NHS
Wessex
Cancer Alliance

Wessex Cancer Strategy

2025-2030

Contents

Foreword

Welcome to the Wessex strategy for cancer, setting out our Five Year Plan for cancer for people living in Dorset, Hampshire and the Isle of Wight (HIoW).

We have developed this in partnership with patients, families, and expert colleagues across Wessex, focusing on what is already good about cancer care but more importantly on what could be improved, and how best to do so. We have sought out opportunities for science, innovation and collaboration to drive significant improvements in cancer care for our population.

We have set out clear, specific ambitions that we commit to in partnership with Dorset and Hampshire and Isle of Wight Integrated Care Systems, and in support of the recently published 10-year Health Plan and the subsequent National Cancer Plan, expected later this year.

We are aligned in our vision for cancer services, shared by all partners in Wessex, to improve the health of everyone living in Wessex, so that people can live healthy lives for longer, and to reduce the gap in healthy life expectancy between the most and least healthy.

We will hold ourselves to account firstly through publishing our ambitions and then by measuring our progress against them.

We will assess the impact of each of the interventions for equity of access, experience, and outcome.

Our ambitions are set out against the stages of a cancer journey, as experienced by patients and their families. From Prevention and Earlier Diagnosis, through Diagnosing and Treating Cancer and then how we envisage Planning and Delivery of services in the future. Finally, we look to opportunities across all the care pathways to make the most of new research, developments in medicine and improvements in care.

We will deliver our strategy through the lens of the Joint Forward Plan for Dorset and the HIoW Clinical Framework, both of which set out a path to proactive and preventative care, a person centred approach, being driven by clinical outcomes and data.

We look forward to working with you to support this collaborative approach to a single strategy for cancer services across Wessex and remain grateful for your ongoing support.

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Executive Summary

Cancer survival in England is at an all-time high due to the speed and scale of advances in diagnosis and treatment. Our work on cancer really matters to people. As we live longer, more of us will develop cancer ourselves, or will have family or friends who are affected by cancer. We want more people to be cured of their cancer or supported to find a way of living their life well with their diagnosis.

The Government has set out its ambitions for the NHS, to shift the focus from sickness to prevention, to provide more care in the community so hospitals are able to treat only the patients who need to be in hospital, and to make better use of technology.

Across Wessex, our Integrated Care Systems have set out their **vision for improving the health of everyone living in the local area, so that people can live healthy lives for longer, and to reduce the gap in healthy life expectancy between the most and least healthy.** This strategy for cancer is a crucial part of the success of this vision, acknowledging the finite resources available across Health and Social Care.

Between 2021 and 2022 there were 4,778 deaths from cancer in Dorset, and 9,348 in HIoW. For both Dorset and HIOW ICSs, 37% of all deaths in people aged under 75 years were due to cancer (PHE, 2024).

Prevention

There is an opportunity for partnership with local authorities, to embed interventions directly into cancer clinical pathways. Making Every Contact Count (MECC) ensures that messages of prevention are used as an everyday opportunity for everyone who is referred on a suspected cancer pathway, to reduce future cancer risk.

Regardless of who they are or where they live, we will try to ensure that everyone can benefit from knowledge and opportunity to prevent cancer where possible.

To do this, we will:

1. Embed Very Brief Advice (VBA) on healthy life choices into our clinical pathways.
2. Support people to actively improve their health and wellbeing, to reduce risk of developing diseases, including cancer, in the future.
3. Target the areas with the highest smoking rates in Wessex to increase awareness of, and access to local stop smoking services.
4. Reduce the risk of cervical cancer by meeting the target to increase Human Papillomavirus (HPV) vaccination uptake.
5. Consider the impact of air quality on system-wide resource allocation and planning.
6. Continue to embed genetic testing in our clinical pathways to ensure those at higher risk of a future cancer are identified and supported to make choices to reduce that risk.

Diagnosis

Cancer remains the single biggest reason for years of life lost in the UK, accounting for over one in three of all years of life lost, more than the next three causes of death added together. Earlier diagnosis of cancer improves survival, reduces treatment burden, and provides the best opportunity for positive outcomes from a cancer diagnosis.

Across Wessex we will continue and step up our multi-agency 'every effort' collaboration to detect 75% of cancers at stage 1 or 2 by 2028.

We will continue to increase the percentage of new cancers diagnosed at an early stage. To achieve this, we will focus on:

1. Improving stage of diagnosis, prioritising the tumour types where earlier stage has the greatest impact on survival.
2. Improving pathway effectiveness and efficiency to make earlier diagnosis as simple as possible.
3. Increasing awareness of cancer signs and symptoms among our population, targeting communities with latest stage of diagnosis.
4. Improving access to, and uptake of screening and diagnostic tests for cancer, prioritising areas of lowest uptake and latest stage of diagnosis.

We need to ensure people receive a timely and definitive diagnosis. **We will continue our work to ensure that confirmation or exclusion of a cancer diagnosis should take a maximum of 28 days from referral to diagnosis for at least 85% of people by 2030**.

To improve accessibility and ensure our population have timely access to the right care, in the right place, at the right time we will:

1. Improve appropriate diagnostic testing and shared decision making for people, with a focus on frailty.
2. Provide clear information and offer decision support tools for some common cancers, to support health seeking behaviour, applying the latest technology (wearables, self-testing, artificial intelligence (AI)), genomics and cancer blood tests.
3. Continue to develop community diagnostic services, ensuring access is as close to home as possible.
4. Work with teams delivering diagnostic services to help predict the changes in cancer diagnostic demand and ensure there is enough equipment and staff to meet the needs of our population.

Treatment

We will ensure further recovery of services to begin treatment within 62 days of referral for at least 85% of patients on a suspected cancer pathway.

We describe our approach to treating patients with cancer in terms of:

1. **What it will feel like for patients.**
2. **Best possible treatment options.**
3. **Right workforce, right place, right skills.**

Commissioning of services

We are responsible for planning cancer services to provide the best outcomes and experience for our population, while ensuring our systems achieve financial balance.

In order to achieve this, Wessex system partners will ensure equitable access to high quality care for our population, making best use of our funding to provide sustainable services, fit for the future.

We will deliver this aim through our roles and responsibilities in commissioning cancer services for our population, as ICS and Cancer Alliance in partnership, enabling value for money and best possible, equitable patient experience and outcomes.

Research and innovation

The number of opportunities patients have in accessing innovative tests and treatments is declining O'Shaughnessy Review (2023), following a reduction in the number of research trials being delivered.

We will increase the number of people in Wessex who will benefit from both research and the adoption of innovations to improve cancer outcomes.

To do this, we focus on achieving three outcomes:

1. Increase the number of research trials in Wessex, and access to them.
2. Support teams to adopt innovations in cancer pathways which have demonstrated an improvement in patient outcomes.
3. Champion the need for increasing the capacity of clinical staff to support an increase in the number of research trials and innovation pilots delivered across Wessex.

In anticipation of the forthcoming NHS National Cancer Strategy, we believe there will be a growing need to support access to both research and innovation adoption across all cancer pathways, and we are making this a priority over the next five years.

This strategy sets out a comprehensive and ambitious agenda to improve cancer care in Wessex.

We make no apologies for the extent of our ambition – one in two of us will get cancer in our lifetime and we know the impact it has on individuals, families and wider society is profound.

Collaboration will be central to our success. We will deliver our strategy in line with the Joint Forward Plan for Dorset and the HIoW Clinical Framework, reporting into Integrated Care Board (ICB) Planned Care governance alongside wider system governance, through the Cancer Alliance Board.

To help us achieve our ambitions, more detailed plans will be drawn up each year to inform our annual plan for each area (prevention, earlier diagnosis, diagnosing cancer, treating cancer, commissioning, research and innovation). We expect to publish progress reports against this strategy annually, enabling scrutiny by partners, patients, and carers.

Our strategy reflects our ambition for the whole of Wessex and will be reflected in ICS plans.

Prevention

Cancer is a complex set of diseases with many different causes and risk factors, and the reasons why it affects some people and not others are still not fully understood. Age and gender, and for some cancers, genetics, are the most important fixed risk factors. Cancer incidence and mortality increase with age, more males aged 70-84 die from cancer than any other group. One in ten of the Wessex population is aged 75 years and over and we have an older population when compared with the rest of England. Almost all cancers are more prevalent, with higher mortality in areas of highest deprivation.

Modifiable risk factors such as smoking, being overweight, poor diet (insufficient fibre and too much processed meat combined), UV radiation exposure (including use of sunbeds), drinking alcohol and low levels of activity may increase a person's chances of developing cancer. In addition to being a healthy behaviour, breastfeeding is a protective factor for women and may lower the risk of developing breast cancer.

It is estimated that 38% of cancers are preventable.

Our ambition is to prevent more people in Wessex from developing cancers. Regardless of who they are or where they live, we will try to ensure that everyone can benefit from knowledge about how to prevent cancer where possible.

To do this, we will:

1. Embed Very Brief Advice (VBA) on healthy life choices into our clinical pathways.
2. Support people to actively improve their health and wellbeing, to reduce risk of developing diseases, including cancer, in the future.
3. Target the areas with the highest smoking rates in Wessex to increase awareness of, and access to local stop smoking services.
4. Reduce the risk of cervical cancer by meeting the target to increase Human Papillomavirus (HPV) vaccination uptake.
5. Consider the impact of air quality on system-wide resource allocation and planning.
6. Continue to embed genetic testing in our clinical pathways to ensure those at higher risk of a future cancer are identified and supported to make choices to reduce that risk.

Aim: We will embed Very Brief Advice on healthy life choices into our clinical pathways to make best use of every opportunity to help our population understand their own potential to reduce risk of cancer in the future.

Objective: Very Brief Advice (VBA) is demonstrably embedded into 90% of clinical pathways.

In order to achieve this:

- Clinicians in cancer pathways will be trained to ensure they can have competent, sensitive, culturally appropriate, and confident 'brief advice' conversations about alcohol, smoking, weight, and physical activity and improved awareness of local offers and referral pathways.
- We will develop pathways and tools to support risk factor screening,VBA, and onward referral when appropriate.
- All clinicians involved in cancer pathways will be trained in VBA every three years.

Aim: Support people to actively improve their health and wellbeing, to reduce risk of developing diseases, including cancer, in the future.

Objective: Local public, private and third sector organisations will have access to tools and training to support the people they come into contact with to understand how they can reduce their risk of developing cancer in the future.

In order to achieve this we will:

- Offer training tools and advice in partnership with industry, communities, and local organisations to improve health literacy across our population.
- Seek to test and share technology that will empower people to manage their own health and wellbeing.
- Use digital technology and data to identify those at greatest risk of developing cancer and allocate resources to support them to reduce that risk.
- Ensure multidisciplinary teams (for example public health nurses, community health workers, primary care staff) are engaged in cancer-related prevention including promoting screening.
- Support the reduction of skin cancer by increasing public understanding of the risks of UV exposure as a cause of skin cancer through social marketing and targeted education.
- Identify people with an increased risk of cancer and offer them surveillance as eligible in line with NICE guidance. We will embed call and recall of patients identified as having increased risk of cancer, including but not limited to: people with liver cirrhosis, Barrett's Oesophagus, lung nodules, familial breast cancer risk, Lynch syndrome.

Objective: Promote benefits of healthy weight, reduced alcohol consumption and physical exercise in reducing the risk of cancer.

Healthy weight

- We will pursue an ambition for anyone on a suspected cancer pathway with a BMI over 30 to be offered access to support to reduce their weight.
- We will work to raise awareness of the link between obesity and cancer among health professionals and the public.
- We will seek to open access to existing prediabetes and community liver health check programmes for weight loss and prevention via cancer clinical pathways (including anti-obesity drugs and comprehensive support). This will widen opportunity for more people to be supported to achieve and maintain a healthy weight for example, the NHS Digital Weight Management tool.
- With Local Authorities we will focus on food insecurity and access to healthy foods, promoting a healthy, balanced diet as well as healthy weight.

Reducing alcohol consumption

- We will work to raise awareness of the link between alcohol and cancer among health professionals and the public, including how to talk to people about their alcohol use.
- Providers of hepatocellular cancer surveillance programmes will ensure they have strong links to local alcohol and drug services.
- All people entering the hepatocellular cancer surveillance programme will be screened for drug and alcohol use, with a supported handover to local drug and alcohol services if appropriate.
- Anyone on a suspected cancer pathway will be asked about levels of alcohol use with subsequent sensitive and targeted conversations about support available to reduce alcohol use as appropriate to the individual's circumstances.
- Our general practice cancer leads will support prevention of harm from alcohol and drug use through promoting staff training, development of links to drug and alcohol services, proactive identification of people using drugs and alcohol, with conversations and referral to drug and alcohol services as appropriate and quality improvement projects/audit to support the work.

Physical activity

Regular physical activity has been shown not only to reduce the risk of cancer and other non-communicable diseases but also to significantly reduce the risk of recurrence following a cancer diagnosis.

- We will provide information to patient facing staff on the benefits of physical activity on health and wellbeing, including evidence of impact on cancer risk and treatment outcomes.
- We will work with providers of cancer support services to embed physical activity as part of their wellbeing offer.

Aim: We will target the areas with the highest smoking rates in Wessex to increase awareness of, and access to local Stop Smoking services. We will particularly focus on areas of greatest deprivation.

People born today in England's most affluent areas are expected to live on average, up to ten years longer than people in the least affluent. [(ONS)., 2023] Smoking is the single biggest driver of this inequality. [(Marmot M, 2010)]

Objective: We will achieve the national ambition to reduce smoking rates to 5% by 2030.

In order to achieve this:

- All people who are referred into cancer pathways will be asked whether they smoke and, if appropriate, will be advised on stopping smoking and referred to the local tobacco control offer such as the NHS smoking cessation services (including as part of the pre-operative pathway).
- Lung Cancer Screening will, where possible, be co-located with smoking cessation services.
- Our general practice cancer leads will support the smoking cessation programme through working with Primary Care Networks (PCNs) to promote the implementation of Very Brief Advice (VBA) training, the development of links to smokefree services in the PCN area and ways to proactively identify smokers, with actions to help them stop.

Objective: To achieve 90% uptake in all school age children across Wessex by end of year 9 and ensure everyone eligible up to the age of 25 is provided with the opportunity to access the HPV vaccine.

Working in collaboration with Public Health Commissioning Teams, providers and ICBs, we will:

- Use social marketing techniques and community engagement to raise awareness of HPV and HPV vaccination to highlight the role of immunisations (including Hepatitis B) in cancer prevention.
- Empower local advocates, training local champions in immunisation promotion to address mistrust and cultural barriers.
- Continue to target Special Educational Needs & Disabilities (SEND) schools and home educated children as well as overall uptake.
- Develop tailored messaging targeting underrepresented communities to raise awareness of cancer and highlight the importance of screening programmes, starting with HPV vaccination.

Aim: Consider the impact of air quality on system-wide resource allocation and planning.

Objective: Contribute to the reduction of air pollution by working with local providers to ensure they have a sustainability plan that includes improving air quality.

Outdoor air pollution causes 8% of all lung cancer cases in the UK (DEFRA, 2022). Parts of Wessex experience some of the worst air pollution in England. We commit to working in partnership across Local Authorities and industry to reduce harmful levels of fine particulate matter (suspended particulate matter 2.5 to 10 micrograms per cubic metre) by 2030.

We will work with providers to minimise the negative impact of cancer services on air quality, as part of sustainability plans, including through reducing staff travel requirements, streamlining the patient journey to reduce the need for separate appointments, and supporting sustainable and active travel options, including virtual access to services.

Aim: Continue to embed genetic testing in our clinical pathways to ensure those at higher risk of a future cancer are identified and supported to make choices with respect to that risk.

Objective: We will ensure equitable access to services from predictive testing, risk reducing treatments, and appropriate and timely screening.

Genomic medicine has demonstrated a significant opportunity to prevent some cancers from developing. Cancer is not usually inherited, but the risk of some types – including common cancers such as breast, ovarian, colorectal, and prostate cancer – can be strongly influenced by genes and can run in families.

Predictive genetic testing can indicate an increased risk of developing specific cancers, and as testing insight and research develops, more tests will be routinely embedded into care pathways. Identifying carriers of known genes that increase an individual's risk of cancer, ensures that discussions on cascade testing to family members can take place; with a clear risk reduction of future cancers.

BRCA and Lynch syndrome tests are already established in some cancer pathways and are offered to patients and family members where appropriate. The result of these offers has allowed affected people to access targeted cancer screening, lifestyle advice and, if appropriate, risk reducing surgery or other treatment.

Working alongside colleagues within genetics (Central and South Genomic Medicine Service Alliance), neighbouring cancer alliances and ICBs will ensure joined up working, minimise duplication of work and provide everyone with equitable access to services from predictive testing, risk reducing treatments, appropriate and timely screening alongside improving clinicians' awareness to investigate and offer the most appropriate and up to date treatment.

Earlier Diagnosis

Cancer remains the single biggest reason for years of life lost in the UK, accounting for over one in three of all years of life lost, more than the next three causes of death added together. Earlier diagnosis of cancer improves survival, reduces treatment burden, and provides the best opportunity for positive outcomes from a cancer diagnosis.

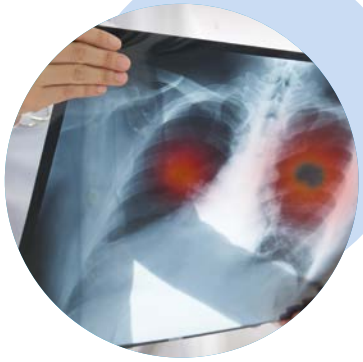
Across Wessex we will continue and step up our multi-agency 'every effort' collaboration to detect 75% of cancers at stage 1 or 2 by 2028

To do this, we will:

1. Improve the number of cancers diagnosed at Stage 1 and 2 for people in Wessex; prioritising the tumour types where earlier stage diagnosis has the greatest impact on survival.
2. Improve pathway effectiveness and efficiency to make earlier diagnosis as simple as possible.
3. Increase awareness of cancer signs and symptoms among our population.
4. Improve awareness and uptake of screening and diagnostic tests for cancer.

Aim: Improve the number of cancers diagnosed at Stage 1 and 2 for people in Wessex; prioritising the tumour types where earlier stage diagnosis has the greatest impact on survival.

Survival for both bowel and lung cancer are worse in the UK compared to countries with similar health systems (Araghi, 2022). In Wessex, the current average proportion of diagnosis at stages 1 and 2 is 51.7% in bowel cancer and 35.9% in lung cancer. For both bowel and lung cancers, proven interventions exist to diagnose cancer earlier.



Objective: We will collectively commit to focus on improving the stage of diagnosis of tumour site areas, starting with, but not limited to, bowel and lung cancer, for all people in Wessex.

- We will work in partnership with our population to ensure usable diagnostic services are open to people where they can access them equitably, to allow people to seek help in response to early signs or symptoms of cancer.
- We will build on existing Community Diagnostic Centre models to develop cancer diagnosis pathways closer to home, rather than limited to where the clinical services currently exist.
- Aligned with our research and innovation principles and actions, we will work with local teams and organisations such as Health Innovation Wessex, to identify and pilot proven innovations and new ways of working that will support the earlier detection of cancers.

Lung Cancer

Smoking is still the largest preventable cause of illness, death, and health inequalities in England. It is associated with almost every indicator of deprivation. Those already experiencing high levels of deprivation and health inequalities are more likely to smoke, such as manual workers and those with long term mental health conditions.

In line with the Dorset Joint Forward Plan, we will aim to reduce the gap in healthy life expectancy.

In Portsmouth, the proportion of adults who continue to smoke across the population is 10.1% (PHE, 2023) but is 17.4% for manual workers. Smoking rates among routine and manual workforce in Dorset ICB are the highest of any ICB in England. (PHE, 2024)

Objective: We will roll out the Lung Cancer Screening Programme (formally Targeted Lung Health Checks) for all of Wessex by 2028 by:

- Working in partnership with communities and Integrated Neighbourhood Teams to support codesigned, tailored and targeted public engagement to encourage informed participation and minimise reinforcing stigma around certain communities.
- Ensuring smoking cessation interventions are funded and integrated into the Lung Cancer Screening Programme.
- Ensuring commissioning planning aligns to provide adequate diagnostic and treatment capacity to allow for increased volume of earlier lung cancers detected.
- Increasing the uptake of the Lung Cancer Screening Programme to at least 70% by 2030, prioritising our most deprived communities first.
- Collaborating with clinical leaders across primary and secondary care to identify opportunities and need for piloting innovative approaches that will support the delivery of the Lung Cancer Screening Programme, delivering the full service as quickly and cost effectively as we are able.

Smoking is not the only cause of lung cancer. Up to 14% of cases are not related to smoking. We will increase awareness and access to diagnostic tests for all our population, being mindful of air quality and some increased occupational risks.

Bowel Cancer

Nationally, there is a positive correlation between deprivation and bowel cancer mortality, where the diagnosis rate is 28% higher for males living in the 20% most deprived areas of England.

In Southampton the mortality from colorectal cancer has been increasing from 2014-16 and is now significantly higher than for the rest of England. The three highest rates within Wessex are observed in Southampton, Gosport and Isle of Wight.

The Faecal Immunochemical Test (FIT) threshold for symptomatic testing is 10 µg Hb/g faeces. For screening it is currently 120 µg Hb/g faeces. This simple investigation detects blood in faeces and is an important indicator of possible bowel cancer.

- We will work with public health teams, pharmacy, optometry, and the voluntary and community sector to raise awareness of the signs and symptoms of bowel cancer and encourage people to seek medical advice early.
- We will work in partnership with the Primary Care Networks and the voluntary and community sector to increase access and awareness of the bowel cancer screening programme, focusing particularly on those who are currently less likely to participate.
- We will support Public Health Commissioning to lower the screening threshold from 120 to 80 µg Hb/g faeces for adults aged 50-74 years.
- We will enable transformation of bowel symptomatic pathways to create the capacity for the additional screening workload.
- We will work in partnership with communities and primary care to improve equity of awareness, access and uptake of FIT testing where people have symptoms.
- We will collaborate with clinical leaders across primary and secondary care to identify and pilot innovative approaches that will increase the early diagnosis of bowel cancer, while ensuring sufficient capacity for timely testing and results, follow-on diagnostic pathways and treatment as required.
- We will work with people with learning disabilities and their carers to address the known disparity in bowel cancer deaths (15.8% of cancer deaths from this population as compared to 10% for the general population.)

Aim: Improve pathway effectiveness and efficiency to make earlier diagnosis as simple as possible.

In order to achieve this, we will:

- Work with primary care and secondary care leaders, including dentistry and pharmacy, to identify and pilot innovative and proven approaches that will streamline referral pathways, to make it as easy as possible to access diagnostic tests when needed.
- Address and reduce referral variations in primary care.
- Work proactively with secondary care and support clinical teams to ensure swift transition from test result to management plan.
- Work with Clinical Advisory Groups (Site Specific Groups in Dorset) to understand and address variation in stage at diagnosis where data suggests variation exists based on geography alone.
- Develop and enable self-referral pathways, building on learning from the non-specific symptoms pathways, by digital and clinical triage, for people with concerning symptoms where workforce and health economics allow based on the principles of providing care as close to home as possible.
- Work with local primary care and secondary care leaders and organisations such as Health Innovation Wessex, to identify suitable digital technologies, such as decision support tools for primary care, symptom identifiers and risk calculators for patients and cancer helplines, to enable earlier awareness and detection of cancer.

Aim: Increase awareness of cancer signs and symptoms among our population, targeting communities with latest stage of diagnosis.

The 2023 Cancer Awareness Measure reported that just 49% of people in England who experienced a cancer symptom contacted their doctor about it within six months of noticing it and the National Cancer Patient Experience Survey (NCPES) shows that this is significantly lower in areas of deprivation across Wessex.

In order to achieve this, we will:

- Support timely presentation, continue to build on partnerships and community led awareness campaigns evidenced to improve understanding among community groups.
- Support primary care to utilise data and knowledge of their population to act on risk stratified case finding (proactive, symptomatic diagnosis) for certain communities and certain tumour types, with a focus on lung and bowel cancer, but recognising this will later extend to other tumour types over the period of this plan.

Communication is key to reaching all people and communities and the way in which we receive information has changed for many. Working with stakeholders we will seek to use communication technology more effectively to raise public awareness of cancer symptoms and improve access to healthcare information and services.

Aim: Improve awareness and uptake of screening and diagnostic tests for cancer, prioritising areas of lowest uptake and latest stage of diagnosis.

In order to achieve this we will:

- Continue to support earlier diagnosis surveillance pathways for high-risk patients, including those identified from their genomic profile or family history.
- Provide training across primary care to ensure knowledge is up to date.
- Improve access to cervical screening through increased awareness and self-sampling when available.
- Work with Public Health Commissioning Teams to improve the uptake and coverage of cancer screening programmes particularly among those who experience health inequalities, in line with the Core20Plus5 agenda. (The national approach to support reduction of health inequalities across a system, focused on the 20% most deprived plus specific communities experiencing inequality.)
- Identify opportunities to offer one-stop combined screening to improve uptake and experience, for example bowel FIT kits at lung, breast, and cervical screening appointments where eligible.
- Work with planning teams to ensure the necessary capacity at every stage, to make sure that people have a smooth journey through the whole screening pathway.
- Be proactive, as cancer is detected earlier and patients are surviving longer, in monitoring disease recurrence and progression. To do this we will align digital solutions, including wearable technology, to ensure timely monitoring and work to ensure sufficient diagnostic capacity across our systems.
- Be proactive about emerging less/non-invasive markers such as circulating tumour DNA (ctDNA) and advanced imaging, where the evidence supports adoption.

Faster Diagnosis of Cancer

We will support equitable access for people and ensure they receive a timely and definitive diagnosis of cancer. Confirmation or exclusion of a cancer diagnosis should take a maximum of 28 days from referral to diagnosis for at least 85% of people by 2030.

Below, we have described specific aims to realise our ambition:

1. Improve appropriate diagnostic testing and shared decision making for people.
2. To provide clear information and offer decision support tools for some common cancers, to support health seeking behaviour; applying the latest technology (wearables, self-testing, artificial intelligence (AI)), genomics and cancer blood tests.
3. To continue to develop community diagnostic services, ensuring access is as close to home as possible.
4. Work with teams delivering diagnostic services to help predict the changes in cancer-related demand and ensure there is enough equipment and workforce to meet the needs of our population.

Aim: Improve appropriate diagnostic testing and shared decision making for people.

Objective: To develop integrated pathways between health and social care settings, with a focus on frailty.

In order to achieve this we will:

- Continue to develop our Wessex imaging, pathology, histopathology and endoscopy networks (working with training academies) to ensure integrated systems and an appropriate digital/physical workforce are in place to support clinical teams.
- Agree which tests are needed, in which order, for each pathway to ensure quality, equity of access and reduce duplication and variation, in line with nationally prescribed best practice timed pathways where they exist.
- Build clear governance and accountability frameworks to enable staff to work across organisational boundaries to flex capacity to where it is most needed, prioritising remote image reporting across organisations at a Network level.
- Invest in and develop IT and digital integration within and between systems to allow reliable and rapid data sharing (in collaboration with the Southern Counties Pathology and Wessex Imaging Networks), for primary, community and secondary care diagnostics (including community diagnostic centres).
- Develop shared waiting lists across service providers to improve equity of access.
- Be at the forefront in the use of AI, where it has been proven to assist accurate and rapid reporting of all images. Where possible, we will use automation to improve efficiency and accuracy in administration processes.

- Include frailty assessment, when required, in discussions ahead of referrals for diagnostic testing for cancer. We will develop guidance and support for clinical teams and patients and their families to make informed decisions about the right time to refer and the options around diagnostic testing.
- Further develop shared decision making to support patients and their families to make informed choices about accessing diagnostic testing that is right for them.

Aim: To provide clear information and offer decision support tools for some common cancers, to support health seeking behaviour; applying the latest technology (wearables, self-testing, artificial intelligence (AI)), genomics and cancer blood tests.

Objective: To implement innovative solutions to allow more patients to confirm or rule out a cancer diagnosis.

In order to achieve this we will:

- Seek opportunities for technological developments and processes where patients are empowered to self-monitor and triage, if they wish to, particularly if disease recurrence is suspected.
- Collaborate with the Central and South Genomic Medicine Service Alliance, to proactively invest in and develop genomic testing to ensure a personalised approach to diagnostic pathways for patients and their families.
- Co-design effective communication that addresses barriers to participation in technology and genomic solutions, so these innovations are taken up by diverse populations across Wessex.
- Utilise population health data to seek to offer information and support to people with increased cancer risk.
- Ensure emerging tests, for example Multi Cancer Blood Tests, Cytosponge, Colon Capsule Endoscopy and others are scaled and implemented at pace where evidence supports effectiveness.

Aim: To continue to develop community diagnostic services, ensuring access is as close to home as possible.

Objective: Utilise community diagnostic centres to create one-stop or shortened pathways, including self-referral and walk-in facilities near to communities.

Particularly for our rural and Island population we will ensure access to diagnostic pathways is close to home and easy to get to, utilising shared data, modelling, and population health information to plan services around need.

In order to achieve this we will:

- Work across systems with people and communities to design access to diagnostic services around people and communities, locating services close to people, promoting accessible pathways for diagnosis.
- Continue to review processes to eliminate duplication, to promote same day testing and diagnosis where feasible.
- Ensure alignment between change in demand of diagnostic pathways and capacity in laboratory, imaging, and endoscopy services, utilising proven technological innovations (including AI) as they emerge.

Aim: Work with teams delivering diagnostic services to help predict the changes in cancer-related demand and ensure there is enough equipment and workforce to meet the needs of our population.

Objective: Ensure we have the right people with the right skills, in the right place to deliver diagnostic services.

In order to achieve this we will:

- Through Networks and Academies, develop demand and capacity modelling for the future diagnostic workforce to meet the increasing need.
- Build plans in partnership across commissioners and providers to ensure sustainable recruitment and training for current and future service requirements.
- Increase opportunity through joint and rotational roles to help retain our workforce.
- Support the development of advanced communications skills in the diagnostic workforce to provide supportive patient care.

We will support systems to help predict the changes in cancer-related demand linked to:

- Demographics.
- Survivorship.
- New tests and approaches to identifying or monitoring cancer.
- New or extended screening services.

This information will help develop an overall demand and capacity tool for workforce, training, physical capacity, and equipment.

Treating Cancer

We will ensure further recovery of services to begin treatment within 62 days of referral for at least 85% of patients on a suspected cancer pathway.

We describe our approach to treating patients with cancer in terms of:

1. **What it will feel like for patients**
2. **Best possible treatment options**
3. **Right workforce, Right place, Right skills**

Aim: We will focus on what cancer care feels like for patients, empowering patients physically, and psychologically, ensuring care is personalised for our population.

Objective: To optimise outcome and experience, reduce treatment burden and improve recovery.

- Treatment will be delivered close to home where possible, with centralisation of services where quality and sustainability require.
- We will ensure that people across Wessex with a cancer diagnosis are able to access symptom support 24/7 in a model which does not compromise equity regardless of the locality of treatment delivery.
- We will make sure people across Wessex, including children, teenagers, and young adults, can access treatment for their cancer equitably.
- Learning from existing oncology Virtual Ward models we will increase application of remote monitoring support for patients to identify when trips to hospital are necessary, and to ensure acute oncology capacity is available when needed.
- As our population's expectation is of increasing digital access, we will employ personalised technology to help patients best manage their health and wellbeing at home. We will also improve administrative processes to reduce the burden on patients to coordinate their own care and enable a succinct and detailed patient biography to move with the patient.
- Providers of cancer treatment will recognise that, for many of our patients, their cancer care happens alongside treatment for other long-term conditions. Care will be coordinated for the patient and those supporting them.
- Patients will experience inclusive, age appropriate, and culturally sensitive care.
- Initiatives will be developed to reach and engage underserved populations, including people who are unable to use digital communications, people who are experiencing homelessness, those in touch with the criminal justice system and people living with severe mental illness.

- Individual care and treatment plans will be business as usual for care delivery, including effective management of consequences of treatment and late effects. Care planning will be co-created with each patient, planning for end of treatment, during "transition" to follow-up, health-coaching, and support via third sector services for example.
- We will continue to review and describe personalised care and psychological support provided against need and recognised best practice. We will enable commissioning and provision of services to help people to live well beyond their cancer treatment.

Aim: We will provide the best possible treatment options for our whole population.

Objective: We will prioritise development and investment in key enabling tools in planning.

To do this, we will:

- Ensure alignment with best practice guidance, taking account of approved treatments and expand treatment capacity to meet rising demand and reduce waiting times for surgery, radiotherapy, and systemic anti-cancer therapies (SACT).
- Through our Clinical Advisory and Site Specific Groups, and Regional Networks, assure quality, protecting capacity to enable informal peer review of services.
- Work to ensure service development is planned in a data driven way, alongside the Dorset Intelligence and Insight Service (DiiS), HIOW population health analytics service and other agencies, targeting those most in need, to improve individual and population health.
- Work with ICBs to employ predictive modelling tools to build ability to commission sufficient treatment capacity and subsequent supportive care in the right place.
- Ensure system capital planning takes account of projected population health needs including modernisation of radiotherapy infrastructure and expanding robotic surgical service provision.
- Support commissioning colleagues to be aware of developments in treatment (for example, in minimally invasive surgery) of value both to individual patients and in terms of health system resource utilisation.
- Patient experience will be valued with parity alongside clinical outcome and cost effectiveness in prospective planning.
- Make sure that the views of patients, particularly children and young people, help shape services for them and their families.

Objective: We will ensure clear and consistent treatment pathways.

To do this we will:

- Deliver equitable access for all our population and support commissioners to hold services to account for outcomes including morbidity, mortality, patient experience.
- Ensure the unique needs of children, teenagers and young adults are recognised with age-appropriate services and facilities, ensuring no gaps in care in the 16-18 age group.
- Ensure treatment pathways include all treatment options, including Personalised Stratified Follow Up (PSFU), local authority, acute oncology community services and access to third sector support.
- Strengthen membership, engagement, and leadership of our Clinical Advisory and Site-Specific Groups (CAG/SSGs) to address unwarranted variation in treatment outcome and experience for patients across Wessex. Through these groups we will support clinical teams to agree best clinical pathways, to use data to identify and address unwarranted variation (taking account of best-practice timed pathways where available) and to seek opportunity for innovation and developments in treatment options for patients.
- Have the courage to redesign and reconfigure services where necessary, aligned with the national Getting It Right First Time (GIRFT) programmes.
- Learn from changes in evidence to capitalise on improvement in diagnostic testing, such as the use of personalised genomic information.
- As part of the wider prehabilitation and rehabilitation implementation, invest in appropriate psychological expertise to support cancer patients and their families to cope with, and live beyond, the potential impact of their treatment, recognising the significant benefit of the right psychological support, provided in the right place.

Objective: We will identify opportunities for enhancing care through innovation and development of digital systems.

To do this we will:

- Recognise that effective and efficient care needs clear, accessible information at the right time. We will connect digital systems to optimise multi-disciplinary team (MDT) working and to reduce repeat MDT discussion for cases unless clinically necessary. This will include optimisation of digital image sharing, working alongside the Imaging and Pathology Networks.
- Connect patients to a personalised portal through the NHS App, to see test results and understand the support available to them.

Objective: We will adopt a "no-wrong door" approach, to ensure accessible and equitable coordinated support, signposting, advice, and information in a timely and proactive way for people with cancer.

- We will work in partnership across our systems to develop approaches to care using community outreach models and work closely with neighbourhood health teams. We will centre care around the person. Integrated care is central to personalised care.
- We will support and develop services that have flexibility to work across organisational boundaries, particularly supporting patient care where multi agency approaches are wasteful and confusing for patients and their families.
- We will work in partnership with the Genomic Network, the universities and our CAG/SSGs to ensure emerging developments in medicine increase our personalised approach to treatment pathways, including supporting the rollout of the NHS Cancer Vaccine Launchpad.
- We recognise the importance of understanding frailty in our pathways, and we will embed frailty assessment and support thoughtful discussion with patients and their families ahead of treatment decisions.
- For people in our populations who do not have digital access we will ensure that services and information are equally available.

Aim: To deliver cancer treatments and care / support to our population, we will need the right workforce, in the right place, with the right skills and capabilities to delivery care safely and effectively.

Objective: We will continue to invest in training, development and growth as required, to build a sustainable workforce for the future.

To do this we will:

- Ensure the right skill and capacity is in place to support patients comprehensively, including for 'treatable but not curable' disease. We will support those with long-term side effects, those who experience toxicities from their treatment and those who are under active surveillance where no treatment is given. This will mean working in partnership with patients and their families over many years.
- Build sustainable networked clinical services to attract, retain and develop our workforce. This will also enable us to reduce inequity of access to, and unwarranted variation in, service provision.
- Enable and embrace workforce flexibility and mobility across and between systems where opportunity arises.
- Be clear on the skills and capabilities required to safely deliver care, including psychosocial support – driven by data.
- Ensure commissioning and provider planning acknowledges gaps in workforce and takes action to address them.

- Continue to develop and embed the Aspirant Cancer Career and Education Development Programme ACCEND to ensure consistency of standards to support development and retention across the whole of our workforce.
- Support colleagues in primary care and community health care to build on and apply their knowledge about cancer treatments, for example immunotherapy, to better support people to be cared for out of hospital, in line with Lord Darzi's recent report 'Independent investigation of the NHS in England'.
- Support nursing and Allied Health Professional clinical services to align with emerging therapies e.g. CAR-T and genomic medicine to ensure the latest scientific developments are accessible for patients and their families.

Objective: We will reduce inequality in access to treatments and best use of all available resources.

To do this we will:

- Support centralisation of specialised services where necessary and appropriate, to ensure the availability of sustainable specialist care for our population.
- Identify, understand and address unwarranted variation in service provision acknowledging the likely impact of, for example, immuno-oncology service provision and the impact of improving survivorship.
- Identify and provide tools to support clinical teams to plan for fluctuations in service delivery, including new treatments. Planning of Systemic Anti-Cancer Therapy (SACT) chair time, pharmacy capacity and the impact of, for example, reduced radiotherapy fractions or treatment cycles, should be simple, accessible, and useable day to day for teams to optimise use of limited resource.
- Continue to develop prehabilitation services offering the triple benefits of personal empowerment, physical and psychological resilience, and improved long-term health (Aggarwal et al 2024).
- Recognise the value of third sector providers, and support their sustainability, quality, creativity, and accessibility by sustaining strategic partnership arrangements, sharing resources and commissioning services when appropriate.
- Ensure services are designed with environmental protection as an explicit aim, reducing travel where not essential, increasing energy efficiency in high power equipment (e.g. Linear Accelerators) and we will reduce paper use as far as is appropriate.

Commissioning

We are responsible for planning cancer services to provide the best outcomes and experience for our population while ensuring our systems achieve financial balance.

Aim: We will ensure equitable access to high quality care for our population, making the best use of our funding to provide sustainable services, fit for the future.

To do this we will:

- Align the Wessex Cancer Strategy with the NHS Dorset ICB and NHS Hampshire and Isle of Wight ICB Forward Plans, Partner Clinical Strategies and Planned Care Delivery Plans to ensure greatest impact and economic viability.
- Focus commissioning for cancer work on sustainable achievement of the Cancer Waiting Times standards, within a wider scope of whole specialties where this would make sense.
- Commission in line with the ambition set out by the national Elective Reform Plan to make the shift from acute to community, analogue to digital and treatment to prevention.
- Ensure the four key areas that ICBs must achieve are embedded in commissioning plans - improving outcomes, tackling inequalities, improving productivity and value for money, and supporting social and economic development.
- Commission services following Wessex Cancer Alliance pilots where this is a mandatory requirement, for example Lung Cancer Screening.
- Commission innovation that supports achievement of the Cancer Waiting Times standards, prevention and earlier diagnosis of cancer, and/or patient experience and care, based on the resources and opportunity available at the time.
- Collaborate and align with regional networks that are coterminous with the Wessex and/or ICB footprints including Pathology and Imaging, Radiotherapy and Children's and Teenagers and Young Adults Operational Delivery Networks (ODNs).
- Align with the Provider Collaboratives, Clinical Advisory Groups and Site Specific Groups across Dorset, Hampshire and Isle of Wight and ensure that commissioning plans are informed by and with Clinical Networks.
- Integrate the Community Diagnostic Centre programme into commissioning plans to support the national agenda for increasing access to diagnostics.

- Ensure the world class cancer services we offer for children, teenagers and young adults, aged 25 and under continue to provide the best possible care as locally as possible.
- Support the delegation of cancer screening commissioning to local area, while continuing to focus on increasing access and uptake of cancer screening.
- Commission services as close to patients' homes as possible, but support centralisation of expertise when quality and sustainability of service requires.
- Ensure services are embracing modern diagnostics and treatments with sufficient capacity to ensure timely access for our whole population.

We will deliver these aims through the roles and responsibilities in commissioning cancer services for our population as set out below:

NHS Dorset ICB and NHS Hampshire and Isle of Wight ICB

- Leadership of strategic design and commissioning of whole system health services.
- Responsible for commissioning services (including diagnostics) that meet the needs of the population within the available resources and in line with clinical and best practice guidelines and waiting /turnaround times standards and offer best value and outcomes.
- Responsible for delivery of National plans such as the Elective Reform Plan, Operational Planning Guidance, GIRFT guidance, CORE20plus5 health inequalities plan, and the soon to be published 10-year health plan.
- Responsible for commissioning of services that enable achievement of the Cancer Waiting Times standards and any other targets such as Earlier Cancer diagnosis.

Wessex Cancer Alliance

- Access to cancer research, clinical expertise and commissioning support to NHS Dorset ICB and Hampshire and Isle of Wight ICB.
- Support design around whole pathways of care to help deliver complex reconfiguration when required.
- Informing ICBs of requirements from the National Cancer Programme, upcoming changes to clinical guidance and best practice.
- Provision of clinical recommendations to ICBs, including support in development of commissioning business cases and support with implementation and evaluation of new services or pathway transformation, ensuring the patient / service user voice is central and empowered to coproduce future services.

Principles of working together

- **Collaborative commissioning** – cooperation between neighbouring systems for services with a Wessex footprint to enable value for money and best possible, equitable patient experience and outcomes.
- **Transparent decision-making** – innovations or pilot work will include sustainability plans from the outset and commissioning decisions will be made transparently and in partnership with representatives from the wider community.
- **Commissioning will be whole pathway** and not separated into stages.
- **Coproduced planning** - We will support commissioning organisations to ensure the patient voice is central to planning and decision making with respect to cancer services.
- We will identify **clinical expertise in rare cancers** via Clinical Advisory Groups to ensure commissioning plans include diagnostic and treatment requirements for all cancers, including those not treated in our local area.
- We will join up **research and innovation**, and partner with industry for pipeline developments in novel diagnostics and treatments, supporting commissioning by forward planning of changes in medicine.
- We will work together with **Operational Delivery Networks and Health Innovation Networks**, to model demand for future services and ensure equipment is available, appropriately staffed and maintained to provide treatment for our population.
- We will engage in proactive support of **planning of Palliative Care treatment capacity**, particularly with a focus on palliative radiotherapy equipment replacement and modernisation.
- In partnership with the **Genomic Networks**, support spread and adoption of genetic testing to become routine in cancer services.

Our approach to commissioning is summarised in Appendix 1.

Research and Innovation

This chapter shares our ambition of how we will **increase the number of people in Wessex who will benefit from both research and the adoption of innovations to improve cancer care**.

The number of opportunities patients have in accessing innovative tests and treatments is declining [O'Shaughnessy Review (2023)], following a reduction in the number of research trials being delivered.

In anticipation of the new Cancer Strategy in 2025, we believe there will be a growing need to support access to both research and innovation adoption across all cancer pathways, and we are making this a priority over the next five years.

To do this, we will focus on achieving three aims:

1. Increase the number of research trials in Wessex, and access to them.
2. Support teams to adopt innovations in cancer pathways which have demonstrated an improvement in patient outcomes.
3. Champion the need for increasing the capacity of clinical staff to support an increase in the number of research trials and innovation pilots delivered across Wessex.

Below, we have described specific actions we will take to realise these aims, including the collaborative approaches with organisations that span across research and innovation.

Aim: Increase the number of research trials in Wessex and access to them.

Objective: To increase the number of and access to research trials in Wessex, by 10% in 5 years.

Feedback from patients tell us that there are varying levels of apprehension around being involved in research or being offered new tests and treatment. We need to improve when and how research trials are discussed and consider how to make it easier for patients to access research.

As well as improving how we talk about research, we need to understand who is benefiting from it, and who isn't. This requires a greater transparency of which trials are occurring where across Wessex to ensure lack of awareness does not lead to an inequity of access.

We will:

- Support the development of a dataset that shows who is benefiting from cancer research pilots to help us identify communities where we need to do and offer more for those individuals who may be excluded currently.
- Engage with members from community groups who do not often access healthcare and research trials to better understand how we can improve this.

- Support the development of processes that enable research and clinical teams to engage and co-design trials with patients and community groups across Wessex, with a specific focus on groups who face inequity in their access to healthcare services.
- Review existing trial platforms and collate information on local trials in one place that's visible to both patients and clinical teams.
- Promote the core research trial dataset and database with regional and national colleagues to encourage opportunities for nationalising use of both.
- Support the delivery of education and training for staff across Wessex to increase awareness of research and how to access trials.

Aim: Support teams to adopt innovations in cancer pathways which have demonstrated an improvement in patient outcomes.

Objective: Build on our existing national reputation for leading innovation adoption, to position Wessex as the most accessible system with which to develop and embed innovations in cancer care.

With the NHS facing growing financial and clinical challenges, there is a need to focus on how we better support the transition from trial and pilot into standard ways of working. We will learn from local and national teams who have experience in this area.

For example:

- The **Southampton Clinical Trials Unit** who, with their lead role in the national Cancer Vaccine Launchpad work, will have insight into steps that can be taken to enable adoption of novel treatments.
- **National innovation groups** such as the cancer innovation community of practice and the Health Innovation Network cancer pipeline group, can share local learning and help us to prospectively identify new research and innovation that support our patients and pathways.
- **Health Innovation Wessex** will be able to support us in understanding how to increase the number of innovations that are adopted through approaches within our commissioning strategy.
- The Research Delivery Network (RDNs) both South East and South West, when established, will support the development of research capacity and capability infrastructure.
- **Wessex Health Partners** will facilitate engagement of clinical and research teams across Wessex to identify partnerships for new research opportunities.
- **Industry organisations** such as pharmaceutical companies will provide additional resource and ideas for more research and innovation projects.
- **NHS Central and South Genomic Medicine Service Alliance**, through their Innovation Director, will help us understand how our workforce can implement more personalised cancer treatments into clinical care.

We will:

- Share learning from work already started around successfully implementing and sustaining the commissioning of new tests, treatments, and other innovative ways of working with our research and clinical networks in order to shorten the time from local pilot to business as usual.
- Support our local teams to engage with industry partners to identify opportunities for increased resource in the adoption of new tests, treatments, and other innovative ways of working.
- Develop a publicly visible plan of when there is a focus on specific cancer pathways to enable opportunities with industry organisations to be explored in a timely way.

Aim: Champion the need for increasing the capacity of clinical staff to support an increase in the number of research trials and innovation pilots delivered across Wessex.

Objective: We will measure the number of research active clinicians across Wessex and seek to increase this by 5% over the next five years.

Our clinical and research teams describe how delivering or being involved in research (or innovation projects) is limited by time, available funding, complex processes, and capacity. Despite this, staff have shared that they are keen to deliver more research trials and use more proven innovations.

We will:

- Increase the visibility of challenges within research and innovation adoption to national and system-level leaders as part of discussions to explore opportunities for reviewing staff capacity.
- Share feedback from our Widening Access event with the Regional RDN leaders to explore opportunities for streamlining and improving research process and models.
- Share and celebrate good research and innovation practice with local, regional and national teams.
- Support research and clinical network members to explore the use of technology that will undertake administrative tasks to release capacity to deliver research or innovation pilots.
- Support non-research staff to develop their understanding of the process and impact of research.

Appendix 1

The Cancer Alliance will work in partnership with ICB Commissioning arms to support robust, evidence based, and population driven decisions for commissioning of services. Wessex Cancer Alliance will invest in resource to directly support cancer commissioning through clinical expertise, community engagement, knowledge of national and Medical Royal College best practice and guidance, review, and evaluation.

Wessex Commissioning Cycle as a process

Step 1. Drivers for change

Strategic view; considerations; potential drivers for change:

- ICP & ICB Strategic ambition and objectives; New national guidance; Service delivery challenges and/or positive outcomes from proof-of-concept initiatives; quality improvement; new ways of working - integration; new technology; financial efficiencies/benefits

Step 2. Understand the need

- Population Health intelligence and insights
- Current services – what's working/not working well
- Conversations with communities to inform need and desired outcomes
- Wider stakeholder engagement
- Define Critical Success Factors (inc £'s as needed)
- Benchmarking / best practice /evidence base
- Confirm the Case for Change / narrative

Step 3. Explore options

- Co-producing options that will deliver the agreed outcomes
- Assess options against defined critical success factors
- Complete 'Benefits Realisation' assessment (cost-benefits analysis)
- Identify key measures to support evaluation impact
- Select preferred option for recommendation

Step 4. Commissioning approach

- Test and learn / proof of concept options.
- Scale: neighbourhood, place, system
- Assessing maturity & capacity of local providers to implement (statutory and non-statutory) – who is best placed to deliver?
- Procurement consideration(s) / Legal requirements / Risk appetite / Governance requirements
- Select preferred option for recommended approach
- Set out Commissioning intentions

Step 5. Finalise contract mechanism

- Implement the commissioning intentions
- Agree outcomes-based service specification & costs/ value for money
- Decide most appropriate form of contract to be used, including completion of all relevant schedules
- Determine contract 'Terms and Conditions', including duration

Step 6. Monitor and review

- Oversight of implementation through collaborative working and joint problem-solving
- Shared accountability
- Voice of our communities / lived experience constantly reviewed
- Continuous quality improvement and identifying opportunities for change
- Contractual levers used as a last resort