



Report to the Wessex Cancer Alliance Board	
Title:	2023/24 End of year report
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Date:	11th June 2024
Purpose	Assurance
Summary of paper:	<p>The paper presents to Board a summary of the Cancer Alliance achievements over the course of 2023/24, 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 11th June 2024. Following which the paper will be summarised and shared with all stakeholders.



Three key priorities for 23/24



During 23/24 there were three nationally set 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 75% of cancer diagnosed at stage 1 or stage 2 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 cancer are diagnosed or have cancer ruled out within 28 days

Achievement:

1. There was a significant reduction in 62 day backlog during 23/24 with all providers achieving fair shares during March 2024.
2. We continue to progress against this target; at March 2024 60.5% of patients are diagnosed in stages 1 & 2.
3. At a Wessex, and Dorset, and Hampshire and Isle of Wight System level the FDS was met in March 24. By provider, 4 out of 6 achieved FDS for March 24. HHFT missed the standard by 0.3% and IOW by 2.5%.



Prevention & Early Diagnosis



What did we say we would do?

What have we achieved?

Improve referral completeness – via audits and feedback from secondary care

We supported Primary Care Networks (PCNs) with the Network Contract DES by providing data packs across Wessex and accompanying PCN visits with facilitated discussion about that data and areas of focus with the majority of PCNs submitting an action plan. PCNs focused on a wide range of referral practice including: fast track referral, use of suspected cancer referral forms – removing outdated ones, colorectal cancer audit, review of routes to diagnosis, significant event analysis, emergency presentations, review non urgent suspected cancer referrals routes of diagnosis.

Clinical Decision Support Tools – maximise usage through focusing in on the ARRS roles and GP trainees

We organised for Ardens to deliver webinars for the two practice clinical systems to encourage the understanding and use of the NG 12 Symptoms and Findings Analyser and an accompanying guide.

Dorset have implemented CtheSigns a clinical decision support tool that will assist with referral completeness and has a robust safety netting mechanism. A substantial piece of work has been ongoing with Dorset practices with the assistance of a Clinical Fellow and the CtheSigns team. Evaluation is expected in 2025/26.

Commission a range of support and training resources for primary care to improve access and experience for people with cancer.

A diverse range of workforce have been engaged in training in this year including Undergraduate GPs, ST3s, military GPs, practice nurses, ANPs, physician associates, admin staff and paramedics. These had subjects such as: LGBTIQ+ Inclusive Care, cervical screening for people with learning disabilities, pancreatic cancer, SACT, dietetics, cancer hot topics, prehab/rehab, FIT, ovarian cancer. 28% of sessions were face to face and 72% online.

Explore direct access diagnostics via pharmacy – looking to pilot this on the lung pathway

We have been working with pharmacy, GP and secondary care colleagues on the Isle of Wight to develop a community pharmacy referral protocol for patients with NG12 symptoms for lung cancer



Prevention & Early Diagnosis



What did we say we would do?

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

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

What have we achieved?

The work on the DES and the LIS has been merged. The team created a webinar to go through each requirement of the Network Contract DES with experts from each requirement area and alongside this produced a support pack for the PCNs to use throughout the year. The end of DES reporting has shown the breadth of work that has been completed by the PCNs with great strides made in teledermatology, screening and the audit of referral practice (see above).

The team completed PCN visits to support with data and a facilitated discussion from which the PCNs in HIOW were required to create an action plan as part of the LIS - 30 out of 37 PCNs achieved this requirement.

There were two separate Local Improvement Schemes this year to suit the requirements of the two systems. In HIOW 37 out of 42 PCNs signed up to the agreement and in Dorset 18 out of 18 signed up the makes a total of 92% sign up. As the agreement finishes in June we have yet to receive final reports but the DES reporting does have some overlap so shows positive outcomes.

Communities Against Cancer runs from June to June so at this point has not finished its year, however at March 2024 14 grants to the value of £37,900 had been awarded to a variety of voluntary groups for example: Citizen’s Advice, Beyond Reflections (Transgender), Popley Fields Nepali Community, Unpaid Carers Southampton, Breakout Youth (LGBTQ+), Portsmouth City of Sanctuary (Refugees and Asylum Seekers), Level Up Gosport (SEND, low confidence and anxiety). The CAC team have delivered 5 workshops and 2 information sessions between September 23 and March 24 and have engaged with a number of community events across HIOW to talk about our priorities.





Prevention & Early Diagnosis



What did we say we would do?	What have we achieved?
<p>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</p>	<p>TLHCs are now offered to patients in Fareham and Gosport and South West Hampshire with comparable uptake in these areas and there is a continued roll out in Dorset. North and Mid Hampshire have experienced some delays and they will now go live in 2024/25.</p>
<p>Initiating a new nationally mandated project to improve liver surveillance services</p>	<p>We have provided funding for at least 1 pathway navigator in each trust by March 2024 one person had started their role. A major part of this programme is about data collection and data flows are working in all bar one trust, however data quality needs work. Discussions about patient tracker systems (which will also improve the data quality) have been positive and there are 3 different systems expected in Wessex.</p>
<p>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</p>	<p>WCA clinician were already referring into the EUROPAC study which is a pancreatic cancer surveillance programme. Links were made with the newly appointed regional coordinator to ensure that referrals are funnelled through this route and we have communicated out to trusts and practices to ensure that they are aware of this and have the protocols to follow.</p>
<p>Examine the best way to implement GRAIL nationally</p>	<p>Plans were put in place to implement GRAIL in December 2024. At the end of May it was announced that the rollout of GRAIL will be paused for 2 years so that further evaluation of the project can be reviewed.</p>



Prevention & Early Diagnosis



What did we say we would do?

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

What have we achieved?

For pancreatic and ovarian cancer awareness we developed and delivered patient facing communications toolkits for use in PCNs; this provides ready prepared information for patients to be used by the practices through their usual communication channels. In addition to this a webinar for both clinical and non-clinical cancer champions was delivered by our WCA GPs and accompanying charity partner Pancreatic Cancer Action.

We continue to ensure that campaign information and resources (including specifically designed toolkits) are shared with PCNs including those in deprived neighbourhoods.



Prevention & Early Diagnosis



Patient Benefits

The work on Communities Against Cancer and other communications work ensures the information about prevention, signs and symptoms and screening programmes leads to a more timely presentation at general practice.

Targeted Lung Health Checks has shown amazing results in increasing the number of people diagnosed with lung cancer in stages 1 and 2 and in addition to this the number from the most deprived neighbourhoods has also increased. Liver Surveillance is designed to bring patients at high risk in for a liver check up every 6 months in order to find liver cancers early and are treatable.

Pancreatic surveillance again is designed to monitor patients at high risk of pancreatic cancer to ensure that any cancers are found early and are treatable.

Referral form completeness and appropriate referral through CDS tools and audit of previous referrals helps to ensure that patients are referred on the appropriate pathway (including the non specific symptoms pathway). This helps the speed at which the patient is diagnosed and treated to be increased which can help a swifter recovery.

The LIS and DES have had an increased focus on teledermatology which has brought the diagnosis element of skin cancer closer to the patient reducing barriers to attending a clinic in secondary care. The elements of increasing screening uptake has helped increase the awareness and given greater opportunities to patients who may previously have found it difficult to attend for screening. For example, a large proportion of practices have expanded their access hours.

Training for primary care has continued to upskill the appropriate members of staff and those who are still in training ensuring that the workforce has the skills to spot cancers and refer quickly.

We have begun to increase access through community pharmacy; this offers an opportunistic alternative to general practice hopefully resulting in an earlier diagnosis once the project goes live.



Prevention & Early Diagnosis



Addressing health inequalities

Communities Against Cancer is completely focused on groups with protected characteristics to reduce their barriers to early presentation.

Targeted Lung Health Checks addresses inequalities as more deprived areas have been the initial focus of the project and those at high risk of lung cancer who are smokers are invited through this programme.

Liver surveillance focuses on those people who have Hep B/C or cirrhosis or advanced fibrosis (people from countries where hepatitis is common or high alcohol or drug use).



Taking a data driven approach



What did we say we would do?	What have we achieved?
<p>Maximise the use of our partnership with the Dorset Insight and Intelligence Service (DiiS); use the expertise that we have available to provide bespoke and up to data so that informed decisions can be made</p>	<p>23/24 has seen the scope of the data within DiiS expand. A particular focus has been on early diagnosis data which means that we can now have more up to date data that is nationally available and is more specific – for example, it can drill down to below tumour site and help focus work. We have also seen the introduction of enhanced analytics to help identify statistical variations, trends and patterns over time to assist in driving a data-driven approach to our decision-making.</p>
<p>Establish automated data feeds: to provide up to date information that reduces the need for manual interventions</p>	<p>Additional data feeds developed in most providers for FIT. This is being used to target Primary Care Networks who may require additional support re the use of FIT.</p>
<p>Improve the data completeness so that the most accurate data can be used for targeted interventions – for example staging data</p>	<p>Staging data has been used to target the tumour sites that will specific focus for example Upper GI. Ongoing work across data completeness and will be an area for focus for 24/25.</p>
<p>Expand inequalities dashboard to include the whole of Wessex</p>	<p>First draft of a Wessex-wide report has been created, focussing on the protected characteristics (age, gender, ethnicity) as well as deprivation for the whole of Wessex who have been seen at a Wessex Trust. Data can drill down to GP Practice level and tumour site. The finalised version of this report will be a main focus for 24/25.</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>The co-ordination of an Alliance-wide toolkit was initiated, starting with Lung and colorectal, but this was then superseded by the Best Practice Timed Pathway national returns submitted on a Quarterly basis for Prostate and Colorectal. This was co-ordinated by the DiiS team and completed by each of the Trusts. The national returns were then stood down at the end of the 23/24 financial year.</p>



Faster Diagnosis

What did we say we would do?	What have we achieved?
<p>Evaluation of short-term action and investment from WCA December 2022 backlog recovery</p>	<ul style="list-style-type: none"> • Reviewed impact of 2022 schemes with providers. • Impact supported both improvement in position for some tumour sites and supported maintenance of positions in terms of mitigation against winter pressures. • Trusts felt this had been of huge benefit and was a timely release of funds.
<p>Prioritisation of immediate Waiting List Initiative (WLI) investment for tumour site pathways still showing waiting over 62 days – Q1 and Q2 only</p>	<ul style="list-style-type: none"> • Funding agreed in Q1 of 23/24 to enable WLI and other short-term interventions to support and/or improve performance position through Q1 and Q2. • Provision of early WLI allowed support for pathways whilst for example recruitment was undertaken for funded roles. • This was agreed through a collaborative process with providers, ICBs and WCA.
<p>Investment from Q1 in sustainable transformation building on pathway review, working with Wessex Imaging Network and other system partners, with a focus on prostate pathway deep dive</p>	<ul style="list-style-type: none"> • Prostate deep dive undertaken with clinical leadership in place, with actions developed for each Trust and an overarching report developed and published. • Deep dive sessions run in partnership with WIN and pathology Networks. • New unscheduled bleeding on HRT pathways designed, implemented and evaluated at two Trusts. • As part of funding awarded posts put in to support challenged tumour sites, and diagnostic departments, to support performance across pathways. • All funding arrangements were agreed through a collaborative process with providers, ICBs and WCA.



Faster Diagnosis

What did we say we would do?

Working directly with clinical teams in the most challenged trusts to understand current pathway constraints and identify and share best practice service models to apply within the local workforce constraints.

Alongside this working with operational teams to implement different approaches to delivery of diagnostic pathways and increasingly sustainable solutions, with focus on colorectal, prostate and skin (nationally mandated) and gynaecology (local priority).

What have we achieved?

- Deep dive undertaken in prostate with on-site sessions runs at all 6 Acute provider Trusts to understand current pathway challenges with a complementary pathway analyser run.
- Prostate deep dive also included in depth clinical review of provision working with the Wessex imaging and Pathology Networks. Developing an understanding of current practice and therefore variation across Wessex.
- Prostate deep dive recommendations included looking at adopting nurse led diagnostic pathways (or non medical) where not already in place, nurse led triage where not already in place, optimising radiology and pathology approaches and reducing patient contacts based on public feedback received.
- Work undertaken with three Trusts with challenged gynaecology services to look at current areas of challenge and constraint. Based on position at each Trust plans were developed and implemented in order to support improvement of the pathway.
- They gynae pathway changes included the below in terms of working with partners and different approached to delivery of pathways:
 - Working with Community diagnostic Centre partners to utilise different capacity.
 - Design of new pathways, name unscheduled bleeding on HRT.
 - Utilisation of GP Direct Access, using our resources differently.
 - Provision of new roles including patient navigators and Physician Associates.
 - Implementation of new approaches to triage.
 - Development of new and tailored patient information.
 - Change to HRT prescribing formulary record and accompanying GP education.
- Teledermatology launched across the whole of Dorset and H&IOW.
- Colorectal focus was on the FIT pathway with the secondary care FIT less than 10 pathway moved to primary care in January 2024 and embedded.



Faster Diagnosis

What did we say we would do?	What have we achieved?
Reviewing the roll-out of the breast self-referral pilot and development of a testicular self-referral pilot	<ul style="list-style-type: none">• Testicular self-referral service designed and patient information, including a video developed.• Testicular self-referral due to launch in Q1 of 24/25 following a delay with complex governance sign off process.• Breast self-referral pilot successful expanded to two additional PCNs.• New mastalgia clinic set up for HHFT as part of the self-referral work.• Evaluation for both the breast self-referral and mastalgia clinic undertaken.• Evaluations to feed into discussions around the development of a breast pain offer for all Trusts in 24/25 and also to support discussions around potential sustainability of the self-referral service.
Working closely with CDC programmes to maximise diagnostic capacity and to progress the direct access for GPs to imaging in line with national guidance	<ul style="list-style-type: none">• Unscheduled bleeding on HRT pathway launched in Dorset in collaboration with the CDC programme, with the USS capacity being CDC.• Suspected cancer endoscopy now enabled for Lymington CDC in Southampton following a change in pathway flow.• Scanning capacity utilised at CDC sites across Wessex in support of cancer pathway diagnostics, either through providing scans for people on cancer pathways, or allowing activity to move from Acute sites to accommodate increased cancer activity.
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	<ul style="list-style-type: none">• Further evaluation written for the NSS service.• Discussions via WCA Board and direct with System partners undertaken.• Potential way forward identified through use of ERF which is being further developed into 24/25.



Faster Diagnosis

What did we say we would do?

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

What have we achieved?

- Business case written for UHD Lymph Node Pathway and submitted to the Trust. This was supported however no funding stream was identified.
- It was not possible for this case to be received by the ICB in year and there are plans for this to be considered in 24/25.
- Agreement was obtained to proceed with a roll out to DCH of this pathway to make it pan Dorset. Due to recruitment challenge the nurse required to launch this pathway has only come into post in May 2024 and therefore specific DCH tailored design agreement is now starting. The pathway will be launched and form part of the evaluation in 24/25.
- Review and mapping undertaken of sarcoma services across Wessex. USS scanning service reinstated for the Isle of Wight population.
- Review of current provision for brain undertaken under the lens of GP Direct Access. Pathway designed which would look to implement GP Direct Access for MRI and also streamline access for GPs to mitigate current confusion and challenges in terms of access at the right place first time.



Faster Diagnosis



Patient Benefits

Increased access to diagnostics closer to home, and community settings for people, including in gynaecological and colorectal pathways.

Increased access to tests via primary care, therefore increasing access for people, via GP direct access initiatives.

Increased access to the breast self-referral service and new mastalgia clinic at one Trust.

New management pathway for people with unscheduled bleeding on HRT meaning people are not undergoing unnecessary tests, or unnecessary trips to hospital where not clinically indicated and a reduction in anxiety and increased understanding and enabling self-management in a primary care setting.

Addressing health inequalities

Inequalities in access identified through prostate deep dive review with plans and recommendations in place to reduce this.

Increased options for people to access diagnostics through CDCs, GP Direct access and self-referral pathways.



Treatment



What did we say we would do?

Support the embedding of cancer genetic testing into mainstream testing

What have we achieved?

Lynch Syndrome: The 7 Wessex wide Lynch syndrome nurses have completed the national mainstreaming training for Lynch. The nurses have also attended three education and training sessions over the course of the year and drop-in sessions every month. The first mainstreamed Lynch patients will be seen at the end of this month with further MDTs coming on board imminently. Local mainstreaming training sessions to upskill the workforce are taking place from May 2024.

Ovarian cancer patients: Somatic and germline testing is fully mainstreamed across Wessex (CNS led) and working well. Carriers of pathogenic variants are referred to Wessex Clinical Genetics Service for ongoing management and to organise cascade testing of relatives.

Breast cancer patients: Germline testing for eligible breast cancer patients is now fully mainstreamed across Wessex apart from in Portsmouth. Mainstream training sessions are ongoing along with access to support for recent implementers. Carriers of pathogenic variants are referred to Wessex Clinical Genetics Service for ongoing management and to organise cascade testing of relatives.

Prostate cancer patients: Training in germline testing is underway for mainstream clinicians and some tests have now been ordered directly by urology/oncology. Training, local support and resource developments are ongoing. Carriers of pathogenic variants are referred to Wessex Clinical Genetics Service for ongoing management and to organise cascade testing of relatives. Somatic testing is already ordered directly by mainstream clinicians.

Early work is starting on embedding cancer genetic testing for melanoma patients.



Treatment



What did we say we would do?

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

What have we achieved?

Audits have been completed across all colorectal and endometrial MDTs showing over 90% compliance to the first part of the NICE guideline pathway for testing in these cancers. Education and training of the colorectal and endometrial MDTs across the Wessex region has continued. Presentations at the colorectal Clinical Advisory Group (CAG), the Dorset Gynaecology meeting and The Bowel Cancer Screening Practitioners meeting have been completed. B3 Cell Path coordinators are in post across the region to support the Lynch pathway within pathology and 7 Lynch CNSs are in post across almost all the colorectal and gynaecological MDTs. The recruitment to the one outstanding Trust for a colorectal CNS has been successful and we are awaiting confirmation of the gynaecological CNS taking this role.



Treatment



What did we say we would do?

Improved access to Acute Oncology Services via reviewing current service provision across Wessex and developing improvement plans

Systematic Anti-Cancer Treatment (SACT) closer to home – work with partners to pilot SACT model with a commercial provider

What have we achieved?

A review of Acute Oncology Services across the Alliance against national guidance framework has been completed. Individual Trust reports have been developed and shared with an overarching WCA report near completion. Service achievements have been highlighted and gaps in services noted with recommendations to align. The WCA Acute Oncology Clinical Advisory Group has been re-established with appropriate governance. This has excellent attendance and a strength in regional collaboration and shared practice. Subgroups established in line with the CAG workplan to ensure that pathways are updated, and patients are experiencing guidance aligned care for example; metastatic spinal cord compression. Identification of opportunities to review and establish a common criteria for access for telephone triage lines to ensure equitability in access for patients across the region. The Alliance now has representation on the UK wide four nation telephone triage review project in progress by the UK Acute Oncology Society (UKAOS) as well as the UKAOS Project Management Board for ongoing sight and input of national Acute Oncology development.

Following the stakeholder event in May 2022, an offer to pilot an end-to-end service of SACT closer to home was received in April 2023 from Lloyds Healthcare. An expression of interest gained 3 interested hospital trusts. The past year has seen discussions develop, with agreement of SACT drug lists and geospatial mapping identifying potential NHS estate or areas where a mobile unit may be appropriate. It is expected that business case development will begin in Q2 of 2024. Patient engagement will also begin once the financials of a closer to home service have been agreed.



Treatment



What did we say we would do?	What have we achieved?
<p>With partners in the Radiotherapy Operational Delivery Network (ODN), conduct a capacity and demand model</p>	<p>A capacity & demand scoping was undertaken at the end of 2023. A report was produced by Edge Health for the Thames Valley & Wessex ODN in February 2024 and circulated accordingly. The new Radiotherapy Programme Manager at WCA is leading and working closely with the 3 Trust Radiotherapy Services Managers on producing a Wessex response to this. We are looking at CT scanning times, treatment times including Stereotactic Ablative Radiotherapy (SABR). Dialogue is ongoing regarding newer technology/ provision to be “future ready” and establish what a 2 year, 5year and 10-year equipment profile and delivery modernisation e.g. ART (adaptive radiotherapy) would look like.</p>
<p>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</p>	<p>During 2022, two WCA team members (project manager and project officer) carried out work on the UHD radiotherapy pathway for the range of category 1 patients. During 2023/24 – the UHD team have continued to deliver on the proposals.</p> <p>Two examples of work are:</p> <ul style="list-style-type: none">• The use of electronic consent forms for radiotherapy patients• The recruitment of 2 Health Care Assistants to help with patient preparation (although current challenge of Trust recruitment freeze) <p>At UHS a project manager carried out a 3-month examination of UHS practice during autumn 2023 for the Head & Neck patient cohort, producing a report and recommendations in January 2024. This report has been shared internally and planning is in place to pilot service change.</p> <p>Unfortunately, there has been no work carried out at PHT, however the new radiotherapy project manager at WCA is planning engagement to support service development.</p>



Treatment



Patient Benefits

Radiotherapy – By reviewing our radiotherapy services we are planning to be “future ready” and establishing a clear plan of equipment modernisation e.g. ART (adaptive radiotherapy) to ensure we are providing the most innovative treatments for our patients.

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

SACT Closer to Home – will allow patients more time to do what is important to them. Rather than travel long distances at a time when they may feel the undesirable effects of treatment, closer to home or home treatments will allow patients to manage their side effects more effectively, with the same level of expertise and input from the clinical workforce.

Addressing health inequalities

SACT Closer to Home - Services are easier for people to access if they are closer to home or within the home. Financial burden of transport costs may be less if services are provided closer to home.

Acute Oncology - People have a good experience of and swift access to acute oncology more consistently across Wessex.

Radiotherapy - People can access the specialist care they need regardless of where in Wessex they live.



Personalised Care



What did we say we would do?

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

What have we achieved?

This module was developed by experts from WCA and the University of Southampton. It forms part of a workforce programme project – “educating the cancer workforce”. The content is based on the six domains of personalised care. Sessions are led by experts from WCA with input from patient representatives. A health coaching 2-day workshop is incorporated. The module forms part of the University of Southampton Masters in Professional Practice in Health Sciences. Previous modules are extremely well evaluated with delegates changing clinical practice to improve patient experience following what they had learnt. The module continues to be delivered with interest from nurses and CNSs working in cancer care, and AHPs. Evaluate of the module will continue including the impact that it has on clinical practice.

Six Personalised Care Champions have been recruited. Two surveys have been developed and conducted to establish current practice in relation to personalised care interventions and the training needs required by the workforce. A showcase event is in planning to demonstrate examples of best practice from across Wessex.



Personalised Care



What did we say we would do?	What have we achieved?
<p>We will support behaviour change in people with cancer through implementing Health Coaching</p>	<p>We have recruited and trained 7 experienced professionals to become accredited health coaches, to deliver two-day health coaching skills training – accredited by the personalised care institute. For various reasons the current number of available trainers is 3 who are now planning and delivering a programme of training across Wessex to the secondary care cancer workforce.</p> <p>To date, 10 two-day courses have been delivered to a total of 135 health care workers across Wessex and all courses have been extremely well evaluated.</p> <p>A further 4 courses are scheduled for 2024 including incorporating the training into the Personalised Care Masters module for clinical nurse specialists.</p>
<p>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</p>	<p>All trusts are compliant with PSFU pathways in breast, prostate and colorectal. Four trusts are actively running endometrial PSFU pathways. Over 9000 patients are enrolled on a PSFU pathway across WCA.</p> <p>Digital technologies have continued to be implemented, with Trusts utilising MyMedicalRecord incorporating a tracker and a patient digital platform to facilitate supported self-management strategies; also, the Somerset remote monitoring system to ensure the safe tracking of patients. Dorset cancer partnership have undertaken a large-scale patient engagement event exploring digital access and continue to make plans for digital implementation incorporating access via the NHS app.</p> <p>UHS have continued to develop PSFU pathways in other cancer specialities and have undertaken the sharing of good practice across the WCA.</p>



Personalised Care



What did we say we would do?	What have we achieved?
<p>We will evaluate our Right by Your programme, which is currently live in Portland and Southampton</p>	<p>The evaluation of Right by You Wessex undertaken by the CentRIC team at the University of Southampton concluded in July 2023. A final report including key findings and recommendations has been shared and will shortly be made available on the WCA website. Initial meetings regarding the evaluation of a new mental health practitioner post within the RbyY team are in progress. As of April 2024, the RbY service has supported over 650 individuals.</p> <p>A new project manager started in March 2024. The primary focus being to build a commissioning case for the service. A 'phase 2' data collection form to capture service data with a focus on service cost effectiveness has been developed. Liaison with data platforms across both ICBs is ongoing to build an evidence base for the reach and impact of RbY.</p>
<p>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</p>	<p>A mental health practitioner (dual trained in mental health and cancer care) commenced in post who is working with the RBY team to provide care and support for individuals diagnosed with cancer who have an SMI or develop one as a consequence of their diagnosis. Developing the education for improving skills and capabilities for cancer nurses around SMIs and for mental health practitioners around cancer. Working with wider community mental health teams and developing the escalation model for level 3 and 4 support with the wider RBY team.</p>
<p>Improve the update of Cancer Care Reviews in primary care</p>	<p>Our primary care colleagues have continued to take a lead on cancer care reviews, maintaining a cancer register within individual practices. The WCA has continued to provide resources to support primary care to complete CCRs. In 2024 a revision of these resources will be undertaken to acknowledge the non-clinical workforce role in these reviews.</p>



Personalised Care



What did we say we would do?

Implement our local Psychological support action plan

What have we achieved?

We have completed a first draft of our psychological support scoping report which is now being circulated internally within WCA for comment. This report illustrates gaps in current service provision and makes practical recommendations to improve psychological service provision across the patch. Report will be circulated internally to agree recommendations, and externally, before being finalised. A stakeholder engagement event will be organised to share results/findings with key stakeholders (e.g., Macmillan, ICBs, others) and to plan strategic workforce development as part of action plan.

The “Improving Psychological support for people affected by cancer” project with Talking Therapies & PHT has been completed with a celebration event in May 2024. The final report will be submitted early in Q2, and PHT will continue to work with WCA to implement learning from Talking Therapies project.

There has been Psychology input into WCA Advanced communication skills module for CNSs and in the development of Level 1 (universal) psychological training for unregistered workforce.

Our Psychologist has joined a national task and finish group revising Macmillan psychological rehabilitation guidance. Support has been provided in the development of online cancer psychosocial intervention by CentRIC team at UHS. There has been links with Midlands psychologists/ NHS England CPPO to begin to develop good practice guidelines for NHS Talking Therapies on working with cancer. The RbY Wessex team (experienced CSW & CNSs) provide level 2 & 3 psychological support utilising a therapeutic dynamic with CALM and ACT approaches. These staff deliver highly skilled psychosocial interventions to meet service user identified need. Assessments are undertaken in the service users’ preferred location. This enables effective response to verbal and non-verbal cues of needs and concerns. It also helps to establish rapport and build the foundations of a longitudinal therapeutic relationship.



Personalised Care



Patient Benefits

Personalised Care CNS modules – has empowered the CNS workforce to change clinical practice to improve patient experience because of what they have learnt. Health Coaching - Educational opportunities are improving the confidence and skills of the cancer workforce to improve quality and personalisation of care.

Right by You:

- Emotional and psychological wellbeing is an important area of need identified by service users. Psychological support interventions are delivered across most visits, with individuals reporting improved psychological wellbeing, increased self-efficacy, increased confidence to access services and improved support for carers and family members.
- Service users experience better patient-centred care because of improved health service integration. RbY facilitate improved communication, acting as a conduit for sharing information and facilitating improved relationships between care sectors.
- Efficiencies in health service delivery have been demonstrated, including reduced attendance (e.g., unscheduled admissions, GP appointments), fewer inappropriate referrals and the prevention of care duplication.
- Proactive identification and response to unmet need, prevents crisis escalation with resulting efficiencies to the NHS (e.g., avoiding unplanned admission).

More people are now actively enrolled onto PSFU/Self-management pathways. This reduces the need to attend hospitals as frequently but provides structure/safety-netting for patients to initiate a follow up as and when required. It releases capacity in the outpatient setting to enable those with more complex needs to be seen promptly. Financial benefits to patients following this model of care have been proven.



Personalised Care



Addressing health inequalities

Right by You - this project is supporting individuals from marginalised groups, in particular people who are homeless, those with mental illness and severe mental illness, and prison communities. Between 2020-2023, 73% of individuals referred to RbY resided in deprivation quintiles 1-3. Early findings from a new service user demographics form indicate that over a third of individuals supported have low levels of literacy or health literacy.

PSFU - Improvements in patient experience with input from the clinical team when they are required; less travel expenses, as unnecessary outpatient attendance is no longer required. Digital access for those with digital literacy. No exclusion for those in digital poverty as paper processes remain in place and telephone contact still encouraged.

Health coaching & Personalised Care Interventions - People get access to personalised support throughout their cancer journey.

Psychological support – comprehensive assessment, identification and referral to appropriate psychological services (level 1-4) for all patients in a place that suits them.



Workforce



What did we say we would do?

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 Aspirant Cancer Career and Education Development (ACCEND) framework, identifying individual and team development needs. Use this information to support a WCA approach to workforce development

What have we achieved?

Supporting the Service Improvement team with workforce conversations for the prostate pathway following the deep dive report. The project work re new roles (Physician Associates / Pathway Navigators) further feeds the skills mix approach – highlighted separately. Lead for Cancer Nursing and AHPs has undertaken a full cancer nurse review on IOW to support understanding of the current nursing role and responsibilities, workforce capabilities alongside envisaged need & potential to upskill the workforce to build capacity within the services. Learning from this work will be shared with strategic cancer nurse leads with further plans for a targeted approach through 2024.

Wessex Strategic ACCEND Implementation Lead post recruited to. Socialisation of ACCEND at all levels following stakeholder engagement strategy. Detailed mapping of the current education and development opportunities against ACCEND Capabilities. Mapping of existing Competency frameworks against ACCEND culminating in user friendly ACCEND framework for the WCA workforce to self assess their capabilities. Two pilot projects with two cancer teams to provide a structure for supporting managers to embed ACCEND framework into appraisals and development reviews. Wessex wide steering group commencing June 2024 to provide oversight of this work.

To support this WCA has rolled out of a local development programme for supportive and assistive workforce to match the national offer. [HEE funded project](#) to provide specific cancer MSc modules to support development of workforce across the ACCEND domains. To date WCA has utilised the NHSE CNS training grants to support cancer nurses to undertake a total of 62 modules on this pathway - final evaluation due July 2024. WCA commenced a [legacy mentor pilot project](#) to support the implementation of ACCEND in newly appointed cancer CNSs through the retention of experienced cancer nurses close to or at retirement.



Workforce



What did we say we would do?

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

What have we achieved?

Funded the development of clinical leaders within the oncology AHP workforce over 2 year period supporting integration of C/A, ICB and organisations. Final evaluation of this work [here](#). Building on the key elements of this programme to support the development of clinical leaders within the Cancer CNS workforce. Ongoing support via the WCA Strategic cancer lead nurse forum for new and aspiring clinical nurse leaders alongside WCA project development roles to support strategic development for experienced CNSs. Developments aligned with the ACCEND consultant / leadership capabilities for 2024/25.

Recruitment, induction and development of 9 Physician Associate roles across 6 Trusts was supported by WCA with final evaluation awaiting publication - summary [here](#). Ongoing support to teams to share good practice and business cases across Wessex to further sustain and develop the PA role in cancer services. WCA successfully piloted the Pathway Navigator role in cancer services initially funded through NHSE project. Details of the project are [here](#) including recruitment, case studies, development portfolio. Ongoing support with Trust business cases providing quantitative and qualitative data to support the sustainability of these roles where proven to be beneficial.

Inclusion of the administrative workforce into the ACCEND programme for the supportive and assistive workforce. Full database of the existing Admin and supportive workforce across Wessex including MDT co-ordinators, Cancer Care Co-ordinators Primary Care, Cancer Support workers and Pathway Navigators. Mentorship programme developed and funded by WCA for the new roles of Cancer Care Coordinators. [Education and training programme](#) developed for this workforce and offered on a rolling programme. [Supportive workforce conference](#) facilitated by WCA to support integration of these roles across the cancer pathway. Work underway to understand the admin / supportive workforce within Radiotherapy services and further support this important workforce.



Workforce



What did we say we would do?

Progressing with the oncology pharmacy and radiotherapy workforce transformation projects from 2022/2023. Evaluate impact of investment and share insights regionally and nationally

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

What have we achieved?

Progressing with Radiotherapy workforce plans including supporting development of Advanced and Consultant Practitioners at each Trust and standardisation of competencies aligned with ACCEND for the Enhanced level workforce. Recruited to a Radiotherapy Programme Manager role to work with the 3 Wessex Service Managers supporting the standardisation of practice and policies across the centres seeking pathway efficiencies alongside optimal use of the existing workforce to overcome some of the challenges in the oncology and Trad workforce. 12 month plan in place with initial work focussing on cross site discussions with key workforce groups in response to the ODN led report on RT demand and capacity across Wessex.
Phase 1 outcomes of the HEE funded pharmacy workforce project [here](#). Phase 2 delayed due to lack of workforce project lead but recommencing July 2024 and will link in with the SACT work, BOPA demand and capacity tool (potential to pilot) and workforce development opportunities.
All plans shared with national team at national C/A Workforce Forum.

Launch of the [WCA Cancer Careers webpage](#). Highlighting 14 cancer careers with Phase 2 underway to be completed by end of 2024. Piloted with young people to ensure message is clear for the primary audience. Excellent engagement from the cancer workforce. Positive feedback from Trusts using the website for recruitment, NHSE WTE teams. Linked into 350 Programme at HIOW and LEC in Dorset to further promote and use this careers tool.



Workforce



Patient Benefits

The [ACCEND programme](#) has been established to develop end-to-end transformational reform in the education, training and career pathways for nurses, allied health professionals, psychologists and pharmacists in generalist and specialist roles at all levels of practice, supporting people affected by cancer both now and in the future. This will ensure that people affected by cancer receive the best possible quality care and experiences, delivered by professionals who feel equipped and confident with the knowledge, skills and capabilities required.

WCA secured funding from NHSE SE programme to support the delivery of Advanced Communications Skills training leading to a workforce better equipped to manage complex and compassionate conversations with people affected by cancer.

WCA has supported a variety of opportunities including cancer specific MSc modules, development days, communities of practice and the QI programme which have shown through feedback to empower the cancer nursing, AHP and supportive workforce to feel confident to review and subsequently change both their and their teams' clinical practice/ service to improve the overall experience of the person affected by cancer and their families.



Workforce



Addressing health inequalities

All WCA development days / forums / cancer MSc modules incorporate a health inequalities (HI) theme within the agenda to ensure that the workforce consider HI as part of their daily responsibility. Members of the WCA Patient and Public Involvement group regularly attend our development events to challenge, support and guide our workforce as they seek to improve services. This was very evident through the QI programme which was well supported both by a member of the involvement steering group and a side by side member representing the organisation delivering the training.

The WCA education and training page regularly promotes relevant and credible HI training to support the development of the workforce.



Involvement and Inequalities

What did we say we would do?	What have we achieved?
Review our approach to patient and public involvement and reducing inequalities in cancer care	<ul style="list-style-type: none"> • Completed a review, developed a new approach bringing together patient and public involvement, patient experience and inequalities. • Appointed 2 new members of the team to lead on this work
Review the Alliance's Involvement Steering Group and Involvement Network	<ul style="list-style-type: none"> • New terms of reference and role descriptions were developed following an in person away day • Additional members have been recruited • Further work during 24/25 to increase diversity of engagement
Deliver patient/public involvement through the Alliance's work programmes	<ul style="list-style-type: none"> • People with lived experience were involved in supporting our work in a wide range of areas including acute oncology, breast self-referral, testicular self-referral, personalised care including prehab and Right by You resources, lymph node pathway, prostate cancer deep dive, quality improvement training, frailty, symptomatic FIT
Support Trusts with the Cancer Patient Experience Survey and produce an Alliance level report	<ul style="list-style-type: none"> • Supported Lead Cancer Nurses including offering help with analysing free text comments • Produced and published a 'you said, we will' report at Alliance level identifying actions across Wessex
Reach into communities affected by health inequalities to improve experience and outcomes	<ul style="list-style-type: none"> • Working with partners on the Trans Aware Cancer Care project which aims to understand and improve care for people who are Trans+ • Work with partners to support people who are disabled or neurodiverse through cancer services • Developed networking with Black, Asian and minority ethnic organisations to support our work, particularly around prevention and early diagnosis



Involvement and Inequalities



Patient Benefits

Increased numbers of people with lived experience of cancer – as a patient or a carer – have been involved in our work ensuring that we focus on what matters to cancer patients

Addressing health inequalities

We understand more about how people who experience health inequalities need to be supported to achieve equity in access, outcome and experience with further work to be delivered during 24/25

Increased partnerships with health deprived or excluded communities to ensure our work includes people by design.



Our budgets for 2023/24

Placed Based Budget



Programme	Budget	Actual	Variance	Explanation
Operational Performance	£3,370,724	£3,370,724	£0	Spent in full.
Best practice timed pathways	£1,344,772	£1,344,772	£0	Spent in full.
Non-Specific Symptoms (NSS)	£1,298,892	£1,298,892	£0	Spent in full.
Timely Presentation	£948,611	£948,611	£0	Spent in full.
Primary Care Pathways	£1,392,788	£1,320,310	- £72,478	Minor underspends on a variety of programme areas (Pharmacy pilot, LIS, and GPs).
Local Innovation	£98,077	£97,516	- £561	Minor Underspend.
FIT	£52,828	£52,828	£0	Spent in full.
Treatment Variation	£574,920	£576,067	£1,147	Minor Overspend.
Personalised Care	£782,009	£781,011	-£998	Minor Underspend.
Core Team Funding	£1,090,342	£1,088,756	- £1,586	Minor Underspend.



Our budgets for 2023/24

Targeted funding



Programme	Budget	Actual	Variance	Explanation
Targeted Lung Health Checks (TLHC)	£4,294,944	£3,533,926	£761,018	The final level of reported work covers UHS, PHU, and DCH. The underspend is due to a delay in activity, including HHFT.
Lynch Syndrome	£396,819	£396,819	£0	Spent in Full.
Liver Surveillance	£496,679	£496,679	£0	Spent in Full.
Cytosponge	£54,372	£31,197	- £23,175	Remaining funding for pilot no longer required, as leaving national pilot. Has not been re-allocated.
CCE	£66,509	£64,991	- £1,518	Minor underspend.
GRAIL	£385,000	£385,000	£0	Spent in full.