

The NHS logo, consisting of the letters 'NHS' in a white, bold, sans-serif font inside a white rectangular box.

Wessex
Cancer Alliance

Earlier Diagnosis Programme Plan

To meet the ambition of 75% of cancers
diagnosed in stages 1 and 2



Targeted Lung Health Checks



- Deliver run rates for invitations, Lung Health Checks (LHC) and CT scans in line with agreed trajectories.
- Increase uptake of LHCs >53% in year and maximise uptake of low dose CT scans for those who qualify.
- Evaluate uptake rates across Wessex in sites currently live and identify and address barriers to accessing the service.
- As part of 100% rollout ambition across Wessex, support the planning for implementing TLHC across Isle of Wight and SE Hampshire.
- Support development of a business-as-usual model in Southampton City.
- Support the development of delivering the service for local population in prisons across Wessex.
- Evaluate the effectiveness of the programme across Wessex for lung cancer early diagnosis in comparison to other routes e.g reduction on ED presentation, upgrades, incidental finding.



Multi-Cancer Blood Test



- Work with HIOW and Dorset ICBs to commission sufficient biosampling capacity for the Pilot to enable 94,629 test in Wessex.
- Working with the Southern Counties and One Dorset Pathology Networks and Dorset and HIOW ICBs to assure the implementation of the required operational processes for the Pilot as specified in the Biosampling Service Specification e.g. processes for movement of samples from biosampling sites to local laboratory hubs
- Working with Trusts and the Rapid Investigation Service to assure the implementation the required clinical processes for the Pilot as specified in the Clinical Standard Operating Procedure and Clinical Interface Referral Guidance e.g. assuring that local NSS pathways can manage referral safely
- Monitor, manage and assure all aspects of local delivery and quality, working closely with HIOW and Dorset ICBs and National Operations Service and escalating to the National Team, where appropriate
- Deliver local comms plans, developed in 23/24, to promote local uptake of Galleri tests and encourage equity across populations





FIT



- Fully embed FIT in line with DG56 NICE guidance in primary care, including ensuring that FIT tests are available to meet demand and that FIT results are promptly reported by pathology teams to inform referral. Resource should be focused where PCN performance is lowest as indicated by CAN-02/CAN-03 data reports.
- Ensure pathways are in place in secondary care so that only those at highest risk of colorectal cancer are referred for endoscopy and FIT negative (<10) patients with no ongoing clinical concerns are removed from the LGI urgent suspected cancer pathway, making sure clinical triage pathways are updated.
- Continue to resolve issues with both IIF and DiS data and work with PCNs to ensure correct coding if necessary.
- Capture and report local intelligence to explain trends in data demonstrating the impact of FIT.
- Through the FIT Steering Group support discussions between pathology networks and commissioners to agree FIT commissioning level required to meet demand and forecasted activity in the system.
- Continue to work with the Dorset Cancer Programme, WCA Comms and Inequalities leads to raise awareness of bowel cancer symptoms and address barriers to completing a FIT.



Screening and HPV



- Work with HIOW and SW SITs to agree a plan and the WCA's role within that with NHSE Regional Public Health Commissioning Teams and, in the case of HPV vaccination, local authorities.
- Explore the possibility of a screening focused LIS for Dorset and HIOW June 24 - March 25.
- Contribute to the development and implementation of action plans to improve local uptake and address inequalities in participation in NHS screening programmes .
- Working with HIOW and SW SITs and school immunisation to inform and encourage parents and carers of girls who have physical and learning disabilities to take up of HPV vaccination and men who have sex with men up to 45, this will include communications activity.
- Contribute to the evaluation of uptake activity, and the sharing of findings via NHS Futures and through early diagnosis share and learn forums
- If WCA fits the criteria put ourselves forward to work with NHS England in exploring options to deliver the UKNSC recommendation to lower the FIT threshold within the NHS Bowel Cancer Screening Programme.



Liver Surveillance



- Working with DCH and PHU to explore SCR as a potential patient call/recall/ tracker for patients eligible for liver surveillance. Support UHS to develop MyMR and look at the possibility in other trusts to implement patient trackers where these don't already exist.
- Ensure trusts have audited to produce a list of patients who qualify for 6-monthly liver ultrasound surveillance and that these patients are included on liver surveillance registers.
- Using our data work with trusts to develop processes to invite at least 80% of patients on the register and that 60% of those patients attend their appointment.
- Continue to fund a pathway navigator in each trust to enable the capacity for change.
- Understand the ultrasound capacity required to enable 60% attendance and work with the relevant ICB(s) and/or local CDC(s) to ensure sufficient ultrasound capacity is available to provide 6-monthly liver surveillance to people with cirrhosis/advanced fibrosis.



Liver Case Finding and HELIXR



- Engage with HELIXR (community peer support model) and primary care case finding projects through 1:1 meetings run by the Cancer Programme and support where necessary.
- When the HELIXR project is running in 3 trusts consider the funding of an extra 2 peer supporters across Wessex to enable spread of HELIXR project to trusts not yet involved.



Local Community Pharmacy Pilot



- Delivery of urgent suspected lung cancer pharmacist referrals pilot sites one pharmacy on the Isle of Wight, contributing to the national evaluation to inform a recommendation for future commissioning of service. (This is not part of the national initiative)
- Development of work with the LPC and ICB community pharmacy leads.



Pancreatic Cancer



- Continue to work with EUROPAC navigators to refer patients at high risk of hereditary pancreatic cancer into EUROPAC surveillance programme (eg) by supporting navigators to build links with pancreatic MDTs and primary care
- Continue discussions about a hub and spoke model across Wessex to ensure adequate capacity in the EUROPAC system.
- Identify PCNs in Q2 to participate in a pancreatic case finding pilot based on new onset diabetes and weight loss (and other factors such as age)



Innovation



- Capsule Sponge - Develop a suitable model to spread the innovation to secondary care and primary care sites.
- Develop and deliver a local innovation competition to identify small-scale innovation projects that would improve earlier and/or faster cancer diagnosis in Wessex.
- AI and Robotic Process Automation - identify opportunities to develop and deliver innovation projects that utilise supportive technologies that support the workforce and as a result, enable earlier and/or faster cancer diagnosis.
- Innovation Open Call - Support applications as appropriate. This may include (but is not limited to), identifying clinical pathway needs, supporting team to identify suitable innovations (via horizon scanning) and develop project plans that would meet the Open Call brief.





Teledermatology



- Continue to support PCNs in HIOW to use teledermatology.



ICB Plans to Improve Rates of Early Diagnosis



- Aim for a 3% point increase in early diagnosis in 24/25.
- To include specific activities to drive improvements through:
 - Screening - Increasing uptake
 - Timely presentation - Embedded campaigns and communications strategies
 - Primary care – Improved referral practice alongside expanded case finding
 - Local innovation – Locally led projects to deliver earlier diagnosis improvements where most needed
 - Health inequalities – Activities targeted to populations and communities with the poorest health outcomes