7. Improved cancer services to improve outcomes

We have been working together to consider what the requirements set out in the NHS Long Term Plan mean for our residents, staff and health and care partner organisations across North Central London (NCL). We have a collective commitment to deliver changes that will improve the health and wellbeing of residents and have listened to what residents and communities have told us is important to them.

This draft plan builds on existing plans and work already underway across NCL and sets out how we will deliver the commitments in the Long Term Plan. It has been developed by, and with the insights from, representatives working in NCL, including staff working in health and social care, and clinical leaders and managers, patients and residents, and our partner organisations from across the NHS, social care, voluntary sector and beyond. Local leaders across our partner organisations, including NHS trusts, general practice, commissioners and local authorities have been closely involved in shaping and overseeing the development of these plans. We are continuing to work closely with all of these groups as we refine the plans and move into delivery and implementation of the commitments.

If you would like to feedback or contribute to this work as we further develop our plans and implementation, please see the 'Listening to residents and communities' section for more details on how to get involved.

Introduction

More people are surviving cancer than ever before, but we know that we can save even more lives by catching more cancers early and starting treatment fast.

One in every two people in this country will be told they have cancer at some point in their lives.

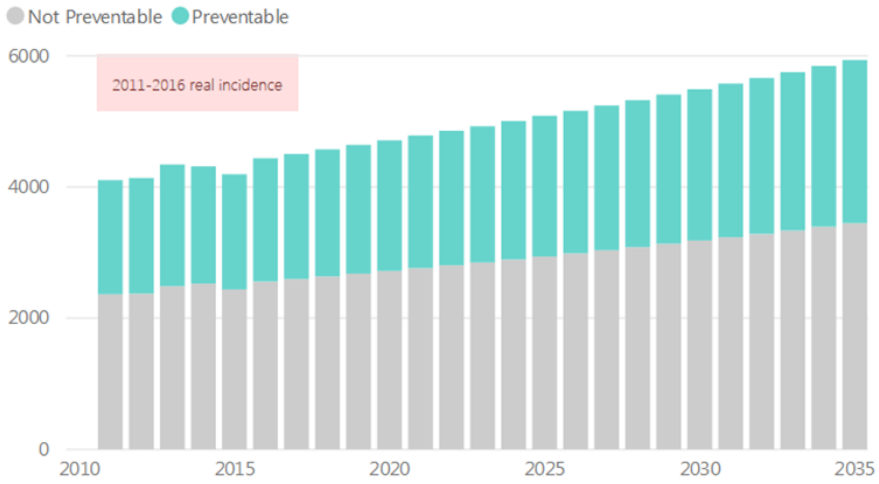
The NHS Long Term Plan aims to save thousands more lives each year by dramatically improving how we diagnose and treat cancer – setting an ambition that by 2028, an extra 55,000 people each year will survive for five years or more following their cancer diagnosis in England.

This will include improving our national screening programmes, giving people faster access to diagnostic tests, investing in cutting edge treatments and technologies, and making sure more patients can quickly benefit from precise, highly personalised treatments as medical science advances.

Our NCL cancer plan sets out the actions that we are taking forward to meet this ambition.

Context

39,904 people were living with and beyond cancer in North Central London STP in 2017. (2.9% of women and 2.4% men).[1] Cancer is much more prevalent among older people:



10.8% of 65-74 year olds and 14.8% of 75+. By 2030, the number of people living with cancer is projected to rise to 59,600, a rise of over 49%.[2] The incidence of cancer is also projected to increase in NCL[3].

Figure 1 Projected Increase in Cancer Incidence in NCL

Early stage diagnosis has been improving in NCL, along with most of the rest of the country, though there is some way to go to achieve the 75% ambition:

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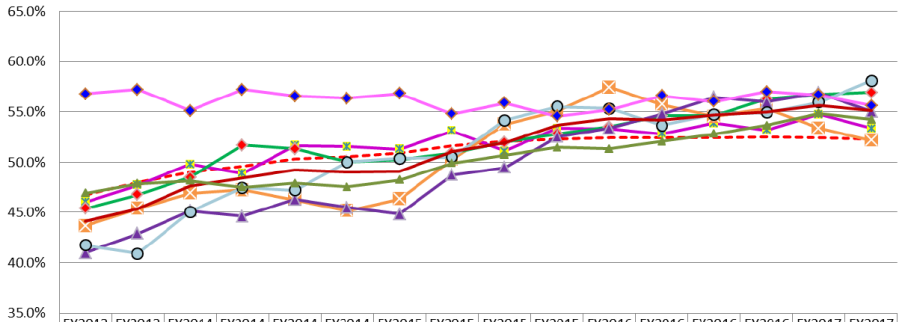
1 https://public.tableau.com/profile/transforming.cancer.services.for.london#!/vizhome/LondonCancerPrevalenceDashboard2017/PrevalenceDashboard

2 https://public.tableau.com/profile/transforming.cancer.services.for.london#!/vizhome/LondonCancerPrevalenceDashboard2017/PrevalenceDashboard Projections based on Maddams et al BJC 2012

3 https://app.powerbi.com/view?r=eyJrIjoiMmJiNWZjMGQtZmVkOC00YWM5LTk1MTQtMTYwYjZjMmU0MjgwIiwidCI6ImVlNGUxNDk5LTRhMzUtNGIyZS1hZDQ3LTVmM2NmOWRlODY2NiIsImMiOjh9

Source:- NCIN/Public Health England – analysis based on National Cancer Registration Dataset. http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics

Proportion of 10 cancers diagnosed at an early stage (1 year rolling) – North Central London & West Essex



	FY2013 -Q3	FY2013 -Q4	FY2014 -Q1	FY2014 -Q2	FY2014 -Q3	FY2014 -Q4	FY2015 -Q1	FY2015 -Q2	FY2015 -Q3	FY2015 -Q4	FY2016 -Q1	FY2016 -Q2	FY2016 -Q3	FY2016 -Q4	FY2017 -Q1	FY2017 -Q2
England	46.8%	48.0%	49.0%	49.6%	50.3%	50.5%	50.9%	51.6%	52.1%	52.3%	52.4%	52.4%	52.4%	52.5%	52.4%	52.3%
NHS Barnet	46.0%	47.7%	49.8%	48.9%	51.7%	51.5%	51.3%	53.1%	51.1%	53.4%	53.3%	52.8%	53.9%	53.2%	54.7%	53.3%
NHS Camden	43.7%	45.4%	46.9%	47.2%	46.2%	45.1%	46.3%	50.3%	53.7%	55.1%	57.4%	55.7%	54.5%	55.3%	53.3%	52.2%
NHS Enfield	45.4%	46.7%	48.5%	51.7%	51.3%	50.1%	50.3%	50.9%	52.0%	52.8%	53.5%	54.6%	54.6%	56.3%	56.7%	56.9%
NHS Haringey	40.9%	42.9%	45.1%	44.6%	46.3%	45.5%	44.8%	48.7%	49.4%	52.5%	53.4%	54.8%	56.4%	56.0%	56.9%	55.0%
NHS Islington	41.7%	40.9%	45.1%	47.4%	47.2%	50.0%	50.4%	50.5%	54.1%	55.5%	55.3%	53.7%	54.7%	54.9%	56.0%	58.1%
NHS West Essex	56.8%	57.2%	55.1%	57.2%	56.5%	56.3%	56.8%	54.8%	55.9%	54.5%	55.2%	56.6%	56.0%	57.0%	56.7%	55.6%
NCL TOTAL	44.1%	45.4%	47.6%	48.4%	49.2%	49.0%	49.1%	51.0%	51.9%	53.6%	54.3%	54.2%	54.7%	55.0%	55.6%	55.1%
UCLH CC TOTAL	46.9%	47.8%	48.1%	47.5%	47.9%	47.5%	48.2%	49.9%	50.7%	51.5%	51.3%	52.0%	52.8%	53.6%	54.9%	54.2%

Figure 2 Early Stage Diagnosis

The cancer programme in NCL is highly developed, building on a history of local and regional work. NCL was part of the National Cancer Vanguard (through the UCLH Cancer Collaborative).

Objectives, priorities and workstreams

Its key **objectives** are:

1. Continue NCL's improvements in one year survival and rates of earlier diagnosis
2. Maintain high performance in times to treatment and achieve the new faster diagnosis standard through working together as a system and reducing variation in access to best practice pathways
3. Ensure excellent patient experience and personalised care for patients throughout their pathway

The key priorities are:

- **Improving the one-year survival rate** from a baseline of 75% in 2016
- Improving **bowel, breast and cervical screening uptake and coverage**; all CCGs are below the national average on most indicators
- Rolling out of **Faecal Immunochemical Test** (**FIT) for symptomatic and non-symptomatic** populations in line with national policy, and **HPV as a primary screen** in the cervical screening programme – the cancer alliance is undertaking the largest study into the effectiveness of FIT for high risk symptomatic patients and aspires to be a national leader in its implementation;
- Improving **GP referral practice** – NCL performs well in terms of conversion rates within the target range (3-5%) but needs to continue to focus on reducing late presentation through emergency routes.

- Implementation of **faster diagnosis pathways and continuing to meet the 62 day standard** – NCL does not consistently meet the 62 day standard and will face challenges meeting the 28 day Faster Diagnosis Standard.
- Improving **access to high-quality treatment** services – e.g. through the radiotherapy network or the new CYP specification.
- Roll-out of personalised care interventions, including stratified follow-up pathways, to improve quality of life, with a focus on treating **cancer as a chronic condition** for increasing numbers of people in NCL.
- Implementation plans for **lung health checks** – building on the SUMMIT lung study and expecting to adopt the national model in 2023/24
- Implement **Rapid Diagnostic Centres** at UCLH, Royal Free and North Middlesex Hospital.

To deliver this we will implement a number of workstreams:

1. Earlier diagnosis through the national screening programmes
2. Earlier diagnosis for risk stratified and symptomatic population
3. Innovative models of access - Rapid Diagnostic Centres
4. Best practice care and treatment
5. Acute operational performance (FDS and 62 day)
6. Personalised Care
7. Workforce

Detailed plans for each of these workstreams in sections below.

Workstream 1 - Earlier diagnosis - Increase the uptake and coverage of the national cancer screening programmes

All NCL CCGs have lower than average screening uptake and coverage for the national cancer screening programmes (bowel, breast and cervical) against almost all indicators.

		North Central London STP	Barnet	Camden	Enfield	Haringey	Islington
Breast screening coverage (%)	2017/18	64.0	67.6	53.0	69.0	63.1	60.6
Bowel screening coverage (60-74) (%)	2017/18	50.3	50.9	47.6	53.5	49.3	47.3
Cervical screening coverage (ages 25-49) (%)	Up to March 2019	60.2	60.1	51.4	66.4	63.2	60.2
Cervical screening coverage (ages 50-64) (%)	Up to March 2019	73.7	72.0	68.6	77.3	75.6	73.3
Breast screening uptake (%)	2017/18	64.8	67.6	44.7	71.5	63.2	59.4
Bowel screening uptake (60-74) (%)	2017/18	47.2	48.5	43.8	50.5	45.7	43.6

Performance is equal to or above achievable threshold
Performance is between acceptable and achievable thresholds
Performance is below acceptable threshold

Current projects and actions:

The alliance leads **HPV self sampling study** which will offer self sampling kits to 50% of non-responders across GP practices in Barnet, Camden and Islington. This project is a key intervention to reduce inequalities. Women in the most deprived groups are less likely to

attend cervical screening compared to the least deprived, yet are more likely to have high risk HPV, and at higher risk of being diagnosed with/dying from cervical cancer. Common barriers to cervical screening include fear or dislike of the pelvic examination, embarrassment, difficulty getting appointments or being too busy. Self-sampling addresses most of these enabling patients to take a sample themselves, in private and at a convenient place and time.

We are developing the '**Teachable moments'** programme for patients who have had an all clear following a 2WW. This work targets patients with symptom awareness, screening and other health and wellbeing advice in a cost effective model while we can achieve maximum engagement. It is in pilot phase and we will undertake a robust evaluation and develop a commissioning case if appropriate.

In addition, the alliance is supporting a range of other interventions including:

- Support the national Be Clear on Cancer campaigns to increase presentation with suspected symptoms
- Support the switch to FIT roll out in the bowel screening programme
- Manage the transition to Primary HPV for cervical screening
- Breast screening text reminder project
- Screening awareness campaign project
- Bowel screening telephone reminder project

Milestones year 1

- Launch self sampling study.
- Deliver and evaluate the existing programme
- Set up earlier diagnosis delivery group, which will take on responsibility for overseeing this work

Milestones years 2-5

- Further roll out of self sampling; continued investment in evidence based interventions

Metrics

Coverage and uptake for breast, bowel and cervical screening

Workstream 2 - Earlier Diagnosis – risk stratified and symptomatic

Early stage diagnosis has been improving overall in NCL (see Figure 2 Early Stage Diagnosis above) but it remains a key focus for achieving improvements in survival.

Current projects:

Lung health checks and low dose CT screening for lung cancer

Lung cancer leads to more deaths each year than any other cancer. In the UK only 12.9% of patients with lung cancer are alive 5 years after diagnosis. Early stage disease has a high cure rate with treatments including surgery and radiotherapy. Early stage disease is asymptomatic and therefore often identified incidentally. There is strong evidence that

performing low dose chest CT scans in those at increased risk of lung cancer reduces lung cancer mortality.

NCEL Cancer Alliance has the largest programme of lung health checks including low dose CT in the UK, through the SUMMIT study, the largest lung screening study in Europe. Led by UCL and UCLH, the study has installed CT scanners at four sites, including Finchley Memorial Hospital and UCH. The study estimates it will find nearly 250 early stage cancers that would otherwise have not been found until a later less treatable stage. The evidence from this study will be crucial in determining whether the UK adopts a national lung screening programme.

FIT for high risk

The NCEL Cancer Alliance will complete the qFIT study into the efficacy of FIT for high risk symptomatic patients. Early indications are that FIT will have a significant benefit for patients with high risk of bowel cancer and the focus will be on a large scale, carefully monitored implementation over the next few years.

The alliance is measuring the impact of the FIT test roll out (both low and high risk patients) on referrals and endoscopy capacity and demand across NCEL. This project collects information on FIT negative patients who will be followed through their pathway both for safety netting purposes as well as to determine the optimum timeframe beyond which the patient should be re-tested should the symptoms persist. This will ensure that operational capacity is optimised.

Investing in new systems and education to support GP decision making:

The NCEL Cancer Alliance, with support from Macmillan, has developed **an 'e-safety netting'** module which integrates with GP IT systems. It tracks patients with suspicious symptoms to ensure they get recalled for ongoing check ups and that their specialist care is happening as planned.

The cancer alliance also funds additional primary care education and information, with a focus on targeting high numbers of salaried and locum GPs, who often find it difficult to access education.

Avoiding Late Diagnosis of Ovarian Cancer (ALDO)

The cancer alliance will complete its study to inform the implementation of a 'ROCA' (Risk of Ovarian Cancer Algorithm) screening pathway within the NHS for women who are confirmed breast cancer gene (BRCA) carriers but not willing to have salpingo-oophorectomy. This aims to increase the proportion of ovarian cancers diagnosed at early stage.

Milestones year 1

- Publish qFIT study
- Establish monitoring mechanisms to understand impact of FIT on endoscopy activity and develop safety netting methodologies for use of FIT in high risk patients
- Maximise uptake of SUMMIT study

Milestones years 2-5

- Learn from pilots of C the Signs in other areas
- Report on ALDO study and influence NICE guidance for women with BRCA gene
- Roll out FIT for high risk patients with monitoring mechanisms

- Work with SUMMIT study to report on impact of lung health checks and low dose CT for patients at high risk of lung cancer
- Work with national team to implement lung health checks in line with national policy in 2023/24

Metrics

- Early diagnosis rates

Workstream 3 - Innovative models of access – Rapid Diagnostic Centres

Progress to date

The NCL Cancer alliance has already set up three vague symptom pathways (Royal Free, North Middlesex and UCH) and is agreeing its implementation plan for Rapid Diagnostic Centres.

Current projects

Developing the MDCs in line with national RDC policy

The NCEL Cancer Alliance has led the setting up and delivery of **five of the ten national MDC sites** across London including at UCH, NMUH and RFL. This new pathway has been shown to reduce delays following presentation in time to diagnosis, yield higher cancer conversation rates, improve patient outcomes as well as patient experience, while reducing cost for the health service. The cancer alliance will develop a commissioning case for RDCs in NCL.

Milestones year 1

- Develop RDC model and commission at UCH, NMUH and RFL

Milestones years 2-5

- Further develop RDC model in line with national policy and local needs and context

Metrics

- Proportion of patients accessing cancer diagnostics through best practice approach.
- Early stage diagnosis
- Faster Diagnosis Standard achievement

Workstream 4 - Best practice care and treatment

Key actions and current projects:

NCL **Radiotherapy** Providers (UCH, RFL and NMUH) are part of the new North and East London Radiotherapy Network. Hosted by UCLH, with a Network Oversight Group chaired by the CEO of St Bartholomew's Hospital, the network seeks to:

- improve access to modern, advanced and innovative radiotherapy techniques
- improve the experience by ensuring multi-professional tumour specific subspecialist teams

- increase participation in research and clinical trials by an average of 15% increase over 3 years
- reduce variation in quality by adopting standardised best practice protocols
- reduce variation in equipment utilisation; an average 15% increase in equipment utilisation for England as a whole is expected over the next 3 year period

Formed in July 2019, it is currently developing its work plan for the next three years to achieve these objectives. NCEL generally has some of the most advanced radiotherapy services in the country, with a number of large specialist centres, and one of only two proton beam units in the country (at UCH).

Children; Teenage and Young Adult

The Children and Young People's Cancer Network covering NCL is led by the Principal Treatment Centre, hosted by UCLH (teenage and young adults) and GOSH (children). The key challenge for the network in the coming years is the full implementation of a new specification for paediatric shared care units, where children and young people receive treatment closer to home, outside the principal treatment centre. A new specification is currently out for consultation, expected to be finalised in Autumn 2019 that will set quality standards that all shared care units must meet. It will be implemented in the following year.

More children and young people will be supported to take part in clinical trials, so that participation among children remains high, and the NHS is on track to ensure participation among teenagers and young adults rises to 50% by 2025.

From 2019, whole genome sequencing will begin to be offered to all children with cancer. The Genomic Laboratory Hub at GOSH working with the cancer alliance will ensure local strategies are in place to provide all eligible patients with access to appropriate cancer genomic testing. From 2020/21, more extensive genomic testing should be offered to patients who are newly diagnosed with cancers.

Cancer MDT meetings The MDT improvement programme focuses on improving MDT functioning through implementation of specific process changes, provide MDTs with associated training and supporting materials and set-up an alliance wide network in which to deliver the work programme. The main process change is to implement the use of prospective treatment and diagnostic protocols using pre-MDT triage as per national guidance.

Completion of reconfiguration of highly specialist services

Pathway	Overview	Current status
Haematology	In 2015 the following centralised from Royal Free to the UCLH site; • Haematopoietic stem cell transplant (HSCT) (AKA Bone Marrow Transplant BMT) • Acute Lymphoblastic Leukaemia (ALL) treatment • Intensive therapy for Acute Myeloid Leukaemia (AML) centralised from Royal Free to the UCLH site. Royal Free are now operating a level 1 service at the Hampstead site (only providing treatment that would not be expected in significant neutropenia).	• Gateway 6 to be completed in 2019/20
Pelvic Cancer (i.e. Prostate & Bladder)	All pelvic cancer surgery in NCEL performed at UCLH.	• Awaiting feedback from NHSE Spec Comm on whether Pelvic cancer passed through gateway 6 in December 2017
Renal	• Centralisation of renal cancer surgery at the Royal Free was completed in 2015. • Royal Free performs all renal cancer surgery for NCEL and West Essex. • Cryotherapy performed at UCLH by the Royal Free team. • Pathway developed in collaboration with RM Partners to remove variation across London.	• RFL presented for Gateway 6 to NCEL Cancer Alliance in August 2019 and recommendation made that formal approval of transfer through gateway 6 is approved by to Specialised Commissioning.
Oesophageal and Gastric	• All OG cancer respective surgery conducted at UCLH	• Gateway 6 passed in March 2018.
Head and Neck	• Surgery centralized at UCLH • MDT unification project across NCEL still ongoing.	• The reconfiguration has passed through gateway 4.
Brain and Spine	• All NCL Brain and Spine surgery conducted at UCLH	

Genomics - The cancer alliance will proactively engage with the relevant Genomic Laboratory Hub and NHS Genomic Medicine Centres to ensure local strategies are in place to provide all eligible patients with access to appropriate cancer genomic testing.

Milestones year 1

- Set up of Radiotherapy Network and development of work plan, including sharing business cases for investment

- Develop MDT protocols in line with national specification
- Establish approach for implementing CYP specifications
- Begin implementation of MDT streamlining specification after it is released

Milestones years 2-5

- Develop engagement strategy for genomics
- Complete reconfigurations, ensuring outcome measurement
- Implement specifications

Metrics

- 1-year survival
- National Cancer Patient Experience Survey (NCPES) results
- Pathway level outcomes
- Radiotherapy utilisation

Workstream 5 - Acute operational performance (FDS and 62 day)

Despite increasing the total number of treatments within 62 days, NCL does not sustainably meet the 62 day standard for GP referral to first treatment.

As well as trust level actions, the alliance is supporting and/or delivering a range of projects and interventions to improve operational performance:

Enablers

- Pathology workforce and efficiency projects including:
    - Pilot and evaluate impact of lung pathology clinical fellow role
    - Genomics Pathway Coordinator Post to embed whole genome sequencing
    - Training of biomedical (BMS) staff to undertake advanced practitioner cut up of cellular pathology specimens
- Radiology workforce and efficiency projects including:
    - Trial of skill mix change in imaging department
    - Radiographer Practice Educator to focus purely on reporting and teaching
    - Upskill therapy radiographers to expand scope of practice
    - Test new rota model protecting time for qualified CT and MRI radiographers to report
    - Funding additional radiographer reporting sessions for chest pathway
- Digital Image Sharing – this will allow instant access to images acquired at other trusts instead of the current slow image exchange portal.
- Employment Licence – see Workstream 7 - Workforce

Pathway Improvements:

- A range of support for the implementation of the four national rapid diagnosis pathways (Lung, Prostate, Colorectal and OG)
- Development of Rapid Diagnostic Centre model and continuation of multi-disciplinary diagnostic centre model at Royal Free, North Mid and UCLH – this removes some suspected cancer referrals
- Faster Diagnosis Standard (FDS) Data Capture support – the alliance is funding trusts to have additional administrative capacity at the initial stages of the introduction of the FDS as well as coordinating training and learning events across the sector.
- Prostate diagnostic guidance software – this will allow radiologists to mark images enabling more targeted biopsies reducing the need for histopathology, time

consuming general anaesthetic biopsies, and will enable pooled reporting which will support meeting timed pathways standards.
- Prostate patient decision making process improvement – after a review conducted earlier in the year, a task and finish group made up of all the trusts are implementing actions to improve the stage of the prostate pathway after diagnosis until a treatment decision is made.
- Project support to timed pathway compliance in lung, prostate, colorectal and oesophago-gastric cancers.

Demand and capacity

- The alliance will continually review demand and capacity to support business cases for further investment.

Milestones year 1

- Establish comprehensive data capture for FDS
- Continue to embed the best practice national timed pathways
- Deliver digital image sharing across NEL

Milestones years 2-5

- Identify pressured pathways and assess demand and capacity to build business cases for further investment
- Fully implement the national OG pathway
- Meet the new FDS standard

Metrics

- Data capture for FDS
- 28 day FDS
- 62 day

Workstream 6 - Personalised care

From the moment of diagnosis all cancer patients should receive personalised care including a range of established interventions including: a holistic assessment, a care plan, health and wellbeing information and support, a treatment summary enabling discharge to primary care, and cancer care reviews in primary care. In addition, in line with national guidance and going further where appropriate, NCL will implement personalised (stratified) follow up, enabling more patients to self-manage and reduce unnecessary usage of increasingly pressured specialist clinical resource.

Personalised care key priorities:

- From April 2020 approximately two-thirds of patients who finish treatment for breast cancer to be on a supported self-management follow-up pathway
- All Trusts to have in place protocols for personalising/stratifying the follow up of prostate and colorectal patients and systems for remote monitoring for patients on supported self-management.
- All Trusts to have personalised (stratified) follow-up pathways in place for colorectal and prostate cancer by April 2021

- From 2021, the new Quality of Life (QoL) Metric will be in use locally and nationally. The NCEL Cancer alliance is one of five cancer alliances participating in the national evaluation

Milestones year 1-2

- Each provider to implement breast stratified follow-up pathway
- Each provider to implement colorectal stratified follow-up pathway
- Each provider to implement stratified follow-up pathway for stable prostate cancer patients
- Trust level Holistic Needs Assessment (HNA) and treatment summaries in place for all patients
- Work with primary care to agree and establish an appropriate delivery model, protocols and guidance for delivering Cancer Care Reviews
- Develop access (primary and/or secondary) to Lymphoedema services across the NCL footprint
- All providers to fully deliver Denosumab self-administration service for breast cancer patients.
- Cancer rehab pathways in place to manage the consequences of treatment
- Establish remote monitoring systems in acute trusts for initial stratified follow up pathways
- Ensure appropriate psychological support is commissioned
    - Develop business case
- Ensure appropriate AHP/rehab support
    - Develop case to invest in rehab services pending findings of rehab mapping project

Milestones years 3-5

- All Alliances to work with partners to implement comprehensive model of personalised care for cancer patients
- All Alliances to implement personalised (stratified) follow up for other cancers as identified
- use local QoL data to inform service improvements

Metrics

- By 2020 all breast cancer patients will move to a personalised (stratified) follow-up pathway once their treatment ends, and all prostate and colorectal cancer patients by 2021.
- By 2021 everyone diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.

Workstream 7 - Workforce

Progress to date:

Key issues from a local survey of stakeholders are:

	Mentions
Not enough posts for demand	78 (44%)

Shortage in profession	41 (23%)
Skills mismatched to need	23 (13%)
Issues with retention	12 (7%)
Retirement/succession planning	12 (7%)
Unable to attract people to post	11 (6%)

Trusts and services are already developing innovative responses to workforce concerns. In some cases, clinicians and managers have faced challenges in evaluating and scaling innovation due to difficulties accessing training resources, short-term funding approaches, under-exploited opportunities for shared learning or collaborative action, and bureaucratic constraints such as establishing honorary contracts. Based on FTE growth, age profile and staff turnover, by trust and profession, NCL has key risks in histopathology, clinical oncology, radiology and psychological specialists

	FTE staff in post Mar 2019 (ESR data, source HEE)
	NCL
Therapy radiography	105
Diagnostic radiography	618
Medical oncology	41 (63)
Clinical oncology	9 (25)
Histopathology	57 (68)
Radiology	153 (167)
For medical professions, numbers are: consultant (consultant + locum consultant + trust grade)	

The cancer workforce strategy focuses on the following key themes:

- **Improved information about the cancer workforce**
- **Supporting individual employers to develop workforce action plans** to identify 'hotspots' of concern where the system should support early targeted action – for example, by piloting innovative approaches to succession planning and new role
- **Brokering collaborative workforce actions between employers.** For example, a collaborative approach enabled by the NCEL Employment Licence could enable e.g. new international doctors to undertake a rotational programme in order to complete the CESR process.
- **Improve visibility of workforce issues within the Alliance**, by implementing a clear mechanism for stakeholders to escalate concerns or opportunities to the Alliance
- Deliver enablers of change including the **Employment Licence -** The alliance is implementing a workforce sharing agreement to enable cancer staff to work flexibly across all NCEL trusts.
  - Enables flexible deployment of staff between organisations without changing employers or repeating employment checks.
  - The employing trust indemnifies the host trust against clinical, employment and other liabilities that might arise from their staff working in the host trust

		2019/20		Years 1-2	Years 3-5
	Underpinning actions	Workforce mapping		Improve visibility of workforce at strategic level	
		Action planning with trusts		Implement trust plans	
Priority workforce groups	Endsoscopy			Roll out STT teletriage training	
		Increase clinical endoscopist training uptake			
	Pathology	Consider MTI options	Implement MTI scheme		
		Funded pilots advanced BMS roles	Develop investment case to support training for increased advanced BMS at scale		
	Imaging	Funded pilots of X-ray reporting	Implement governance standards for reporting radiographers		
		Plain film workforce modelling	Develop investment case and support training and implementation of expanded use of reporting radiographers in all modalities		
	Primary Care	Funded deep dive - GP nursing	Implement lessons from 19/20 deep dive – GP nursing		
		Implement education programme	Expand education programme to other roles		Work with training hubs and PCNs to support cancer in new roles
			Encourage uptake of existing support offers		
			Explore role development to enable other clinicians to do CCRs		
	Cancer nursing	Expand student placements	Support collaborative training pathways and mentoring		
			Implement talent management approaches for cancer nursing		
	Pathway support	Expand CNS development programme	Identify opportunity for skill mixed CNS teams and pilot		

		MDT co-ordinator capacity tool	Implement CNS training pathways and support for mentors	Scale up CNS skill mixing and test non-nursing roles in CNS teams
			Cancer administrator development programme tbc	
	Personalised care		Deep dive into clinical psychologists	
			Respond to outputs of rehab workforce mapping	

High Level Programme Risks

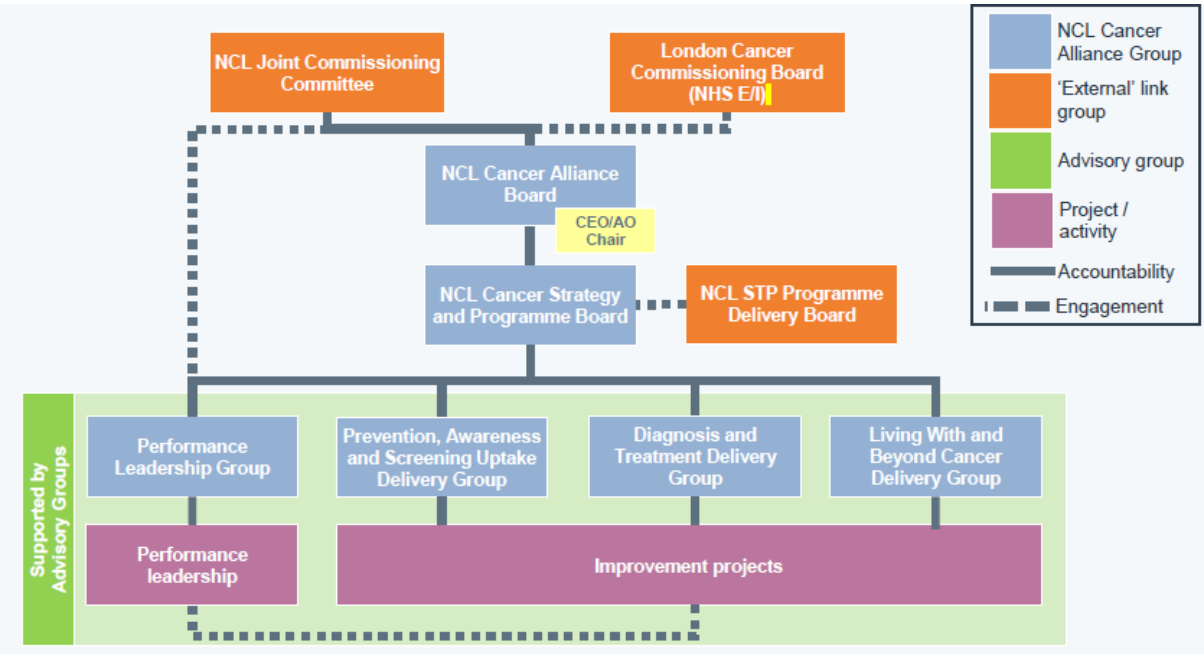
Risk	Description	Mitigation	Interdependencies
Capacity constraints in the face of increasing demand - Limited capacity in terms of workforce and equipment constrains our ability to consistently meet cancer waiting time standards, including 62 day treatment and the forthcoming 28 'Faster Diagnosis Standard'	Demand is set to continue increasing as achieving earlier diagnosis targets necessitate testing more people for cancer. Workforce (see Workstream 7 - Workforce) and Equipment capacity are severely constrained in cancer services. Capital funds are limited. Many specific professions have acknowledged shortages including gastroenterologists, oncologists, nurses, pathologists and radiologists.	Various workforce initiatives in place to make work more efficient and train wider group of staff (e.g. reporting radiography) Demand and capacity analysis underway to establish key equipment needs.	Workforce programme – cancer alliance is leading on the cancer elements of the workforce plans.
Interventions are not developed and/or not fully implemented to bridge the gap to 75% diagnosed at stage 1 and 2 - Programmes are not fully implemented or developed that will	Current performance is approximately 52% and bridging the gap requires full implementation of various interventions including lung screening, new diagnostic tests, and	The Alliance work programme includes a number of interventions to bridge this gap including the only large scale lung screening programme in the UK. It also works	The alliance works closely with research partners directly or through the AHSN (UCL Partners) to test out new approaches

bridge the gap between current performance and the ten year aim to have 75% of cancers diagnosed at stages 1 and 2	improved GP referrals.	closely with other cancer stakeholders such as research institutions to ensure access to latest innovations.	

Enablers

Governance and operating model

The alliance is the vehicle for the delivery of our cancer plan:



The NCEL Alliance is in the process of forming two alliances aligned to both STP's footprints, with a go live date of April 2020. The key benefits of this change will be:

- Deeper relationships enabling **faster decision making** and change
- **Further localisation of plans**, especially in the context of developing integrated care systems
- Direct alignment with other STP workstreams, **simplifying interdependencies**

The two alliances are committed to working together on areas where it constitutes value for money, there is a critical mass of expertise in only one STP, and where pathways cross STP boundaries. Each STP's alliance has mirrored their governance structures which will enable periodic joint meetings to ensure maximum cooperation.

Patient involvement

Patients or carers sit on all key Cancer Alliance committees, and there is a separate Patient Steering Group which oversees patient involvement and efforts to improve patient experience. The cancer alliance maintains a patient and carer network with approximately fifty active members. We have developed a range of roles for patient involvement to maximise meaningful input.

Title	Overview
Patient and Carer Representatives	Attend Pathway Board and ERG meetings
Programme Partner	Work closely with Programme Leads (2 per Programme Lead) to represent patient views within each programme workstream
Patients/ Carers in Specialist Roles	Several structured specialist roles co-developed with suitable patients with specific experience – e.g. Peer Mentor; Co-Facilitator; *Peer Investigator (tbc.)*
Project Partner	Recruited on an ad hoc basis to support improvement projects within the alliance. Time limited, varying in level of commitment and nature of role

Interdependencies

Prevention – most of the drivers of preventable cancer are factors in a wide range of disease (tobacco, air pollution, obesity, diet, breastfeeding rates etc.). As such the cancer programme will not lead on delivery of specific interventions on these, however will seek to support these where appropriate, and ensure that 'every contact counts' making referrals and signposting where appropriate. In addition a number of cancer programme interventions have specific prevention components e.g. 'Teachable Moments' includes prevention information and the SUMMIT lung study offers brief stop smoking interventions as part of the lung health check.

Collaboration with key third sector partners – There are many large and well established charities working in cancer – in particular Macmillan Cancer Support provides support to people living with and beyond cancer, and Cancer Research UK which particularly focuses on earlier diagnosis. These partnerships offer crucial complimentary support for example Macmillan funds advice services located within hospitals for people with cancer and CRUK funds a team of facilitators supporting primary care to improve referrals for cancer.

Primary care development – the cancer programme relies on optimal referral by GPs and an increased role for primary care in the support of patients after treatment. The development of primary care networks, as well as other key developments, will be central to the delivery of our overall goals.

Urgent and Emergency Care - As well as its core work to increase the proportion diagnosed at an earlier stage through GP referral, the cancer alliance will work with the Urgent and Emergency Care Programme to ensure that patients diagnosed through emergency settings get the most efficient pathway and an excellent patient experience.

Mental Health – the cancer alliance is already improving psychosocial support, bringing practitioners together in communities of practice through its Psychosocial Expert Reference Group. In addition, the cancer alliance will work with the Mental Health programme to understand mental health as a driver of late presentation and develop improvement strategies.