

NHS Cancer Programme response to recommendations outlined in the October 2020

Personalised Stratified Follow Up qualitative evaluation study report by CSW CSU

Cancer Alliances are not required to deliver any additional work outside the agreed Phase 3 plans in response to this report at this time. However, please do consider how the recommendations could inform existing Phase 3 plans and prepare to incorporate these into planning for 2021/22 and beyond. In particular recommendations 2 and 7 will be relevant to ongoing Phase 3 planning and implementation.

1) Recommendation 1 – Digital Remote Monitoring System (RMS)

- 1.1. NHSX, who work to deliver the Department of Health's technology vision, and the NHS Cancer Programme to support the acceleration of sustainable implementation of digital RMS. They should use their collective influence to ensure that the digital requirements for PSFU are considered in national strategic approaches.
- 1.2. To support acceleration of digital RMS, NHSX and NHS Cancer Programme have started to develop a digital RMS technical guide. This guide will include:
 - Outline of requirements for digital RMS and patient portals including interoperability with Trust PAS systems, rather than only focusing on cancer systems;
 - The production of common standards that can be used in procurement and contract reviews, to reduce variation and drive up quality;
 - An improved relationship with suppliers, and proactive action taken to develop the market for digital RMS systems, to increase the choice of solutions offered and improve implementation timescales. Cancer Alliances should work with Trusts and IT suppliers to ensure those closest to achieving PSFU are prioritised for upgrades.

NHS Cancer Programme response and actions for stakeholders – immediate priority

- 1.3. NHSX and NHS Cancer Programme have collaborated to support acceleration of PSFU digital RMSs by developing an implementation guide for digital RMS implementation.
- 1.4. NHSX and NHS Cancer Programme to launch and promote the guide by November 2020.

2) Recommendation 2 – Digital Remote Monitoring System (RMS)

- 2.1. Cancer Alliances and Regions to take ownership and accelerate implementation of digital RMS where possible. They should pro-actively identify local solutions to increase uptake and accelerate implementation. This should include being actively involved with and influencing wider regional and STP/ICS strategic digital decision-making processes.

NHS Cancer Programme response and actions for stakeholders

- 2.2. Cancer Alliances and Regions will be asked to take ownership and prioritise implementation of digital RMS by identifying local solutions to accelerate implementation by working closely with key stakeholders such as the Trust Digital Leads and STP/ICSs.
- 2.3. Alliance LWBC Leads and Regional Cancer Leads to review their current position of implementing digital RMS and identify solutions to deliver to accelerate delivery.
- 2.4. Regional Cancer Leads to share their summary response at the 1-2-1 calls with the NHS Cancer Programme in November 2020.

3) Recommendation 3 - Digital Patient Portals

- 3.1. Cancer Alliances to consider having digital patient portals where possible in all PSFU pathways. This would enhance effective patient care and communication, especially considering changes to patient pathways due to COVID19.

NHS Cancer Programme response and actions for stakeholders

- 3.2. Cancer Alliances to consider how use of patient portals can be widened across all PSFU pathways, to improve remote digital communication with patients.

4) Recommendation 4 - Workforce

- 4.1. To achieve the benefits of PSFU, Cancer Alliances and Trusts should implement an effective skill mix of Clinical Nurse Specialist (CNS) and Cancer Support Worker (CSW) roles within PSFU pathways.
- 4.2. The NHS Cancer Programme should go further in identifying and promoting best practice in deploying CSWs at the national level.

NHS Cancer Programme response and actions for stakeholders

- 4.3. CNS and CSW roles make up an important part of the overall cancer workforce, in particular relating to the delivery of PSFU pathways. The 2020/21 People Plan highlighted our commitment to these roles by introducing 250 additional grants for nurses wishing to train as Clinical Nurse Specialists.
- 4.4. The Cancer Programme will continue to work with partners across the cancer community to understand long-term workforce needs.
- 4.5. Cancer Alliances to work closely with Trusts to understand how CNS and CSW roles are being embedded within the cancer pathway, and to encourage their take-up and sustainability.
- 4.6. The Cancer Programme will identify innovative workforce approaches taken by Cancer Alliances around PSFU (and elsewhere) and promote them at the national level, and raise awareness of other new workforce roles that support people with long term conditions, such as link workers (social prescribers), health coaches and care coordinators in Primary Care Networks.

5) Recommendation 5 – Governance

- 5.1. Cancer Alliances in their position as system leaders should raise the priority of PSFU and digital RMS by working on the PSFU initiatives closely with the STP/ICSs, and ensure progress is tracked and monitored effectively across Cancer Alliance geographies.
- 5.2. Cancer Alliance SROs, who lead on LWBC initiatives, should be identified within all cancer governance structures to raise the priority of PSFU and personalised care interventions.
- 5.3. NHS Regional Cancer Teams to work towards increasing engagement with Regional Executive teams to reinforce and share the progress of PSFU.

NHS Cancer Programme response and actions for stakeholders

- 5.4. Alliance LWBC Leads to continue working closely with their STP/ICSs to reinforce the priority of PSFU and strengthen delivery of PSFU, emphasising the role PSFU has to play in the delivery of Patient-Initiated Follow Up (PIFU) in the NHS and achievement of LTP targets on the release of outpatient appointments.
- 5.5. Cancer SROs who lead LWBC initiatives to be identified within the Cancer Alliance governance structure. There should be clear decision-making on which additional cancers each Alliance will choose to roll out PSFU to by 2023/24.

6) Recommendation 6 – Leadership

- 6.1. Cancer Alliances to identify Trust Lead Cancer Nurse (or equivalent roles) and Clinical Commissioning Group Clinical Leaders for all member organisations. They should develop and support an active peer network that champions PSFU within clinical teams, and influences decision-makers in STP/ICSs and Trusts to aid spread and implementation of PSFU pathways.

NHS Cancer Programme response and actions for stakeholders

- 6.2. Cancer Alliances to identify clinical leaders across the system and develop an active peer network to support acceleration of PSFU and Personalised Care interventions.
- 6.3. Invite all clinical leaders to develop a network of clinical PC/PSFU champions to increase implementation of PSFU and Personalised Care interventions.

7) Recommendation 7 - Health Inequalities

- 7.1. Cancer Alliances should review the current PSFU cancer pathway to ensure it helps tackle health inequalities. There needs to be understanding of where there may be unwarranted variation in access, and steps should be taken to improve this for all patients.

NHS Cancer Programme response and actions for stakeholders

- 7.2. Addressing inequalities and understanding unwarranted variation across the pathway is a priority for Cancer Alliances.
- 7.3. Cancer Alliance LWBC Leads to review current PSFU pathways and develop an action plan outlining area to focus on to improve health inequalities for cancer patients.
- 7.4. NHS Cancer Programme to obtain best practice from Alliances and share the resources on the Cancer Alliance Workspace as they develop.

8) Recommendation 8 - PSFU Roll Out to other Cancers

- 8.1. Cancer Alliances to scope and prioritise roll out of PSFU to other cancer types. This should be shared with the NHS Cancer Programme.

NHS Cancer Programme response and actions for stakeholders

- 8.2. PSFU roll out to other cancer types is a Long-Term Plan ambition. NHS Cancer Programme has announced the decision that Cancer Alliances should extend PSFU from breast/ prostate/ colorectal into any other cancer type, where a Cancer Alliance, trust or team is prepared and able to do so. Cancer Alliance guidance states "Cancer Alliances can plan to roll out Personalised Stratified Follow Up (PSFU) to other cancer types from this year, with a view to having in place at least five cancer types by 2023/24. This is in addition to the existing requirement for PSFU for breast, prostate and colorectal".
- 8.3. Cancer Alliances to share their approach / plans to roll out PSFU to other cancer types.
- 8.4. NHS Cancer Programme to promote good practice from Cancer Alliances.

9) Recommendation 9 – Commissioning

- 9.1. NHS Cancer Programme to work closely with the Payment Policy team to explore a payment policy approach that supports sustainable commissioning of PSFU. They should work together with Cancer Alliances, STP/ICs, and Trusts.

NHS Cancer Programme response and actions for stakeholders

- 9.2. Cancer Programme recognises the importance of a sustainable approach to move to PSFU to Business as Usual. Initial scoping of this work had started but was deprioritised during the first COVID-19 phase.
- 9.3. NHS Cancer Programme has re-engaged with the payment policy team to explore next steps.

10) Recommendation 10 - COVID19

- 10.1. NHS Cancer Programme and Cancer Alliances to review the emerging learning and opportunities created by the impact of COVID19 on cancer pathways. They should proactively act upon this by adapting local PSFU pathways.

NHS Cancer Programme response and actions for stakeholders

- 10.2. The NHS guidance 'Implementing Phase 3 of the NHS response to the COVID-19 pandemic' (August 2020) requires urgent action to restore full operation of all cancer services, and this includes the full implementation of PSFU and Personalised Care interventions.
- 10.3. The evidence from successful introduction of PSFU in cancer is directly supporting roll out of Patient-Initiated Follow Up (PIFU) into non-cancer specialties - a key Phase 3 Covid-19 response. This will contribute to wider NHS recovery as well as the achievement of the LTP target to reduce NHS outpatient attendances by 30 million by 2023.
- 10.4. Cancer Alliances to use the LWBC resources toolkit in restarting and accelerating the Long-Term Plan activity for LWBC - <https://future.nhs.uk/canc/view?objectId=20018704>
- 10.5. NHS Regional Cancer Teams to work closely with the Regional Executive teams and Regional Outpatient Leads to reinforce and align PSFU with PIFU implementation.