Greater Manchester Cancer Board Agenda

Meeting time and date: Monday 26th April 15:00pm-17:00pm
Venue: MS Team Virtual Meeting
Chairs: Roger Spencer

#	Item		To	Lead	Time
1	Welcome and apologies Minutes of the last meeting Action log and matters arising	Verbal Paper 1 Paper 1	- Approve Update	Roger Spencer	5’
2	Overview of GM Health System and Covid Impact	Verbal	Update	Dave Shackley	15’
3	Cancer Performance 104 day Harm review GM Surgical Cancer Hub	Presentation 1 Paper 2 Verbal	Update	Lisa Galligan Dawson	20’
4	Health inequalities and Cancer in GM	Paper 3	Update	Dave Shackley & Alison Jones	20’
5	Early Diagnosis	Paper 4	Update	Alison Jones	15’
6	GMEC Cancer workforce Strategy	Paper 5 & Presentation 2	Update	Suzanne Lilley	15’
7	CQC Review	Verbal	Update	Claire O’Rourke	10’
8	World Cancer Day Summary & Virtual Cancer Week event	Paper 6	Update	Cathy Heaven / Anna Perkins	5’
9	Papers for information: ▪ Transformation Update ▪ Submission for HSJ ▪ Lymphedema end of project report	 Paper 7 Paper 8 Paper 9		 Alison Armstrong Alison Armstrong Alison Jones	5’
10	AOB		Discuss	All	10’

Date of the next meeting:
Monday 24th May 2021, Time & platform TBC

Paper 1

Greater Manchester Cancer Board
Minutes and Actions

Meeting time and date: Monday 23rd November 2020, 15:00pm-16:30pm
Venue: Virtually, via MS Teams

Members present			
Name	**Role**	**Organisation/Representation**	**Attendance 2020/2021**
Roger Spencer (RS)	Co-Chair / Chief Executive	The Christie Foundation NHS Trust	3/6
Andrea Green (AG)	Co-Chair/ Accountable Officer	Stockport CCG	2/6
Dave Shackley (DS)	Director	GM Cancer	3/6
Claire O'Rourke (COR)	Associate Director	GM Cancer	3/6
Nabila Farooq (NF)	User Involvement Rep PaBC	Macmillan User Involvement Programme	3/6
Cathy Heaven (CMH)	Chair of Cancer Education	The Christie NHS Foundation Trust	3/6
Rob Bellingham (RB)	Managing Director	GM Joint Commissioning Team	3/6
Alison Jones (AJ)	Associate Director of Commissioning – GM Cancer Services	GM Joint Commissioning Team	3/6
Lisa Galligan-Dawson (LGD)	Programme Director	GM Cancer	3/6
Susannah Penney (SP)	Associate Medical Director	GM Cancer	3/6
Professor Janelle Yorke (pJL)	Executive Chief Nurse & Director of Quality	Manchester Foundation NHS Trust	1/6
Ian Clayton (IC)	User Involvement Rep PaBC	Macmillan User Involvement Programme	2/6

In attendance		
Name	**Role**	**Organisation**
Chris Harrison (CH)	Executive Medical Director	The Christie NHS Foundation Trust
Alison Armstrong (AA)	Programme Lead	GM Cancer
Anna Perkins (AP)	Communications and Engagement Lead	GM Cancer
Roger Prudham (RP)	Lead Cancer Clinician, NES	Northern Care Alliance NHS Group
Rhidian Bramley (RBr)	Diagnostic Lead	GM Cancer
Sarah Taylor (ST)	GP Lead	GM Cancer
Jaqie Lavelle (JL)	Senior Team Administrator	GM Cancer

Carole Piddington (CP)	Senior Team Administrator	GM Cancer
David Wright (DW)	Macmillan Lead Cancer Nurse / Clinical Lead for the GM Cancer Teenage and Young Adult Pathway Board	Manchester Foundation NHS Trust
Caroline Davidson (CD)	Director of Strategy	Manchester Foundation NHS Trust
Janet Castogiovanni (JC)	Director of Performance	GM Health & Social Care Partnership
Professor Robert Bristow MD PhD (pRB)	Director	Manchester Cancer Research Centre
Teresa Karran (TK)	Regional NHS Relationship Manager	CRUK
Tim Humphreys (TH)	Strategic Partnership Manager	Macmillan Cancer Support
Beth Sharratt (BS)	Project Manager (Health and Social Care VCSE Engagement)	GMCVO
Nadia Ali Ross (NAR)	Clinical Lead for the Gynaecology Pathway	Bolton Foundation NHS Trust
Claire Trinder (CT)	Director of Research Strategy and Operations	Manchester Cancer Research Centre
Jessica Pathak (JP)	Programme Manager	Answer Cancer
Louise Sinnott (LS)	Head of Place Based Commissioning	NHSE England & NHS Improvement
Samuel Emlyn (SE)	Director of Policy	CRUK
Tracey Vell (TV)	Primary Care Lead GP	GMHSCP / HIM
Barney Schofield (BS)	Director of Planning	Northern Care Alliance Group
Tracy Grey (TG)	Project Manager Communities & Inclusion (BRAG Facilitator)	Manchester University NHS Foundation Trust
GM Cancer Team members	Chris Repperday	GM Cancer
	Claire Goldrick	GM Cancer
	Delwyn Wray	GM Cancer
	Hannah Clegg	GM Cancer
	Jane Cronin	GM Cancer
	Jess Dockey	GM Cancer
	Louise Lawrence	GM Cancer
	Rebecca Martin	GM Cancer
	Susan Todd	GM Cancer
	Sue Sykes	GM Cancer
	Zoe Merchant	GM Cancer
	Paula Daley	GM Cancer
	Sinead Collins	GM Cancer
	Jonathan Hirst	GM Cancer
	Maria Dimitrakaki	GM Cancer

	Suzanne Lilley	GM Cancer
	Fiona Lewis	GM Cancer

Apologies			
Name	**Role**	**Organisation**	**Attendance 2020/21**
Sarah Price (SP)	Interim Chief Officer	GM Health & Social Care Partnership	0/6
Andy Ennis (AE)	Chief Operating Officer	Bolton Foundation NHS Trust	2/6
Michelle Leach (ML)	Pathway Manager	GM Cancer	n/a
Philip Graham (PG)	Senior Business Intelligence Analyst	GM Cancer	n/a

1. Welcome and Apologies	
Discussion summary	RS welcomed all in attendance to the meeting and advised that he was the Co-Chair, along with Andrea Green (AG) of the Cancer Board. The Incident Management level was confirmed at level 4 and the main purpose of the board was to present and update colleagues on where the alliance was up to, in maintaining and delivering cancer services during the Covid pandemic. Apologies were noted. Professor Janelle York (JY) was introduced as the representative for the Chief Nurses of Greater Manchester (GM) and had replaced Professor Cheryl Lenney as a board member.
Actions and responsibility	Apologies received to be noted on the minutes of the meeting (JL)

2. Minutes of the last meeting	
Discussion summary	The minutes of the last meeting 21st September 2020 were reviewed with slight amendments requested: ▪ Page 6, paragraph 7: to be changed to 'review on inequalities' to be brought to a future Cancer Board ▪ Page 2: Beth Sharratt's (BS) details to be corrected. Subject to the changes being made; the minutes were ratified as a true reflection of the meeting.
Actions and responsibility	Minutes to be amended with suggested changes. Minutes and actions to be uploaded to the GM Cancer webpage (JL)

3. Action log and matters arising	
Discussion summary	The actions from the previous meeting 21st September 2020 had been reviewed. There were a number of actions regarding inequity of access that remained open and were to be covered under AOB. IC had been invited and attended a Chief Operating Officers (COOs) meeting and IC's comments from the previous Cancer Board were shared by RS with PFB. There were no other matters raised.
Actions and responsibility	Action log from the previous meeting 21st September 2020 to be updated to reflect that all actions had been closed (JL)

4. Overview of GM Health System and Covid Impact	
Discussion summary	DS provided an overview: The alliance is linked in with key stakeholders and cancer remains a system priority and is supported at a National Level. The North West had the highest Covid infection rate of all the English regions. A difference had been seen between both waves 1 & 2. In wave 1 approximately 850 beds had Covid patients in and by the end of August this was reduced to 75. In wave

	2 this had significantly increased to 1,300 Covid patients. In the past two weeks there was evidence of a plateau. It was believed these reductions were due to the government introduction of Tier 3 and the lockdown. On the week of November 9th all elective and non-urgent surgery was stopped across GM, to protect emergency & cancer surgeries. Mutual aid had been provided, some through the cancer hub in order to allow surgical treatments to continue. To give examples of the system pressures, a snapshot within Stockport Stepping Hill & MFT was provided. It is hoped that there will be a reduction in hospital pressures across the system in the coming weeks The surgical audit had continued; In September it had been reported that 4,500 patients had been treated; with less than a 1 in 2000 chance of contracting Covid during their hospital admission. The Covid cases testing positive per day (GM, all cases) was reported at 1,100, a huge reduction since October when it was around 2500 . The GP referrals are back to Pre-Covid levels, the backlog had reduced substantially, the waiting list for surgery was broadly stable and Radiotherapy & Chemotherapy services are not affected by increased waits for patients versus the pre-COVID position. The 3 key steps coming in the next 1-3 weeks that may affect cancer services going forwards were identified as: 1. Mass Vaccination (possible start mid-December, tbc) 2. Asymptomatic staff testing (start end Nov; patient facing staff) 3. A slow reduction in the stress on the system as the community numbers start to impact and reduce hospital admissions. Colleagues were thanked across the system for maintaining cancer services during challenging times.
Actions and responsibility	No actions required

5. Diagnostic Update	
Discussion summary	Rhidian Bramley (RBr) introduced himself to the board; he joined GM Cancer in April as the Diagnostic Lead, assisted by Louise Lawrence (LL). He detailed the original key focus areas for 2020 and emphasised that a lot had been paused due to the impact of Covid therefore plans were reprioritised to assist with recovery, transformation & collaboration. Diagnostic governance was reviewed and is now linked in with Gold Command, the NW Imaging Cell as well as the Regional & National teams. A key development for diagnostics included the publication of the Richards Report 'Diagnostics Recovery and Renewal': now approved in principle by the NHSE&I board which recommended the doubling of kit such as CT scanners over the next 5 years, plus more workforce such as radiographers and radiologists. The report also suggested some of the new scanners for elective activity should be placed in Community Diagnostic Hubs with plans for cancer to utilise the RDC modelling.

	RB advised that it was reported in the spending review (Nov 2020) that out of the £3b extra allocated to the NHS that £325m was to be allocated to diagnostic equipment which will meet the recommendations for the first year. Part of the GM Cancer work has been to gain a picture of all Trust assets across all modalities and this has helped to inform the allocation of equipment strategy through the NW Imaging Cell. It was reported through data analytics and performance that there were 33,000 more patients waiting on the diagnostic waiting lists compared to what was reported in September 2019 with 40,000 more patients waiting over 6 weeks. This is the worst performance on record with Endoscopy hit the hardest. RD confirmed that there will be a modular build situated in Fairfield for endoscopy, which will be operational with the first patient expected in the new year. It was recognised by prioritising cancer patients that improvements had been made. The diagnostic data is being used to engage, collaborate and provide support to organisations. Dedicated work with the lung pathway is ongoing to understand the impact of Covid and recovery. In addition to all the diagnostic collaboration across the system, diagnostic asks within the GM Pathways were in the process of being progressed.
Actions and responsibility	No actions required

6. Covid Secure Plan for Cancer Surgery	
Discussion summary	SP had advised there had been a huge amount of work put into the Covid secure planning and the Cancer Alliance had been a system leader. The GM Cancer Surgical Hub was set up in April 2020 to coordinate cancer surgery. It was set up as a mechanism for providers to refer patients to the hub (when local capacity is constrained) so that patients were seen in a timely manner and provider pressures were reduced. Rochdale & The Christie were nominated as 'Green Sites' including the use of the Independent Sector. The use of the GM Cancer surgical Hub was relatively stable and provider capacity had increased during the summer to allow more surgeries. More cancer surgery had been completed in recent weeks now averaging at approximately 280 surgeries per week (more than the pre-COVID level of circa 245/ week) The GM Gold Covid Secure Plan being developed (Cancer and non cancer) is based on the hub principle of moving patients to where there is capacity and expertise within the system across GM; to allow those hit hardest by patient bed occupancy to still facilitate patient treatment. If cancer capacity cannot be maintained within a provider they have the option to refer patients into the hub. The hub will identify capacity and will assist with the facilitation of moving the patient around the system. This was further described in the paper and included a robust clinical governance model with responsibilities highlighted. All P2 (surgery to be done within 28 days) non cancer & cancer surgery is to be facilitated. Advice and Guidance on non-cancer surgeries will be provided and

	merged into the planning, although cancer takes priority. It was questioned whether the patient experience had been audited and it was advised that there was a general census that patients were quite understanding & accommodating in the need to move around the system and that a GM Cancer Surgical Hub patient experience survey can be considered.
Actions and responsibility	A GM Cancer Surgical Hub patient experience survey is to be considered.

7. Cancer Performance Update	
Discussion summary	The primary areas of focus for system recovery were detailed and highlighted in the presentation. LGD emphasised that the second wave of the pandemic had significantly impacted services in GM, however cancer was prioritised. The current GM position was shared: ▪ Suspected cancer referrals (2ww) were above 95% of Pre-Covid levels overall. Variation between provider and tumour sites remained ▪ There were 15,411 live patients in the system on the 62 day pathway ▪ Work had been completed to reduce the backlog of patients already over 62 days; reduced from 2,484 (reported in September) to 1,564. 377 of those were over 104 days, reduced from 934. ▪ NHSE had targeted the number of patients over 104 days on the PTL to return to baseline by end Nov 20. The board were notified that it was unlikely that the target would be achieved and an update would be provided at the next board meeting. ▪ The rolling 6 week average of surgical treatment numbers was 262 compared to the 19/20 weekly average of 244. ▪ The visibility of a combined waiting list for GM had been helpful in driving the activity in the right areas. The surgical waiting list is monitored weekly and reported that 288 P2 patients were awaiting a date for surgery; 31% of the total PTL ▪ The National reported performance for Q2 20/21 Sept 2020 was 85.6% for 2ww & 71.2% for 62 day. There was a decrease against the 2ww performance however as a word of caution that some of the deterioration to make an improvement in the pathway for the patients. Key pathway challenges and tasks to support them were detailed. RS thanked LGD for her expertise and efforts applied to the challenges faced. IC shared that the reports were encouraging and acknowledged the hard work in a difficult climate. He explained that he and LGD were looking at ways to share the cancer performance report to more users. Since the last cancer board he attended the COOs meeting and had liaised with AG regarding the Stockport CCG board; further discussions will be held to explore better ways of reporting.
Actions and responsibility	No actions required

8. Update & Delivery Phase 3 – Long Term Plan	
Discussion summary	The paper outlined the Phase 3 & Long Term Plan delivery priorities and the funding that supports it. The priorities were set by the national team and the alliance submitted their plan on 23rd September that detailed how the priorities would be delivered within GM. Notification in regards to national allocation for GM Cancer Alliance was provided including: Place Based Allocation, Innovation Funding, Colon Capsule Endoscopy, Rapid Diagnostic Centres and Lung Health Checks. The funding for Colon Capsule Endoscopy, Rapid Diagnostic Centres and Lung Health had

	been received. Verbal confirmation had been provided that from 1st April 2021 the GM Cancer alliance will receive a direct NHSE allocation and this will in due course be confirmed in writing. The latter part of the paper summarised the projects that will be delivered within the remainder of the financial year at a cost of £1.5m. The cancer board members noted the content of the report and supported the prioritisation of the Cancer Alliance Phase 3 Delivery Plan.
Actions and responsibility	No actions required

9. Papers for Information	
Discussion summary	▪ **Transformation Project Update** ▪ **RDC – Progress to date & proposal for Expansion of RDC Pathways across GM** LGD made reference to the RDC paper as there was a request for approval from the board. She explained that the paper detailed the plans originally agreed however had been expedited and the board were asked to support the expansion of the RDC Pathways across GM. RS advised the paper was agreed in principle subject to the cancer board members approaching LGD with issues.
Actions and responsibility	Papers for information to be reviewed by Cancer Board members and any issues are to be raised.

10: AOB	
Discussion summary	▪ **Update on supporting disadvantaged groups:** There was a detailed conversation on the previous cancer board on reducing inequalities in cancer care particularly for BAME groups. It was recognised that there were broader factors that could affect access to equitable cancer care in GM including ethnicity, age, gender, physical and learning disability, language barriers, mental illness and deprivation. A piece of work will be developed in regards to the inequalities and will be presented at the next board. Attendees of the call had volunteered to assist with this work stream and others were encouraged to volunteer by contacting the GM Cancer alliance. RS suggested that an update on where the National Cancer Experience Survey was up to was required. ▪ **CQC Provider Collaborative Review of Cancer Services in GM:** COR advised that a CQC Provider Collaborative Review of Cancer Services in GM had been deferred to the second week of January, dependant on winter pressures. The full brief had not yet been provided however will be shared was received. It was clarified that it will be a system review as opposed to an inspection.
Actions and responsibility	▪ Volunteers to contact the GM Alliance to assist with supporting disadvantaged groups ▪ An update on where the National Cancer Experience Survey is up to is to be provided.

Future Meeting Dates
RS thanked all those in attendance and commended colleagues across the system for their continued support in a challenging time. The next meeting is scheduled for Monday 25th January 2021, 15:00pm-16:30pm, Via MS Teams

Action Log

The Cancer board scheduled on 25th January 2021 did not go ahead

Actions carried forward for the 26th April 2021 cancer board

Log No.	AGREED ON	ACTION	STATUS
27.20	23rd November 2020	Apologies received to be noted on the minutes of the meeting (JL)	Complete
28.20	23rd November 2020	Minutes from 21st September 2020 to be amended with suggested changes. Minutes and actions to be uploaded to the GM Cancer webpage (JL)	Complete
29.20	23rd November 2020	Action log from the previous meeting 21st September 2020 to be updated to reflect that all actions had been closed (JL)	Complete
30.20	23rd November 2020	A GM Cancer Surgical Hub patient experience survey is to be considered.	Hub patient experience had been captured and a final report is being developed
31.20	23rd November 2020	**Papers for information** Cancer Board members to review the papers for information and directly contact the GM Cancer colleagues to raise issues	Complete
32.20	23rd November 2020	Volunteers to contact the GM Alliance to assist with supporting disadvantaged groups	Feedback had been presented and used to develop the inequalities paper, to be presented on Monday 26th April
33.20	23rd November 2020	An update on where the National Cancer Experience Survey is up to is to be provided.	The LCNs had reviewed and assisted with the development of the GM Cancer NCPES and Patient Experience proposal which Sinead Collins will lead

Paper 2

GM Cancer 104 Day Harm Review Summary
Patients Treated April 2020 – December 2020

Title of paper:	GM Cancer 104 Day Harm Review Summary Patients Treated April 2020 – December 2020
Purpose of this document	To provide a system-wide summary on the review of patients treated beyond 104 days on a 62 day cancer pathways, and where any harm has been identified. The review is intended to inform the GM Cells, Provider Federation Board, Regional Cancer Team and the GM Quality Board.
Summary outline of main points / highlights / issues	• This summary includes patients treated between April 2020 and December 2020 • The review contains patients on 62 day pathways from all referral sources; GP/ Suspected Cancer Referral, Screening (Breast, Bowel and Cervical) along with Consultant Upgrade pathways • In total there were 648 accountable breaches in Greater Manchester; reviews have been undertaken for 405, with 243 outstanding • 14 patient harms have been recorded (3.5% of the reviews undertaken). 11 Lung, 1 Upper GI, 2 Colorectal • Key themes relate to delays in diagnostic pathways and theatre capacity for lung surgery
Consulted	Chief Operating Officers Forum GM Cancer Managers Forum Paper to be presented at GM Medical Directors – 17.03.21 Paper to be presented at GM Directors of Nursing – 16.03.21 Paper to be presented at the GM CSS Board – Date TBC **Paper will remain in draft until approved by the Medical Directors and Directors of Nursing**
Author of paper and contact details	Greater Manchester Cancer Alliance Lisa Galligan-Dawson, Performance Director Lisa.galligan-dawson@nhs.net

Background / Context

The Covid-19 pandemic has significantly impacted both the diagnosis and treatment of cancer patients in Greater Manchester. In particular, in the earlier stages of the pandemic when access to many diagnostic and treatment functions were reduced for appropriate clinical safety reasons. This has led to cancer pathways being elongated, and as a result the number of patients receiving cancer treatment beyond 104 days has increased. National policy outlines that formal harm reviews should be undertaken for these patients.
This report provides a GM system overview on the harm reviews undertaken and the findings.

Methodology

Each organisation has provided a summary of the number of 104 day reviews undertaken, harms that have been recorded and the narrative surrounding the harms. Greater Manchester Cancer Alliance has co-ordinated responses and produced this thematic review, triangulating the numbers against the volume of accountable breaches in the national Cancer Waiting Times reports to ensure all patients have been captured. The reviews of the 104 day patients without harm recoded have not been reviewed independently.
The approach based on 'accountable' breach numbers captures both aspects of pathways where the performance breach is shared.

Findings

Of the 648 patients treated beyond 104 days on their 62 day cancer pathway 405 have had harm reviews undertaken and within these reviews 14 harms have been identified, which is 3.5% of patients. Of note, this is physical harm assessment and does not include the psychological harm /

impact for these cancer patients and others who were either treated before 104 days or had cancer excluded, that encountered delays in the diagnostic phase of their pathways.

The following table demonstrates which organisations are accountable for the breaches and where the harm has been identified.

	Total 104 breaches - CWT system performance breaches	Total volume of harm reviews undertaken	Total harm reviews not completed / incomplete	Volume of patient harm identified from the completed reviews	Comments
Bolton	46	46	0*	0*	x2 patients (Screening and upgrade) need further evaluation from July with final staging and histology.
MFT	179.5	91.5	88	4	Remaining harm reviews to be completed by the end of March 21
Pennine (inc NMCO)	175.5	98.5	77	8	
Salford	38.5	0	38.5	N/A	
Stockport	61.5	43	18.5	1	0.5 breach on CWT in September not agreed (added by non-core GM Trust) Harm reviews to be completed by end March
Tameside & Glossop	38	21	17	0	All reviews completed for patients who commenced and completed their pathway at T&G. Those outstanding relate to patients treated elsewhere but where T&G are responsible for 0.5 performance breach. Outstanding reviews are in progress and expected to be completed March 21.
The Christie	72	72	0	0	
Wrightington, Wigan & Leigh	37	33	4	1	
GM TOTAL	**648**	**405**	**243**	**14 to date**	

Performance breaches of 104 days downloaded direct from NHSE database. Based on where the 'performance' breach is located. Will include shared breaches

In total there are 243 reviews outstanding. The table overleaf demonstrates the speciality, the nature of the harm and the identified causes and outcomes.

Summary of identified harm

	Number of patient harms identified from the completed reviews	Specialities where harm occurred	Details of the harm
Bolton	0*	N/A	N/A
MFT	4	Lung	All patients delayed for surgery. Stage of cancer or increase in tumour size recorded. All patients underwent surgical treatment but % reduction in chances of 5 year survival noted between 9-19%. 1 patient was a shared breach with Pennine where both Trusts were accountable for 0.5 of the breach. Although there were delays in both areas, the final assessment of harm was undertaken
Pennine (inc NMCO) NB. Colorectal managed by Pennine, Lung service managed by MFT	8	Colorectal (1) Lung (7)	Colorectal - Significant delay to endoscopy. Initial biopsy benign. Harm caused by delay but management plan unchanged. Lung - all caused by delays in the diagnostic phase. 3 patients were transferred late from other tumour sites and one of these had limited engagement. 1 of the patients was complex and had limited engagement. 2 of the patients had changed treatment plans as a result.
Salford			
Stockport	1	Colorectal	Patient did not wish to proceed with surgery due to concerns related to Covid. When the patient agreed to attend for surgery the disease had spread and the patient was unable to undergo curative surgery. Patient has been treated with chemotherapy. It was felt that the patient made informed choices to delay their pathway.
Tameside & Glossop	0	N/A	N/A
The Christie	0	N/A	N/A
Wrightington, Wigan & Leigh	1	Upper GI	Patient had a difficult and lengthy diagnostic pathway involving 2 other tumour sites. Patient wasn't suitable for surgery due to disease progression/deconditioning and is currently under the care of oncology
GM TOTAL	**14 to date**		

Note: There are a number of patients where 'possible' harm has been recorded. I.e. patients with polyps.These have been excluded from the report.

Further Recommendations

It was observed that whilst the existing GM guidance sets out the process of recording and reviewing patients treated after 104 days, the approach to harm assessment and documentation varies significantly by organisation. It is therefore recommended that the GM Cancer Alliance revise the existing guidance and strengthen this with a standardised approach to the recording of harm.

It is also recommended that on completion of the outstanding reviews for the time period April 2020 – December 2020 that this report is updated. Furthermore, it is recommended that the GM system maintain quarterly reporting going forward. The GM Cancer Alliance could collate this information on behalf of the GM system.

It is intended that these recommendations will help inform the GM recovery plan, pathway improvement initiatives and help identify and address issues where pathways span multiple organisations and where delays may not form part of the avoidable breach allocation.

Recommendations

We ask the Cancer Board members to acknowledge the paper and agree for there to be a continued focus of the 104-day waiters. A task and finish group has been established to enhance the processes.

Paper 3

Health Inequalities and Cancer in GM

Title of paper:	Health Inequalities and Cancer in GM
Purpose of the paper:	This paper sets out work to date, data and proposals for future working to identify and address health inequalities in cancer in Greater Manchester.
Summary outline of main points / highlights / issues	The key discussion points in this document are: • National context • Research agenda • Health Inequalities dataset – national and GM • Establishment of a Health Inequalities Working Group • GM Tackling Inequalities Board
Consulted	
Authors of paper and contact details	**Name: Prof Dave Shackley** **Title:** Medical Director – GM Cancer **Email:** david.shackley@srft.nhs.uk **Name:** Alison Jones **Title:** Director of Commissioning – Cancer Services (Interim) **Email:** alison.jones8@nhs.net

1 Summary

Health inequalities in cancer refer to avoidable differences in the cancer care that people receive, and the opportunities people have to lead health lives, free of cancer.
Such inequality has been established for some time and relates in many cases to definable disadvantaged groups. To reduce such cancer-related outcome/ experience differences, we must focus more attention on those who are at greater risk of developing cancer, and those who are less likely to survive the disease.
This summary document brings together related information, and some GM-level data to make a series of recommendations for the GM Cancer Board to consider which could impact and reduce cancer care-related inequality.

2 Background & Introduction

Health inequalities (of any type) have been described as 'avoidable and unfair, and involve systematic differences in health between different groups of people' by the **Kings Fund**[1]
Health inequalities in this context can involve differences in:

a. Baseline health status (prevalence comorbidities, life expectancy, smoking status)
b. Access to cancer care (availability and timeliness of care)
c. Quality of that care (levels of patient satisfaction and outcomes with treatment)

It has been recognised, from the Marmot Review 2010 and other national and international work, that the broader determinants of health (including quality housing, education level, employment status, level of socio-economic deprivation, exposure to air pollution etc.) which shape the conditions of daily life have a profound impact on health outcomes. [2] This is no different in cancer.
A PHE report published in August 2020 describes how COVID-19 has significantly affected healthcare in the UK in 2020, and this has drawn further attention and given added impetus to tackle established inequalities, most notably age, deprivation, gender and ethnicity.[3]
The COVID-19 phase 3 planning (recovery) documents from NHSE/I in August 2020[4] and subsequent guidance in December 2020 and latterly the 2021-22 planning guidance set out how health care systems including cancer alliances should monitor and analyse healthcare access for particular patient groups and demographics to identify unwarranted variation and inform decision making around tackling inequalities. Specific demographics that should be reviewed include **deprivation, age, sex and ethnicity**.

[1] https://www.kingsfund.org.uk/publications/what-are-health-inequalities
[2] https://www.who.int/teams/social-determinants-of-health/equity-and-health
[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf.
[4] https://www.england.nhs.uk/wp-content/uploads/2020/08/implementing-phase-3-of-the-nhs-response-to-covid-19.pdf

It is also clear that there are additional disadvantaged groups, beyond those set out above. The protected characteristics covered by the Equality Act 2010 include many other factors including disability, sexual orientation and religion/ belief. There are also recognised 'vulnerable' groups in society including migrants, traveller communities, rough sleepers and those with mental health issues. In addition people can find accessing care difficult in settings where their command of the English language or digital skills is lacking. Exploring the full range of health determinants in cancer is beyond the scope of this brief report.

Many factors which lead to inequalities are inter-related and so mutually reinforcing, with many groups sharing multiple characteristics. The complexity and importance of the broader determinants in health mean that this problem should be tackled with a comprehensive policy approach.

More specifically, **NHSE/I have asked health systems to urgently put in place specific actions to support any groups of patients who might have unequal access to diagnostics and/or treatment in cancer**.

The NHS 2021-22 Operational Planning Guidance released on 25 March 2021 includes the following statement, which reiterates the points made above:

*The pandemic has shone a brighter light on health inequalities. We will need to take further steps to develop population health management approaches that address inequalities in access, experience and outcomes, working with local partners across health, social care, and beyond. Tackling inequalities of outcome is also central to the investments we will make this year to improve outcomes on **cancer**, cardiovascular disease, mental health and maternity services as well as to expand smoking cessation and weight management services.*[5]

3 Research

Researchers and clinicians across the University of Manchester, the Christie NHS Foundation Trust and the CRUK Manchester institute are collaborating to bring the best healthcare to patients with cancer in Greater Manchester and beyond, specifically targeting inequalities research.

Under the umbrella of the MCRC, this work is being aligned to a key vision for the **Precision Medicine for All** approach as outlined in the annual MCRC address by Prof. Rob Bristow: "Impact in Manchester, is impact for the world". It is also reflected in the Social Responsibility commitment and strategy led by Prof. Stephen Taylor in the Division of Cancer Sciences-FBMH.

The population of Manchester reflects a diverse intersection of society and best engagement and treatments in the Manchester ecosystem should lead both nationally and internationally. The ongoing work actively aligns with UN Sustainability Development Goal to reduce inequalities by implementing:

[5] https://www.england.nhs.uk/wp-content/uploads/2021/03/B0468-nhs-operational-planning-and-contracting-guidance.pdf

- Enhanced community engagement practices through consultation and co-creation of materials and approaches with community leaders representing the diverse Greater Manchester Population.
- A co-ordinated approach to improve inclusivity:
  - Primary care (consultation and language)
  - Clinical trials (awareness, recruitment and uptake)
  - Scientific models (develop new xenograft models to reflect affected populations and diversify germline and tumour genetics/genomics databases)
  - Health data science (Collect multidimensional and multilevel data from large diverse cohorts)
  - Early detection (integrating enhanced engagement with roll out of Rapid Diagnostic Centres located in key areas)
- Creating international partnerships to create reciprocal benefits for global cancer care and improve patient outcomes.
- Broader understanding of intersectionality within community groups to better understand barriers to attending cancer screening services.
- Derive quantitative data in collaboration with the GM Cancer Intelligence Unit on social deprivation and BAME indices for all GM geographic localities in terms of: cancer prevalence, 1 year mortality and change of state from Stage III/IV cancer to Stage I/II cancer.
- Use the data above to determine the "Delta" required for success endpoints and drive **innovative interventions** within the affected communities, rather than solely provide descriptive statistics.

4 National Cancer Programme: Cancer Equity (Data)

Since September 2020 the National Cancer Programme have produced data using the latest and pre-COVID national activity data on both the number of (i) urgent Two-Week Wait referrals and (ii) First Definitive Treatment broken down by tumour type and patient factors: deprivation, age, sex and ethnicity. The latest releases (March 2021) include national data to the end of December 2020.

This data, presented at national, regional and Cancer Alliance level, can be used to monitor healthcare access for particular patient groups and demographics to identify variation and inform decision making around tackling inequalities.

Following feedback from stakeholders the national team have produced new urgent referral and first treatment equity packs including CCG and STP level data. This data was released on 23rd March 2021 and is presented in a similar way to the existing equity packs.

A national **'Reducing Inequalities in Cancer Care'** group has been established with representation from all Alliances, including GM Cancer Alliance.

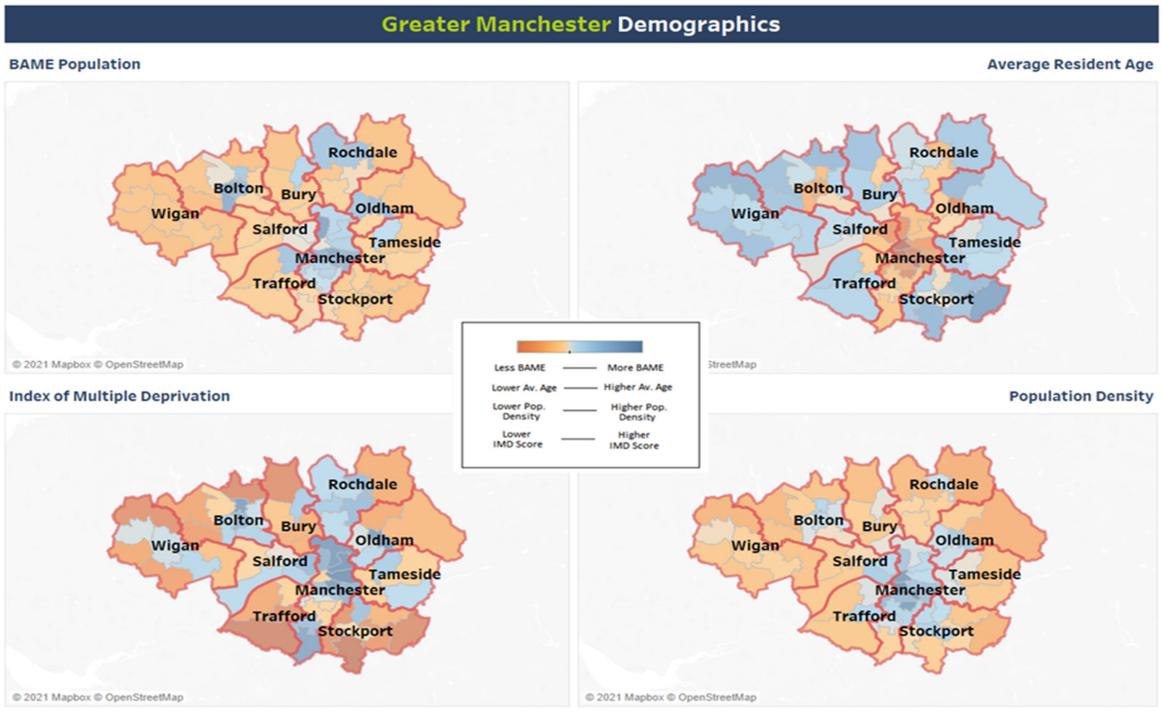
i. National Evidence: Inequity of Cancer Care in the NHS

Attached at **Appendix 1** is a summary of the national data from the Covid-19 Equity Data Packs which shows the recovery from a referral and treatment perspective by age, ethnicity, deprivation quintile and gender.

ii. Greater Manchester Data and Evidence

Population Demographics

As outlined above, the national datasets include referral and first treatment data for all cancer pathways which can be analysed by age, deprivation, gender and ethnicity. To give the context for this data and report below is an infographic which shows the variation across GM in terms of BAME population, resident age, deprivation and population density.



CADEAS Data / Cancer Data Equity Pack: GM

Attached at **Appendix 2** is GM level data, taken from the National Cancer Equity Data Packs and GM Tableau data which covers:

a. Referral recovery by age, ethnicity, deprivation and gender (national cancer data equity pack)
b. First treatment by age, ethnicity, deprivation and gender (national cancer data equity pack)
c. 2WW Referrals
d. Staging of diagnosis
e. Survival

Screening

Any work in GM on health inequalities will need to include the invitation to and uptake of screening for the bowel, cervical and breast screening programmes and consideration of the impact of age, gender, ethnicity and deprivation on these programmes. The Cancer Alliance will continue to work with colleagues in the GM Health & Social Care Partnership, CCGs and Answer Cancer (along with other VCSE representatives and commissioned services) to identify and address health inequalities in relation to screening programme delivery and uptake.

5 Cancer Alliance Action to Date

The Cancer Alliance has a number of areas of work ongoing where Health Inequalities are being identified and addressed, including:

- Cancer Performance: Creation of data to support decision making and visibility (GM Tableau) for clinical services (and potentially for research purposes)
- GM Cancer Early Diagnosis Steering Group being established spring 2021 with links with primary care / CCGs to address referrals, patient presentation and the 'front end' of the pathways
- User Involvement
- Personalised Care
- GM Cancer Workforce Steering Group

6 Summary

The GM Cancer Alliance **propose the establishment of a Health Inequalities Working Group to take forward the work on health inequalities in cancer**, in line with national cancer programme guidelines and expectations, working with partners in GM on the issues highlighted and summarised in this report. The group would be chaired by the Director of the Cancer Alliance. The group would actively involve users and 3rd party contributors such as Charities. Principally it would review relevant data streams and encourage positive and measurable actions to reduce cancer related health inequalities.

Reporting would be to the GM system via the GM Cancer Board, through the appropriate current 'command and control' governance and ensuring appropriate engagement with the wider GM 'Tackling Inequalities' Board and Partnership work on this topic.

7 Recommendations

Cancer Board is asked to:

- Note and offer comment on the content of this report
- Support the proposal to establish a Health Inequalities Working Group to lead this agenda on behalf of the GM Cancer system, reporting into the GM Cancer Board and chaired by the Cancer Alliance (Medical) Director
- Note that the Cancer Alliance will ensure this work reports into the appropriate (health) inequalities governance in GM and NW

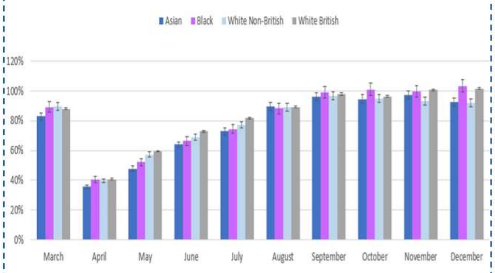
Appendices: Data

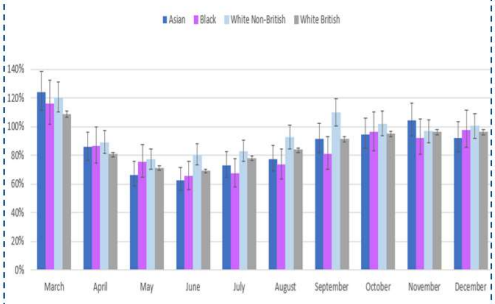
Appendix 1: National Data – Cancer Data Equity Pack

Ethnicity

NHS

URGENT REFERRALS	FIRST TREATMENT
National: % of pre-pandemic urgent referral activity, by ethnic group (Mar - Dec 2020)	**National**: % of pre-pandemic first treatment activity, by ethnic group (Mar - Nov 2020)
- Recovery higher in white British than each of Asian, black and white non-British groups in May, June, July (largest 11pp lower Asian in May). - Higher in white British than Asian and white non-British groups again in November and December (largest 9pp lower Asian in Dec).	- Recovery higher in white non-British than white British (95% vs 87%) since pandemic overall, but recovery for Asian and black patients no different from white British.



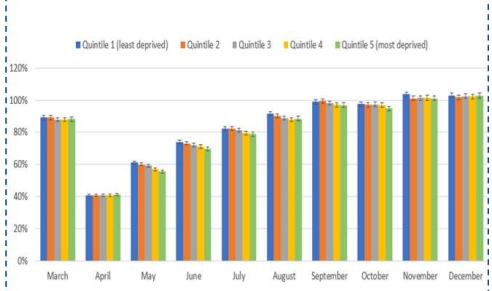


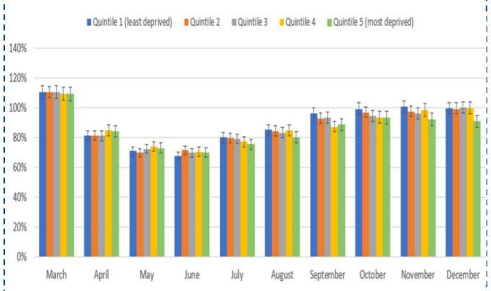
4 | Reducing inequalities in cancer care: Data update

Deprivation

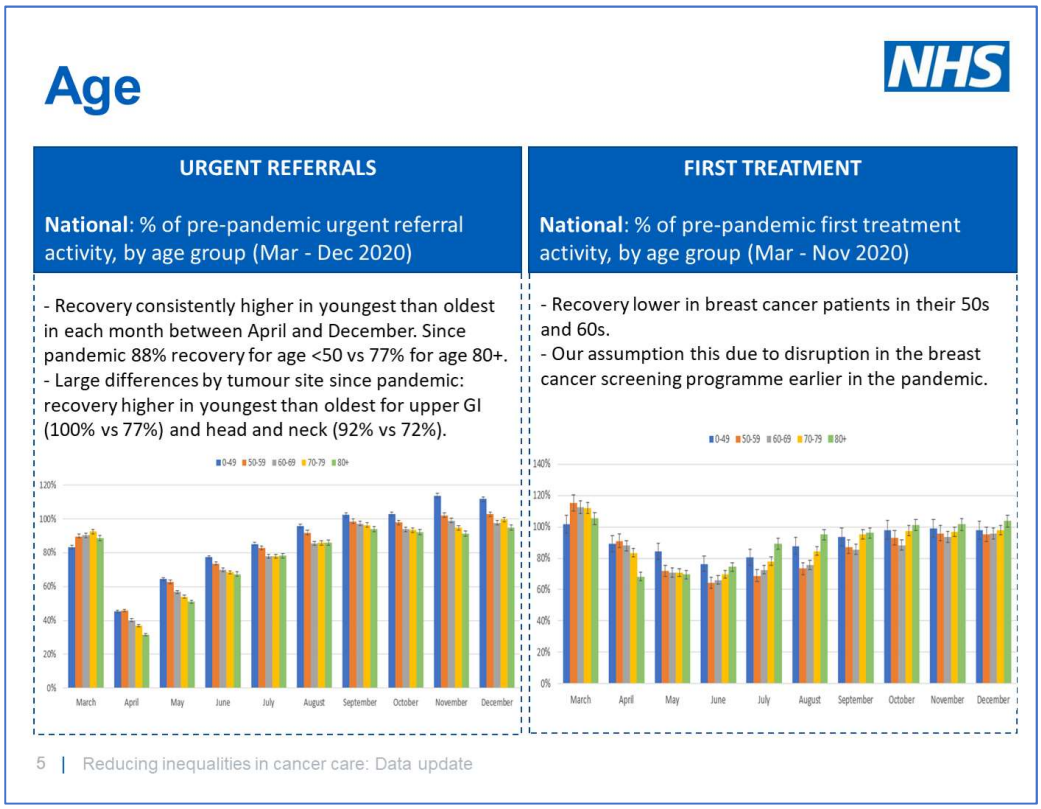
NHS

URGENT REFERRALS	FIRST TREATMENT
National: % of pre-pandemic urgent referral activity, by deprivation quintile (Mar - Dec 2020)	**National**: % of pre-pandemic first treatment activity, by deprivation quintile (Mar - Nov 2020)
- Recovery higher in least than most deprived quintile (84% vs 81%) since pandemic overall (March to December 2020), mainly due to this gap between May and August.	- Recovery higher in least than most deprived quintile (89% vs 86%) since pandemic overall, mainly due to this gap between September and December. - This may be due to the delayed effect of lower urgent referral activity in more deprived.





3 | Reducing inequalities in cancer care: Data update



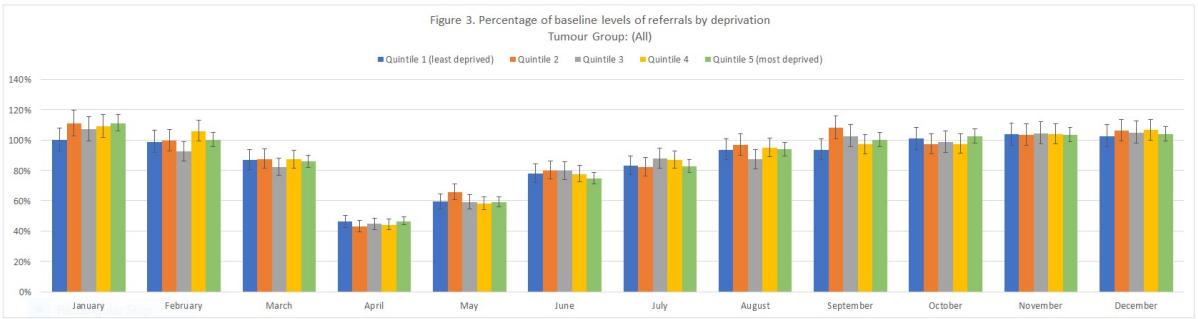
Appendix 2: CADEAS Data / Cancer Data Equity Pack: GM

a. Referral recovery by age, ethnicity, deprivation and gender (national cancer data equity pack)

Deprivation

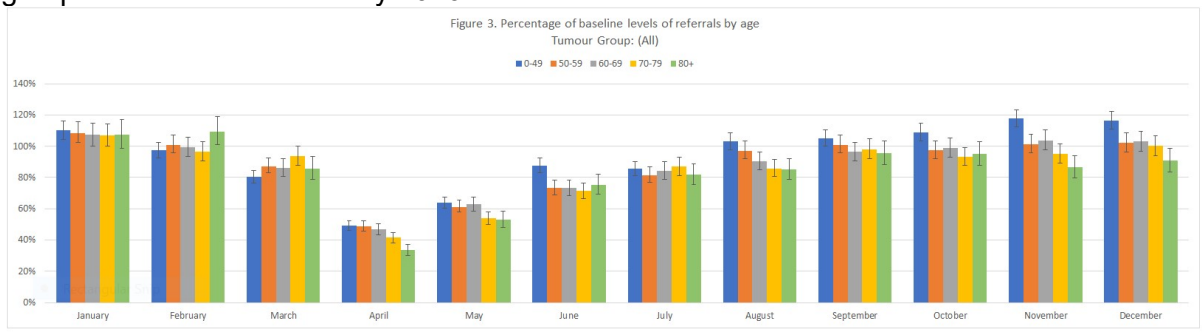
Recovery by December 2020 stands at over 100% for all 5 deprivation quintiles. When this is looked at in detail at a pathway level:

- Breast referral recovery is greatest for quintiles 4 and 5
- Lower GI recovery is greatest for quintiles 2 and 3 but ALL are above 100%
- Lung recovery is greatest for quintiles 2 and 3 (82% and 73% respectively) and lowest for quintiles 4 (58%), 5 (59%) and 1 (62%)



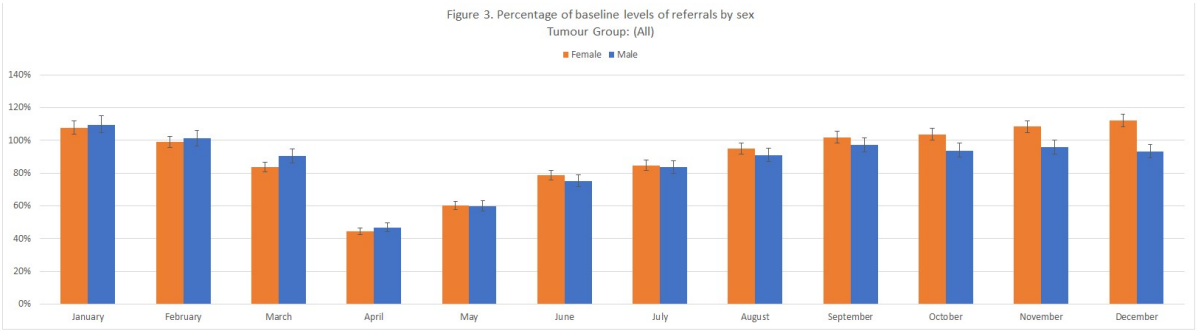
Age

Follow the national picture in that recovery of referrals consistently higher in the lower age group in all months since May 2020



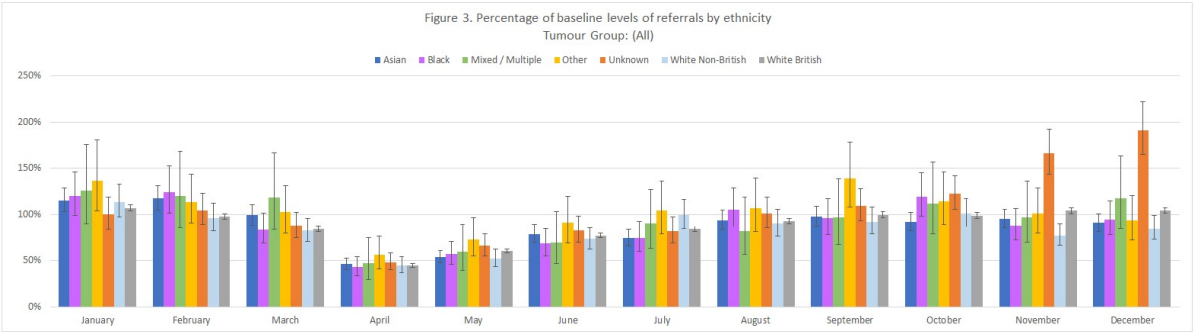
Gender

Recovery has been consistently higher month on month in female than male since May 2020. At December 2020, female referrals were at 112% of the baseline and male at 93%



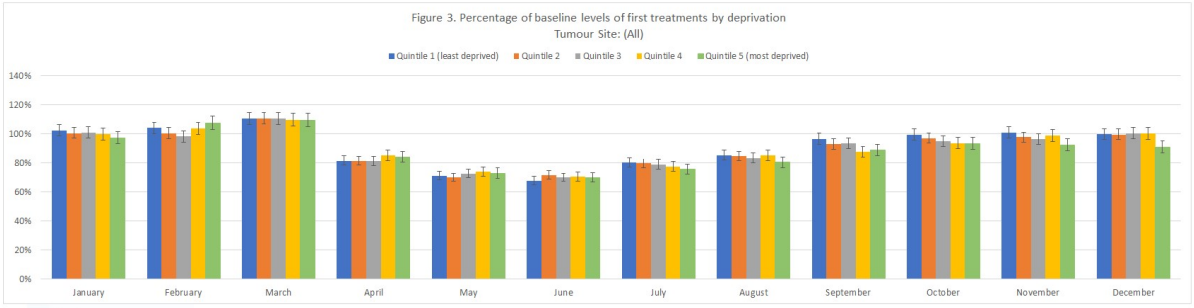
Ethnicity

Large number of 'unknown' / other / unrecorded ethnicity, but from the data which is coded, the recovery has been varied, in December 2020 ranging from 118% against baseline (mixed/multiple) to 85% (white non-British).

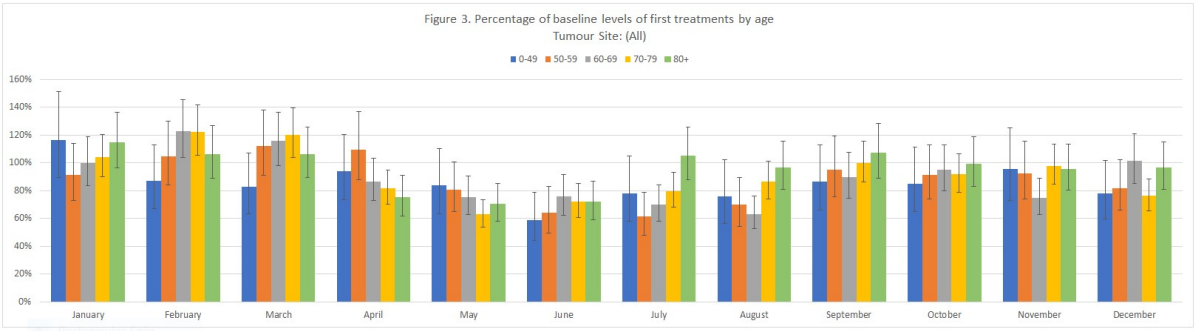


b. First treatment by age, ethnicity, deprivation and gender (national cancer data equity pack)

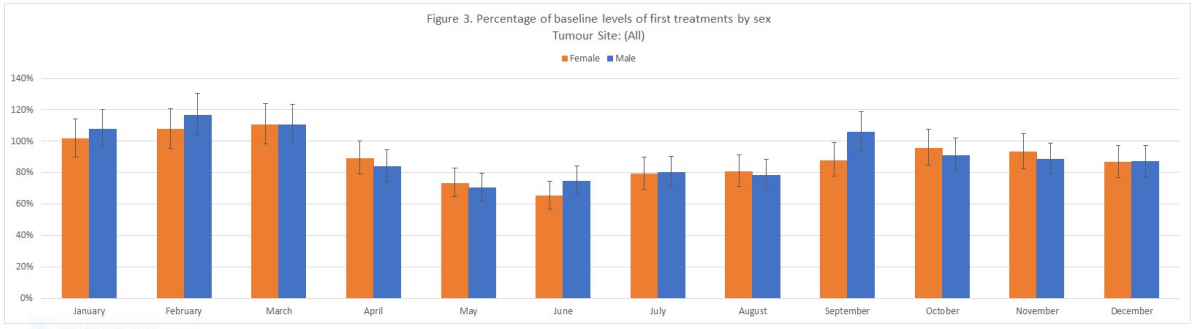
Deprivation



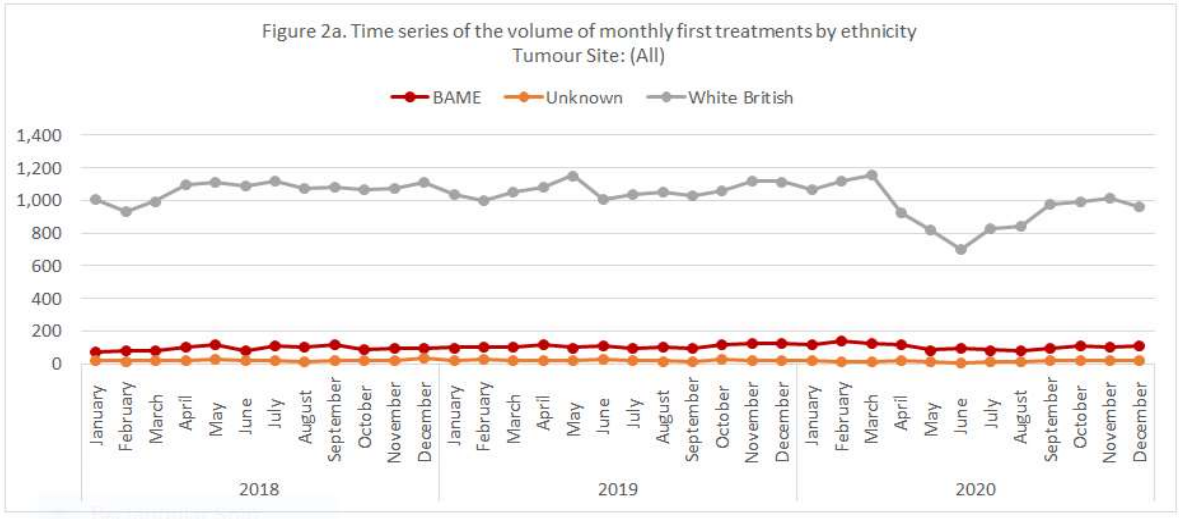
Age



Gender

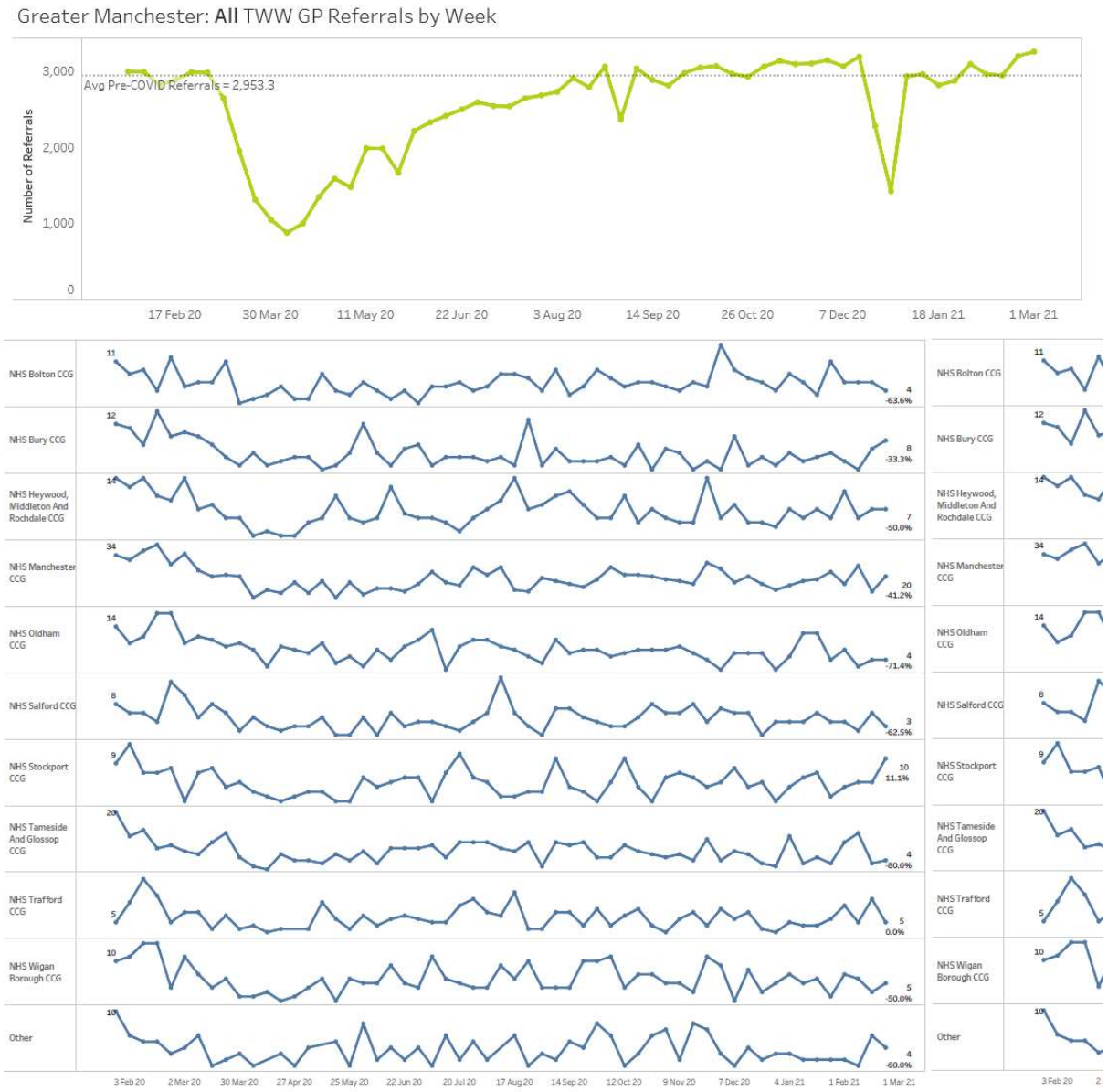


Ethnicity



c. 2WW Referrals

The National Cancer Recovery Plan includes the following aim: *Restore demand to at least pre-pandemic levels through major public awareness campaigns, efficient routes into the NHS (including screening) and improvement referral management practice in primary and secondary care.* GM Cancer, through the data available on Tableau and taken from the systems in the provider Trusts in GM have been able to monitor the position in GM in relation to referral recovery, and to do so by CCG, Provider and Tumour Site. The chart below shows the variation by CCG. There is also variation in recovery by pathway, with the lung pathway referrals being furthest from the pre-Covid position.

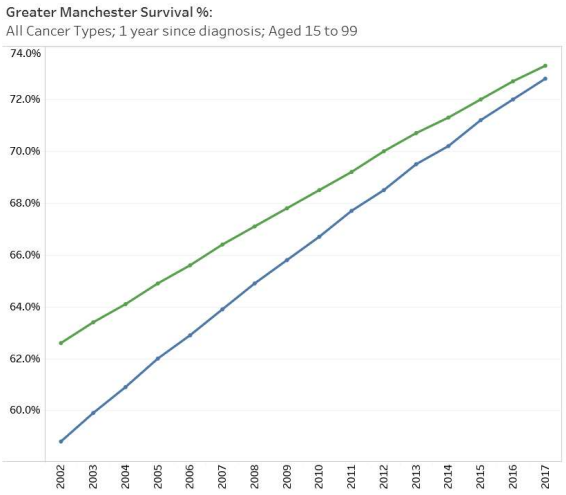


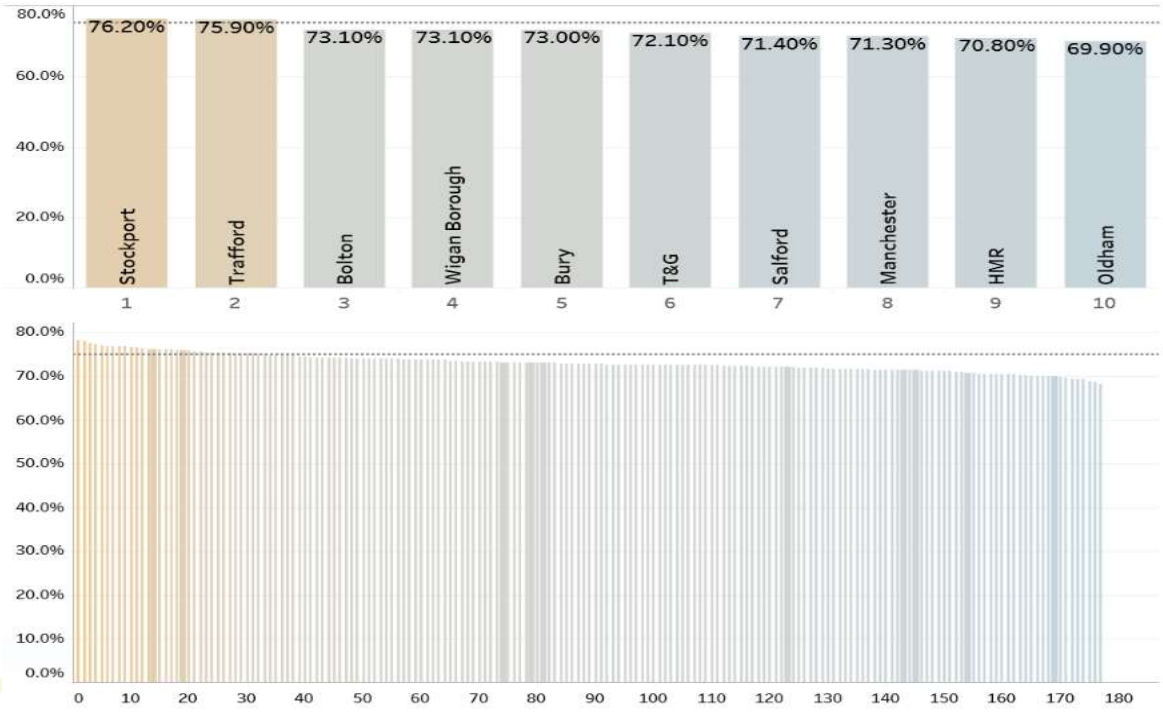
d. Staging of diagnosis

The National Long Term Plan Ambition is: **By 2028, 75% of people with cancer will be diagnosed at an early stage (stage 1 or 2).** The latest available **n**ational data on cancer staging (National Cancer Registration and Analysis Service) shows that the figure in the GM localities varies from 51.66% - 57.02%, with the GM average 54.8% against an England average of 55%. The Cancer Alliance has set up a Steering Group to lead the work on Early Diagnosis, but the impact of Health Inequalities and variation will be an issue this group will need to identify and address.

e. Survival

The National Long Term Plan Ambition is: **By 2028, 55,000 more people each year will survive their cancer for five years**. The 1 year cancer survival for Greater Manchester is 72.8%, a steady increase over time (as illustrated in the chart below). This is the latest available data, which was published on 1st April 2020. The data is for patients diagnosed in the calendar year 2017. The comparable figure in 2007 was 64.1%. It should be noted that the national data excludes children's cancer and prostate cancer. The data presented on Tableau allows for analysis by CCG, therefore allowing for individual CCG 1 year survival comparison vs the GM data. The data below shows there are 5 CCGs who are above the GM figure (Stockport, Trafford, Bolton, Wigan, Bury) and 3 who are below (Salford, HMR, Manchester and Oldham). This shows variation by CCG from 69%-76% against a national figure of 73.3% (GM average 72.8%). However, all 10 CCGs have improved on their 1 year survival position since the last data from 2016.





Paper 4

Early Diagnosis – Steering Group

Title of paper:	**Early Diagnosis – Steering Group**
Purpose of the paper:	This paper sets out a proposal to establish an **Early Diagnosis Steering Group** to lead a programme of work on behalf of GM Cancer Alliance and the GM system to achieve the national LTP target of 75% of cancers diagnosed at stage 1 or stage 2 by 2028.
Summary outline of main points / highlights / issues	The key discussion points in this document in relation to the proposed Steering Group are: • Remit and responsibilities • Early Diagnosis dashboard • Membership • Reporting and accountability • Engagement with other committees
Consulted	GM Cancer Senior Management Team GM CCG Cancer Commissioning leads and Directors of Commissioning GM Primary Care Cell
Authors of paper and contact details	**Name:** Alison Jones **Title:** Director of Commissioning – Cancer Services (Interim) **Email:** alison.jones8@nhs.net

1. Background & Introduction

The NHS Long Term Plan ambitions for cancer are:

By 2028,

55,000 more people each year will survive their cancer for five years

75% of people with cancer will be diagnosed at an early stage (stage 1 or 2)

The NHS Cancer Programme released a Cancer Services Recovery Plan on 15th December 2020[6]. This plan reiterated the 3 previous Phase 3 objectives/aims and includes a 'plan on a page' to summarise how the aims are to be achieved. The sections of this plan which can support '**Early Diagnosis**' have been highlighted below:

Aim 1. Restore demand to at least pre-pandemic levels	Aim 2. Reduce number of people waiting longer than they should	Aim 3. Ensure sufficient capacity to manage future demand
• Run a major public awareness campaign • Ensure efficient routes into the NHS for people at risk of cancer, including through supporting restoration of screening programmes • Improve referral management practice in primary and secondary care	Audit and focus on longer waiters Implement urgent plans to increase/manage demand for endoscopy and imaging capacity Implement best practice and modified pathways to account for impact of COVID-19, and ensure patients are seen as quickly and as safely as possible	• Maximise use of available capacity (on both screening and symptomatic pathways) through system-wide working • Optimise use of available independent sector capacity • Enable restoration of other services • Take action to protect service recovery in preparation for winter

We will achieve these key aims by:

Supporting a 'system-first' model through alliances	• Alliances working through and with local systems in an integrated way • Single dataset at national, regional and local system level on referral, treatment and longer waiter numbers • Monthly check-in rhythm with regions to ensure appropriate support and prioritisation is in place
Tackling inequalities	• Monitor referral and treatment metrics by deprivation or ethnicity as data permits • Target public awareness campaign in line with data
Ensuring public and staff confidence	• Promote implementation of national guidance on maintaining COVID-19 protected environments, including use of PPE and testing of staff and patients • Communicate with patients and the public on steps being taken to ensure safety
Locking in innovations	• Consolidate evidence-based innovations developed as a result of the pandemic • Focus 2020/21 Innovation Fund on technologies to support recovery
Ensuring the right workforce is in place	• Support 'returners' and volunteers to help cancer recovery • Work towards reducing any gaps in the workforce and support existing staff to continue to deliver care • Training bursaries for clinical nurse specialists and chemo-nurses
Restarting LTP activity that supports recovery	• Prioritise Long Term Plan commitments that will support recovery, including rapid diagnostic centres, bowel screening, targeted lung health checks and personalised stratified follow-up
Ensuring effective communications	• Host regular webinars with the cancer charities and cancer clinicians • Hold fortnightly calls with the cancer alliances, and regular meetings with the PPV Forum

Earlier and faster diagnosis of cancer is dependent on people understanding and being aware of the early signs and symptoms of cancer, by taking up screening programmes or visiting a healthcare professional and the healthcare professionals being aware of / having the tools to hand to ensure a timely referral.

'Aim 1' above outlines the ways in which Cancer Alliances and systems are expected to support the identification, referral and diagnosis of patients at an early stage.

The National Disease Registration Service (Public Health England) data for Q1 2019 shows the early diagnosis position in GM as 54.1% against an England position of 54.8%.

[6] https://www.england.nhs.uk/coronavirus/publication/cancer-services-recovery-plan/

2. Key Discussion Points

i. Proposal: Early Diagnosis Steering Group

This paper sets out a proposal to establish an **Early Diagnosis Steering Group** to lead a programme of work on behalf of GM Cancer Alliance and the GM system to achieve the national LTP target of 75% of cancers diagnosed at stage 1 or stage 2 by 2028.

The proposal is that an Early Diagnosis Steering Group is established as part of the GM Cancer Alliance governance structure, providing a focus for the discussions described in this paper with the necessary formality of 'terms of reference', membership and accountability.

The Steering Group will identify and employ a range of interventions to support early diagnosis and optimising the proportion of patients identified through screening and managed pathways across primary and secondary care whilst reducing the number of patients diagnosed as an emergency.

Full terms of reference will be developed pending consideration of and comments on this discussion paper from key stakeholders and will be shared with GM Cancer Board for ratification.

ii. Remit & Responsibilities

The initial scope of this Steering Group will include the following:

- Embedding NICE Referral Guideline NG12 and ensuring pathways and processes in place to support this, including the development, implementation and review of standardised referral forms
- Focus on groups and geographies with low levels of presentation, referral for assessment and / or screening and poor cancer outcomes – including work to identify and address inequalities
- Development of processes to support effective referral management between primary and secondary care, including 'Advice & Guidance'
- Support to Primary Care and Primary Care Networks for delivery of core contractual, QOF and DES requirements
- Primary care education
- Community and VCSE engagement
- Patient and public facing communications – generic, population and pathway specific
- Design and implementation of digital solutions to pathway issues identified

The scope will be developed as the work programme progresses to reflect national, GM and locality specific priorities.

iii. Early Diagnosis Dashboard

The GM Cancer team will work with stakeholders to develop an Early Diagnosis Dashboard to build on the previous GM Cancer 'Metrics'. The dashboard will include in the first instance:

- Screening coverage: bowel, breast and cervical
- Staging data: GM and locality level, for all cancers and for specific tumours (the latter where available)
- Cancer Waiting Time standards: 2WW
- GP referral data: by CCG, Provider and Pathway
- Emergency presentation data

The national Cancer Equity Data Pack (CADEAS) will be reviewed and any appropriate data and indicators included in the GM Early Diagnosis dashboard.

i. Steering Group Membership

The following is the initial proposed membership:

- GP Cancer Early Diagnosis Lead for Greater Manchester - GM Cancer (Chair)

- Interim GM Director of Commissioning – Cancer (Deputy Chair)
- Locality / CCG Cancer Commissioning Manager representatives
- RDC Programme Lead / Senior Programme Manager (Commissioning) – GM Cancer
- Assistant Project Manager – GM Cancer
- Primary Care
    - GP representative (vis GM GP Board)
    - GM Director of Primary Care, GMHSCP (or representative)
- GMHSCP Screening Commissioning
- Macmillan GP representative
- VCSE representative
- CRUK
- User Involvement
- GM Cancer Programme Manager (pathway boards representative)
- GM Digital Programme lead – GMHSCP/Health Innovation Manchester

ii. Reporting & Accountability
In line with the proposal above that the Steering Group operates as a 'Pathway Board', the recommendation is that it will report to and be held to account by the Greater Manchester Cancer Board.

Links with the GM Directors of Commissioning, GM Cancer SMT, GM GP Board, and other appropriate GM fora will be updated and engaged to support delivery of the recommendations arising from this Steering Group.

i. Engagement with Other Committees / Steering Groups

Whilst not overseeing or responsible for the following areas of work, given the alignment with Early Diagnosis, engagement with the following work programmes and / or steering groups will be essential:

- Rapid Diagnostic Centres
- Targeted Lung Health Checks
- Cancer Screening Programmes
- Pathway Boards (to support discussions regarding early diagnosis on specific pathways)

ii. Meeting Frequency & Administration
Meetings will be held on a monthly basis and will be administered by the GM Cancer / GM JCT Cancer Commissioning team.

2. Next Steps
This paper recommends the establishment of an Early Diagnosis Steering Group, to have parity with the existing GM Cancer Pathway Boards and lead the work on Early Diagnosis for Cancer on behalf of the GM Alliance and wider GM system.

3. Recommendations
Cancer Board members are asked to note the content of this report and support the establishment of the GM Cancer Early Diagnosis Steering Group. Terms of Reference will be developed and shared with Cancer Board members for ratification via the next Board meeting.

Paper 5

Greater Manchester and East Cheshire Cancer Workforce Strategy

Title of paper:	**Greater Manchester and East Cheshire Cancer Workforce Strategy**
Purpose of the paper:	This paper presents the Cancer Workforce Strategy, which is a 5 year strategy to support GM COVID-19 recovery plans, and National and local People Plans.
Summary outline of main points / highlights / issues	The key discussion points in this document are: • Cancer Workforce priority areas - key strategic activities to grow and develop each professional group • Cross Cutting areas of work
Consulted	Greater Manchester Cancer Workforce Steering Group chaired by Dave Shackley, Medical Director for GM Cancer Alliance.
Authors of paper and contact details	**Name:** Suzanne Lilley **Title:** Cancer Workforce Lead **Email:** suzanne.lilley2@nhs.net

Strategy at a glance

Vision

To develop and grow the cancer workforce in Greater Manchester and East Cheshire so that they can respond to the needs of people affected by cancer, adapt to new, improved ways of working, continue to modernise the way they work and embrace technology in order to deliver the best quality healthcare.

Strategy purpose:

Provide a regional cancer workforce strategy to support recommendations in the NHS Long Term Plan (LTP), NHS People Plan, the GM People Plan, and National Cancer workforce plan to grow our cancer workforce.

Ensure that GM and EC provides a workforce which meets the needs of people affected by cancer by ensuring there is a sustainable supply of medical and non-medical workforce in GM and EC.

Aims

- Ensure we have a sustainable supply of medical and non-medical cancer workforce to deliver safe and effective care for our cancer patients
- Ensure that our cancer workforce has access to lifelong training and education to reach their maximum potential
- Look at how we can grow our own by inspiring GM and EC populations to work in cancer services, and providing attractive employment offers to optimise retention
- Promote equality and diversity in our cancer workforce to stimulate growth
- Support the cancer workforce to embrace new ways of working including better use of technology, introducing new roles, and building networks to deliver 21st century care.

1. Introduction

Demand for cancer services increases year on year and the growth of the cancer workforce is not keeping pace with this increasing demand. Teams are reaching critical points with single points of failure and COVID-19 has exacerbated this pressure.

The National Cancer Workforce plan was published in 2017 which pledged to grow the cancer workforce by 1490 with a specific focus on the 7 key professions.

The Greater Manchester and East Cheshire strategy outlined below builds on this and supports delivery of the following HEE mandate objectives:

- Building more multidisciplinary teams and a more flexible workforce to meet modern and emerging healthcare needs
- Supporting delivery of the 50,000 nurse programme by expanding routes into the profession, attracting more undergraduates, improving support and changing perceptions.

The strategy also supports implementation of the 'NHS People Plan 2020/21: actions for us all', including supporting NHS staff as they act flexibility and take on new roles in response to the pandemic, moving away from traditional professional boundaries and focusing on building a more multi-professional workforce.

The focus goes beyond the 7 key professions referenced in the national cancer workforce plan and below, and expands to include other professions involved in delivering cancer care with a view to developing GM-centric solutions to the current workforce challenges.

- Histopathology and Health Care Scientists
- Gastroenterology
- Clinical Radiology
- Diagnostic Radiography
- Medical and Clinical Oncology
- Therapeutic Radiography
- Nursing (Clinical Nurse Specialists).

2. Purpose of the strategy

There is currently no regional cancer workforce strategy underpinning system wide workforce developments. The following GM cancer workforce strategy is proposed to support recommendations in the NHS Long Term Plan (LTP), NHS People Plan, the GM People Plan, and National Cancer workforce plan to grow the cancer workforce.

The strategy provides:

- a framework for a range of initiatives/solutions/interventions to be developed and implemented for all the cancer workforce across GM and East Cheshire (EC)
- a focus on practical and deliverable long term solutions to key challenges
- system wide solutions to ensure GM and EC have the right workforce in place to meet the needs of people affected by cancer
- A sustainable and agile cancer workforce solution to grow skilled practitioners responsive to changes in healthcare requirements.

It does not replace the need for organisation level workforce plans. Instead, it provides a set of priorities that stakeholders agree are best addressed in a co-ordinated way at the GM system level to complement locality plans.

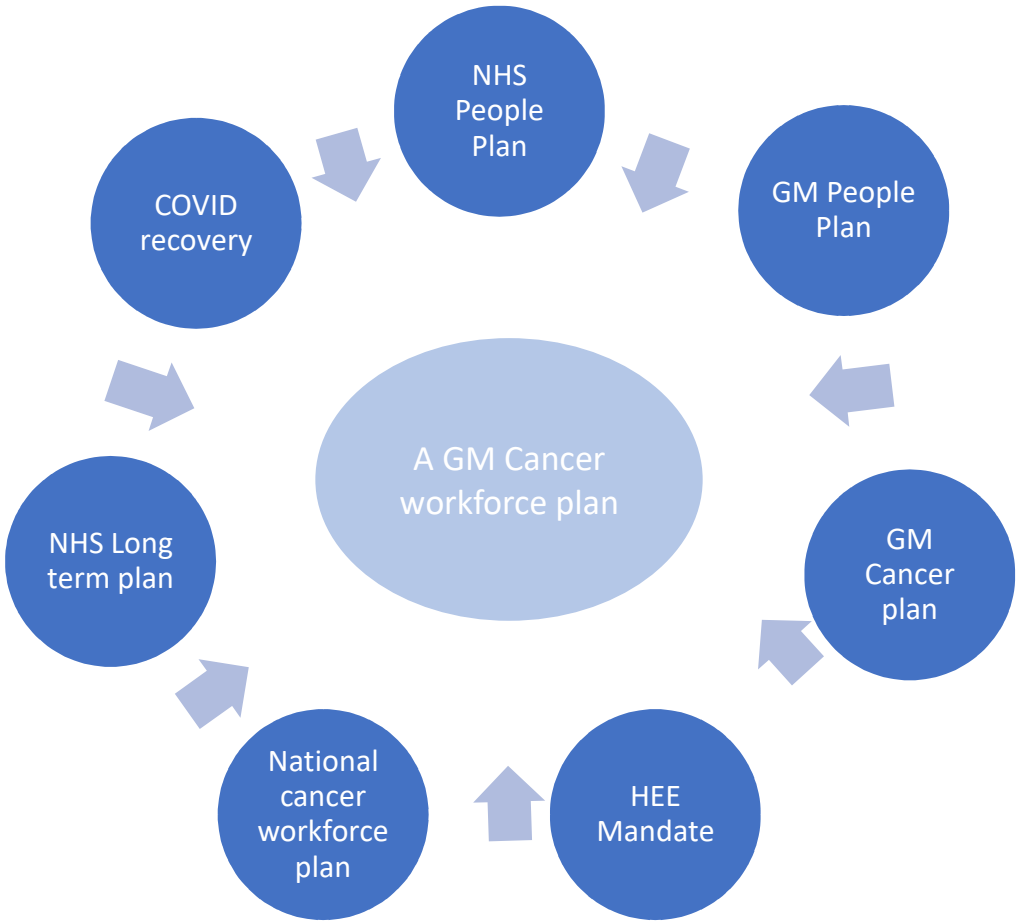
The strategy will continue to evolve over time as lessons are learnt, in response to changes in policy, development of new inter-dependent strategies (e.g. GM Estates Strategy, Diagnostics Workforce Strategy), opportunities arise and new challenges emerge.

3. How strategy was developed

GM Cancer established a GM and EC cancer workforce steering group to bring together all key stakeholders across GM and EC, leveraging collective expertise, capacity and resources to discuss initiatives, share best practice and accelerate the delivery of key cancer workforce priorities.
To inform the strategy a number of subgroups have been established, in addition to building links with existing specialty groups:

- Imaging - a workforce subgroup was established by the GM Imaging Cell Managing Director, chaired by Gill Holroyd, Clinical Collaboration Lead for Cheshire & Merseyside Radiology Imaging Network
- Histopathology - in the absence of a regional Pathology network, discussions have progressed with Pathology Service Managers across GM
- Endoscopy – the Endoscopy Clinical Reference Group is supporting establishing a workforce subgroup
- Radiotherapy steering group
- Lead cancer nurses group – existing forum
- CNS workforce subgroup
- Chemotherapy nurses group
- AHP advisory group – this group has been expanded
- Acute oncology workforce group – existing subgroup
- Medical and Clinical Oncology - in the absence of an Oncology workforce subgroup, initial discussions have been had Medical and Clinical Oncology Directors to inform the strategy.

4. **Strategic drivers**



5. Cancer workforce priority areas

5.1 The strategy aligns to the HEE STAR model and suggested activities in table 1 below focus on:

- New ways of working
- New roles
- Ways to Increase supply
- Upskilling current staff
- Leadership

Table 1. The table below outlines key areas of focus over the next 5 years for each of the key cancer professional groups

Professional group	Strategic activities
Imaging	• A diagnostics workforce review will be conducted in line with Sir Mike Richard's recommendations. This review will focus on the imaging workforce and will help to shape future workforce models • The imaging workforce review will feed into a GM diagnostics workforce strategy. This will include a recruitment and retention strategy, innovative workforce models including - ACPs, Apprenticeships, Fellows, System practitioner roles, and models to support RDCs / CDHs • To increase supply a GM / NW International recruitment programme will be explored • Use of home reporting will be expanded and the digital staff passport will enable cross site reporting • A GM workforce staff bank will be explored • A GM Imaging Network will be formalised in line with NHSE guidance. A GM Imaging Workforce Group has already been formed within this network's governance structure to take forward all imaging workforce issues, working to an Imaging Clinical Reference Group and an Imaging Operational Group. The workforce group is currently defining its priority areas of work. Piloting the Digital staff passport is one area already identified as a priority. • There is potential to expand the local Radiography Academies already in place to serve the whole of GM to increase radiography capacity GM radiology service managers are working with the NW Diagnostic Radiographer Action Group to expand radiographer training placement capacity.
Endoscopy	• An endoscopy workforce review will be conducted to understand the baseline position across GM and to support future workforce models • This will feed into a NW Endoscopy Academy, which will focus on increasing training capacity and support workforce development • GM will establish an Endoscopy staff bank, which will involve harmonising sessional rates across GM • The Endoscopy Academy will also focus on increasing the uptake of accelerated training programmes across GM / NW.
Histopathology	• To address the shortage in Histopathology Consultants GM will be focussing on skill mix solutions utilising the healthcare science workforce (e.g. upskilling and increasing supply of clinical scientists and consultant clinical scientists) • To support this, a scoping exercise reviewing capacity and demand, workforce gaps will be conducted • A central training capacity expansion programme will be explored

	• A GM digital Pathology solution will be implemented • A GM Pathology network will be established in line with NHSE guidance.
Therapeutic radiographers	The Radiotherapy workforce is facing significant challenges due to the expansion of networked satellite centres offering radiotherapy. This is an active decision the Christie has taken to bring care close to home. Furthermore, the growing incidence of cancer, increase in medical complexity of patients requiring acute interventions and supportive therapy/interventions to improve outcomes, and changes in complexity of technologies and techniques adds further pressure. In order to meet these challenges and provide the best care the following activities are planned: • Role profile review through the radiotherapy pathway - including demographics, skills profiles, required infrastructure (education, service development, research development etc.) • Develop non-registrant workforce to complement registrants • Explore cross functional working (therapeutic radiographers, nursing, clinical scientists, clinical technologists, engineering, clinical support workers). Think imaginatively about what professions can contribute to radiotherapy e.g. paramedic to provide acute oncology in department • Establish a leadership and coaching culture - Strategically deploy professional development funds (liberate the budget for use by those in the service as needed), apprenticeship levy and embed leadership at all levels (including pre-reg students) to change culture • Explore apprenticeships in radiotherapy, pre-registration and post-registration offerings. Embed apprenticeships to provide career development from pre-reg to post-doc • Pilot the model of ACP in technical care in parallel with medical care – currently there are 6 ACP Apprentices following the 'technical model' • Support the College of Radiographers/Macmillian project reviewing student recruitment (RePair - Reducing Pre-registration Attrition and Improving Retention) • Pilot the introduction of placements for pre-reg AHPs (starting with TR) utilising proton beam therapy service as part of the Clinical Placement Expansion Programmes (CPEP). GM is one of eight National CPEP projects.
Medical Oncology & Clinical Oncology	• To address gaps in the Oncology consultant workforce, GM oncology teams will review current workforce models across the different disease groups and across all sites to identify gaps • Look at mechanisms for increasing numbers of Prescribing Pharmacists (Med Onc.) and ACPs (Med. & Clin. Onc.) and to make this consistent across sites / disease groups to build a consistent multi-professional Oncology workforce • Explore the role of the Physician Associate in outpatient delivery of care.
Acute Oncology	In 2020 through analysis, significant gaps in the Acute Oncology workforce were highlighted which has been further exacerbated by COVID-19. In order to address this GM, East and Mid Cheshire will focus on the following:

	• Research and evaluate innovative ways to reduce the current workforce risks within AO - such as piloting the physician Associate role, ACPs, development plans for Band 4 Nursing Associate and above, apprenticeship and preceptorship schemes and build in succession planning • Agree standardised and modular AO competency frameworks building on HEE CNS, UKONS & Macmillan existing work, and consideration of CPD provision • Pilot the NHSE digital staff passport to enable cross boundary working relationships where appropriate • Lead on an AO education package / workbook interlinking with educational academies and with National AO collaboration.
Clinical Nurse Specialists (CNS)	• To support People Plan ambitions to improve recruitment and retention GM will lead the development of a NW CNS capability framework, funded by the National HEE Cancer and Diagnostics team. This will inform a national framework • The above framework will then inform a GM and EC training / education framework • To increase supply, the CNS workforce subgroup will focus on activity to raise the profile of the CNS role within the general nursing workforce • GM Cancer will also continue to build links with the wider GM nursing workstreams led by the Project Management Office (PMO) for Nursing, Midwifery and AHPs e.g. practice education development programmes to increase placement opportunities in cancer services, to help increase supply.
Allied Health Professionals (AHPs) Advisory Group	• To understand how AHPs are currently supporting patients affected by cancer and to better utilise the generalist AHP workforce, GM is leading a NW survey. This will also help to identify any gaps in training / opportunities for upskilling and workforce development • A NW training programme will also be developed to address the gaps identified in the survey, to upskill generalist AHPs, improve confidence in a priority area, and provide opportunities for continued development of specialist knowledge and skills for AHPs working in cancer pathways • GM will look at mechanisms to improve whole population access to specialist oncology AHPs • Securing future workforce supply e.g. via the apprenticeship route • Link in with the GM AHP workstreams led by the Project Management Office (PMO) for Nursing, Midwifery and AHPs • Support the sustained delivery of Prehab4Cancer across GM by: a) Supporting the training/upskilling and CPD of existing (& future) Preahb4Cancer GM Active staff; and b) identifying specialist healthcare professionals who would be required to deliver Prehab4Cancer for wider groups of patients with increased specialist needs (such as older patients undergoing palliative radical oncological therapies, whom are also experiencing frailty).
Cancer Support Worker	• Cancer support workers (CSW) are still a relatively new role to the cancer workforce and have proven to be invaluable to cancer teams and patients, especially during the pandemic.

	GM will collaborate with other NW cancer alliances to develop a NW Training and Education Framework, funded by HEE in line with the National People Plan. This will build on the work led by Cheshire and Merseyside alliance and the GM Cancer Education team to standardise competencies, supervision frameworks, and training programmes for CSWs.
Physician Associates	• To ensure the cancer workforce is growing for the future, GM Cancer will work with the GM Physician Associate steering group to develop a strategy to support the increase in number of Physician Associates working in cancer services in GM • Building on the success of the Physician Associate Preceptorship in Cancer Services pilot, the cancer academy will develop a competency framework and training programme for PAs and other generalist roles moving into specialty areas • GM will host a webinar to raise the profile of this role and where they fit within a multi-professional cancer team.
Advanced Clinical Practitioners	• To address gaps in the Consultant workforce, GM Cancer will support providers to increase the number of ACPs working in cancer services • As part of the cancer academy, we will increase the number of ACPs working in urology and identify any training gaps • Through the cancer academy, GM Cancer will work with Higher Education Institutions to influence the cancer content of generic ACP programmes to increase interest in working in cancer as a specialty.
Volunteers	• Volunteers are an important part of the workforce, and have played a pivotal role in supporting patients during the pandemic. The People Plan pledges to capitalise on this, aiming to enrol 10,000 young people by 2023. Volunteering also provides a new route into the NHS, and so GM Cancer has worked with a local provider and NHSE/I to secure funding to pilot the role of the cancer volunteer. The learning from this will be shared with other trusts to help achieve the vision of increasing the number of cancer volunteers across GM and EC. The cancer volunteer role will be clearly defined to support people affected by cancer and as part of a 'grow your own' workforce model to create a sustainable talent pipeline into the cancer workforce.

5.2 Cross cutting areas / projects

5.2.1 Workforce Race Equality

One of the key ambitions in the NHS People Plan is 'Belonging to the NHS' focusing on inclusion and reducing inequalities within the workforce. It cites strong evidence for promoting an NHS workforce representative of the community that it serves, as findings suggest patient care and the overall patient experience is more personalised. The plan also references that in some parts of the NHS, the way a patient or member of staff looks can determine how they are treated.

The Greater Manchester Health and Social Care Partnership is already leading work on Workforce Race Equality and as part of this strategy a similar approach will be taken with the cancer workforce including:

- review workforce race equality data for the cancer workforce
- develop an action plan in response to the findings
- link with the 'Race Equality Change Agents Programme' led by the Northern Care Alliance.

5.2.2 Education

The following subsections are in addition to and complementary to the wider cancer education strategy developed by The School of Oncology:

5.2.2.1 Cancer Academies

Training and Education are the foundation of a quality and fulfilled workforce and so to ensure we have an appropriately skilled cancer workforce to support long term recovery plans GM Cancer will establish tumour specific Cancer Academies.

A model will be piloted in urology with a view to rolling this out to other pathways to adapt and adopt. The Academy model will promote lifelong learning by offering blended learning opportunities based on system wide service and development needs. It will be underpinned by an education framework which will support the whole of the non-medical cancer workforce. The key to its success will be collaboration with Higher Education Institutions in GM and working with employers, line managers and supervisors to encourage creating the time and space for training and development of their cancer workforce. It will emphasise building a multi-professional workforce with flexible skills, and building capabilities rather than staying within traditionally-defined roles.

The framework will help to dissolve the historic divide between primary, community, secondary and social care settings by being available to all healthcare professionals working with people affected by cancer.

5.2.2.2 Apprenticeships

Apprenticeships are growing significantly in number and becoming a popular alternative route into the NHS however, uptake in GM is variable with significant underspend of the apprenticeship levy. To explore alternative routes into the cancer workforce and increase supply, GM Cancer will work with key stakeholders to increase the uptake of relevant apprenticeship courses e.g. ACP apprenticeships, Healthcare Science, Nursing Associates etc.

5.2.2.3 Psychology training for the cancer workforce

Cancer can have a significant psychological impact on patients and is cited as the top 3 main concerns affecting quality of life in cancer patients. COVID has exacerbated this with cancer patients describing feeling abandoned, isolated and anxious about their cancer treatment. The need to support patients psychologically has never been more pressing.

The King's fund (2016) advise that all non-psychological professionals (clinical/ non-clinical) require training at a level commensurate with their role to provide at least a basic understanding of mental and physical health.

To ensure we have a cancer workforce fit for purpose, with the right skills to deliver psychological care to our cancer patients, GM Cancer will work with Clinical Leads to develop a psychological training and education framework for the whole of the non-medical workforce. The will include a sustainable model for delivering psychological level 2 training to all specialist cancer nurses and a gold standard supervision framework. The Project Manager and Clinical Lead will also work with providers to support them with business cases to increase their Psych-oncology service provision.

5.2.3 Improving Employment Models

In response to COVID-19 an MOU was signed by all GM HR Directors to allow movement of staff across providers where there was an identified need. To build on the success of this, NHSE/I has selected Greater Manchester to be part of the second wave for the rollout of the National Digital Staff Passport. GM Cancer will support piloting the implementation of this to encourage movement of the cancer workforce. This will be piloted in Acute Oncology to support the development of staff and to support teams with limited resource, single points of failure. This will also be piloted with the Imaging and Endoscopy workforce.

6 Primary Care

The Primary Care workforce play a key role in supporting people affected by cancer from referral and early diagnosis through to ongoing management and so form an important part of the Cancer workforce strategy.
The Cancer Academy will support healthcare professionals working in primary care settings with their training and education needs relating to specific cancer pathways, and will therefore provide a mechanism to build links with existing GM Primary Care contacts (CCGs, Primary Care Commissioners, Primary Care Networks(PCNs)) and align with Primary Care workforce strategies.
Potential opportunities for collaboration will also be explored including, but not limited to, the role of the Cancer support worker in primary care, potential roles in PCNs, Social Prescribing Link Workers and CNS boundary spanning roles in supporting the delivery of personalised care for people living with and beyond cancer through effective, integrated primary and secondary care.

7 Community services

Healthcare professionals working in community health services offer a wide range of services, including those targeted at people living with complex health and care needs – such as district nursing and specialist palliative care. Community services play a key role in keeping people well, treating and managing acute illness and long-term conditions such as cancer, and supporting people to live independently in their own homes, and are therefore considered an important part of the cancer workforce.
The Cancer Academy will support training and education needs for professionals in these more ‘generalist’ roles to enhance skills, knowledge and confidence to provide care to people affected by cancer. This will also enhance the opportunities for early identification, referral and diagnosis of cancer.
The NW AHP survey targets both generalist and specialist AHPs working across all settings, and therefore the resulting training and education programme will support AHPs working in community services also.

The work above will help to build links with Community service leads and explore further workforce development opportunities.

8 Next steps

The GM Cancer Workforce strategy has been informed by the various specialty-specific workforce subgroups. To support delivery of the strategy each subgroup will develop an implementation plan for the next 5 years. The Cancer workforce steering group will provide oversight for delivery of the implementation plan.

The plan on a page in Appendix 1 captures all core activity proposed in this plan but structured to be in line with the National People Plan.

Appendix 1. Plan on a page

9 Recommendations

The Greater Manchester Cancer Board is asked to:

a. Note any potential gaps not mentioned in the current strategy
b. Support the strategy and proposed next steps to develop a system wide implementation plan.

Paper 6

Virtual Cancer Week Update

Title of paper:	Virtual Cancer Week and World Cancer Day Update
Purpose of the paper:	Paper for information for the attention of the Cancer Board
Author of paper and contact details	**Name: Anna Perkins** **Title: Communications and Engagement Lead** **Email: anna.perkins4@nhs.net** **Dr Catherine Heaven** **cathy.heaven@nhs.net**

1. World Cancer Day overview (Feb 4 2021)

Overview

On Thursday 4 Feb, Greater Manchester Cancer held a virtual event to mark World Cancer Day, via online event platform ON24.

The event's format was adapted at short notice, ensuring it reflected suitable engagement and messaging during the covid peak and did not distract from clinical commitments. Sessions were made available to 'watch again', with the full Virtual Cancer Week postponed to May.

Highlights

An overview of the day's agenda is overleaf.

The agenda combined both clinical delivery and research and also focussed on challenges at both local and national level. The agenda was co-designed with service user representatives, with the patient voice represented throughout the day.

Peter Johnson, National Clinical Lead for Cancer and **Andy Burnham, Mayor of Greater Manchester** attended the event to present.

Key challenges including Covid, performance, early diagnosis, health inequalities and engaging communities were considered throughout the morning, closing with a panel session and lively Q&A from the audience.

Tony Walsh, renowned Manchester poet, also launched his poem ***Innit, Love?***, commissioned especially for Greater Manchester Cancer. More details on this including its co-design and engagement can be found at the back of this paper.

SESSION 1

9.15-9.30AM
Welcome
Dr Cathy Heaven Education Programme Director, GM Cancer
Patrick Fahy Service User Representative, GM Cancer

9.30-11.00AM
Cancer and Covid: How is GM responding?
Chair: Roger Spencer Chief Executive Officer, The Christie

National Cancer Position
Professor Peter Johnson National Clinical Director for Cancer, NHS England

GM Position
Professor Dave Shackley Director, GM Cancer

Research
Professor Rob Bristow Director, Manchester Cancer Research Centre

Panel Discussion including session speakers and:
Lisa Galligan-Dawson Performance Director, GM Cancer
Nabila Farooq Service User Representative
Dr Farah Farzana AskDoc

11.00-11.15AM BREAK

SESSION 2

11.15-11.45PM
Mayors Address
Andy Burnham Mayor of Greater Manchester
Chair: Professor Dave Shackley Director, GM Cancer

11.45-12.15PM
Launch of GM Cancer Poem "Innit, Love?"
Tony Walsh Poet
Chair: Ian Clayton Service User Representative, GM Cancer

12.15-12.30PM BREAK

SESSION 3

12.30-1.30PM
Resilience in Challenging Times
Richard McCann Motivational Speaker, iCan Academy
Chair: Anna Perkins Communications and Engagement Lead, GM Cancer

1.30-1.45PM
Summary Messages
Chair: Claire O'Rourke Associate Director, GM Cancer

"You, Me and the Big C"
Steve Bland, Debbie James and Lauren Mahon

World Cancer Day 'I Can and I Will' messages
Anna Perkins Communications and Engagement Lead, GM Cancer

Summary and Close
Dr Cathy Heaven Education Programme Director, GM Cancer

Performance and engagement

The event was well attended, achieving the following metrics:

Total registrants: **630**

Session 1: 373 total live attendees / 98 on-demand

Session 2: 334 total live attendees/ 81 on-demand

Session 3b: 253 total live attendees / 63 on-demand

Our event achieved an **average engagement score of 7.2** (the industry average with ON24 is 3.9 so this event surpassed this figure significantly)

Social media activity was also high with users engaging via Twitter – highlights from their feedback are shared below. On Thursday 4th February 2021 alone, Greater Manchester Cancer's tweets were seen **191.7 thousand times.**

Likes, comments and retweets were all high, suggesting high levels of engagement with our audiences.

Greater Manchester Cancer's first tweet launching Tony Walsh's poem alone achieved over 215,000 impressions – this was seen 215,527 times – **the highest performing tweet** in GM Cancer's records.

Attendee feedback

The event achieved excellent feedback; both in terms of the new software platform used (ON24) and the content of the sessions.

The event's objectives including: uniting the system, providing clear messages on the current situation whilst also motivating and inspiring both the workforce and those affected by cancer.

The team feel these objectives were met. Some brief highlights are displayed overleaf:

"Thank you very much for the invitation: that was really quite an event, and I have kept an eye on some of the contributions later in the day. I think you can be very proud of what you put together, which reflects so well on all that is going on in Manchester." – **Peter Johnson, National Clinical Lead for Cancer**

*"It was a very **enlightening day**, this is my first time experience with World Cancer Day. It was great an eye opener and wonderful speakers, I will sign-up in the future to join in World Cancer Day."*

*"I thought it was absolutely brilliant - really made me proud to work for GM Cancer services and **boosted my mood**. Andy Burnham and Richard McCann were the highlights for me but everything was stupendous. Thank you."*

*"Thank you very much for the organisation of last week, was really enjoyable and helpful, and **thank you for opening the on-demand listen again**."*

"You and the GM team did amazing today - well done! Very proud of MCRC and GM efforts in our City."

Next steps

Following on from a successful event, the team have reviewed feedback, performance and lessons learned, in readiness to deliver a full week of virtual events for Virtual Cancer Week in May.

Acknowledgements

The team wishes to thank The Christie School of Oncology events team for facilitating the event and providing the ON24 platform along with the organising team Dr Cathy Heaven (Event Lead), Patrick Fahy (User Involvement Representative). Joe Clarke (MCRC), Anna Perkins (GM Cancer) and Molly Pipping (The Christie School of Oncology).

2. Virtual Cancer Week (24 – 28 May 2021)

Overview and objectives

Virtual Cancer Week will take place in May and replace GM Cancer's usual face to face conference.

The event will take place via online platform **ON24,** following successful feedback from our World Cancer Day event.

A final agenda is soon to be confirmed. A key theme will lead each day of the event, as follows:

Monday – Living Well
This day will consider elements of living well whilst with cancer, including physical wellbeing, psychological wellbeing and symptom management. Elements of the day will also consider staff wellbeing and resilience.

Tuesday – Early Diagnosis
This day will consider the challenges of Early Diagnosis and provide updates and case studies from programmes both from operational delivery and research that have shown promising impacts in this area.

Wednesday – COVID-19
This agenda will consider not just the challenges of the previous year, but also examples of where teams have demonstrated flexibility and impact in delivering important services during the pandemic, to share lessons learned.

Thursday – Manchester's International Impact
This day will consider key examples of where work in Greater Manchester has gone on to positively impact communities around the World – not to be missed.

Friday – Engaging Communities
The final day of our agenda will focus on health inequalities, minority communities and the importance of accessibility and engagement with all communities in Greater Manchester.

Registration is available for free via the following link: https://www.eventbrite.co.uk/e/virtual-cancer-week-tickets-134517067169

Approximately 500 people from across the network (healthcare professionals, non-clinical staff, researchers and people affected by cancer) have registered so far.

Sessions will be available to watch on-demand following the event.

Posters and charity village

Abstract submissions have been invited, for an electronic poster gallery which will take place during the week's events. Abstracts have been invited in response to the themes above and the team have received a number of these from across the GM Cancer network which will shortly be reviewed for approval.

An electronic charity village will also be available. Charities have been invited to share information regarding local support services available in Greater Manchester, which will be available to view throughout the event week.

Further information

A final agenda will be released in due course. The latest information will be shared via our social media channels and those registered for the event will be kept updated via email.

3. Tony Walsh's poem for Greater Manchester Cancer: *Innit, Love?* (Released to mark World Cancer Day on Thursday 4 Feb 2021)

Overview

Following Tony's successful opening performance at the Greater Manchester Cancer Conference 2019, the GM team worked with tony to commission a piece to mark World Cancer Day 2021.

The objectives of the work were to mark World Cancer Day, recognise the efforts of the entire workforce in Greater Manchester, motivate and inspire the workforce whilst tired during the on-going pandemic and reassure and give confidence to people affected by cancer that our system cares and is here for them.

Co-production

The team ensured the piece was co-produced, beginning Tony's research with an online creative workshop. This was run by Tony and included a mix of people representing clinical delivery, research and people affected by cancer. This captured the thoughts, feelings and expressions of these people to ensure the final piece was representative of our wider network.

'*Innit, Love?*' Launch and engagement – World Cancer Day 2021

The poem was launched on Thursday 4 February, as part of the team's World Cancer Day online event agenda.

It sparked a huge reaction online, with hundreds of likes, comments, shares via social media platform and thousands of views.

Reaction in figures:

Youtube views: **9,813**

Social media: Greater Manchester Cancer's first tweet launching Tony Walsh's poem alone achieved over 215,000 impressions – this was seen 215,527 times – **the highest performing tweet** in GM Cancer's records.

Other social media activity linked to the poem helped GM Cancer to reach high engagement on World Cancer Day and for the whole month of February, as referenced in the 'World Cancer Day' section of this paper.

Media response

The piece was picked up by **BBC Radio 5 Live**, in an interview segment with Tony lasting a full 9 minutes.

The piece was also covered in news segments by **BBC Radio Manchester** and **Hits Radio**. Wigan GP Liam Hosie, who took part in the creative workshop, was also interviewed for these pieces and was able to highlight key messages to patients - that primary care is open and those with symptoms should contact their GP.

Other examples of regional online coverage:

Wigan Today – *'Popular poet pens moving tribute for World Cancer Day with help from Wigan GP, researchers and patients'*

Rochdale Online – *'Rochdale Infirmary staff feature in video with renowned Manchester poet to mark World Cancer Day'*

Local teams were also able to use the story within internal communications, and to promote work done locally to support cancer services during the pandemic.

University of Manchester – *'Cancer community joins forces with renowned Manchester poet to mark World Cancer Day'*

Northern Care Alliance – *'Rochdale Infirmary to feature in video with renowned Manchester poet to mark World Cancer Day'*

Feedback examples

Susan Todd @SusanMTodd3 · Feb 4
Stunningly touching and humbling poem by @LongfellaPoet Tony Walsh for **@GM_Cancer World Cancer Day** event **#WorldCancerDay**

1 2 19

Michelle Davies @michmdavies · Feb 4
Amazing and emotional thank you @LongfellaPoet #innitlove thanks also to all **@GM_Cancer** for a fantastic day! **#WorldCancerDay**

> **Tony Walsh** @LongfellaPoet · Feb 4
> Thank you to all at @GM_Cancer #worldcancerday2021 conference. I'm in floods of tears here with relief, and so very many other emotions, as the feedback comes in for my poem. Very best wishes to all. #Innitlove. Love, innit. Tx

1 13

Rochdale Care Organisation @RochdaleCO_NHS · Feb 4
We are proud to have played a part in making the video for the launch of Manchester poet Tony Walsh latest work #innitlove to mark **#WorldCancerDay @GM_Cancer** #NCAFamily

> **Northern Care Alliance NHS Group (NCA)** @NCAllianc... · Feb 4
> We are proud to support the launch of Manchester poet Tony Walsh's latest work #InnitLove released today to mark Greater Manchester's response to #WorldCancerDay. twitter.com/GM_Cancer/stat...

Division of Cancer Sciences @UoM_DCS · Feb 4
What a powerful & moving poem.

@LongfellaPoet & **@GM_Cancer** ran a creative workshop last year to help create this piece, & some of our DCS staff were invited along - we are sure they will agree that this poem exceeds expectations!

Thank you Tony 🙏

#InnitLove **#WorldCancerDay**

CRUK Manchester Institute @CRUK_MI · Feb 5
You can really hear the different voices coming through in the poetry, real people's experiences and phrases carefully crafted together with empathy into something inspiring.

If you haven't seen **#InnitLove** from @LongfellaPoet then we highly recommend you take a look 👇

Richard Hunt @richardnoelhunt · Feb 4
Not often I sit in my office and the whole family suddenly walk in to take an interest in my work.

Brilliant poem by @LongfellaPoet
And @IanDClayton at the @GM_Cancer conference today.
#worldcancerday2021

#InnitLove #Manchester

Wessex Cancer Alliance @NHS_WCA · Feb 4
A poem that will grip you from start to finish👏💜👇 #WorldCancerDay #Cancer **#InnitLove**

WomenInCancerNetwork @WiCN_Manchester · Feb 4
It was fascinating to be involved in the workshop for this hugely moving and inspirational poem what an opportunity, what a poem @LongfellaPoet - tissues at the ready **#innitlove** #WorldCancerDay

RCOT Specialist Section for Major Health Conditions
4 February ·
Sharing this amazing video produced by Greater Manchester Cancer with the poet Tony Walsh to capture the spirit & voices of all affected by cancer in Greater Manchester.

https://youtu.be/yai88syLyK4

#InnitLove

Chris Deighan • 1 month ago
How can I write words to sum up how powerful that was? Simply amazing x
REPLY 0 replies

byrnepe • 1 month ago
Wow. You stopped me in my tracks.
A really powerful and inspiring piece. Thank you for the passion and positivity.
REPLY 0 replies

Caroline Clegg • 2 months ago
Simply beautiful, inspiring and emotional. Your words helping us to cope and stand tall and eat and meet and eat cheesecake. We Can! C x
REPLY 0 replies

Paper 7

Greater Manchester Cancer led Transformation Projects Update April 2021

Title of paper:	GM Cancer led Transformation Projects Update
Purpose of the paper:	The purpose of the paper is to provide members of the GM Cancer Board with an update on progress, document project successes and highlight risks associated with delivery of the GM Cancer led Transformation projects.
Summary outline of main points / highlights / issues	• Successes achieved from the transformation projects is detailed • No high overall project risks to escalate to GM Cancer Board • Adherence to budget allocations documented
Consulted	• GM Cancer Senior Management Team
Author of paper and contact details	**Name:** Alison Armstrong **Title:** Programme Lead, Greater Manchester Cancer **Email:** alison.armstrong7@nhs.net

1.0 Background and Context

In September and November 2020, the Greater Manchester Cancer Board (GMCB) was formally updated on the progress of the GM Cancer transformation (TF) projects in relation to the impact of COVID-19 and the pause of these non-essential programmes. The continuing pressures from the COVID-19 pandemic have impacted the transformation projects however it is important to recognise and celebrate the successes associated with the individual projects. The 31st March 2021 sees the projects reach their end dates hence this will be the final 'GM Cancer led Transformation Projects Update' paper and the full project evaluations will follow, being shared with GMCB under the 'papers for information' agenda item at future meetings. It is also anticipated that a showcase of a number of the transformation projects will be included on the agenda for the May 21 Board meeting.

2.0 Transformation Programme Dashboard

The dashboard below provides a summary of the monthly highlight reports provided by the project leads to the GM Cancer Senior Management Team.

Project	PM	Overall Progress RAG (current)	Stakeholder RAG	Delivery RAG	Budget RAG	Scope RAG	Risk RAG
BTP Lung	Delwyn Wray	AMBER	GREEN	AMBER	GREEN	AMBER	GREEN
BTP Prostate	Susan Todd	GREEN	GREEN	AMBER	GREEN	GREEN	AMBER
BTP Colorectal	Jonny Hirst	AMBER	GREEN	RED	GREEN	GREEN	RED
Recovery Package	Suzanne Lilley	green	GREEN	GREEN	GREEN	GREEN	AMBER
Transforming Aftercare (TF1)	Astrid Greenberry	GREEN	AMBER	AMBER	GREEN	GREEN	GREEN
CURE	Freya Howle	GREEN	GREEN	AMBER	GREEN	GREEN	GREEN
Cancer Education Programme	Cathy Heaven/Bethani Riley	AMBER	AMBER	Red	Amber	RED	RED
Prehab4Cancer	Zoe Merchant	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN
Cancer Intelligence	Lisa Gallgan-Dawson	AMBER	AMBER	AMBER	GREEN	AMBER	AMBER

3.0 Transformation Programme Funding

GM Cancer was allocated £10m Transformation Funding in 2018-19. This funding was used to deliver the projects outlined in detail in this report, with the spend summarised in the table below.

In 2018-19 and 2019-20 the funding was transacted via IAT from the GM Health & Social Care Partnership to the appropriate CCGs and NHS Trusts.

Where funding was used to support posts in NHS Trusts, this was transacted via the relevant CCG and was supported by a service specification and contract variation.

Prior to the Covid-19 pandemic, plans were in place to spend £4.6m in 2021-21, being the final year of the programme. In response to Covid-19 and fixed funding envelopes, plans were revised down by £1.2m to £5.2m (as summarised below). Due to changes in the financial regime in 2021-21 the Transformation Funding was not transacted by the GMHSCP as it had been in 2018-19 and 2019-20. Instead, Providers and CCGs in GM have made

claims for project expenditure incurred via Provider top-up and CCG retrospective allocation arrangements during M1-6 totalling £2.1m with organisations including their element of the £3.1m commitment in M7-12 in their run rates as part of the GM System Plan.

Project	2018-19 £000s	2019-20 £000s	2020-21 **Q1/2** £000s	2020-21 **Q3/4** £000s	**Total £000s**
Cancer Intelligence	140	169	89	72	**470**
Corporate & Core Team Costs	0	252	50	70	**372**
BTP Lung	10	307	362	363	**1,042**
BTP Colorectal	10	247	320	360	**937**
BTP Prostate	10	380	241	228	**859**
Prehab4Cancer	36	644	232	395	**1,307**
Living With & Beyond Cancer	0	167	147	153	**467**
CURE	27	464	353	705	**1,549**
Education	22	117	55	289	**483**
Goals of Care Initiative	100	285	0	0	**385**
Stratified Follow Up	8	213	177	292	**666**
Physicians Associates	0	0	92	183	**275**
TOTAL	**363**	**3,245**	**2,118**	**3,110**	**8,812**
BALANCE FROM £10m					**1,188**

Projects have continued to be evaluated to identify whether the expected outcomes have been achieved leading up to the project end dates of 31st March 2021. This information has been shared with CCG commissioning leads and provider teams to inform funding decisions from 01/04/2021 onwards. At the time of writing this report, some localities have made decisions and in some, the discussions continue at a locality and GM level. As a reminder, appendix 1 summarises the 2021-22 costs to the system of the GM Cancer projects.

4.0 Individual Project Updates

Project:	Accelerated Pathway: Lung
GM Cancer Leads:	Seamus Grundy – Clinical Lead Delwyn Wray – Project Manager

Summary of project

The GM Optimal Lung Cancer Pathway will address some of the poor outcomes of this highly prevalent disease and reduce the variation across the region, ensuring all patients receive the highest level of care, comparable with the top performing trusts. The Optimal Lung Pathway was developed by the Greater Manchester (GM) Lung Cancer Pathway Board to go above and beyond the national guidance set out in 2017. The aim of the Optimal Lung Pathway was to ensure all lung cancer patients in GM have a clear rapid diagnosis, whether or not it is lung cancer and any patient with lung cancer should be treated within 28 days of initial referral and upgrade to the pathway.

Project Success

- All trusts are navigating patients along the best time lung pathway and are aligned to or working with the NHSE best timed lung pathway
- A Tableau Lung Best Timed Pathway Dashboard is being finalised with the GM Cancer Business Intelligence Team for ongoing review of lung data beyond the project end date, access to this will now be shared with Provider Trusts and CCG's
- Three Pathway Navigators have been recruited to represent their colleagues both at a Pathway Board level, but also in supporting the lung sub committees which feed into the pathway board.
- There has been evidence from all Provider Trusts to support the reduction in the number of occasions patients have had to attend hospital appointments. Due to access to diagnostic pathways this varies by trust, ranging between a reduction of 30% to 85%.
- 100 patient experience surveys were collected from the GM Trusts
  - 100% patients rated the overall experience as good/very good/excellent (outcome measure were set at 90%).
  - 100% patients rated the Importance of being able to contact a pathway navigator as good/very important /extremely important.
- All lung pathway navigators have assumed the responsibility for arranging COVID swabbing for their patients, ensuring continuity and timely access to diagnostic assessments
- Despite the ongoing difficulties with COVID and the impact on services there is an upward trend of compliance with the faster diagnosis outcome measure
- Meetings have been held with all provider trusts and the cancer commissioning managers regarding the ongoing sustainability of the pathway, the majority of trusts have committed to continue these posts after the projects end date
- The final combined evaluation report for the three best timed pathways has been shared

Project:	Accelerated Pathways: Prostate
GM Cancer Leads:	Satish Maddineni – Clinical Lead Susan Todd – Project Manager

Summary of Project

The BTiPP (Best Timed Prostate Pathway) project aims to support all provider Trusts who have a urology prostate service for new referrals within GM, to implement the new diagnostic pathway. In particular undertaking mpMRI prior to optimal prostate biopsy method. Working in conjunction with provider Trusts to establish and embed the NHSE best timed prostate pathway to faster

diagnosis by day 28 for all new suspected prostate cancer referrals across GM. To give equal patient support and access to the pathway and specialist prostate cancer diagnosticians/clinicians, minimising patient travel and morbidity where possible.

Project Success

- All trusts are aligned with the NHSE best timed prostate pathway
- All trusts are navigating patients along the pathway and collecting prostate level data
- All trusts perform the multi-parametric magnetic resonance imaging (mpMRI) scan for appropriate patients and have reserved scan slots for timely suspected prostate cancer patients
- All trusts have introduced the transformational optimal biopsy method of transperineal prostate biopsy under local anaesthetic (LATP) and some Trusts no longer perform transrectal ultrasound guided (TRUS) prostate biopsies
- Using the baseline of 10% patients not having a prostate biopsy post-mpMRI scan in early 2020, the % not having a post-mpMRI biopsy at end 2020 is 18%, equating to a relative reduction of 44% in prostate biopsies performed
- All trusts scored highly in patient experience along the pathway (317 experience surveys were completed, with 99.7% scoring their experience as good, very good or excellent)
- Despite the ongoing difficulties with Covid and the impact on services, particularly with the diagnostic steps, there is an upward trend of compliance with the faster diagnosis standard, with some trusts achieving a high % of compliance
- Sustainability of the pathway after 31/3/21 meetings have been held with the GM trusts receiving the suspected prostate cancer patient referrals and the cancer commissioning managers, for all the transformation funded posts (9 WTE pathway navigators and 1.8 WTE CNSs) with the aim to continue these posts after project end date
- Recent educational events for urology and radiology teams to support the prostate pathway received excellent feedback
- Tableau Best Timed Pathway Dashboard (including prostate level data) is under development with the GM Cancer Business Intelligence Team for ongoing review of prostate level data beyond the project end date
- The final combined evaluation report for the 3 x best timed pathways has been shared widely
- There are several studies in development that will continue to support the pathway/urology patients beyond the project end date: (i) a retrospective study into the potential value of artificial intelligence (AI) for mpMRI reporting, (ii) remote PSA testing, (iii) physician associate pilot in urology and (iv) cancer academy pilot in urology, (iii) and (iv) are being progressed under the cancer workforce agenda

Project:	**Accelerated Pathways: Colorectal**
GM Cancer Leads:	David Smith – Clinical Lead Jonny Hirst – Project Manager

Summary of Project

By 2020 the new Faster Diagnosis Standard (FDS) of confirmation of cancer diagnosis (or no cancer) by day 28 following a suspected cancer referral will be implemented. This project aims to support Trusts to establish or improve upon straight to test (STT) for appropriate patients, with first clinic appointment within 7 days for those not appropriate for STT. This will reduce the time to a diagnosis and ultimately treatment. Additionally, the efficiencies the project will realise due to a reduction in the numbers of outpatient appointments required and a reduction in the number of DNAs for endoscopy is anticipated to more than balance the cost of the new service.

Project Success

- All Trusts in Greater Manchester now have an established best timed pathway for colorectal highly suspicious of cancer (HSC) referrals
- The majority of Trusts / CCGs have confirmed on-going funding for the CNS and Navigator roles.
- The introduction of CNSs and Pathway Navigators has played a crucial role in ensuring that all HSC colorectal referrals are managed and supported -this has been particularly crucial due the pandemic and the extremely challenging situation regarding endoscopy capacity.
- Successful management of Telephone Assessment Clinics (TACs) by CNSs in order to assess the symptoms and situation of the HSC Colorectal patients and decide the best pathway for them.
- Consultant time released due to nurse led TACs.
- Upward trend of compliance with the faster diagnosis standard - as the impact of Covid lessens, it is expected that the positive trends for 28 Day FDS observed within Trusts will continue to increase
- The majority of patients reported preferred TACs as opposed to OPAs and appreciated the lack of disruption to their lives compared to a hospital visit.
- Almost all patients who completed a survey rated their experience of a TAC as 'excellent', across multiple Trusts.
- A Tableau Best Timed Pathway Dashboard is being finalised with the GM Cancer Business Intelligence Team for ongoing review of colorectal data beyond the project end date
- The final combined evaluation report for the 3 x best timed pathways has been shared widely

Project:	**Prehab4Cancer**
GM Cancer Leads:	John Moore – Clinical Lead Zoe Merchant – Project Manager

Summary of Project

Prehab4Cancer is an evidence-based prehabilitation and rehabilitation programme which incorporates exercise, nutrition and wellbeing interventions to optimise people diagnosed with cancer prior to treatment (surgery, chemotherapy and/or radiotherapy) and to support enhanced recovery. Approximately 2000 people will benefit from participating in this programme over the next 2 years and it is the first prehab programme to be delivered at scale nationally.

The programme is designed to achieve improved clinical outcomes with increased survival rates and improved morbidity. It contributes to greater quality of life, empowering participants to live well with and beyond cancer. Physiological status, PROMs and PREMs are recorded at regular intervals via leisure facilities database system Refer-all. There is provision within this project to develop a digital platform in conjunction with HInM to further support physiological and QOL data collection, facilitate clinical monitoring of patients and provide enriched participation to the programme. This will include participants using wearable devices (heart rate monitors).

The Prehab4Cancer service is co-designed and co-delivered with GM Active. The cancer pathways included are colorectal (surgical), lung (surgical and non-surgical treatment modalities with curative intent, incl. SABR, radical radiotherapy and concurrent chemo/radiotherapy) and oesphago-gastric (surgical).

Project Success

- **Referral rates and service uptake:** Over 1800 cancer patients have been referred to the service since its inception in April 2019. Over 1500 people have engaged in the service provision, with engagement rates remaining at over 80% and uptake from first

appointment remaining at 93%. Since March 2020 we have had over 1000 patients access our remote service. There have been over 1500 attendances to the online exercise classes.

- **Ongoing service provision and project resource:** There is agreement from GM financial system for the Prehab4Cancer service provision to be extended until the end of September 2021 utilising GM Active underspend. Funding for service provision beyond this time has been agreed by 4 localities (Wigan, Stockport, Bolton, and Tameside & Glossop), is still under discussion for 5 localities (Salford, Manchester, Oldham, Trafford and HMR) and 1 locality has made the decision not to continue with funding beyond (Bury).
- **P4C website and communications:** Prehab4Cancer website www.prehab4cancer.co.uk was launched in August 2020 and has had over **33,000 visits** in the 7 months since going live. This offers prehab and rehab support to people affected by cancer beyond those who are currently eligible for the service, potentially supporting many more thousands of patients diagnosed with cancer in GM and beyond. The Prehab4Cancer twitter account now has over **2500** followers.
- **Evaluation:** As per 'ongoing service provision' above an interim evaluation report, indicating costs to sustain the service beyond March 2021 has been submitted to GM Cancer Commissioning Managers and shared within localities/boroughs. Further individual patient level data evaluation reports have been produced for each individual locality. These reports demonstrate service participants are experiencing physiological, nutritional, psychological and functional benefits from accessing the service, both in advance of their cancer treatment and in their recovery period. Logically the patient data presented suggests patients whom have accessed the service will be experiencing improved clinical outcomes, have a reduced health and social care 'resource' use and will have improved health going forwards with other long term conditions and recurrence of cancer prevented.
  Formal evaluation of the project will be taking place between April 2021 and September 2021. This has been delayed due to the pandemic, as a result of limited business intelligence resource to support the evaluation. An objective service and project review has been agreed and outputs of this will be shared via Cancer board and other appropriate channels in due course.
- **Qualitative evaluation:** The UoM prehab acceptability study, undertaken in collaboration with the P4C project team, has commenced with P4C participants recruited. This study will report in tandem with the formal service evaluation and will support better understanding to tackle inequalities for cancer patients in GM. A clinician survey has been shared widely to provide information about referrer behaviour and whether all eligible patients across GM are being referred to the service. Preliminary conclusions from this study have shown the psychosocial benefits participants have experienced from engaging in the Prehab4Cancer service, during their cancer pathway.
- **Digital:** The 'Enhanced Monitoring for Better Recovery and Cancer Experience in Greater Manchester - EMBRaCE-GM' research component of the project has commenced, with wearable devices (Oura rings) purchased and ready to trial with patients. The research group has been awarded £80,000 from the GM Cancer digital innovation fund to support the build of a wearables research database and purchase more digital devices (Withing's scan watches and digital weighing scales). This study is being sponsored by MFT and will include lung, colorectal and Car-T cancer cohorts.
  The Medtronic prehab/rehab 'Get Ready' digital platform project, in partnership with MFT, has also commenced for lung and colorectal surgical pathways. The first patient to be enrolled into using the 'Get Ready' system is expected in May 2021.
- **Notable achievements:** The HRH Princess Royal visit to the P4C service, which was due to take place in October, has been postponed until the end of 2021. Cancer Research UK have arranged for the Prehab4Cancer programme lead to voice a national prehabilitation animated video which will be available to people accessing their national

website. This video will also be available on the Prehab4Cancer local GM website.

- **Further project extensions:** The Prehab4Cancer project team has had enquiries to franchise the Prehab4Cancer website, branding and digital offer by the Scottish government, for all people affected by cancer in Scotland to access. In addition Cheshire and Mersey Cancer Alliance have submitted a proposal to include patients within mid and east Cheshire, accessing GM cancer pathways, to be referred into the Prehab4Cancer service, as per the current eligibility their GM counterparts are offered. Scoping is being completed for this and the expectation, if this arrangement is agreed, is for the patient groups identified to access the service in April/May 2021 and onwards.
- **Research:** NIHR have put a call out for prehabilitation focused grant applications with £2million available, with the aim to gather further grade 1 quality evidence to support national prehabilitation implementation. The Prehab4Cancer project team are involved in several application submissions, working towards the GM Cancer ambition for GM to be a centre of excellence in cancer prehabilitation and rehabilitation research. Phase 1 closing date is the 31st March 2021. Funding will be awarded from January 2022 onwards.

Project:	**Recovery Package**
GM Cancer Leads:	Wendy Makin – Clinical Lead Suzanne Lilley – Project Manager

Summary of Project

The full implementation of the Recovery Package Personalised Care Interventions is one of the key objectives in the GM Cancer Plan. Work is underway to ensure that all appropriate patients diagnosed with cancer in GM receive a Holistic Needs Assessment both before and after treatment. 7800 HNAs were recorded across the region in 2018. This is suspected to be an under estimate as not all Trust IT systems were able to capture this activity in the first half of 2018. We will also ensure that treatment summaries are provided to patients, and copied to their GP, at the end of each treatment modality. We are working to develop a sustainable Health and Wellbeing offer for all patients approaching the end of treatment. Much of this work is being led by Macmillan-funded Recovery Package Project Managers in the acute Trusts, and is co-ordinated at GM Cancer level.

Project Success

- The role of the cancer care coordinator (CCC) was and still is a relatively new role and this project aimed to provide additional workforce to support the implementation of the recovery package, now known as personalised care interventions for cancer patients. As with all new roles, there is inevitably a sense of nervousness and uncertainty as to where they fit within a team, and involves new ways of working and this was certainly the case at the start of the project. As the project progressed and the CCCs became embedded within teams they have proved to be a valuable asset especially during the COVID pandemic.
- Half way through the project, a survey was conducted with CNS' and 100% of CNS' who responded agreed that patients benefit from having a cancer care co-ordinator as part of their team and the role adds value to their team. 63% said they would not be able to facilitate a HNA clinic without the support of a cancer care co-ordinator, and 83% of CNS' advised that having a cancer care co-ordinator has reduced their workload. We are currently awaiting the end of project survey results.
  Qualitative feedback from CNS' include: *"On all levels these posts offer patients a fully supportive service"; "They enhance our service with their professional, approachable manner, helping to support our cancer service and give the patients the help they need"*
  Feedback from patients: *"Thanks for all you are doing, you are all wonderful"; "Thank you for your concern and for looking after me"; "It's nice to know there is someone to talk to and get advice on all sorts of things" (patient survey/feedback will be conducted for end of project)*

- Despite the impact of COVID on cancer services, the majority of CCCs continued in post, adapted their approach to delivering holistic needs assessments over the telephone and additionally provided support calls where necessary reducing the burden on CNS teams. This was especially helpful for teams with reduced capacity due to redeployment of staff.
- As part of the outcomes data, average CNS time saved was calculated to evidence the impact of having a CCC as part of the cancer team. This has improved over the life span of the project with the latest quarters data showing the aggregated average CNS time saved per week is 2.6 days, allowing CNS' to dedicate their time and specialist skills to complex patient cases / extra clinics etc.
- Quality assurance processes have been embedded as part of this project which enabled project managers within trusts to proactively address quality issues, such as quality of care plans. For example, during the second quarter, disparity in quality of care plans was highlighted through the quarterly audit of HNAs and so to address this, a HNA training workshop was delivered in September (Q3) by the Lead Cancer Nurse at Tameside with the aim of achieving a standardised approach to writing patient care plans. Improvements were then seen in Q4 HNA.
- As an added value to the core project, the project team worked with the CCCs at each of the 3 trusts to review health inequalities in relation to accessing personalised care and support plans. This data will be reported on in the final project evaluation and feed into the wider Health Inequalities workstream being led by the alliance.
- All roles have been sustained at Tameside and Stockport for a further 12 months however, due to the outpatient service redesign at The Christie the majority of posts will not be sustained.
- The role of the CCC in cancer services has proven to have a positive impact on workforce and patient experience. To further promote the value of this new role, a session to showcase the success of the CCC will feature as part of the GM Cancer Virtual Cancer Week in May 2021.
- The end of project evaluation will be conducted in April, which will show final outcomes and number of HNAs completed across the year in comparison to baseline data. However, baseline figures were estimated due to there being no formalised mechanism for recording HNAs pre project commencing. Trusts involved have adopted the Macmillan eHNA, which has enabled accurate recording of HNAs and quality assurance of care plans, which will positively impact people affected by cancer.
- The Cancer Support Worker is a key part of the multiprofessional cancer workforce and key to delivery of personalised care interventions for people affected by cancer. The lessons learned from this project will feed into the NW cancer support worker training and education project funded by HEE, and will be incorporated into the GM Personalised Care for Cancer Strategy.

Project:	**CURE**
GM Cancer Leads:	Matthew Evison – Clinical Lead Freya Howle – Project Manager

Summary of Project

The CURE project is a comprehensive secondary care treatment programme for tobacco addiction. At its heart is systematically identifying all active smokers admitted to secondary care and immediately offering nicotine replacement therapy and other medications, as well as specialist support, for the duration of the admission and after discharge.

Project Success

- The CURE Project has successfully been rolled out in 7 further sites across GM, these sites are; Bury & Rochdale Care Organisation, Oldham Care Organisation, Salford Royal NHS FT, Stockport FT, Tameside and Glossop Integrated Care Foundation Trust and The Royal Albert Edward (WWL).

- We have led three well attended and positively received CURE Networking Days across GM to enable the new staff/teams to share best practice, learning and create their own Specialist Clinical Network. This will provide them with support and a forum in the future to continue to communicate and improve the CURE service as a GM initiative.
- Over 1.1 million visitors to the CURE website to date, as well as continued work with hospital leads and the Making Smoking History team on internal and external media and communications campaigns promoting the continued need to support patients to quit smoking, with targeted messages produces to communicate its importance more than ever during the pandemic.
- Numerous publications have been submitted to various journals looking at different aspects of the impact of the CURE project, from service data to behavioural analysis and staff surveys looking at attitudes towards supporting smokefree hospital sites.
- A Cost Benefit Analysis paper (which looked at the costs from acute to primary care of treating tobacco addiction) was also completed by GMCA which concludes that the CURE project is very good value for money with a cheaper cost per quit than the North West and National average.
- To date we have 1 formal confirmation of sustained funding from Tameside out of the 7 localities that are currently delivering CURE that they will fund its continuation post September.

<u>Key Service Outcome Highlights – what has CURE delivered for patients across GM?:</u>

- ✓ Successfully identified over 15,000 smokers with over 90% of active smokers admitted provided very brief advice, an evidenced based intervention
- ✓ The opt-out approach of CURE has led to 85% of active of smokers being approached by CURE practitioners to offer specialist support
- ✓ Approximately half of all smokers admitted to hospital are prescribed stop smoking pharmacotherapy (national figure is 30% are offered)
- ✓ At the lead CURE site that has been operational for 29 months – nearly 1400 smokers have been supported to be abstinent from tobacco at 12 weeks post discharge (16% of all smokers admitted, 24% of those supported by the CURE team and 42% of those provided with additional support after discharge)

Project:	**Transforming Aftercare**
GM Cancer Leads:	Mohammed Absar – Clinical Lead Astrid Greenberry - Project Manager

Summary of Project

This project enables the identification of patients who are suitable for supported self-management, reducing the demand for routine follow up, and releasing capacity to address the expected increase in patient numbers.
Initially the project is rolling out the personalised stratified follow-up pathway that was put in place at Pennine Acute Hospitals NHS Trust and Manchester University NHS Foundation Trust (Nightingale Centre) through the Macmillan Cancer Improvement Partnership Programme to the remaining breast services in Greater Manchester In addition testing and evaluating a personalised stratified follow-up pathway for colorectal cancer.

Project Success

- A GM-wide single instance InfoFlex has been built on GM Digital Platform for remotely tracking patients on personalised stratified follow-up, allowing for the sharing of data across GM;
- 52% of all GM breast cancer patients are now on a personalised stratified follow-up pathway;
- All breast cancer teams and two further colorectal cancer teams have been provided with

a Cancer Care Coordinator to support the teams to deliver the personalised stratified follow-up pathway and all of these posts have received continued funding post project end;

- All breast cancer services and one further colorectal cancer service have an operational personalised stratified follow-up pathway offering people targeted support to self manage at the end of treatment. 255 people have received this support in the last 6 months (Sep 20 – Feb 21).
- Patient feedback about the support received includes:
  "I found the appointment very helpful and informative."
  "I know the team are always there and I feel comfortable and confident to move forward."
  "I am happy knowing I can always be seen if needed."
  "I am grateful for all the information that was received at the appointment."
  "I felt at ease during the appointment. I felt able to ask questions without any pressure."
- During the last six months (Sep 20 – Feb 21) 100% of people supported by this project were provided with health and wellbeing information and support.
- Treatments summaries have been re-designed for both breast and colorectal cancer patients following a Quality Assurance Process led from a starting point of service user input and working with partners at the University of Manchester to ensure accessibility of information. A poster about the breast treatment summary has been accepted for the Association of Breast Surgery Conference, 2021.

Project:	**CAN-Guide (Supported Decision Making around Palliative Chemotherapy)**
GM Cancer Leads:	Janelle Yorke – Clinical Lead Grant Punnett – Project Manager

Summary of Project

Following a successful small Greater Manchester pilot of an enhanced-decision making package called the 'Goals of Care Initiative (GOCI)', we are now setting up an innovatively designed research study to formally evaluate the GOCI tool when used widely in a clinical setting. 800 patients will be studied over 2 years (in 7 types of cancer) from May 2019 with the hope that, if successful, evidence will be developed which supports broader roll out in GM and beyond as part of a standardised approach. The overall aim of the Can-GUIDE programme is to improve the way information is presented to patients with progressing cancer about the benefits and risks of further systemic treatments (chemotherapy and biological agents), and empower patients to fully engage in shared-decision making.

Successes

- GOCI resources for patients were developed following pilot work during the cancer vanguard involving collaboration with both patients and clinicians. A website containing multiple interactive resources, including patient stories and clinician perspectives relating to the benefits of SDM and how this may be incorporated into consultations, has been constructed. An accompanying booklet mirrors this content and also provides a worksheet where patients can list their priorities and values so as to discuss with clinicians how they may be affected by the treatment options available to them.
- A stepped wedge cluster randomised controlled trial was set up to establish whether GOCI materials were effective in improving patients perceived involvement in SDM with clinicians compared to standard care in 6 oncology teams at the Christie Hospital (lung, sarcoma, renal, gynaecology, colorectal and breast). Following an initial 6 month period of collecting pre GOCI data from all of the six teams, 2 teams would implement GOCI at this 6 month mark followed by two more teams at 12 months and the final two teams at 18 months.
- The GOCI programme was paused prior to the first oncology teams implementing GOCI as a result of the Covid-19 pandemic and it was agreed, between the Christie NHS FT and GM Cancer, that in the context of the pandemic and the focus on system recovery

plans, the ongoing funding of the GOCI project was no longer a priority therefore there would be no further call on the GM Cancer transformation funding to support this project going forward and thus the GOCI project from a GM Cancer perspective ceased.
- Baseline data was collected from 220 patients which is currently being analysed and will be used to benchmark as part of the planned service improvement/evaluation project being implemented, outside the controls of the randomised trial.
- Whilst the implementation of GOCI did not occur during this programme, the resources are now available and we plan to implement the resource package as part of usual care and evaluated under the remit of service improvement/evaluation. Roll-out with the lung team is planned for April 2021.

Project:	**Cancer Education**
GM Cancer Leads:	Dr Catherine Heaven, Programme Director for Cancer Education Rachel Hickson – Project Manager

Summary of Project

The Cancer Education project will work with all stakeholders across the GMHSCP (in health & social, voluntary, charitable and community) to create opportunities for equal access to education for cancer care givers across GM & EC. The aim is a collaborative system wide approach to workforce development; upskilling the workforce, resulting in better patient experiences across the region, as a trailblazer for the NHS nationally.
This two year transformational education programme has three core elements:
- Creation of an education transformation team
- Dedicated cancer education leadership
- Ongoing development of GatewayC, educational events and other innovative methods of delivering education across GM & EC.

Project Success

The aim of GM Cancer education transformation programme (April 2019-March 2021) was to improve access to high quality education for the cancer care workforce, across the health and social care system and thereby improve patient experience. Key aspects have been:

- **Delivery of pathway and transformation programme events**: the team delivered 12 events to over 1000 delegates in the 10 months prior to COVID. Events supported pathway and transformation programme leads to deliver small and large events to engage with and education workforce colleagues and users in primary, secondary and social care sectors. 99% of delegates said they would recommend the events to colleagues.
- **Delivery of a core GM Education:** Three key educational areas were identified as core to transforming GM cancer services by the Cancer lead Nurses and Cancer Managers. These were advanced communication skills, psychological 'Level 2' assessment and support training and core training for our MDT, Cancer Navigator and Cancer Support Worker workforce.
    - We have trained 86 Nurse Specialists in advanced communication skills. 50% of the CNS's stated that their ability to manage patient/colleague communication contributed to their daily stress and burnout. Following the training, 90% confirmed that the course had a positive impact on their levels of stress, whilst 91% stated their practice will be impacted positively as a result of the training. We have commissioned an additional 8 courses for our key staff going forward
    - We have identified 147 specialist nurses or equivalent keyworkers need psychological assessment training. The training was developed and rescheduled 3 times but was not able to go ahead due to COVID. We have commissioned these courses to go ahead over the coming months.
    - Our newly developed Navigators, MDT Coordinators and Cancer Care Coordinator training was also cancelled due to covid. We redeveloped it into an online event, but workforce pressures have meant it has been postponed. We

have commissioned it to go ahead over the coming months

- **Improving equality of access through communication about opportunities:** We now have a data base of over 1,601 people have signed up to receive regular messages about cancer education and training available in GM. Our Twitter account has 1243 followers, and our twitter page has received over 6,656 visits to date
- **Bring the cancer community together through delivery of GM Conference Events:** The team have delivered two major events, and have a third in the planning
    - GM Cancer Conference (November 2019) delivered in the centre of Manchester attracted over 600 visitors, to listen to 92 speakers across 15 symposia over 2 days. Additionally there were 24 local exhibitors, 96 poster submissions covering all aspects of the cancer communities work. The event was a huge success
    - World Cancer Day (Feb 2021) delivered to bring together the community at a time of significant stress. The event attracted over 650 people who heard from national and local cancer service and research leaders, mayor Andy Burnham, saw the launch of the New GM Cancer Poem "Innit Love" by Tony Walsh, and listened to Thank you messages from supporters of our cancer system for example you, Me and the Big C
    - Next on 24th – 29th of May 2021 is our Virtual Cancer Week

Project:	**Cancer Intelligence Service**
GM Cancer Lead:	Lisa Galligan-Dawson, Performance Director

Summary of Project

This project seeks to deliver intelligence and insight into the GM Cancer delivery team and beyond into the GMHSCP / GMEC system. By aligning to the GMHSCP BI team since October 2019, there are many opportunities that can be realised both in terms of technology and expertise.

The project seeks to build towards being a national exemplar in demonstrating actionable insight and world class business intelligence. Key milestones will be.

- Set solid data foundations - single sources for performance and insight reporting, ensuring alignment with national and local expectations in terms of information delivery.
- Robust data management of patient level data, ensuring the flows are suitable for meeting the requirements of the region.
- Develop self-service provider / commissioner performance reporting via GM Tableau
- Develop GM Cancer board report and pathway board reports utilising GMHSCP KPI database approach.
- Develop logic for patient level data to deliver requirements against the best time pathways, outside of national reporting logic.
- Collaborate with provider and commissioner BI teams to coproduce reports that are understood against a wide cross section of GMHSCP/ GMEC organisations breeding confidence in GM Cancer Intelligence reporting.
- Continuation of Ad-Hoc requests to support GM Cancer Team in day to day operations.

Beyond this point the team will work towards a cancer application of the GM Health and Care Intelligence strategy in terms of working towards delivering risk stratification, forecasting and actionable insight alongside strong performance and business intelligence reporting.

Project Success

- GM wide data flows established to provide system overview, inform the recovery planning process and provide information to allow proactive pathway management
- Digital solutions implemented regarding the collation of audit information to provide system overview and assurance
- Provision of data and business intelligence to a range of system wide transformational projects, to ensure optimisation of resources and systematic overviews

Appendix 1 – GM Cancer Projects, Locality Recurrent Costs

PROJECT	TRUST / LOCALITY Employing Organisation (CCG)	Details	FYE £000 Approx	2021-22	
				Locality (CCG/Provider)	Alliance
Cancer Intelligence	Christie NHS FT as Alliance host Trust	BI Team for Cancer Intelligence hosted by the Cancer Alliance and core team from 1/4/2021	144,000	0	144,000
Corporate & Core Team Costs	Christie NHS FT as Alliance host Trust	Core Cancer Alliance team to be funded at Alliance level from 1/4/2021 or no longer required	140,000	0	140,000
BTP Lung	Bolton NHS FT (Bolton CCG)	1 WTE Pathway Navigator Band 4 0.6 WTE CNS Band 6	54,580	54,580	0
	The Christie NHS FT	1 WTE SABR Technician Band 8a 0.5 WTE Dosemitrist 1 WTE Pathway Nav Band 4	108,850	108,850	0
	Manchester NHS FT (MHCC and Trafford)	2 WTE Pathway Navigator Band 4 1 WTE ST6 Clinical Fellow Band 8a 1 WTE CNS Band 7 0.8 WTE Pathway Nav Band 5	196,400	196,400	0
	Pennine Acute NHST (NES CCGs)	4 WTE CNS Band 6	165,200	165,200	0
	Salford NHS FT (Salford CCG)	1 WTE Pathway Navigator Band 4	29,800	29,800	0
	Stockport NHS FT (Stockport CCG)	1 WTE Pathway Nav Band 4 1 WTE CNS band 6	71,100	71,100	0
	Tameside & Glossop ICFT (T&GCCG)	1 WTE Pathway Nav Band 4 1 WTE CNS band 6	71,100	71,100	0
	Wrightington Wigan & Leigh NHS FT (Wigan Borough CCG)	1 WTE Pathway Navigator Band 4	29,800	29,800	0
	Cheshire	1 WTE Pathway Navigator Band 4 0.2 WTE Band 5 Nurse	43,400	43,400	0
	Christie NHS FT as Alliance host Trust	N/A	72,000	0	72,000
BTP Colorectal	Bolton NHS FT (Bolton CCG)	1 WTE CNS Band 7 1 WTE Pathway Nav band 4	81,000	81,000	0
	Manchester NHS FT (MHCC and Trafford)	1.8 WTE CNS Band 7 2 WTE Pathway Nav Band 4	151,760	151,760	0
	Pennine Acute NHST (NES CCGs)	3 WTE CNS Band 7	153,600	153,600	0
	Salford NHS FT (Salford CCG)	1 WTE CNS Band 7 1 WTE Pathway Nav band 4	81,000	81,000	0
	Stockport NHS FT	1 WTE CNS Band 7 1 WTE Pathway Nav band 4	81,000	81,000	0
	Tameside & Glossop ICFT (T&GCCG)	1 WTE CNS Band 7 1 WTE Pathway Nav band 4	81,000	81,000	0
	Wrightington Wigan & Leigh NHS FT	1 WTE CNS Band 7	51,200	51,200	0
	Christie NHS FT as Alliance host Trust	N/A	70,000	0	70,000
BTP Prostate	Bolton NHS FT (Bolton CCG)	1 WTE Pathway Nav Band 4	29,800	29,800	0
	Manchester NHS FT (MHCC and Trafford)	3 WTE Pathway Nav Band 4	89,400	89,400	0
	Pennine Acute NHST (NES CCGs)	1 WTE Pathway Nav Band 4 1 WTE CNS Band 6	71,100	71,100	0
	Salford NHS FT (Salford CCG)	1 WTE Pathway Nav Band 4	29,800	29,800	0
	Stockport NHS FT (Stockport CCG)	1 WTE Pathway Nav Band 4	29,800	29,800	0
	Tameside & Glossop ICFT (T&GCCG)	1 WTE Pathway Nav Band 4 0.8 WTE CNS Band 6	62,840	62,840	0
	Wrightington Wigan & Leigh NHS FT (Wigan Borough CCG)	1 WTE Pathway Nav Band 4	29,800	29,800	0
	Christie NHS FT as Alliance host Trust	N/A	128,000	0	128,000
Prehab4Cancer	Christie NHS FT as Alliance host Trust	N/A	TBC	0	TBC
	Salford CCG - for GM Active	GM Active delivery of Prehab4Cancer across 10 localities	534,000	534,000	0
Living With & Beyond Cancer	Tameside & Glossop ICFT (T&GCCG) *	Cancer Care Co-ordinators	80,000	80,000	0
	Stockport NHS FT (Stockport CCG) *	Cancer Care Co-ordinators	80,000	80,000	0
	The Christie NHS FT	5 x WTE Band 4 Cancer Care Co-ordinators	150,000	150,000	0
CURE	Tameside & Glossop ICFT / T&G CCG	Locality specific models for delivery of the CURE model - steering groups in place in each locality	56,000	56,000	0
	Pennine Acute NHS Trust - Oldham / Oldham CCG		245,542	245,542	0
	Pennine Acute NHS Trust - Fairfield / Bury & HMR CCGs		143,200	143,200	0
	Wrightington Wigan & Leigh NHS FT / Wigan CCG		203,635	203,635	0
	Stockport NHS FT / Stockport CCG		285,679	285,679	0
	Salford NHS FT / Salford CCG		266,791	266,791	0
	Christie NHS FT as Alliance host Trust		TBC	0	TBC
Education	Christie NHS FT as Alliance host Trust		344,000	0	344,000
Goals of Care Initiative	N/A - project terminated as response to Covid-19		0	0	0
Transforming Aftercare **	Bolton NHS FT (Bolton CCG)	Band 4 Co-ordinator	29,800	29,800	0
	Stockport NHS FT (Stockport CCG)	Band 4 Co-ordinator	29,800	29,800	0
	Wrightington Wigan & Leigh NHS FT (Wigan Borough CCG)	Band 4 Co-ordinator	29,800	29,800	0
	Tameside & Glossop ICFT (T&GCCG)	Band 4 Co-ordinator	29,800	29,800	0
	Salford NHS FT (Salford CCG)	Colorectal post	9,600	9,600	0
	Manchester NHS FT (MHCC and Trafford)	1 WTE Band 2 Data Coordinator 1 WTE Band 6 Breast Care Nurse	65,600	65,600	0
	Pennine Acute NHS Trust (NES CCGs)	Colorectal post	TBC	TBC	0
	Christie NHS FT as Alliance host Trust		TBC	0	TBC
TOTAL			**4,930,577**	**4,032,577**	**898,000**

* Ongoing disucssions in localities already re actual staff in post and sustainability - therefore the figures here may not reflect actual staff in post and required going forwards - for localities to determine

Paper 8

HSJ Award shortlisting – GM Surgical Cancer Hub

Title of paper:	HSJ Award shortlisting – GM Surgical Cancer Hub
Purpose of the paper:	The purpose of the paper is to inform members of GM Cancer Board of the HSJ Partnership Awards 2021 shortlisted entry for the GM Surgical Cancer Hub.
Summary outline of main points / highlights / issues	• To provide the detail of the award submission. • To outline the next steps in the award process.
Consulted	• GM Surgical Cancer Hub Delivery Group • GM Cancer Senior Management Team
Author of paper and contact details	**Name:** Alison Armstrong **Title:** Programme Lead, Greater Manchester Cancer **Email:** alison.armstrong7@nhs.net

1 Background and Context

The Greater Manchester Surgical Cancer Hub was set up by the Greater Manchester Cancer Alliance in April 2020 in order to help keep vital cancer services running across Greater Manchester and Cheshire in the midst of the COVID-19 pandemic.

The hub allows cancer surgeries to take place at The Christie and Rochdale Infirmary.

The hub has ensured that patients have received urgent cancer care in a timely manner during the COVID-19 pandemic when otherwise patients would have had their treatment substantially delayed. Since its inception, there have been no recorded cases of the virus being acquired as a result of patients presenting for treatment.

The collaboration between Rochdale Infirmary and The Christie has brought together a full complimentary cancer service treating breast, general surgery, gynaecology, plastics and urology cancers. The service helps to ease the pressure on other acute hospital sites across Greater Manchester and Cheshire. The Hub model is now being adopted for non-cancer cases across GM, and the hub's success means this approach is likely to continue indefinitely.

2 Local Covid-19 Response Partnership Award Entry

In October 2020, the GM Surgical Cancer Hub submitted an entry for the HSJ Partnership Awards 2021 which celebrates innovation and collaboration in healthcare. In December 2020, notification was received that the entry had been shortlisted in the category of Local Covid-19 Response Partnership Award.

The objective of the entry for this award was to celebrate the success of integrated working across a complex system of healthcare within Greater Manchester (GM), during an international pandemic, resulting in cancer patients being treated safely in designated COVID free sites.

The entry gave an opportunity to share the organisational process, lessons learned and outcomes to enable health providers beyond GM to adapt similar processes ensuring more cancer patients can access surgery during this continuing pandemic, or be prepared should a new pandemic evolve.

As important as the objectives are above, this entry was in recognition of the bravery of our patients and the dedication of staff leading to these outcomes during the pandemic.

Other elements required for the entry included:
Ambition

- the scope of the project including all relevant partners
- the brief and the goals set
- detail on the challenges of bringing disparate parties around the table and how the partnership aimed to bridge the divide

Outcome

- how the project was conceived and implemented in a quick and agile fashion
- the results on the ground for both healthcare professionals and patients

- detailed evidence of improvements achieved and how they were delivered in a Covid-secure manner
- challenges met in project implementation and how the solution provider worked with the healthcare system at overcoming these
- testimonial evidence from staff working in the system that have benefitted from the project
- measures set to ensure expectations were met

Spread

- efforts made by the partnership to ensure others are gaining from the experience
- best practices that will help safeguard in the event of a second wave
- learnings from this project to be applied in future national pandemic preparedness plans

Values

- How the project contributed to the lifesaving efforts of the health system in response to Covid-19
- improvements made in capacity, efficiency, patient experience or value for money
- improvements to services or patient experience that will remain applicable long beyond the initial Covid-19 response

Involvement

- the level of interaction between partners in terms of project concept, development and realisation
- collaboration with patients and end-users within the NHS, and to what extent was this prioritised given the need for a quick and agile implementation

The impact on patients and healthcare professional alike was stressed in the entry, the word cloud below capturing some of the feedback.

3. Next steps

The winners will be selected following a rigorous, judging stage ahead of the HSJ Partnership Awards 2021 ceremony being held in June 2021. This next stage will take place on Thursday 29th April 2021 (deferred from Friday 12th February) and will be in the form of a presentation. Due to the current situation with COVID-19 and government restrictions in place, this stage will take place online via zoom. This will include 10 minutes in which to present the three reasons why the shortlisted entry should win, followed by a further 10-15 minutes of questions from the panel covering the original entry and presentation. The three individuals presenting will include a representative from GM Cancer, The Christie NHS Foundation Trust and Rochdale Infirmary.

4 Recommendation, requests / support required of the Board

The board is requested to note the contents of this paper and support the team in the next steps of the award process.