NHS
Wessex
Cancer Alliance

Wessex Cancer Alliance

2024/25 Planning Proposals (DRAFT)

Wessex Cancer Plan

"The ICS Design Framework states that Cancer Alliances should use their expertise to lead whole-system planning and delivery of cancer care, working with their constituent Integrated Care Boards (ICBs). Cancer Alliances are asked to draw up a delivery plan on behalf of their ICB(s) for April 2024 to March 2025, to deliver on the NHS-wide priorities as detailed in the 24/25 Operational Planning Guidance and support progress towards delivering the Long Term Plan (LTP) cancer ambitions."[1]

Statutory responsibility	Key delivery asks	Intervention	Actions for ICBs
Improve quality of services and outcomes	- FDS performance 80% - 62-day performance 85% - Capacity for NICE treatment equitably	- Best practice in gynae, urology, breast, skin - Implement recommendations from GIRFT (prostate, head and neck and upper GI) - Radiotherapy capacity review - SACT and AOS service review	- agree approach and shared prioritisation of pathways, identify any additional pathways for focus - agree how best WCA can support GIRFT for ICB and how ICB can benefit from national GIRFT approach (E.g. prostate and upper GI) - ringfence capital and revenue ICB level funding directly aligned to critical cancer treatment (e.g. LINAC replacement).
Lead the NHS and wider system through clinical professionals and supporting the NHS People plan	- Clinical Advisory Groups work programme with focus on earlier and faster diagnosis, Data and PSFU - ACCEND workforce framework	- Re-establish CAG, with infrastructure to be Data Driven, collaborative and aligned to population need, ICB ambition and research. - Develop programme to build workforce capability, retention and support.	- proactive support to ensure alignment of WCA workforce programme within and as an embedded part of the wider ICB workforce strategies. - support collaboration in terms of clinical and data ambition to make best use of shared resource (e.g. through enabling engagement with equality, information and digital workstreams within ICBs)
Reduce inequalities to access and outcome of services	Demonstrate improvement in stage of diagnosis amongst deprived communities and where local system is behind national position.	- Targeted Lung Health Check - Liver case finding - Pancreatic straight to test pathway - Access to FIT - Screening uptake	-shared decisions to commit to stage of diagnosis trajectory for each ICB - clear process for review and planning of commissioning of cancer services

1. NHS England Cancer Planning Pack 2024/25 DRAFT

Resource allocation to deliver cancer care on behalf of the ICB

Area	Spend category	WCA resource	Cost	Population impact	System impact
Cross-cutting	Core team OD support Public engagement	WCA core staff leading planning, delivery and communication of cancer services improvement Exemplary engagement and coproduction of cancer services	7%	Clearly led and publicly accountable programme of work developed in partnership with local people and aligned with public priorities.	Demonstrable coproduction, collaboration and benefits from population perspective. Evidence of impactful work and transparency of process, spend and delivery
Operational performance	FDS and 62-day performance delivery NSS pathways	Provision of targeted, relevant training and support offers for Clinical and AHP work force Pathway improvement expertise Pump priming innovation and best practice, learning from elsewhere.	48%	Rapid access to diagnosis of cancer and access to treatment in a timely way.	Workforce retention and development of capability without increasing headcount. Achievement of statuary performance targets for cancer.
Earlier Diagnosis	Screening Timely presentation Inequalities	Data, tools and support to increase uptake of screening and earlier health seeking behaviour from the most deprived 20% population	33%	Improvement in stage of diagnosis of cancer for the most deprived 20% of the population	Delivery of legal duty to understand, address and reduce inequalities in access to and outcome from health services for the population.
Treatment and care	Treatment variation Personalised care Psychological support Experience of care	Objective benchmarking of treatment access and quality with resource to address gaps identified and meet nationally and locally stated ambitions for prehab, psychological support and experience	12%	Meeting stated ambitions of population to enable people to be involved in their care, to access the best available treatment for them and to have impactful psyc support.	Opportunity to develop and invest in digital solutions and ways of working currently nationally recognised as best practice. Financial benefits significant in terms of reduction in activity once delivered. (work we can stop.)
Targeted funding	TLHC Liver Galleri Cancer Vaccines Lunch Pad Community Pharmacy pilots Pancreatic case finding	Project targeted funding and support. Proposal to incorporate total cost where outside of ERF (e.g. diagnostics, staff, RAP) Collaboration with partners (academic and industry) ICB commissioning explicit alignment	n/a	Benefits focused on shift of stage of diagnosis to finding cancer earlier and improving survival.	Achievement of national imperative to deliver a reduction in stage of diagnosis for cancer as part of the national planning mandate.

Resource allocation to deliver cancer plan 24/25

Area	Spend category	WCA resource	Guide spend	Budget	Budget Detail	Exit strategy / ICB considerations
Cross-cutting	Core team	Staff - core team	£853,160	£851,568	£409,819	Redundancy risk carried by WCA and UHS.
		Hosting, office and IT			£159,000	Contract to end funding period only, no risk.
	Workforce	ACCEND			£165,588	One off activities, once developed available for no further cost.
	Public coms	Public communication			£77,160	As above
		Contingency and OD plan			£40,000	National requirement for business planning. Training and development with no commitment beyond 1 year.
					£851,568	
Operational performance	FDS and 62-day performance delivery	Improvement team	£5,850,240	£5,738,839	£443,165	Redundancy risk carried by WCA and UHS.
		Tumour site projects			£231,987	One year interventions with sign off including explicit exit plans
		HIOW Trust y 2 of 2			£800,000	Staffing for front line services, 2 yr fixed term, trusts supported to review evaluation and commission or end contract no cost.
		Dorset y 2 of 2			£277,600	As above
	NSS pathways	Navigators y 2 of 2			£600,000	As above
		Dorset lumps and bumps			£176,746	Year 2 of 2-year commissioned pilot. Clear exit strategy with ICB or pick up cost in trust plan required.
		HIOW Endoscopy			£99,717	One year funding to pump prime endoscopy network. Endoscopy capacity planning (e.g. bowel threshold reduction)
		NSS (RIS service)			£820,048	One year service cost. ICB to commission or plan service termination taking up cost of alternative NSS pathway
		Clinical Leadership			£403,814	One year fixed term contracts for primary and secondary care clinical leads across multiple tumour sites. Stand-alone contracts with no exit risk.
		Staging completeness and MDT			£135,000	One of data cleanse activity and MDT reform.
		Data extraction and analysis			£311,000	Annual renewal of DiiS service contract, terms of one year service only. Risk loss of data visibility across systems if unfunded.
		Workforce			£150,000	Innovation programme funding short term pilot projects
		Dorset improvement			£57,571	Remaining funding for existing posts in Dorset ICB, end Oct 2024
		Prostate Pathway			£450,000	Estimate of cost of transformation work. Risk new workforce may be needed, but not yet known.
		Breast Pain			£82,191	Risk to ICB to commission if service pilot successful but cost lower as this cost includes clinical development capacity and evaluation.
		Colorectal			£450,000	Estimate of cost of transformation work. Risk new workforce may be needed, but not yet known.
		Skin pathway			£50,000	Estimate to spread AI / telederm as required depending on findings of Dorset and HIOW services.
		Urology (non prostate)			£100,000	Estimate of cost of transformation work. Risk new workforce may be needed, but not yet known.
		Radiotherapy			£100,000	Radiotherapy - Ensure sufficient treatment capacity for 24/25
					£5,738,839	

Resource allocation to deliver cancer plan 24/25

Area	Spend category	WCA resource	Guide spend	Budget	Cost £	Exit strategy / ICB considerations
Earlier Diagnosis	Screening	Genomics	£4,022,040	£3,923,085	£360,000	Final year of Lynch funding from National Cancer Programme, exit strategy required.
	Timely presentation	Clinical delivery (inc LIS etc)			£822,960	One year scheme, HIOW proposing 3 year commitment, to be discussed. Risk only if alliance funding not available as interventions are sustainable.
	Inequalities	Inequality staff and project resource			£143,107	Staff redundancy risk at UHS, all project costs are one off targeted interventions.
		Cytosponge (TBC)			£250,000	Final year of NHS England funding. Exit strategy required (Dorset only)
		Community targeted campaigns			£286,600	Multiple community specific short term projects, learning sharable, no exit risk other than relationships and longevity.
		Projects (FIT, Data, TLHC, Primary care, innovation evaluation)			£590,418	One off expansion, development or pilot projects to test impact on stage of diagnosis. Each intervention, if successful, will require clear exit strategy and agreement with funding sustainability.
		Screening and HPV			£450,000	PCN / Practice LIS one year funding. Risk of exit cost if sustainability is workforce dependant.
		Pancreatic cancer focus			£290,000	Case finding should be digitalised, no exit cost. Interdependencies in CtheSigns and EUROPAC commissioning
		AI and RPA			£80,000	Dependant on wider ICB digital strategies but must have exit planning clear ahead of commissioning.
		Open call innovations			£450,000	Small scale pilots to provide evidence only, exit risk only for those proven impactful.
		Teledermatology – improving access and early diagnosis.			£200,000	Specific interventions dependant on findings of year 1 pilot .
					£3,923,085	Sustainability of existing programmes (CtheSigns etc) Commitment to shift in stage of diagnosis
Treatment and care	Treatment variation	Clinical delivery (psyc support, AHP, nursing, AOS, SACT, Childrens, prehab)	£1,465,560	£1,520,080	£448,192	One year fixed term contracts for primary and secondary care clinical leads across multiple tumour sites. Stand-alone contracts with no exit risk.
	Personalised care				£340,000	Exit cost to ICB or loss of service
		Right By You prehab / rehab (y 2 of 2)			£274,937	One off service development costs
	Psychological support	PSFU			£376,949	Improvement projects and resource, one year fixed term, but potential identification of gaps in workforce / kit which may add cost to ICB or trust.
		Treatment variation, GIRFT				
	Experience of care	Workforce development (ACCEND)			£80,000	Training resources, no exit commitment
					£1,520,080	