused whilst awaiting Diis team schedule for further input



Personalised Care



What did we say we would do?

We will [strengthen our psychological support offer](#) by completing pathway/asset mapping and undertaking a gap analysis, informing a development plan.

We will [learn from the new Cancer Quality of life survey](#) – and complete asset mapping in a second QoL domain.

What have we achieved?

- Scoping report being finalised for publication in June 23 – Webinar planned
- Early projected linked to recommendations
 - PHU/IAPT integrated pathway working – launch event June 2023
 - Psychological Assessment in Cancer Care CNS module (UoS) launching May 23
 - Successful MCS Grant funding for Mental Health Practitioner pilot (UHS)

- [Prehab/Rehab scoping report and recommendations published](#)
- Implementation plan now being progressed
- [Focused project on Frailty and Oncology commenced as part of Community Readiness initiative.](#) 128 responses to early scoping survey, representing 30 different organisations from Wessex. 33 Participated in first workshop, two further workshops planned further 86 currently registered to attend.



Personalised Care



What did we say we would do?	What have we achieved?
<p>We will build experience and confidence using WCA Personalised Care and Support Plans through developing good practice guidelines</p>	<ul style="list-style-type: none"> • Successful ICB grant funding (£113K) enabling us to train 10 Health Coaching trainers from across Wessex – commencing June 2023 • Planned Core Skills Health Coaching training to roll out in Cancer Teams from October 2023 • Personalised Care Level 6/7 Module developed in partnership with University of Southampton and piloted to 11 CNSs from Wessex – evaluation in progress, planned for intake two in 2024 • Poster of RbY Care Planning development shared at WCA Conference.
<p>Launch Digital Personalised Care & Support Plan</p>	<ul style="list-style-type: none"> • Digital development paused whilst awaiting PACC prototype and insight from Personalised Care Champions scoping exercise.
<p>We will establish a Clinical Champions forum focused on: awareness of ambitions to support delivery of Personalised Care interventions/metrics, sharing of good practice, identifying barriers and solutions</p>	<ul style="list-style-type: none"> • Successful MCS grant funding for Project Manager (3 years WTE) – commenced in post May 2023 • Personalised Care Champions now appointed in 4/6 Trusts and active in 2/6 Trusts • PC Champions Forum to launch in July 2023 commencing deep dive into current practice behaviours
<p>Progression of the Right by You Wessex service delivery pilot, evaluation and develop commissioning plan</p>	<ul style="list-style-type: none"> • >400 people supported by Right by You Wessex since launch. Of which 18 people who were homeless or at risk of homelessness and 4 referred from Prison healthcare • >100 stakeholder interviews carried out as part of RbY Evaluation (team, service users and family, health professionals in primary, secondary, community care, commissioners and third sector organisations) • Evaluation report planned for publication in July 2023



Personalised Care



Patient Benefits

More people are now actively enrolled onto PSFU/Self-management pathways – this changes their contact with services and promotes a self-management approach (with early interventions to enable this) within pathways. This reduces the need to attend hospitals as frequently but provides structure/safety-netting and releases capacity in the system to enable people to be promptly seen should they need to re-enter the system.

Through Right by You Wessex people will have access to integrated, personalised care – Testimonials:

Expert advisor for Homeless Healthcare/Right by You Wessex

"I am so proud of the fact that in short order we have formed a truly cohesive team. Not a day goes by without a communication from one to another for the benefit of someone we are working with"

Service user feedback:

"(RbY Staff Member) has been my link with all the departments of the NHS, colorectal team, dermatology, palliative care and GP surgery from who I have needed help"

"Someone to talk to and really listen to me. Included my family who needed this too. Gave information on other areas of support. Brought all my care together e.g. GP, kept everyone up to date. (Right by You staff members) really made a difference".

Secondary care feedback:

'It's like a single point of contact for us in secondary care because [the RbY staff] knows what's going on in primary care and the hospice and community care. So, you can phone her and it's like, "Oh no, it's all sorted. Don't worry about it.'

"They've..... really been that lynchpin between the hospital, the patient.... and all those.... social needs; the food, furniture and things at home, the benefits, prescriptions, all those type of things that we probably wouldn't have been able to do from here".

Improved understanding of services and community assets (through scoping of prehab/rehab and psychological support) will enable us to use and promote resources more effectively. This is allowing us to ensure they are easy to identify and access (by people with cancer and their families) and to build relationships with providers to ensure they feel equipped and confident to meet the needs of people with cancer.



Personalised Care



Patient Benefits

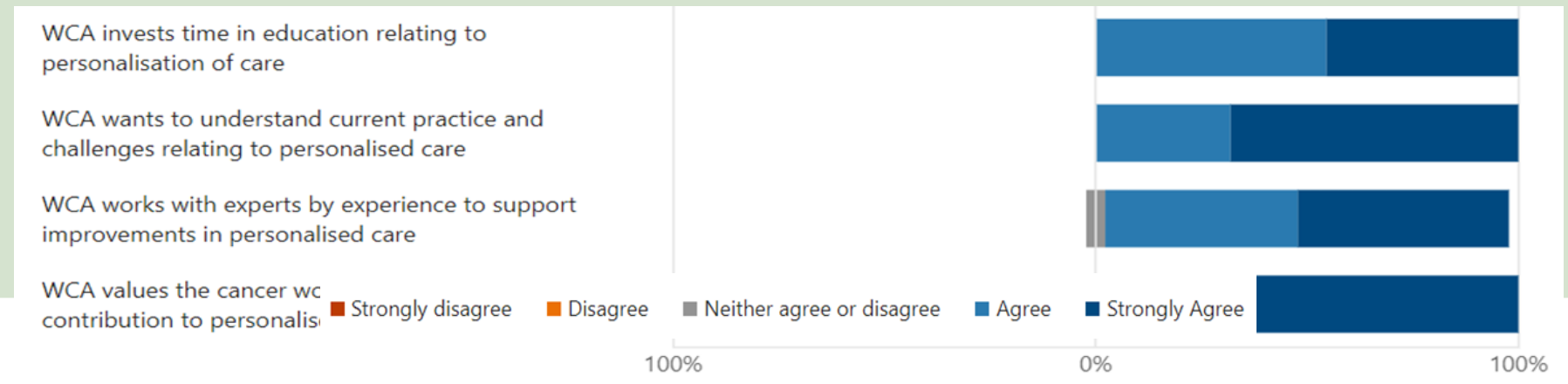
Educational opportunities are improving the confidence and skills of the cancer workforce to improve quality and personalisation of care and support the workforce to feel valued:

Testimonials from students from the Principles of Personalised Care CNS Module:

“At the core of all I want to achieve is for me to be able to make patients feel safe, secure, listened to and heard and for them to know that all that I do is acting in their best interest. I now feel that I can add to this further now that I have had studied the various aspects of personalised care in greater detail”

“What I have learnt about personalised care has already impacted on my practice. I have undertaken a process map of the pathway of patients that are supported by the xxxx team. I have used this to identify where we can introduce personalised care in to areas that are currently lacking. The learning has also opened my eyes to how the wider team work to deliver personalised care and how we can collaborate”.

Feedback from attendees at WCA CNS/AHP Symposium – March 2023:





Personalised Care



Addressing health inequalities

Right by You from commencement has had a broad/open referral criteria to purposefully minimise challenges with access to support and have an open door approach to support needs. A high number of people referred have needs beyond cancer (e.g. multiple Long term conditions, neurodiversity, pre-existing mental health needs, financial insecurity).

Through Right by You Wessex we are building relationships with teams who have Trusted relationships with the Homeless community and working in partnership with them to meet individual needs. This is building expertise within the cancer teams and community connections to increase understanding of needs of this community and how we can work differently/more effectively to support people. This work is identifying and supporting people who are at risk of homelessness or with significant housing challenges and needs (e.g. people from Ukraine on UK settlement scheme undergoing cancer treatment)

Within the Dorset Right by You site the CNS is actively supporting people within prison healthcare services, this ensures access to timely and holistic care support, including supporting access to treatment and end of life care. The CNS is working with prison staff to understand their training and education needs relating to people with cancer (e.g. risk assessment/red flags for people undergoing chemotherapy). The CNS is also working with individuals to create a local support group within the prison to build peer connections and support.

Learning from Right by You will aim to evidence the benefit of personalised supportive care through this integrated approach and to identify learning and solutions to address health inequalities and support individual needs.

Mental Health Practitioner – one of the priority aims of this successful grant application was to engage with and support people with pre-existing mental health conditions to enable them to access cancer services and support.



Workforce

What did we say we would do?

Collaborate with HEE, NHSE/I and ICBs to develop workforce dashboards to gain real-time visibility of the cancer workforce currently deployed across Wessex and define the size and skill mix of the future workforce to deliver the ambitions of the Long Term Plan

Scope and promote opportunities for oncology skill mix locally with exemplars e.g. the development and impact of therapy radiographer consultant roles

Share local skills mix case studies via workforce forums, HEE case studies, national oncology skills mix toolkit, NHSEI SE oncology workshop

Influence the development of local cancer career pathways for Cancer Clinical Nurse Specialists and Oncology AHPs using learning from the national HEE ACCEnD programme of work. (ACCEnD: Aspirant Cancer Career and Education Development Programme)

What have we achieved?

- HEE South Cancer Dashboard has been created to provide cancer and diagnostics workforce data across the South – awaiting a national version.
- Workforce Data collated for each Trust for the specialist cancer workforce groups provided on the dashboard (not all available e.g. psychologists, oncology pharmacists).
- Ongoing work to correlate dashboard data with on the ground data for cancer nurses – Clinical nurse specialist, SACT nurses and Advanced Practitioners.

- Funded and supported the development of an Advanced Practitioner Trad Role with agreed pick up from Trust to continue to Consultant practitioner. Ongoing support and discussions regarding Consultant roles in other Trusts.
- Scoping project highlighting the impact of the Advanced Practitioner role (Nursing) across Wessex (ongoing – report due June 2023) in preparation for 2023/24 strategy for growing the AP workforce. *NB. HEE SE undertaking a larger project for AP Imaging workforce.*

- Case studies presented via posters shared at Wessex wide conferences, forums and symposiums : [Conference posters - virtual tour - Welcome to Wessex Cancer Alliance](#)
- WCA presentations at National C/A Workforce Forum.
- Contributed to [Cancer and Diagnostics Careers - Skills for Health](#)

- Successfully developed a post-graduate pathway for cancer specialists and funded 11 cancer nurses to undertake this plus funding for additional nurses to undertake stand alone CPD MSc modules. Working with University of Southampton to ensure sustainability of courses for future cancer workforce. Modules are based on core skills of Advanced Communications Skills, Psychosocial support , Personalised Care, Applied Cancer Care providing alternative opportunity to the Advanced Practitioner route.



Workforce



What did we say we would do?

What have we achieved?

Develop a team of WCA AHP ICS Advisors to influence commissioners, strategic leads, decision makers and providers about the importance and potential of AHPs in supporting people with cancer

- 5 AHPs funded for 1 day per week to support the development of the AHP workforce to better support people with cancer. Ongoing projects include upskilling the generalist AHP workforce, promoting and developing the AHP role in Acute Oncology services, developing the AHP role in cancer diagnostics, improving cancer pathway knowledge for community AHPs, developing the AHP Support workforce.
- Supporting the development of AHP strategic leadership across Wessex

Scope, plan and undertake a [Cancer Careers Project](#) to design, produce, evaluate a series of short films to highlight careers in cancer to school children across Wessex

- 25 short films produced to highlight careers in cancer including cancer nurses, pharmacy workforce, pathway navigators, cancer diagnostics workforce.
- WCA webpage in development to share films with our partners for use in recruitment.
- Engagement with local school children to evaluate the films – feedback used to refine the films to meet their needs.
- Full communications and engagement plan scheduled for late spring 2023.
- Further plans to film additional cancer careers in 2023/24

Support and grow the [Pathway Navigator and Physician Associate workforce](#)

- 30 WCA funded Pathway Navigators across Wessex. Ongoing WCA support for recruitment, induction, training and development and evaluation of impact to support sustainability of roles. Further details [here](#).
- 6 WCA funded Physician Associates working in urology, breast and colorectal services across Wessex. 3 further posts being recruited to. WCA support for recruitment, induction, training and development and evaluation of impact to support sustainability of roles. Further details [here](#).

Support PCNs to utilise ARRS roles by providing tailored support

- Development of an [ARRS Toolkit](#) to support PCNs to understand the potential of the ARRS roles on cancer with support for recruitment, induction and ongoing cancer education. Cancer care co-ordinators supported with a WCA mentorship programme.



Workforce



What did we say we would do?	What have we achieved?
<p>Scope skills mix approach to workforce transformation within radiotherapy across Wessex</p>	<ul style="list-style-type: none"> Ongoing project with WCA funded post recently advertised to lead on the WCA Radiotherapy Workforce Transformation project to support all RT centres in Wessex. Key areas include retention, recruitment, liaison with HEI, Wessex development programme for support worker / enhanced /advanced / consultant posts (supporting 2023/24 ACCEND project); international recruitment and future workforce modelling.
<p>Secure funding for Advanced Comms Skills Training for 2022 from HEE and develop delivery plan with local provider.</p>	<ul style="list-style-type: none"> Funding secured to run 10 Advanced Comms Skills training Courses in 2022/23. A total of 85 cancer professionals booked onto the courses with 75 attending the course. Further HEE support secured to scope the ongoing training needs post ACST training which is feeding into 2023/24 workforce plans.
<p>Revitalise existing Wessex Communities of practice including AHP forum, Lead cancer nurse forum and Cancer Support Worker Forum and provide F2F networking opportunities.</p>	<ul style="list-style-type: none"> WCA organised / facilitated over 45 scheduled virtual education opportunities (e.g. forums; webinars) during 2022. WCA funded and / or organised 14 face to face development events including forums, communities of practice and CNS / AHP symposiums. Over 1200 health care professionals attended from across Wessex.
<p>Support and fund Workforce transformation projects identified by professionals through a funding application process.</p>	<ul style="list-style-type: none"> 17 Bids received from across Wessex. 4 Bids accepted and projects funded including: Pharmacy Education (UHD); Pilot of an Integrated Psychosocial Support Pathway (PHU); developing an AHP rehabilitation strategy to support and seek to prevent acute oncology admissions (UHS and UHD); developing a volunteer workforce in cancer (UHD).



Workforce



Patient Benefits

No specific feedback has been obtained from patients however feedback from workforce suggests that the training provided during the last year will benefit patients e.g.

ACST Feedback from participant: *“I really felt that the course and the facilitators provided me with many strategies and knowledge to manage challenging conversations better and with more confidence”*

MSc Pathway Feedback from cancer nurse: *I am learning so much and I know that we are definitely improving things for our patients not just from my change in focus but also for the team.*

By valuing the workforce through providing development opportunities in addition to support through Emotional Resilience Training we are retaining our experienced workforce who provide high quality care and support for people with cancer in addition to developing junior members of the teams. This work will be further developed in 2023/24.

Pathway Navigators have shown various patient benefits:

- Feedback on patient surveys shows a high level of patient satisfaction
- Emails have been received naming PNs and thanking them for making contact via the phone, finding it helpful and reassuring
- Where PNs have met patients and accompanied them to their appointments to overcome barriers such as anxiety or bereavement there have been reports of being able to attend because of the support of the navigator
- A telephone interview with a patient highlighted the following Patient phoned hospital as she had some questions about upcoming appointment – was feeling a bit unsure about what was going to happen. A couple days later she had a call back. Patient *“felt amazing that it was a human face on an impenetrable situation”*, She felt it *“was unbelievable helpful”* and very positive.



Workforce



Addressing health inequalities

Working with our ICS workforce colleagues and partner organisations to build a workforce more representative of the population it serves. The recent data we have on the diversity of the cancer workforce from the HEE South Cancer Dashboard will provide us with the detail we require to prioritise actions for 2023/24.

Where possible health inequalities is included as an ongoing theme through education and development days with some specific training provided e.g. Beyond Reflections provided a training session at a CNS development day.

Working with inequalities lead to scope the available inequalities training as well as designing a training day for the supportive and assistive workforces which will focus on personalised care, inequalities and barriers to receiving care.

Pathway Navigators have been able to minimise the impact of barriers that often lead to health inequalities by understanding patients needs and making arrangements to overcome any barriers. Examples include offering additional support to people affected by poor mental health, arranging transport for those who have no way of getting to hospital, making arrangements and allowing extra time for those where English is not their first language.



Our budgets for 2022/23

Placed Based Budget

Programme	Budget	Actual	Variance	Explanation
Prevention and Early Diagnosis	£1.946K	£1.873K	£73K	Underspend expected as monies redirected for use in priority pathway improvement
Faster Diagnosis	£3.175K	£3.318K	-£143k	Overspend Anticipated as monies redirected from underspend on other budget line to cover increased activity within the programme (Priority pathway)
Personalised Care	£511K	£519K	-£8K	Minor overspend due to an increase in activity, hence monies redirected from other programme line to cover cost
Treatment	£397K	£397K	£0	
Workforce	£705K	£705K	£0	
Total	£6.734K	£6.812K	-£78	



Our budgets for 2022/23

Targeted funding



Programme	Budget	Actual	Variance	Explanation
Targeted Lung Health Checks - Southampton	£1.649M	£1.649M	£0	
Targeted Lung Health Checks - Portsmouth	£1.527M	£1.527M	£0	
Prostate self-referral	£102k	£102k	£0	
Lung cancer	£60k	£60k	£0	
Lynch Syndrome testing	£396K	£396K	£0	
Colon Capsule Endoscopy	£178K	£191K	-£13k	Spent in line with budget as was instructed by the ICB that 191k was available spend
Cytosponge	£5k	£76K	-£71k	Spent in line with the original budget assigned to the WCA
Total	£3.917K	£4.001K	£-84	
Total	£10.659K	£10.813K	£-162	