




Programme of Work 2022/23		Last updated: 31.03.22		  		
GM Cancer Pathway Board: Acute Oncology		Clinical Lead: Konstantinos Kamposioras		Pathway Manager: Jane Cronin		
Link to NHS Long Term Plan/Planning guidance	Deliverable	Measure - SMART	Responsibility - Named lead	Completed by end of (month/year)	RAG Status and date updated	Comments, required if RAG status is amber/red (mitigation/plans in place etc), and general comments
Prevention						
	Co-ordination and effective management to ensure a decreased presentation of new cancers as an emergency admission working with Primary Care and specialist services.	Activity monitor	Clinical AO Lead	01-Jan-23	<i>Behind but measures in place to get back on track</i>	Through pathway board- ensure engagement with GPs and Practice nurses, early diagnosis steering group interlinking. March update: Leighton/Bolton Community model to be explored to improve community liason & support
Earlier Diagnosis						
	Develop the GM AO workforce plan and ensure a high standard of training and education to healthcare staff delivering acute oncology care to patients with known or suspected cancer diagnoses.	Workforce implementation plan.	Board	01-Jan-23	<i>On track</i>	Through specific workforce and education subgroup - establish strong links with HEE (Suzanne Lilly) . Refresh AO Essential Learning module. Link to UKONS, Macmillan Learning, HR records for mandatory learning requirement with audit trail. March update: AO Academy model being explored for MSCC with MMU. PM recruited but not in post.
	Comprehensive access to cancer intelligence to understand inequalities & evaluate progress through Tableau	Activity monitor	GM Cancer	01-Jan-23	<i>Behind but measures in place to get back on track</i>	AO data is collected manually and therefore no live data is available. Meetings in progress with GMC BI team.
Treatment						
	Identify and recommend a GM wide IT system which captures all patient interactions with the 24 hour hotline and AOS's with access to CWP/GMCR for timely patient information and subsequent treatment.	Approved Infrastructure	Board	01-Jan-23	<i>Behind but measures in place to get back on track</i>	Transformation - Partner in the setup and local delivery of improving specialist care models SACT, palliative care, acute oncology & national service specifications.

	Develop pathways for rapid access and ambulatory care (Sepsis, Ascitic drain, Virtual clinics); this will reduce emergency admission, length of stay and reduce 30 day readmission rate. Rapid co-ordination to support patients to remain in their preferred place and avoid unnecessary travel or admission to hospital.	Approved pathways	Board	01-Jul-23	Behind but measures in place to get back on track	Integration of GM services - Delivery (i) established surgical (ISC) transformation programmes;(ii) SACT, palliative care & acute oncology (iii) National service specifications. March update: Ambulatory Care T&F group to be formed to look at AC across GM and implement new pathways, if required.
Performance						
	Identify sustainable opportunities of funding identifying patient activity per organisation providing clear rationale for system wide benefit through engagement with ICS's, Commissioning, Providers and Cancer Managers.	Business Casing	Pathway Manager	05-Jan-23	Behind but measures in place to get back on track	Bench mark against clinical standards following implementation. Meeting the deliverables listed above to provide a patient orientated service that is fit for the future, has sufficient flexibility to provide emergency care, ambulatory care, and enhanced supportive care, demonstrate resilience, and reliably meet all the minimum clinical standards.
	Using a co-production method with our stakeholders; identify a service model that will deliver seamless best practice pathways; using a co-ordinated approach in GM, East and Mid Cheshire with the aim of achieving the programme objectives.	Approved pathways	Board	05-Jan-22	Completed	March update: Service model enhancement to be considered in future work (audit, revision of recommended model).
Personalised care and follow up						
	Ensure acute oncology patients experience high quality, co-ordinated supportive and holistic care that is appropriate for their individual circumstances wherever they access the healthcare system.	Approved pathways	Localities	05-Jan-22	Completed	Ensuring the wider population stakeholder SU voice on all aspects of AO. MDT Reform. Psychological impacting.
Reducing Inequalities						

	Reduces the variation in access, outcomes and experience of care through consistent application of acute oncology best practice and universal application of NICE guidance, National Peer Review Programme measures and pathway-agreed clinical standards.	Approved clinical standards	Board	05-Jan-22	On track	<p>Ensure that AO local and national standards are met across all localities.(Gold standard). Clinical standards agreed trusts audited on these on 3 occasions (gap analysis).</p> <p>March update: Still wide variation in the system due to resource.</p> <p>National spotlight on measures AO system adhering to.</p>
Patient Experience/User Involvement						
	Coordinated patient pathways so that people are seen in the right place for their needs, local where possible, reducing variability of service experience.	Activity monitor	Board	05-Jan-23	Behind but measures in place to get back on track	<p>Amending documentation to champion the carer and patient journey.</p> <p>March update: Ambulatory care T&F</p>
	Consideration of a Network Hotline to ensure equality to all the Cancer patients	Business Casing	Pathway Manager	05-Jan-23	Won't complete within timeframe, of concern and requires review	<p>March update: Difficult stakeholder engagement.</p> <p>% of patients across GM not Christie patients and no access to Hotline. BI Team difficult to get numbers. Audit from Bolton data required (newly diagnosed who will not be referred to Christie)</p> <p>Access to 24 hour hotline not available for Haematology patients in Stockport creating variation. Meeting to resolve arranged.</p> <p>Innovation link</p>
Research						

	Interlink with appropriate research opportunities such as equitable standards of care, immune therapy, Coronet, Colitis & Lung Trial, Patient experience focus, PET-CT research	Activity monitor	Pathway Manager	05-Jan-23	Won't complete within timeframe, of concern and requires review	March update: Research Chair to be identified to support AO work. Innovation - AI in research to get patients into research quicker
Education & Workforce						
	GP Education : Explore Gateway C modules and infographics for communications	Activity monitor	Pathway Manager	05-Jan-23	Completed	March update: Infographics developed and rolled out. Future enhancements to Gateway C could include indexing eg; search for neutropaenic sepsis
	Work with 4 Nations working group to use learning from GM pilots to aid National standardised tools such as competency framework, passports and education workbook.	Activity monitor	Pathway Manager	05-Jan-23	On track	March update: PM post offer made but not in post.
	Demonstrate consideration / evaluation for other roles such as PA, NA, Apprenticeships, AHP's to supplement the AO workforce and OOH's working.	Activity monitor	Board	05-Jan-22	Completed	March update: PA evaluation undertaken and demonstrated that works in AO system. AHP's No PA provision in the AO network - presentation to be updated and communicated to individual trusts to demonstrate and recognise the value of the role.

RAG status

On track

Behind but have measures in place to get back on track

Won't complete within timeframe, of concern and requires review

GM Cancer Pathway Board: Colorectal		Clinical Lead: Sajal Rai		Pathway Manager: Michelle Leach		
Link to NHS Long Term Plan/Planning guidance	Deliverable	Measure - SMART	Responsibility - Named lead	Completed by end of (month/year)	RAG Status and date updated	Comments, required if RAG status is amber/red (mitigation/plans in place etc), and general comments
Prevention						
	Engage in Bowel Cancer Awareness month	Resources for BCAM shared across Trusts	Sajal Rai	Apr-22		
	<p>PHE - Work with the GM screening and immunisations team to assist in restoration and recovery of bowel screening in GM.</p> <p>Assist the screening and Imms Team with the age extension within the bowel screening programme which commenced 2022. All programmes are expected to roll out the first age cohort (56-year olds) by Q4 2021/2022 at the latest. Full AgeX is expected to be completed by April 2025, whereby the age at when bowel screening commences will be reduced to 50 years (currently 60). All programmes will be required to clear existing backlogs prior to the introduction of AgeX to – 6 weeks</p>	<p>Request quarterly updates from PHE</p> <p>Work with PHE to help influence changes across the system to ensure backlogs are cleared and AgeX meets its deadlines</p>	Audrey Howarth	ongoing		Pennine live for age X in Q4 2021/22 Bolton due to go live in Q1 2022/23
Earlier Diagnosis						
	Suspected Cancer Referral Forms update	Ensure forms are updated in line with pathways/guidelines by December 2022	Michelle Leach	Dec-22		
	Audit compliance of best timed pathway	No of Trust achieved BTP Timeline/ barriers encountered	Sajal Rai/ Trust reps	Mar-23		
	FIT Task & Finish Group to utilise FITtesting in order to expedite people through the CRC pathway	<p>FIT patient leaflet updated - Jan2022</p> <p>AJ/ML to continue to attend T&F group meetings</p> <p>LGD working on regional FIT policy - completion April 2022</p>	Alison Jones	ongoing		
	Continue to attend and engage with Endoscopy CRG	Attendance at meetings	Sajal Rai	Mar-23		

	<p>Complete the rollout of Non-Specific Symptom pathways to achieve 100% population coverage by March 2024: By April 2022 the 4 remaining localities (Wigan, Tameside and Glossop, Stockport and Bolton will all have live NSS RDCs. Feedback to referrers into the NSS service – maximising patients referred on the correct pathway. Working with Pathway Mangers and Boards embed the national Faster Diagnosis Principles (previously RDC principles) into all SS / BTPs ensuring: Timely diagnosis, Coordinated Testing, Appropriate Onward Referral and pathway navigation Alignment of NSS services with Best Practice Timed Pathways. Feedback to referrers into the service – maximising patients referred on the correct pathway. Alignment of the RDC programme with the development of CDCs across GM, including where appropriate the NSS RDC pathway being sited within a CDC. Further development and roll out of the redirect processes for those patients initially referred on a SS suspected cancer referral who are found to have vague symptoms onto the NSS RDC pathway. (Process</p>	Board continue to support pathway and review any issues	Sue Sykes	Mar-24		
	<p>Colon Capsule Endoscopy (CCE) Pilot - Sites confirmed for pilot of CCE from the Northern Care Alliance at Salford Royal Hospital and Royal Oldham Hospital All necessary training completed at all sites Service operational at Salford Royal on 6th April 2021 and at Royal Oldham Hospital on 19th April 2021 All sites aware of the requirement to submit the necessary dataset and the alliance will monitor this</p>	Numbers of CCE monitored at board and reported up to the NHSE National Team	Michelle Leach	Mar-23		<p>The continuation of CCE in GM was reviewed and agreed at Clinical Lead Review held on 17th November 2021 the end of the project has been extended until 5000 procedures have been reported nationally in order to complete the research. 07.04.22 - Awaiting agreed run rate from ROH and SRFT</p>
Treatment						

	Lynch Toolkit developed including pathway for genetic testing to assist with NICE guidance compliance as per planning guidance	Lynch toolkit developed for colorectal cancer patients by May 2022 Compliance with NICE Guidance for all GM Trusts September 2022	Michelle Leach	01/05/2022 01/09/2022		7.04.22 - Funding spend taking place over coming months to spend annual allocation to allow all colorectal cancer samples to be stained in GM within 2 cnetres MFT & SRFT.
	MDT Reform:	Improving the effectiveness of cancer MDT's across GM, ensuring streamlined processes / standards of care pathways are in place to make the best use of clinical time and resources.	Pathway Boards	Ongoing		7.04.22 - Need to set new parameters now project had ended
	Referral Guidelines for patients with rectal cancer	Guidance updated and circulated.	Sajal Rai	May-22		
	Complete Responder Guidelines	Guidance updated and circulated.	Sajal Rai	Jun-22		
Performance						
	Cancer Waiting Times based improvements - Lessons learned session on board agenda	continue to work towards compliance of 28 day and 62 day standard	Sajal Rai	Mar-23		
	Engage in colorectal cancer improvement programme led by Lisa Galligan Dawson		Lisa Galligan-Dawson	Mar-23		
Personalised care and follow up						
	Colorectal PSFU	Pathway in place at all sites. Remote monitoring system in place. Business case and agreement to sustain pathway post project end.	Sajal Rai, Clinical Lead at all sites/Astrid Greenberry	Sept 2021 Dec 2020 March 2022		
Reducing Inequalities						
	All above programmes are worked on to provide equity across the GM system so our patients receive the same care wherever they live in GM					
Patient Experience/User Involvement						

	Patient representative to attend board meeting and bring issues from the colorectal cancer small community					
Research						
	Encourage research and innovation by improving entry of patients into trials.	Increase % of patients in trials	Kalena Marti	Mar-23		
Education						
	Attend Clinical Lead Forums hosted by the GM Cancer Alliance	Number of meetings attended	Sajal Rai	Mar-23		

RAG status

On track

Behind but have measures in place to get back on track

Won't complete within timeframe, of concern and requires review




GM Cancer Pathway Board: Gynaecology		Clinical Lead: Nadia Ali-Ross		Pathway Manager: Michelle Leach		
Link to NHS Long Term Plan/Planning guidance	Deliverable	Measure - SMART	Responsibility - Named lead	Completed by end of (month/year)	RAG Status and date updated	Comments, required if RAG status is amber/red (mitigation/plans in place etc), and general comments
Prevention						
	Engage with PHE re uptake of cervical screening	Engage quarterly with PHE re uptake figures of screening and offer assistance in increasing uptake	Sarah Pountain	Mar-23		
	Engage with PHE re HPV vaccination programme	Report uptake figures quarterly and offer assistance to PHE Team	Helen Beynon	Mar-23		
Earlier Diagnosis						
	Improve suspected cancer referral forms/ GP guidance (SCR)	Re-evaluate SCR form to improve quality of referrals - audit quality of referrals every 12 months to measure improvement	Nadia Ali-Ross/Sarah Taylor/Ali Jones	Dec-22		Baseline audit already carried out which can be repeated every 12 months to measure improvement.
	Carry out audit on incorrectly directed referrals to colposcopy from screening	Carry out audit and present findings to the group by December 2021	Sarah Pountain	Dec-21		Update requested again from Sarah Pountain 07.04.22
	Audit the best timed pathways for all 4 tumour groups starting September 2022 to understand which targets are being met	pathways audited and presented by Trust Lead at Board by March 2023	Nadia Ali-Ross	Mar-23		
	Complete the rollout of Non-Specific Symptom pathways to achieve 100% population coverage by March 2024: By April 2022 the 4 remaining localities (Wigan, Tameside and Glossop, Stockport and Bolton will all have live NSS RDCs. Feedback to referrers into the NSS service – maximising patients referred on the correct pathway. Working with Pathway Mangers and Boards embed the national Faster Diagnosis Principles (previously RDC principles) into all SS / BTPs ensuring: Timely diagnosis, Coordinated Testing, Appropriate Onward Referral and pathway	Compliance of RDC pathways at NCA & MFT to be reported to pathway board quarterly	Sue Sykes	Mar-24		
Treatment						

	MDT Reform:	Improving the effectiveness of cancer MDT's across GM, ensuring streamlined processes / standards of care pathways are in place to make the best use of clinical time and resources.	Pathway Boards	Ongoing		7.04.22 - Need to set new parameters now project had ended
	Work with national team to produce lynch pathway	Lynch Pathway developed developed for gynae cancer patients by March 2022 Compliance with NICE Guidance for all GM Trusts March 2022	Michelle Leach	01/03/2022 01/03/23		
	Produce an update paper for GM Cancer Board	Paper to be produce by Jan 20	Michelle Leach			
	Update gynaecological cancer guidance	Update guidance by September 2022 to improve parity across the system	Nadia Ali-Ross	Mar-22		7.04.22 - Signed off at March Board and uploaded to webpage
Performance						
	Cancer Waiting Times based improvements Lessons learned session on board agenda	CWT agenda item delivered at all board meetings		01/03/2023		
Personalised care and follow up						
	PSFU project ended - awaitng new parameters from SMT re deliverable		Michelle Leach			7.04.22 - new parameters for further PSFU to be outlined
Reducing Inequalities						
	Focus on work that reduces inequalities experienced by patients with cancer - uptake on cervical smears by LGBTQ+ collaboration with UI, MVCO, PHE	TBC	Jane Cronin/Nadia Ali-Ross	TBC	TBC	Agreed at Clinical Lead Review held on 7th October 2021 7.04.22 - awaiting report from GMCVO
Patient Experience/User Involvement						
	Patient representative to attend board meeting and input into all agenda items					No current service users on the board - issue has been raised with UI

Research						
	Encourage research and innovation by improving entry of patients into trials.	Increase % of patients in trials	Andrew Clamp	Mar-23		7.04.22 - Have approached Emma Crosbie re becoming Research Lead
Education						
	Attend Clinical Lead Forums hosted by the GM Cancer Alliance	Attend 80% of all clinical leads	Nadia Ali Ross	Mar-23		
	Clinical Lead to obtain general support from the GM Cancer Alliance	Attend applicable training and support provided by GM cancer	Nadia Ali Ross	Mar-23		

RAG status

On track
Behind but have measures in place to get back on track
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Programme of Work 2022/23		Last updated: 07.04.22				  
GM Cancer Pathway Board: Haematological-Oncology		Clinical Lead: Eleni Tholouli		Pathway Manager: Michelle Leach		
Link to NHS Long Term Plan/Planning guidance	Deliverable	Measure - SMART	Responsibility - Named lead	Completed by end of (month/year)	RAG Status and date updated	Comments, required if RAG status is amber/red (mitigation/plans in place etc), and general comments
Prevention						
Earlier Diagnosis						
	Improve suspected cancer referral forms/ GP guidance (SCR)	Re-evaluate SCR form to improve quality of referrals	Eleni Tholouli	Dec-22		
	<p>Complete the rollout of Non-Specific Symptom pathways to achieve 100% population coverage by March 2024: By April 2022 the 4 remaining localities (Wigan, Tameside and Glossop, Stockport and Bolton will all have live NSS RDCs. Feedback to referrers into the NSS service – maximising patients referred on the correct pathway.</p> <p>Working with Pathway Mangers and Boards embed the national Faster Diagnosis Principles (previously RDC principles) into all SS / BTPs ensuring: Timely diagnosis, Coordinated Testing, Appropriate Onward Referral and pathway navigation Alignment of NSS services with Best Practice Timed Pathways. Feedback to referrers into the service – maximising patients referred on the correct pathway.</p> <p>Alignment of the RDC programme with the development of CDCs across GM, including where appropriate the NSS RDC pathway being sited within a CDC. Further development and roll out of the redirect processes for those patients initially referred on a SS suspected cancer referral who are found to have vague symptoms onto the NSS RDC pathway. (Process</p>	Board to advice and ratify as necessary	Sue Sykes	Mar-24		

	Genomics – Next Generation Sequencing services to be set up in GM	Board to advice on SOPS	Richard Chasty/Eleni Tholouli	Ongoing		Some delays have occurred due to Covid 19 we will continue to support this work in conjunction with the genomic pathway board
Treatment						
	MDT Reform:	Improving the effectiveness of cancer MDT's across GM, ensuring streamlined processes / standards of care pathways are in place to make the best use of clinical time and resources.	Pathway Boards	Ongoing		7.04.22 - Need to set new parameters now project had ended
	CLL guidelines	Produce guidance by end feb 2022	Eleni Tholouli	Feb-22		
	MPD guidelines	Produce guidance by end March 2022	Eleni Tholouli	Mar-22		
	MPN guidelines	Produce guidance by end June 2022	Eleni Tholouli	Jun-22		
	Lymphoma guidelines	Produce guidance by end Jan 2022	Eleni Tholouli	Jan-22		
	MML guidelines	Produce guidance by end May 2022	Eleni Tholouli	May-22		
	CML guidelines	Produce guidance by end of July 2022	Eleni Tholouli	Jul-22		
	AML guidelines	Produce guidance by end March 2022	Eleni Tholouli	Mar-22		
	Frailty Project Subgroup	Formation of subgroup by Aug 2021 & deliverables then outlined	Richard Cowan	Aug-21		Put on hold due to covid pressures - bring back to April Board
Performance						
	Cancer Waiting Times based improvements Lessons learned session on board agenda	CWT agenda item delivered at all board meetings	Eleni Tholouli	Mar-23		No cancer manager currently 07.04.22
	62 day targets improvement 2ww breach improvement	62 day targets - 2ww breach audits – Re audit from all Trusts start rolling out March 2022 to have all completed by March 2023	Eleni Tholouli	Mar-23		
Personalised care and follow up						

	<ul style="list-style-type: none"> • Work in conjunction with the test site (WWL) to test PSFU for CLL and MGUS and develop a model for further roll out across GM • Work in conjunction with the test site (NCA) to test PSFU for another haematology tumour group (TBC) for further roll out across GM • Build the haematology pathways on InfoFlex on the GM Digital Platform • Agree the protocols, treatment summaries, patient information and supporting documentation to support the haematology PSFU test sites • Ensure all haematology patients consistently receive all the personalised care interventions for cancer (personalised care and support plans, treatment summaries, cancer care reviews and health and wellbeing information and support) working in collaboration with the GM Cancer Personalised Care for Cancer Steering Group to continue to improve this offer to patients. 	<p>June 2021 – March 2022</p> <p>June 2021 – March 2022</p> <p>Nov 2022</p> <p>Nov 2022</p> <p>March 2021 – March 2022</p>	Astrid Greenbury	Mar-22		07.04.22 - Up and running at WWL. NC
Reducing Inequalities						
	All above programmes are worked on to provide equity across the GM system so our patients receive the same care wherever they live in GM					
Patient Experience/User Involvement						
	Patient representative to attend board meeting					
Research						
	Encourage research and innovation by improving entry of patients into trials	Quarterly NIHR reports shared	Simon Watt	Ongoing		

Education						
	Attend Clinical Lead Forums hosted by the GM Cancer Alliance	Attend 80% of all clinical leads	Eleni Tholouli	Mar-23		
	Clinical Lead to obtain general support from the GM Cancer Alliance	Attend applicable training and support provided by GM cancer	Eleni Tholouli	Mar-23		
	Deliver educational event	Organise and deliver educational event annually	Satarupa Choudhuri	Mar-23		

RAG status

On track
Behind but have measures in place to get back on track
Won't complete within timeframe, of concern and requires review

GM Cancer Pathway Board: Psycho-Oncology		Clinical Lead: Pod McDonnell		Pathway Manager: Michelle Leach		
Link to NHS Long Term Plan/Planning guidance	Deliverable	Measure - SMART	Responsibility - Named lead	Completed by end of (month/year)	RAG Status and date updated	Comments, required if RAG status is amber/red (mitigation/plans in place etc), and general comments
Prevention						
Earlier Diagnosis						
	Continued involvement in the provision of reflective practice and consultation to Prehab4Cancer exercise specialists- Deliverable reviewed and agreed at Clinical Lead Review held on 8th November 2021	PMc to provide supervision every 6-8wks around the provision of emotional support to PAbC by the PT's providing Prehab4cancer	Pod McDonnell	Mar-22		07.04.22 - provided until end April when PMc steps down
	RDC programme develop training module cancer care co-ordinators.	module developed by March 2022	Pod McDonnell	Mar-22		RDC educational offer - Support offered to develop brief training package around emotional support aspect for cancer navigators in the RDC at NCA - Awaiting for resumption by NCA
Treatment						
	Macmillan Psychsocial project - design would be a hub and spoke approach, working with partner organisations who currently have established psychological support at level 3-4.	Develop proposal by end April 2022	Michelle Leach/Pod McDonnell	Apr-22		
Performance						
	NA					
Personalised care and follow up						

	<p>Transforming Psychological Care Project</p> <ul style="list-style-type: none"> • Utilising the national cancer care map directory -refresh the existing local directory of psychology services and devising a communication strategy of existing psychology services • Standardised training and education for the whole cancer workforce • Designing a GM/EC wide business case template to support expanding psychological capacity • Designing a patient questionnaire in co-production with user involvement to understand the impact of COVID-19 and psychological support in place • Ensuring psychosocial needs are considered during MDT discussion prior to treatment. 	As per project documentation	Sinead Collins	Mar-22		07.04.22 - paused due to sickness leave of PM
Reducing Inequalities						
	See row 13					
Patient Experience/User Involvement						
	Patient representative to attend board meeting and bring issues from the psychological support and mental health small community					
Research						
	NA					
Education						
	Attend Clinical Lead Forums hosted by the GM Cancer Alliance	Attend 80% of all clinical leads	Pod McDonnell	Mar-23		
	Clinical Lead to obtain general support from the GM Cancer Alliance	Attend applicable training and support provided by GM cancer	Pod McDonnell	Mar-23		

Revise and improve GM Cancer education and training strategy for delivering psychological support across Levels 1 and 2 of NICE guidance	Deliver training across 3 named GM Cancer hospital sites which can be accessed by all staff within the GM Cancer Trusts who wish to be trained to level 2	Pod McDonnell/ Molly Pipping	Mar-23		

RAG status

On track
Behind but have measures in place to get back on track
Won't complete within timeframe, of concern and requires review

GM Cancer Pathway Board: Sarcoma		Clinical Lead: Amit Kumar		Pathway Manager: Michelle Leach		
Link to NHS Long Term Plan/Planning guidance	Deliverable	Measure - SMART	Responsibility - Named lead	Completed by end of (month/year)	RAG Status and date updated	Comments, required if RAG status is amber/red (mitigation/plans in place etc), and general comments
S						
	Progress Sarcoma advise and guidance	Mar-23	Amit Kumar	30/03/2023		
Earlier Diagnosis						
	GP Education - Gateway C	Gateway C module on Sarcoma. Collaboration with Christie School of Oncology & Sarcoma UK.	Amit Kumar	Jan-22		Released Jan 2022
	Improve suspected cancer referral forms/ GP guidance (SCR)	Re-evaluate SCR form to improve quality of referrals	Amit Kumar	30/12/2022		
	Improvement of 3rd party scans	Re-audit external imaging to see if there has been an improvement in the standard after rolling out the guidance • Re-enforce straight to test USS for lump referrals	Amit Kumar	31/10/2022		

	<p>Complete the rollout of Non-Specific Symptom pathways to achieve 100% population coverage by March 2024: By April 2022 the 4 remaining localities (Wigan, Tameside and Glossop, Stockport and Bolton will all have live NSS RDCs. Feedback to referrers into the NSS service – maximising patients referred on the correct pathway. Working with Pathway Mangers and Boards embed the national Faster Diagnosis Principles (previously RDC principles) into all SS / BTPs ensuring: Timely diagnosis, Coordinated Testing, Appropriate Onward Referral and pathway navigation Alignment of NSS services with Best Practice Timed Pathways. Feedback to referrers into the service – maximising patients referred on the correct pathway. Alignment of the RDC programme with the development of CDCs across GM, including where appropriate the NSS RDC pathway being sited within a CDC. Further development and roll out of the redirect processes for those patients initially referred on a SS suspected cancer referral who are found to have vague symptoms onto the NSS RDC pathway. (Process Metastatic Bone Disease Study</p>	<p>MFT - In 2021/2022 establishing a one stop ultra sound service for sarcoma. This development is being led by the RDC programme at MFT. Further work will need to be carried out over 2021/2022 to assess RDC compliance</p>	Sue Sykes	30/03/2024		
	Metastatic Bone Disease Study	Organise and deliver MBD study day by Sept 2022	Amit Kumar	01/09/2022		
Treatment						
	Service Review of Sarcoma Service at MFT by TU using Pathway Manager/Clinical Lead as advisory	Report by end March 2022	Julia Deacon	30.03,22		
	MDT Reform:	Improving the effectiveness of cancer MDT's across GM, ensuring streamlined processes / standards of care pathways are in place to make the best use of clinical time and resources.	Pathway Boards	Ongoing		7.04.22 - Need to set new parameters now project had ended
Performance						

	Data sharing strategy across GMOSS as current data not reflective of a true picture for performance	Dec-22	Amit Kumar	30.12.2022		
Personalised care and follow up						
	Sarcoma Treatment Summary	Sarcoma Treatment Summary - revisit usage with board members	Amit Kumar/All Leads	01/10/2021		Delayed due to covid to revisit on 2022
	Sarcoma service patient survey	NCPES survey is not inclusive of sarcoma patients therefore pathway board will work up a survey for trial at MFT	Helen Murray	31/03/2022		07.04.22 - revisit the survey with UI rep as audit was presented at March board and questionnaire too long
	PSFU project ended - awaiting new parameters from SMT re deliverable		Michelle Leach			7.04.22 - new parameters for further PSFU to be outlined
Reducing Inequalities						
	All above programmes are worked on to provide equity across the GM system so our patients receive the same care wherever they live in GM					
Patient Experience/User Involvement						
	Patient representative to attend board meeting and bring issues from the colorectal cancer small community					
Research						
	Encourage research and innovation by improving entry of patients into trials	Quarterly NIHR reports shared	Amit Kumar	Ongoing		
Education						
	Attend Clinical Lead Forums hosted by the GM Cancer Alliance	Attend 80% of all clinical leads	Amit Kumar	Mar-23		
	Clinical Lead to obtain general support from the GM Cancer Alliance	Attend applicable training and support provided by GM cancer	Amit Kumar	Mar-23		

RAG status

On track

Behind but have measures in place to get back on track

Won't complete within timeframe, of concern and requires review

GM Cancer Pathway Board: Hepato-Pancreato-Biliary		Clinical Lead: Thomas Satyadas		Pathway Manager: Claire Goldrick		
Link to NHS Long Term Plan/Planning guidance	Deliverable	Measure - SMART	Responsibility - Named lead	Completed by end of (month/year)	RAG Status and date updated	Comments, required if RAG status is amber/red (mitigation/plans in place etc), and general comments
Prevention	NA					
Earlier Diagnosis						
	Contribute to the development of the national Upper GI faster diagnosis pathway	Attendance at national meetings	TS/CG	Jun-22		GM Cancer have been invited to partake in the development of the national Upper GI (excluding OG) pathway for faster diagnosis, following engagement with PCUK and other colleagues across England.
	Complete baseline review of capacity gaps and agree outcome and process measures for implementation of BTP (GM version)	Baseline review/ Outcomes/ KPIs for BTP	TS/CG	Sep-22		Working with the BI team and other colleagues to identify gaps in the delivery of the 14/28/62 day pathway.
	Audit surgical data: time from MDT to surgery during COVID.	Audit	TS	Mar-22		TS leading audit at MFT on time to surgery during COVID. Identifying issues within the pathway for consideration in BTP implementation.
	Rapid Diagnostic Centre: HPB specific RDC at MFT and NCA	Pathways live. Ongoing audit and review of implementation.	TS/CG RDC: SS/RM	On-going		Support the RDC project team on the implementation of HPB site specific pathways for RDCs at NCA and MFT.
	Radiological reporting for pancreatic cancer: Develop protocol with radiology colleagues to support the rapid identification and referral of pancreatic cancer to the specialist MDT.	Protocol	TS/CG	Sep-22		Development of a protocol to support the BTP in which pancreatic cancer is treated as an emergency finding and sent to the specialist MDT. Engagement with ED/AO/radiology colleagues ongoing.
	NHS England National Liver Surveillance Pilot	Support the pilot roll out across MFT footprint and reporting for cancer alliance planning guidance.	CG/TS/AJ	On-going		Pilot bid was successful, on-going discussions with AJ/CG and ODN to develop feedback mechanism for pathway board and alliance planning guidance.
	Annual review of suspected cancer referral form	Ratify referral form	CGo	Nov-22		
Treatment						
	MDT Reform: streamlining multidisciplinary meetings across agreed cancer pathways in line with national guidance.	Ensure CNS representation from all Trusts at MDT Pilot the patient impact statement Explore proposal for multiple MDTs per week to support BTP	Board: TS/CG MDT: KW/JD	TBC		Awaiting feedback from MDT reform team on any further progress to be made here.
	Comprehensive review of guidelines on website/operational standards	Updated guidelines published.	All	Sep-22		Delayed due to COVID, starting March22.
	Standardising synoptic reporting for pancreatic cancer	Adoption of synoptic reporting across GM for pancreatic cancer	JV/GR	On-going		PCUK/Precision Panc collaboration to adopt synoptic reporting for pancreatic cancer across GM. Pilot at MFT on-going, reporting back to pathway board.
Performance						
	On-going review of performance to national cancer waiting time standards.	Regular feedback through pathway board meetings. HPB dashboard within Tablaeu	CG	On-going		Difficulty getting HPB specific data through Tablaeu, to work with BI team to explore options for dashboard to support work on BTP. Awaiting further development of data, working with BI Team
Personalised care and follow up						

	Transforming Aftercare test site for Pancreatic Cancer at MFT Quality of Life: - Pancreatic - Klatskins	Pathway and protocols agreed Tested at one test site Model for further roll out across GM Inclusion of QOL assessment collection.	TS/Astrid Greenberry	On-going		Awaiting final funding agreement and sign off of plan and timescales by pathway board. Meetings ongoing with the team re follow-up. Next meeting will include a demonstration of InfoFlex Awaiting update from AG, cancer care co-ordinator in post since August 21, sustainability meetings in set-up with Manchester CCG. Post ended, no further funding. Awaiting further development of the personalised care programme before moving forward.
Reducing Inequalities						
	Liver Metastases Pathway	Review uptake of referrals to specialist MDT.	TS/CG	May-22		Liver metastases pathway developed in 2021, implementation and uptake of pathway to be continually reviewed in 2022.
Patient Experience/User Involvement						
Research						
	Ancora MDT pilot	Pilot use of Ancora software within the MDT	TS/CG	Jul-22		Ancora pilot started March 22, utilising CNS and MDT co-ordinator to support. Liaising with RB/LL in innovation programme.
Education						
	AO education package	Develop educational materials for ED/AO colleagues regarding early identification and adoption of BTP	CG	Mar-23		
	Pancreatic Enzyme Replacement Therapy	Primary and Secondary Care educational materials regarding PERT.	CG	Sep-22		Utilise PCUK PERT campaign materials to ensure primary and secondary care colleagues are aware of PERT.
Other						
	Review of board membership and TOR	TOR and membership	CG	Jul-22		Not completed since before COVID, full review required.

RAG status

On track

Behind but have measures in place to get back on track

Won't complete within timeframe, of concern and requires review

GM Cancer Pathway Board: Head and Neck		Clinical Lead: Dr David Thomson		Pathway Manager: Claire Goldrick		
Link to NHS Long Term Plan/Planning guidance	Deliverable	Measure - SMART	Responsibility - Named lead	Completed by end of (month/year)	RAG Status and date updated	Comments, required if RAG status is amber/red (mitigation/plans in place etc), and general comments
Prevention						
	HPV - TBC					
	Support the review of the Oral Cancer Guide	Oral Cancer Guide published	EHS	TBC		Ongoing review, delayed due to COVID.
Earlier Diagnosis						
	Develop an engagement/implementation strategy for the BTP and understand the cross-over/support with: - Review national BTP - Single queue diagnostic service - Rapid Diagnostic Centre - Transforming Aftercare project leads	Engagement Strategy/implementation plan	DT/CG	On-going		Awaiting national BTP. Awaiting H&N dashboard to assist in the capacity/gap review.
	Advice and Guidance	Review pilot A&G service at T&G and confirm next steps	DT/CG/AJ/RM/ST	TBC		
	Annual review of suspected cancer referral form	Ratify referral form	CGo	Nov-22		
Treatment						
	MDT Reform: Thyroid	Develop SOC for 5 thyroid pathways. Reduce thyroid MDT to 1xweekly to adhere to FDS.	MDT Project: Kate Williams Suzanne Lilley H&N: KG/DT/CG	TBC		Awaiting feedback from MDT project on deliverables/dates.
	Treatment summaries ratified by Pathway Board: H&N surgery (ENT & Max-Facs) and H&N oncology.	Treatment Summaries	CG to organise	Jul-22		
Performance						
	Tablaeu dashboard to identify performance against national cancer waiting time standards and H&N BTP metrics.	Dashboard published	DT/CG GM Cancer BI Team	Mar-22		The dashboard will identify gaps and inequalities that will form the basis of the pathway board work for the coming year.
Personalised care and follow up						
	Transforming Aftercare test site for Head and Neck Cancer at Bolton	Pathway and protocols agreed Tested at one test site Model for further roll out across GM	DT/Astrid Greenberry	On-going		
Reducing Inequalities						
Patient Experience/User Involvement						
Research						
	Biobanking TBC					
Education						
	Education: Head and Neck symposium 2022	Delivery of education symposium	DT/CG	Sep-22		
	GatewayC webinar on Head and Neck Cancer	Delivery of webinar	DT/ST	Mar-22		
Other						
	Terms of Reference for Pathway Board	TOR and revised membership list	CG to organise	Jul-22		

RAG status

On track

Behind but have measures in place to get back on track

Won't complete within timeframe, of concern and requires review

GM Cancer Pathway Board: Breast		Clinical Lead: Miss Clare Garnsey		Pathway Manager: Claire Goldrick		
Link to NHS Long Term Plan/Planning guidance	Deliverable	Measure - SMART	Responsibility - Named lead	Completed by end of (month/year)	RAG Status and date updated	Comments, required if RAG status is amber/red (mitigation/plans in place etc), and general comments
Prevention						
	Development of preventative therapy access plan	GM Guideline and provision of education to FH colleagues	CG/CGo/SH	May-23		National RUP programme halted during COVID. The board will work with Family History specialists around GM to understand barriers to increasing the prescribing of preventative chemotherapy such as Tamoxifen and Anastrozole for women at high risk of breast cancer.
Earlier Diagnosis						
	Screening Programme	Continue to build communication channels	CG/CGo	Ongoing		Linking with national and regional screening programme to ensure adequate comms throughout whole screening pathway from screening assessment to treatment and recovery of services following COVID.
	Annual review of suspected cancer referral form	Ratify referral form	CGo	Nov-22		
Treatment						
	Sarcoma Guidelines Update/Ratification	Renewed GM Guidelines	Sarcoma Pathway Board/ Claire Goldrick	Mar-22		
	MDT Reform: streamlining multidisciplinary meetings across agreed cancer pathways in line with national guidance.	Agree and implement SOC Agree and implement standardised referral form	MDT Project: Kate Williams Suzanne Lilley Breast: Kate Williams/A	TBC		Pilot of the MDT standards of care, sharing at April pathway board.
	DIEP Service	Continue to support the re-opening of service	CG/CGo	On-going		Continual communication with plastics team at MFT and clinical leads to ensure equity of access to regional DIEP service.
	Genetic Testing Guidelines	Renew and update guidelines Additional education for CNSs	CGo	Apr-22		Toolkit developed in 2021, update and re-issue guidelines and audit testing done across GM.
	Liver Metastases Pathway	Monitor referrals to specialist MDT	CGo	On-going		
Performance						
	COVID Recovery: Mastalgia pathway	Support implementation of regional mastalgia pathway	CG/CGo	22-23		Full metrics dependant upon decision at PFB Feb-22. To update following outcome To also add radiology work when approved.
Personalised care and follow up						
Reducing Inequalities						
	Secondary Breast Cancer guidelines	Develop regional guidelines for Secondary Breast Cancer	TBC	Mar-23		
Patient Experience/User Involvement						
Research						

	Encourage research and innovation by improving entry of patients into trials - Continue to develop relationship with Manchester Breast Centre and Manchester Clinical Trials Unit, providing a platform for trial promotion	TBC				
Education						
	Primary Care education webinar series	Delivery of 6 webinars	CG/CGo	Mar-22		
	Primary Care educational hub on GM Cancer website	Educational materials, videos, algorithms etc. on GM Cancer website and linked to GatewayC	CGo	Jun-22		Following the educational webinars, the materials and videos used will be uploaded to the GM Cancer website and further plans for utilising the materials will be developed to support improvement of quality and appropriateness of referrals to secondary care. To also include infographic and short videos produced by GatewayC.
Other						

RAG status

On track
Behind but have measures in place to get back on track
Won't complete within timeframe, of concern and requires review

GM Cancer Pathway Board: Skin		Clinical Lead: Stephanie Ogden		Pathway Manager: Kathryn Groom		
Link to NHS Long Term Plan/Planning guidance	Deliverable	Measure - SMART	Responsibility - Named lead	Completed by end of (month/year)	RAG Status and date updated	Comments, required if RAG status is amber/red (mitigation/plans in place etc), and general comments
Prevention						
Skin health promotion	Development of education materials and distribution through educational boards & documents on the GMC website	Resources available and accessed on GMC website and educational boards aware of materials available	Stephanie Ogden	May-22		BAD skin website resources. Target - schools, play groups etc.
Sunbed education	Development/signposting of education materials and distribution through educational boards	Educational resources available to educational boards to utilise	TBC	May-22		February update: emailed Suzanne Lilley with info for school accreditation and best way to link in with schools in GM/educational boards etc. Link in with Paul Lorigan
Sun health promotion in schools	Implement national SKCIN accreditation programme in schools in GM which provides free resources	SKCIN accreditation implemented in schools in GM	Stephanie Ogden	Jun-22		February update: emailed Suzanne Lilley with info for school accreditation and best way to link in with schools in GM/educational boards etc. Link with Sun Awareness week in May 2022
Earlier Diagnosis						
	Re-invigorate One Stop Services	Sites to review pathway and reduce numbers of clinic visits (not necessarily to "one" stop)	Stephanie Ogden	01/07/2022		November update: Salford, Stockport, Oldham doing one-stop areas. MFT piloted with good results, hoping to roll out
	??Set up a centralised one-stop hub - multi-disciplinary team, all patients access in GM same day treatment		Stephanie Ogden	01/12/2022		Training hub to be discussed
	Review and update of suspected skin cancer referral form (HSC205) in collaboration with commissioning and primary care colleagues.	Review of form complete and revised form uploaded to system.	Stephanie Ogden	01/12/2021		Complete
	Implement Dermatoscopes within Primary Care to improve identification of lesions and improve referrals	GPs educated in use of Dermatoscopes reflected in referrals	Stephanie Ogden/Sarah Taylor	01/06/2022		February update: Received funding. Decide programme running. April training. ?Webinar teaching
Treatment						
Workforce	Review and improve workforce shortages within Dermatology and Dermatopathology	Look at upskilling nurses and developing Physician Associate roles	Stephanie Ogden/Suzanne Lilley	Sep-22		February update: Interviewing for PA in March
Performance						
	Regular scrutiny of performance for skin cancer services working with the assigned Cancer Manager.	Regular Pathway Board presentation on performance of this standard with intervention where required.	Sarah Hulme	Ongoing		
Personalised care and follow up						
	Production and ratification of outstanding treatment summaries:					
	<i>Best supportive care treatment summary</i>	Treatment summary produced.				
	<i>Dermatology treatment summary</i>	Treatment summary produced.	S Ogden	completed		in use at NCA shared with board
	<i>Surgical treatment summary</i>	Treatment summary produced.				
	Develop online health and wellbeing toolkit for patients to access from home	Online document to be produced to go on GM Cancer website				January update: spreadsheet collated of health and wellbeing resources patients are referred to from the CNS team

Reducing Inequalities						
	Offering equal access to timely access to appointments on suspected skin cancer pathway	TBC	Steph Ogden			
Patient Experience/User Involvement						
	Establishment of fully functioning Skin Cancer Small Community to contribute to Skin Pathway Boards, subgroups and input into aspects of the pathway	Group of service users meeting regularly to review and inputting into pathway board agenda and aspects as required. Representing views and experiences of people affected by skin cancer	Jane Cronin			November Update: Currently have two service users involved in the Pathway Board. Service User recruitment flyer circulated to pathway board members to recruit patients/carers etc.
	2 trained and supported service user representatives actively participating in the work of the Pathway Board.		Jane Cronin	Ongoing		
Research						
	Research Lead identified for Pathway Board - Paul Lorigan		Paul Lorigan	Ongoing		
	Quarterly feedback of Trials report/Update and engagement of Trusts to partake		Paul Lorigan	Ongoing		
Education						
	Gateway C webinar in relation to dermoscopy education					
	Sun awareness week - May 3rd - 9th campaign - Twitter etc	Skin sun awareness presence on social media for the week of May 3rd	Stephanie Ogden	01/06/2022		February updates: GM Cancer comms team made aware. KG to draft tweets ready for the week with resources of SKCIN website. Pathway board members asked to do short video clip of sun awareness and skin cancer to put on social media
	Education/training for carers	TBC				
	Attend Clinical Lead Forums hosted by the GM Cancer Alliance	TBC	Stephanie Ogden	Ongoing		
Other - Improved and standardisation of care						
	Shared Care Protocols: Improve follow up pathway and formalise this process. Improved links across multiple sites. Agree a protocol on how to share care between different departments		Stephanie Ogden			January Update: scoping exercise performed on current processes and plans to standardise shared care for melanoma follow up to be agreed at next pathway board
	MDT Reform: Improve the effectiveness of skin cancer MDTs across GM, ensuring streamlined processes and standards of care pathways are in place to make the best use of clinical time and resources.		Lynne Jamieson/Steph Ogden			January Update: Lynne Jamieson tweaking draft MDT reform paper and has been circulated for comments ?pilot in area
	Pilot a Physician Associate in skin to inform future workforce models		Stephanie Ogden			Applications for the post at the NCA have closed and interviews planned for within next 1-2 months

RAG status

On track
Behind but have measures in place to get back on track
Won't complete within timeframe, of concern and requires review

GM Cancer Pathway Board: Lung		Clinical Lead: Matt Evison		Pathway Manager: Jane Cronin		
Link to NHS Long Term Plan/Planning guidance	Deliverable	Measure - SMART	Responsibility - Named lead	Completed by end of (month/year)	RAG Status and date updated	Comments, required if RAG status is amber/red (mitigation/plans in place etc), and general comments
Prevention						
	CURE roll out - Bolton/MFT	The CURE project implemented and business as usual within Bolton and MFT	Matt Evison	Dec-22		March update: On track
	CURE outpatient pilot in lung cancer services		Matt Evison	Dec-22		March update: Proposal put forward to GM Cancer - update required
Earlier Diagnosis						
	Implementing Early Diagnosis Strategy	Early Diagnosis Strategy completed	Matt Evison	Jul-22		February update: Strategy circulated to pathway board. To be discussed at March Pathway Board March update: lung improvement group to be set up to implement strategy
	EBUS evaluation complete	EBUS evaluation completed and circulated to Pathway Board for potential GM roll out	Lisa Galligan-Dawson	Mar-22		December 2021 update: Evaluation to be signed off by task and finish group prior to circulating to Pathway Board
	Development of single queue - PET - direct telephone booking - EBUS - CT guided biopsy		Matt Evison	Nov-22		March update: EBUS single Q evaluation presented. Will form part of the lung improvement group work. Work with Channel 3 to design a specification.
	Launch of a GM wide audit of the regional NSCLC reflex testing protocol	Understand the adherence to the reflex testing protocol to ensure efficient pathways and availability of all systemic agents.	Matt Evison	Jul-22		For discussion at the March Pathway Board March update: on course
	Implement Direct CXR pilot in GM	Implementation of the direct CXR pilot in GM	Isaac Allan	Jul-22		Joint working group and task & finish group set up Operating model being worked up March Update: Operational Model complete and SOP's being worked up with Communications Strategy to be presented 06/04/22 for pilot launch June 22
	Approve a 'GM Emergency Pathways in Lung Cancer' protocol to assess rapid diagnostics and treatment in emergency scenarios.	TBC	Matt Evison	TBC		March update: Completed and rolled out.
	Ongoing roll-out / development of a GM Lung Health Check Programme.		Matt Evison	TBC		March update: Work progressing with GM Lung Health Check Board
	Telephone booking of PET CT					March update: Live in 3 out of 4 sectors

Treatment						
	MDT Reform: Improve the effectiveness of lung cancer MDTs across GM, ensuring streamlined processes and standards of care pathways are in place to make the best use of clinical time and resources.		Nas Rehan	Mar-22		February update: MDT referral form in development, trialling patient impact statement in Macclesfield, showcasing at GM MDT summit on 30/03/2022
	Evaluation of Prehabilitation with surgical and non-surgical (with curative intent) lung cancer patients		Matt Evison	Mar-23		Surgical evaluation on track and external evaluation is complete and published.
	Launch of joint clinic , evaluation of implementation and service evaluation	Launch of joint clinic	Sarah Lyons/Lisa Galligan-Dawson	May-22		December 2021 update: Due to launch in March, awaiting build at Wythenshawe February 2022 update: One stop lung cancer clinic overview document circulated ahead of Pathway Board in March. Launch event for clinicians to attend to be held in March. March update: Oncology recruitment underway - expect roll out May 22
Performance						
	GIRFT Lung Programme: Participation in national assessment undertaken by National Lung Cancer Team focusing on investment in lung cancer services, with the likelihood of an opportunity to influence change. This will include the collation of a suite of local recommendations and subsequent actions, creating an overall regional view and response for GM. The theme of the national report is the investment in lung cancer services, with the likelihood of an opportunity to influence change.					March update: Tableau dashboard to show GIRFT performance data developed. GIRFT Action Plan developed and presented at Cancer Board with agreement to implement - Complete
Personalised care and follow up						
	Production and ratification of outstanding treatment summaries: surgical treatment summary					
	Design and implementation of stratified follow-up pathway at two test sites of MFT & Pennine, and looking at the wider issue of handover from a treating trust to a trust where the follow-up happens, using InfoFlex to make this process safer.					July 2021 update: Test site identified that is a) looking at personalised stratified follow-up for lung and also b) looking at the wider issue of handover from a treating trust to a trust where the follow-up happens (MFT and Pennine) and using InfoFlex to make this process safer. In terms of timeline, this is to develop and test a model for further roll out by March 2022. Cancer Care Coordinator post is out to advert and implementation of InfoFlex is part of the wider discussions/work ongoing at NCA and MFT. Astrid to present at September Pathway Board. February update: Astrid to present to Pathway Board in March December update: Progressing - put on agenda for PB in March 2022 March update: To be trialled in NES.
Reducing Inequalities						

	Lung Health Checks & Single Q Work underway to address health inequalities in certain demographics and reduce variance.					
Patient Experience/User Involvement						
	Launch of Safe-7 Patient Experience Survey		Matt Evison			March update: Launched in January and results due
Research						
Education						
	Re-launch Annual Lung Cancer Educational Event					Deliverable reviewed and agreed at Clinical Lead Review held on 1st December 2021. March update: Education Day date to be set for Q4 2022.
	Attend Clinical Lead Forums hosted by the GM Cancer Alliance	TBC	Matt Evison	Ongoing		
	Clinical Lead to obtain general support, if required, from the GM Cancer Alliance	Refer to the general support offer from the GM Cancer Alliance, as highlighted on the Clinical Lead Review letter.	Matt Evison	Ongoing		

RAG status

On track
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GM Cancer Pathway Board: Urology		Clinical Lead: Satish Maddineni		Pathway Manager: Kathryn Groom		
Link to NHS Long Term Plan/Planning guidance	Deliverable	Measure - SMART	Responsibility - Named lead	Completed by end of (month/year)	RAG Status and date updated	Comments, required if RAG status is amber/red (mitigation/plans in place etc), and general comments
Prevention						
	BAME Targeted Prevention Awareness Campaign - Develop and launch a targeted 6 month radio campaign to raise awareness of the signs and symptoms of prostate cancer in BAME communities and how to access care, in collaboration with voluntary sector partners, CAHN & Can-Survive UK.	Development and launch of campaign.	Satish Maddineni Responsibility - Sot Tolofari	31/03/2022		February 2022 update: Task and finish group developed with Urology colleagues. Meetings held with key stakeholders - GMVCO, Answer Cancer, Can-Survive Data being reviewed for GM level Meeting with CAHN arranged AP arranging interviews with service users to use on social media Requested development of infographic and logo for project. Phase 1 - focus on black men. Phase 2 - look into targetting other ethnicities
Earlier Diagnosis						
	2021 review and update of suspected urological cancer referral form in collaboration with commissioning and primary care colleagues.	Review of form complete and revised form uploaded to system.	Satish Maddineni Responsibility - Becky Martin (now Davies)	31/03/2022		February update: Form complete EGFR has been removed from the form. Audit taking place to see the effect this may have.
	Prostate Best-timed Pathway Project: Ongoing performance monitoring against the NHS England 28 day faster diagnosis standard for urological malignancies (and prostate).	Regular Pathway Board presentation on performance of this standard with intervention where required.	Satish Maddineni Responsibility Nicola Remington	31/03/2022		
Treatment						
	TULA adoption across GM – will aid GM recovery (short-term & long-term)		Satish Maddineni Alex Hoyle			February update: Funding obtained and lasers bought for Bolton, MFT, Oldham, Tameside. Presentation at March pathway board around how to implement, vision for GM and KPIs
	Review TCC pathways	TBC	TBC	TBC	TBC	
Performance						
	Cancer performance - Regular scrutiny of performance for urological cancer services working with the assigned Cancer Manager.	Regular Pathway Board presentation on performance of this standard with intervention where required.	Satish Maddineni Responsibility Liez Parker-Fletcher	Ongoing		February Update: Liez Parker-Fletcher presented figures. Able to break down by sub-specialty. GM Cancer Alliance comparison with other alliances has been requested from GM BI team
	Initiatives for outcome reviews – robust outcome audits (pathway / performance etc.) – GM/ ICS level support.	TBC	TBC	TBC		Support at GM level?

	Improved operational oversight – needs robust operational input – GM/ICS level.	TBC	TBC	TBC		
Personalised care and follow up						
	Stratified Follow-Up - Development of stratified follow-up model of care in Urology patients for GM, learning from other Transformation Funded approaches such as the breast pathway.	Model of care developed and operationalised in urology.	Satish Maddineni Responsibility Astrid Greenberry	31/03/2022		February 2022 update: Prostate work ongoing. Renal come back to present when there is an update. Bladder presented at last meeting and approved pilot in SE sector - data to be presented at end of year.
	Late Effects From Radiotherapy Treatment - Sign post patients to the right person, first time, using our own GM information leaflet/platform. This could be distributed as part of HNA/treatment summary.	Patient sign posting guidance/protocol developed and launched across the region.	Satish Maddineni Responsibility Hannah Leather / NW CNS Group	31/03/2022		May 2021 update: NW CNS Group to begin to look at this at 17th June network meeting.
	Risk stratification for suspected Prostate Cancer patients and those on active surveillance and follow up. May assist with Radiology reporting/QI/stratifying high risk patients across GMECMC where mpMRI reporting is performed by the urologists.		Satish Maddineni Responsibility Ryan Pathak	31/03/2022		May 2021 update: This is a small pilot for now - no costs for pilot. Digital platform and no formal programme. This is an "on loan" trial to demonstrate the purpose. Findings to be shared with the Uroradiology Group and the Urology Pathway Board late 2021, next steps to be discussed in light of results and the AI prostate landscape then. Voluntarily lead by Ryan Pathak
	Scoping of GM wide Health and Wellbeing events suitable for urology patients and their carers.	Produce scoping document containing details of health & wellbeing events for urology patients and their carers.	Satish Maddineni	TBC		May 2021 update: Events in 2020/early 2021 were cancelled due to COVID. Map into Personalised care programme.
Reducing Inequalities						
	Focus on work that reduces inequalities experienced by patients with cancer		Satish Maddineni	31/03/2022		
Patient Experience/User Involvement						
	2 trained and supported service user representatives actively participating in the work of the Pathway Board. Active Prostate Small Community in operation incorporating views and experiences of 9 people affected by prostate cancer.		Satish Maddineni Responsibility Jane Cronin / Sinead Collins	31/03/2022		May 2021 update: Bladder rep outstanding. RA approached NW urostomy group 10 May 2021.

	PABC involvement: - late effects focusing on radiotherapy workstream (TBC) - BTIPP - Mike Thorpe - Development of Bone Profile - Graham - Implementation of PSA Remote Testing Pilot in Bolton - Mike Thorpe		Satish Maddineni Responsibility Jane Cronin / Sinead Collins	31/03/2022		May 2021 update: Further opportunities for PABC co-production/involved to be identified over the coming months.
Research						
	Research Lead identified for Pathway Board - Andrew Hudson		Satish Maddineni Responsibility Andrew Hudson	Ongoing		
	Quarterly feedback of Trials report/Update and engagement of Trusts to partake		Satish Maddineni Responsibility Andrew Hudson	Ongoing		
	Update of Urology Trials link - update on trials which are open and closed		Satish Maddineni Responsibility Andrew Hudson	Ongoing		
Education						
	Launch of Cancer Academy with urology pilot phase - scoping the GM urology workforce, existing training & education, and competency frameworks to develop a training needs analysis across all care settings (primary, secondary, community and social care).	Development of Cancer Academy in Urology	Satish Maddineni Responsibility Sue Todd	31/03/2022		GM Cancer Academy – ensure sustainability / establish role / expand specialities - Deliverable reviewed and agreed at Clinical Lead Review held on 7th October 2021.
	Delivery of Gateway C Webinars involving a question and answer session between a GP lead and specialists. Content to include: common pitfalls in diagnosing prostate cancer; role of PSA as a screening test; impact of COVID; pathway in GM	Delivery of Gateway C education sessions	Satish Maddineni Responsibility Sarah Taylor / Jeremy Oates / Sot	01/06/2021		
	Attend Clinical Lead Forums hosted by the GM Cancer Alliance	TBC	Satish Maddineni	Dec-22		As described on the Clinical Lead Review letter, dated 12th October 2021.
	Clinical Lead to obtain general support, if required, from the GM Cancer Alliance	Refer to the general support offer from the GM Cancer Alliance, as highlighted on the Clinical Lead Review letter.	Satish Maddineni	Dec-22		As described on the Clinical Lead Review letter, dated 12th October 2021.
Other - Improved and standardisation of care						

	Development of Bone Profile policy (Greater Manchester Prostate Cancer Bone Preservation Pathway) - Development of a Bone Profile Management Policy for prostate encompassing primary and secondary care, aligned with the recent updated NICE guidance on the treatment of prostate cancer with hormone therapy and the protection of bone health	Policy developed with guidance to inform commissioners.	Satish Maddineni Responsibility Amar Mohee	31/03/2022		December 2021 update: Bone profile signed off and circulated to cancer managers to implement
	MDT Reform - Improve, streamline and standardise approach to MDTs in urological cancer services. Urology planned for Wave 2 with Task & Finish Group due to convene late summer.		Satish Maddineni Responsibility Suzanne Lilley	31/03/2022		February 2022 update: Initial meetings held. Patient impact statements being trialled. Meeting to be held with Satish and JD re: previous MDT reform work to showcase at summit
	Pilot a Physician Associate preceptorship in urology to inform future workforce models	Pilot launched.	Satish Maddineni Responsibility Suzanne Lilley / Jess Docksey	30/09/2022		May 2021 update: Project funding extended to September 2021. Project findings to be presented at GM Workforce Summit & GM Cancer Virtual Cancer week. Evaluation to be presented to Pathway Board in July.
	Review of Active Surveillance protocol taking into account MR scanning up front, risk stratification and the Cambridge Group's prognostic risk factorisation.	Complete review and publish.	Satish Maddineni Responsibility Jeremy Oates	31/03/2022		May 2021 update: Protocol finalised and disseminated to Trust Leads and Pathway Board. Also uploaded to GM Cancer website.
	Implementation of PSA Remote Testing Pilot in Bolton with plans for a pan-GM approach once proof of concept established.	Implementation of Pilot.	Satish Maddineni Responsibility Jamie Osborne	31/03/2022		February 2021 update: A couple of remote clinics have been held to test the remote testing kits which have been successful and has had positive feedback from patients with patients being able to take appropriate samples. Home testing kits were sent to volunteers throughout Bolton to complete at home and sent back to the lab for testing. . The initial proof of concept has been successful There has been an extra £50,000 agreed to expand the project which has ethical approval to join the Northern Care Alliance for further patient recruitment.
	Initiate further blended roles (AHPs, SCPs, PAs, CNS) to facilitate workforce expansion	TBC	TBC	TBC	TBC	Cancer academy ANP funded courses - approached teams

RAG status

On track
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GM Cancer Pathway Board: Children		Clinical Lead: Bernadette Brennan		Pathway Manager: Kathryn Groom		
Link to NHS Long Term Plan/Planning guidance	Deliverable	Measure - SMART	Responsibility - Named lead	Completed by end of (month/year)	RAG Status and date updated	Comments, required if RAG status is amber/red (mitigation/plans in place etc), and general comments
Prevention						
Earlier Diagnosis						
	Provide opportunity to improve GP education around early diagnosis of children's cancer.	Deliver Education to Greater Manchester GP's - 29th April. Gateway C - presenting on what to do with patient.	Bernadette Brennan	31/03/2022		Cancelled due to COVID. To be rescheduled
	Establish GM process for suspected children's cancer referral pathway and subsequently audit to assess whether the process for suspected cancer is effective.		Bernadette Brennan	31/03/2022		Early indications that this is working. Latest figures: 218 HSC patients seen from 1/1/20 to 31/12/20. Numbers rejected due to being out of area not recorded, but happening around 5 times a month maximum (mainly from Salford). Since new pathway introduced and shared, situation much improved within GM – 2WW refs now sent to local paediatric service (eg Stockport or Wythenshawe). Exception = Salford – not keen on taking HSC refs. Maggie Steggall from RMCH picking this up with Salford paediatric leads. HH liaising with cancer manager (admin) re patients who have come to RMCH when they could have gone to SRFT. As per Clinical Lead Review in November 2021 - Review the 2 week wait referral form/ process so it is fit for purpose
Treatment						
	Scope feasibility for ambulatory chemotherapy within RMCH.	Pilot to support proton service - IV in a backpack by Mar 2021 On the wards, work to support parents to manage by Dec 2022 Aiming towards delivering Chemo at home 20-23.	Bernadette Brennan	31/03/2022		RMCH now has necessary documentation. Aim is to set pilot up – need to liaise with Ronald McDonald House. Issue with pump model (MFT). Pumps could be ordered for unit using charity fund. Issue to be revisited by chemo group. As discussed at Clinical Lead review in Nov 2021 - Ambulatory chemotherapy / home chemo to be a focus.
	Genomics in Paediatric Cancer		Bernadette Brennan	31/03/2022		All paediatric patients are offered whole genome sequencing. Is there anything more specific here? - high not clear that this has started yet - can you ask ? BB As discussed at Clinical Lead review in Nov 2021 - PWB to increase the number of samples collected for genomic analysis
	PEG GCSF -	Work with pharmacy to move from daily injection x10, to deliver one dose. Since covid, to reduce footfall, this was implemented and now as standard.	Bernadette Brennan	31/03/2022		Complete - change in practice due to COVID
	Recruitment of children into clinical trials	Increase the number of patients who have relapsed to be entered into phase I/II studies. Ascertain baseline	Bernadette Brennan	31/03/2022		There continues to be an increase in numbers recruited and opening of new studies - minimal impact from covid As per Clinical Lead Review in November - Focus on local roll out of national patient experience survey
Performance						
Personalised care and follow up						
	Boost the contribution of service users to the Pathway Board workstreams.	Reinstate parents group for parent support and user group to assess the service in real time and feed their comments to pathway board. Use National survey to identify service development needs	Bernadette Brennan/Sinead Collins	31/03/2022		No recent progress, but TK has likely candidate at ELHT. BB to email POSCU leads, RMCH consultant team and Macmillan team requesting nominations of parents. Need several parents to share 'load' but virtual meetings now make role less burdensome As per Clinical Lead Review in November 2021 - POSCU to be developed.
	Special Educational Needs assessment for children with cancer.	Scope the educational requirements for SEN. Understand responsibility of health care professionals and scope to influence.	Kathryn Groom	31/03/2022		Email sent to Dame Barbara - closed. -COMPLETE BB Paediatric Oncology Nurses have been the key people supporting returning children back to the classroom and likewise in the TYA service and Proton service, specialist nurses, youth workers and social workers ensure there is

	Patient experience surveys	Annual patient experience survey developed in house. Results shared with Pathway Board.	Bernadette Brennan	31/03/2022		In progress - Blackburn POSCU survey (just going live) now has barcode access, making collection and collation of responses much easier. TK to circulate survey to the other POSCU leads who could adapt for their hospitals, but to send to HH and BB first. National patient experience pilot started and will be our standard
	Health Needs Assessment and Treatment summaries	Children seen and medical needs assessed in Late effects clinic. Contact Andrew Stephenson to understand how holistic needs assessments and treatment summaries are done and identify if any gaps.		31/03/2022		this will be covered in new Childre/TYA cancer specifications awaiting publication rather than adult standards. Mainly covered by treatment summary and late effects proforma and summary. Small additional work to add other holistic needs by CNS once we get final specification
	Paediatric palliative and end of life care provision (650 patients (NW patch))	Attend SCN Paediatric Palliative care workshop to understand if any impact of Derian House affects paediatric oncology palliative care services and scope if linking into wider SCN work can provide support and gaps in paediatric oncology palliative services.		31/03/2022		The main provision of the service is by our keyworkers - oncology specialist nurses who co ordinate the service for the children in the community and at home/hospice (Derian house - provided a home service. Francis house doesn't Star light tea - mon - fri service only).
Reducing Inequalities						
Patient Experience/User Involvement						
Research						
	Increase the research offer where possible	TBC	TBC	TBC	TBC	TBC
Education						
	Engage in primary care education	TBC	TBC	TBC	TBC	TBC

RAG status

On track
Behind but have measures in place to get back on track
Won't complete within timeframe, of concern and requires review

GM Cancer Pathway Board: TYA		Clinical Lead: David Wright		Pathway Manager: Kathryn Groom		
Link to NHS Long Term Plan/Planning guidance	Deliverable	Measure - SMART	Responsibility - Named lead	Completed by end of (month/year)	RAG Status and date updated	Comments, required if RAG status is amber/red (mitigation/plans in place etc), and general comments
Prevention						
Earlier Diagnosis						
Treatment						
Performance						
	IAM portal data reporting to the Pathway Board	Ongoing data review and reporting of the IAM portal data in the Pathway Board	David Wright	Ongoing		January 2022 update: Initial IAM portal data presented at Pathway Board
Personalised care and follow up						
	IAM portal to be implemented at the Christie	Successful implementation of the portal.	Dave Wright Jennifer Cheshire / Hanna Simpson	31/03/2022		November 2021 update: The IAM portal is now being fully used including the dashboard being used for MDTs. The portal also enables data to be pulled including NHS reporting data.
	Clarify approach to issuing of TYA treatment summary	Clear and consistent approach to TYA Treatment Summary agreed and communicated to all stakeholders.	Dave Wright	31/03/2022		May 2021 update: DW confirmed at May 2021 Board that the approach is to use the treatment summaries produced by disease specific groups which will be tailored to meet the needs of young people i.e. considering wider issues/concerns such as fertility. Note: once a month there is an End of Treatment MDT for TYA Christie patients. It may be opened up to wider Trusts once the meeting is proven effective and is functioning appropriately but is still in its infancy. Nov 2021 - DW to Further support the development of end of treatment discussions and use of end of treatment summaries
Reducing Inequalities						
Patient Experience/User Involvement						
	Embed and embrace service user involvement in Pathway Board.		Dave Wright Lorraine Wright	31/03/2022		November 2021 update: Young Voices Network established early 2018. YVN representatives attend and contribute to each Pathway Board meeting.
	Complete series of audits/surveys to capture the experiences of young people with cancer in order to implement service improvement plans.	Design and implement service audits (fertility, mental health and general TYA patient experience service).	Dave Wright	31/03/2022		November 2021 update: Fertility questionnaire completed to gain insight into the experiences of TYA service users, results completed. Mental Health survey collated but not progressed.
Research						
	Improve and maintain access to clinical trials for young adults.	Access to clinical trials for young adults is improved based on the metrics provided by system described below.	Dave Wright Martin McCabe / Anna Castleton	31/03/2022		May 2021 update: This is to remain as an ongoing scheme of work. There is now an NIHR funded post at the Christie for TYA research from 2019.

	Ensure that there is an accurate record of TYA patients on trials, and an accurate record of the number offered a trial.	System for recording TYA patients on trials established (<i>actioned pre 2021</i>). Metric for number of patients offered a trial to be established.	Dave Wright Hanna Simpson	31/03/2022		May 2021 update: Data of those on clinical trials is collected at The Christie through the MDT discussion. The number of patients offered a trial needs to be captured.
Education						
	Host TYA Study Day on 14th October 2021	TYA focused Study Day to take place in 2021.	Dave Wright Hanna Simpson	31/03/2022		
	Attend Clinical Lead Forums hosted by the GM Cancer Alliance		David Wright	Ongoing		
	Clinical Lead to obtain general support from the GM Cancer Alliance		David Wright	Ongoing		
Other - Improved and standardisation of care						
	Progression of TYA Psychologist Business Case for recruitment of TYA Psychologist.	Successful appointment of TYA Psychologist at The Christie.	Dave Wright Anna Castleton	31/03/2022		November 2021 update - Business case approved for 2 Psychologists to work within the TYA service. To commence in the New Year. Purely for the Christie on a 3 year funded post.
	Improve Board & YVN engagement from the North West region.	Improve Board engagement from the North West region and engagement in the Young Voices Network rather than engagement from GM colleagues alone.	Dave Wright	31/03/2022		November 2021 update: YVN creating videos to recruit more young people the YVN
	Develop service improvement plans from findings of audits and progress implementation of these improvements (fertility, mental health & general TYA service).	Develop improvement plan from findings of service audits and progress implementation of these improvements by March 2022.	Dave Wright	31/03/2022		November 2021 update: Fertility audit complete. Mental health and general TYA Survey not yet disseminated.
	Engage with hard to reach communities through treatment.	Scope out what young people who are in custody need, and how we can work collaboratively with the prison system when young people are going through cancer by March 2022.	Dave Wright Charlene Jones/ Lorraine Wright	31/03/2022		November 2021 update: Progress has stalled. Positive initial discussions but lack of engagement to take things forward. Reviewing lead for this project
Other - Commissioning, provision and accountability						
	Implementation of the ODN/NHS England TYA Service Specification	Implement the ODN/ NHS England TYA Service Specification once it is published.	Dave Wright / Anna Castleton	Dave Wright / Anna Castleton		May 2021 update: Preliminary discussions between The Christie and The Clatterbridge have taken place with a further meeting scheduled for May 2021. There needs to be some discussion within that around existence of TYA Pathway Board and how that would operate in conjunction with the ODN.

RAG status

On track

Behind but have measures in place to get back on track

Won't complete within timeframe, of concern and requires review

GM Cancer Pathway Board: OG Pathway Board		Clinical Lead: Javed Sultan		Pathway Manager: Allison Payne		
Link to NHS Long Term Plan/Planning guidance	Deliverable	Measure - SMART	Responsibility - Named lead	Completed by end of (month/year)	RAG Status and date updated	Comments, required if RAG status is amber/red (mitigation/plans in place etc), and general comments
Prevention						
Public awareness	Campaign event raise awareness of OG Cancer to improve the recognition of symptoms	Deliver OG cancer awareness campaign in conjunction with GM Cancer Media team Note OG Cancer awareness month is February	OG Pathway Board Manager	ongoing		Delayed from previous years due to C19 & focus on BTP OG. Discussions ongoing with clinical lead and GM communications as to what this would look like 30/03 requirement to develop proposal to
Charity organisation development	Scope and deliver a charitable organisation across the GM footprint to support OG awareness and patient support	Charity organisation is in place	Javed Sultan	ongoing		Early scoping completed by Clinical Lead awaiting commencement of set up
Upper GI 2WW referral form	Engage with GM Cancer Primary Care colleagues annual review of the Upper GI referral form	1. Pathway Board agenda for Sept 2. review comments and feedback 3. Ratify form in November / December Pathway Board	OG Pathway Board Manager All	Dec-22		Work to review form for 2021 completed and feedback provided to GM Commissioning Lead. On target for 2022
Primary Care awareness for Cytosponge	Work with 3 Trusts delivering Cytosponge to inform Primary care partners of the intervention and enable effective referrals	1. Develop communication for GPs to understand and engage with the Cytosponge procedure	OG Pathway Board Manager	Nov-22		2022/23 Funding confirmed for Cytosponge Agreed to include Cytosponge awareness in April PCN newsletter and follow up with primary care representation in the catchment areas for the 3 hospitals providing the procedure ROH, SRFT and WWL. Requirement to develop an engagement strategy
Earlier Diagnosis						
Cytosponge Pilot Ongoing delivery. Patients are reviewed earlier for routine referrals where appropriate which releases time for endoscopy to deliver more diagnostics enabling earlier diagnosis and treatment options	NHSE/I initiated pilot for alternative to OGD for reflux patients awaiting endoscopy as part of Covid recovery plan. 3 trusts implementing in FY 21/22 (PAT, SRFT & WWL) with monies allocated from NHSE/I. Pilot will continue to 2022/23 awaiting confirmation of funding structure	1. Pilot delivering in 3 Trusts SRFT, WWL and PAHT. 2. Completion of Target numbers of Interventions as agreed with NHSE/I 3. Pilot continuation agreed with NHSE/I for 2022/23 4. Evaluation of pilot completed by IVIQA pilot delivery partner and outcomes reviewed and recommendations implemented	James Britton SRFT Harika Yalamanchili WWL Balakrishnan Shanmugasundaram PAHT	Monthly reporting		Cytosponge delivery in 3 Trusts. Implementation numbers of 380 for 2021/22 agreed and funded by NHSE/I. Monthly data submission uploaded to NHS Future Platform centrally to NHSE/I and monitored. Evaluation commenced with NHSE/I delivery partner IVIQA which includes provision of a Data Sharing agreement. 2022/23 Figures under discussion with NHSE/I for Reflux and Barrett's patients circa 500- 600. All Trusts ramping up capability and rung fencing clinic capacity for Cytosponge and training more nurses to complete the procedure.
OG BTP Faster Diagnostic Pathway	OG BTP Project PID agreed in Nov-20 and funded to March 2022. Focus for Q4 2021/22 is to deliver evaluation of progress to date and support sustainability in Provider organisations	1. Data evaluation ongoing referencing OG BTP key dates including First seen target of 7 days and FDS at 14 and 28 days. 2. Utilisation of Pathway Board Tableau Dashboard CWT data. 3. Sustained resource to deliver OG BTP process flows	OG BTP Project Manager to May 2022 Provider organisation Cancer Managers	May-22		Progress has been challenging to recruit resource and process has not been implemented in some Trusts for sufficient time to fully evaluate results. Ongoing work in 2022/23 to embed OG BTP and process improvements. CCG Colleagues have agreed to provide additional funding for the OG bTP in 2022/23 which will enable ongoing delivery of the requirements and adequate time to evaluate.

Upper GI urgent referral - standardised process flow and triage proforma	OG BTP project aim to agree a standardised OG suspected cancer referral triage process across all GM trusts (BTP)	1. Process Flow agreed for management of Urgent Upper GI referrals. 2. Standardised GM telephone triage proforma for use in Trusts developed 3. Training for roles to support effective implementation.	OG BTP Project Manager to May 2022 Provider organisation UGI Managers	Apr-22		Initial meeting held in December. Process flow and triage proforma produced and circulated for comment. 24/03 Process has been documented and agreed and will be delivered subject to some local variation.
Engage with RDC Programme and Rollout	RDCs: OG suspected cancer referrals to be included in RDC programme (either via non-site specific pathways or site specific pathways).	1. Implementation completed for all Providers for the non site specific RDC pathway.	Sue Sykes	Mar-22		MFT implemented RDC pathway for OG in June 2021. NCA RDC team receive patients referred on OG pathway who are identified as having vague symptoms. Further roll out of RDCs across the 4 remaining localities is on track – with the aim of having a NSS RDC at Wigan, Tameside and Stockport by 31/3/22. Possible delays for Bolton FT. 2022/23 work plan activities to be identified
Radiology Capacity challenges at SRFT	Increase radiology capacity at SRFT to support sMDT and OG cancer service delivery. SRFT to resolve	Internal SRFT business case is being produced to support a dedicated 6/7 person team for GM cancer patients including one additional PET radiologist	Javed Sultan	ongoing		Business case is under development however Covid pressures and end of financial year mean progress is slower than anticipated. Will be monitored by OG Pathway Board
CT diagnostics delivery	Identify cause of delays in completing CT scans and reporting, utilising increased profile within central MDT to improve position. 2022/23 CQUIN for OG BTP includes delivery of CT scan within 24 Hours	1. CT scan 24hr target turn around from OGD where indicated monitored as part of OG BTP delivery. 2. Monitor CQUIN achievement 3. Develop action plan with Providers to support quicker CT turnaround	Maria Chiphang	to be agreed		24/01 Process mapping of OG BTP to identify delay points in the process flow for BTP and identify points of delay is ongoing with Pathway Navigators and CNS. Amber as noted that majority of Providers would not achieve this target currently
PET diagnostics delivery	Identify cause of delays in completing PET scans and reporting, utilising increased profile within central MDT to improve position. Engage with GM Cancer Diagnostics Programme for streamlining PET appointment making process when prioritised	1. PET request process flow documented and delay reasons identified 2. OG PET requesting prioritised by GM Cancer Diagnostics Programme	Maria Chiphang	to be agreed		24/01 PET requesting is being reviewed at GM level through Diagnostics programme to facilitate central booking. Current focus is on lung pathway delivery with OG waiting to be planned in Potential of dual pathway for PET scan requesting being discussed at MDT Amber due to existing challenges
Treatment						

Her-2 and MSI testing embedded to enable appropriate treatment options to commence	Pathology identify and ensure HER 2 reporting and training is completed across GM including confirming requirements from pathology as an output of MDT. Ensure Her-2 testing is completed for all diagnosed cancer patients to enable timely treatment decision making.	1. Testing and reporting embedded in pathology process 2. All providers are routinely requesting Her-2 testing for all cancer reflex patients. 3. Testing results are available in MDT for Medical Oncologist treatment decision making and commencement	Stephen Hayes / Javed Sultan	Dec-22		Pathology Training for HER2 testing completed at SRFT and embedded in practice. Her-2 letter sent by Clinical lead in December as an action from OG Pathway Board confirming Her-2 testing must be carried out on appropriate patients and that funding was included in provider block contracts. Practice embedded and tests are being routinely requested. Monitor through Q4
PDL1 - CPS biomarker testing to enable appropriate treatment options to commence	PDL1 - CPS bio marker testing embedded for all reflex cancer patients with funding identified and method of delivery in place from Apr 2022	1) Review of existing SLA with UHB for Jan - Mch 2022 2) Produce options appraisal for ongoing delivery and provider funded testing from Apr 2022 3) SLA extended 4) Further options explored as identified	Allison Payne Stephen Hayes Was Mansoor	Ongoing		24/01 Existing external SLA with UHB funded by GM Cancer for testing to Mach 2022. Options appraisal paper produced including unit costs and fair share funding allocation for Providers. Likely to be a deliverable over 2 years with year one to extend external SLA and year 2 to scope delivery in house solution
Molecular testing Hierarchy	Increasing requirement for molecular testing of UGI tissue means there is a requirement for a clear hierarchy or matrix to ensure that tissue use is coordinated, timely and future proofed across GM	1. Matrix to include Her-2, MSI and PDL1 CPS requirements 2. Ratified by OG Pathway Board 3. Disseminated and in use	Was Mansoor	Jun-22		24/01 Requirement has been identified as part of PDL1 development and being managed
MDT Reform	Previous Task and Finish sMDT group: MDT reform including centralisation of MDT meetings and introducing standards of care for uncomplicated referrals to protocolise MDT. Ongoing development of the sMDT structure and engagement with GM Cancer MDT reform programme	1. sMDT operational at SRFT 2. Review structure and process and develop action plan for improvement as identified 4. Representatives attend MDT reform event in March 3. Engage with MDT reform audit tool and implement actions identified	Javed Sultan	Ongoing		24/01 Centralised sMDT commenced with all necessary MDT members in attendance. Standards of care to be developed as part of the cancer pathway development. 08/03 MDT QI Event held to "temperature check" current MDT and document baseline for delivery of MDT reform. Recognised that current MDT structure has a number of challenges and will require a task and finish group to support development. GM MDT Reform Summit on the 30th March - output will support next steps.
New Service pathway development	Clinical Oncology pathway development for the delivery of Urgent Palliative Radiotherapy for Upper GI cancer bleeding at The Christie at SRH	1. Develop pathway proposal with benefits to patient and service 2. Produce workflow including patient considerations and criteria for delivery of the service 3. Organisational approval achieved via OG Pathway Board and Providers 4. Service provided 5. First patients treated.	Hamid Sheikh	Oct-22		24/01 new requirement identified by Pathway Board attendees to be developed over 22/23 pathway at christie at Salford for expedited palliative radiotherapy for UGI cancer bleed patients.

New Service pathway development	Delivery of new unimodal radical radiotherapy treatment within The Christie located at Salford Royal Hospital	1. Develop pathway proposal with benefits to patient and service 2. Produce workflow including patient considerations and criteria for delivery of the service 3. Organisational approval achieved via OG Pathway Board and Providers 4. Service provided 5. First patients treated.	Hamid Sheikh	Oct-22		Requirement is to deliver a unimodal radical radiotherapy service at The Christie at SRH This is for patients deemed suitable for radical radiotherapy over 16-20 daily fractions (3-4 weeks) without use of concurrent chemo-RT, to be offered treatment at the christie at Salford Proposal has been presented to key decision makers and now needs formalising for approval
Specialist Dietetic Service for OG Patients	OG BTP introduced Specialist OG dietetics provision to provide assessment and optimisation for all OG cancer patients. Noted that BTP first 28 days is beneficial but from Mch 22 when project funding ends, there is a need to look at the wider pathway including clinical oncology who have no dietetic input, support for surgical patients and smooth transition to community teams for ongoing care.	1. OG specialist dietetic resource in post for 21/22 to deliver within assessment clinics 2. OG BTP Evaluation to be completed to demonstrate value added from dietetic input at an earlier stage in the pathway. 3. Secure dietetic resource from Apr 2022 through Provider funding 3. Develop holistic dietetic service with all Provider Partners and deliver business case(s) for provision	Kellie Owen	Aug-22		24/01 OG BTP delivery highlighted benefits of assessment clinic including dietetic support for patients. Take up has been mixed across Providers however evidence from some is clear RAG amber as unclear if dietetic resource will be secured from Apr 2022 or what that will look like. Requirement to develop a service that supports patients across the pathway from early suspected diagnosis to deliver better outcomes for patients.
Palliative Care	Palliative care - improve communication to deliver GM palliative care provision which is patient focused, Develop novel strategies to improve QOL, well-being and ensure signposting is available earlier into pathway. This should include end of life planning, preferred place of death, treatment preferences and ensuring that all provider partners can share information and patient decisions.	1. Define current provision within GM Providers and engage with GM Cancer Programme initiatives 2. User Involvement focus group to be completed with small number of palliative OG patients and/or carers/family members of people who have received palliative care to understand requirements for improved experience. 3. Evaluate use of shared digital platform.	Anne Marie Rafferty Michelle Eden	Nov-22		31/01 requested update from Anne Marie Rafferty. Will need to develop deliverable. Unclear what if any work has been undertaken to date due to Covid - will need to revisit timeline
Performance						
Sustain BTP staffing.	OG BTP Project Funding finishes at the end of March 2022. Requirement to review with all Providers how to secure funding for CNS and Navigator roles and central costs of assessment clinics and Dietitians	1. Communicate situation to all Providers and ensure they are aware of cost pressure 2. Work with all Providers to develop business cases for ongoing resource as appropriate 3. Develop cost model for maintaining central costs as appropriate	Allison Payne	Mar-23		31/01 Timescales are very tight and requirement is not happening at the appropriate place in the project lifecycle due to delays in delivery. These were due to Covid and recruitment challenges. Stocktake will be required in April to understand on going position once Provider position is clear. 17/03 Following finance paper to DoF and CCG colleagues it was agreed that ICS / CCG would fund the OG BTP for a further 12 months to enable the project to fully deliver and roles to be sustained
Operational Plan	Operational Plan developed for central OG Cancer service hosted by SRFT. To be ratified and embedded in all Provider organisations and reviewed annually for performance	1. Operational Plan developed and agreed 2. Ratified by OG Pathway Board 3. Reviewed annually	Michelle Eden	Nov-22		31/01 Operational plan agreed and sent to all Provider Organisations, standing agenda item on OG Pathway Board Meetings. Formal review should take place at November OG Pathway Board meeting.

OG Pathway Board Sub Groups	OG Pathway Board to identify Sub Groups and appropriate membership to enable specialist focus in key service areas. Momentum within subgroups to deliver specified objectives from within the work plan.	1. Sub Groups, leads and members identified. 2. Sub Group meetings scheduled ahead of each Pathway Board 3. Programmes of work agreed with each Sub Group Lead	OG Pathway Board Manager Sub Group Leads	ongoing		31/01 Sub Groups in place and meeting for CNS, Dietician and Endoscopy. Still pending is Radiology and Pathology.
Review of Core Targets for improvement	OG Pathway Board standing agenda item to review CWT performance metrics, to include BTP metrics. Utilise GM Cancer reports and Pathway Board dashboard to monitor performance and highlight areas for improvement	1. Cancer Performance standing agenda item 2. Engagement sessions for OG Pathway Dashboard arranged 3. Include OG BTP metrics in performance review with focus on FDS	Julie Fletcher OG Pathway Board Manager	ongoing		31/01 Cancer performance targets are on the Agenda. Reviewed with GM BI team new Pathway dashboard and supplied additional BTP metrics. Once dashboard is rolled out will schedule awareness sessions.
Personalised care and follow up						
GM Health and Wellbeing Events	To develop GM wide offer of Health and Wellbeing events suitable for OG patients and their carers looking at eHNA work - nutrition is one of the predominant features	Develop and roll out events	Not held due to COVID. Link in with Personalised care Do we want to try again?	Mar-22		24/01 Not developed or held due to Covid. Likely this will change for priority in 2022/23 to developing signposting for patients and carers to organisations both locally and within GM which provide holistic care and support to patients. To be carried forward by CNS sub group.
Health Needs Assessments	Implement use of HNAs and other personalised care implementation within OG BTP assessment clinics.	1. Develop Assessment Clinic Proforma with HNA embedded 2. Implement proforma in assessment clinics for all Providers. 3. Evaluate patient experience as an output of clinic attendance through patient survey.	OG BTP CNS roles	Mar-22		24/01 OG BTP Proforma developed and in use in assessment clinics. Assessment clinic roll out has been delayed and so evaluation from the patient is more limited hence the amber RAG. In addition assessment clinics are not sustainable in their current format from Apr 22 so this deliverable will need re-profiling
Stratified Follow Up	Intention to pilot at SRFT	1. Stratified protocol to meet needs of OG cancer patients developed and signed off by Pathway Board. 2. Protocol transferred onto Infoflex with training given. 3. Commence trial using Infoflex to track Upper GI follow-up patients. 4. Develop evidence base and model for further roll out across GM.	Javed Sultan Michelle Eden Simon Watton Supported by NCA PSFU Team: Roger Prudham, Barney Schofield, Victoria Cooper	Mar-22		04/02 Update from Astrid Greenbery Delays with implementing Infoflex at NCA due to PAS demographic standardisation across the Trust. Therefore GMC project supporting backfill of IT Project Manager for 6 months (Simon Watton) supported by a Senior Management Team (Roger Prudham, Barney Schofield and Victoria Cooper) to support this work into 22/23. GM Cancer supporting Infoflex Licencing Fees until 31/3/23.
Reducing Inequalities						

Social Deprivation impacts	Audit of patients with an OG Cancer diagnosis that have attended an assessment clinic with outcomes measured against postcode area indicator of social deprivation	1. Research project brief produced and agreed by OG Pathway Board 2. Cohort of patients identified 3. Outcomes measured against deprivation indices 4. Patient involvement including qualitative interviews 5. Project report with recommendations submitted to the OG Pathway Board	Javed Sultan sponsor	Dec-22		24/01 In initial stages of project definition. Research / Project Brief will be submitted to the OG Pathway Board in May 2022 for approval
Develop OG Small Community	OG small community to be reviewed and additional patient representation to be recruited with engagement from CNS sub group. GM Data analysis in Q3 2021 to identify diversity and identify gaps or areas to support reducing inequalities. OG Cancer to support. Ensure where possible increased representation from all geo social backgrounds in GM areas.	1. Review small community membership 2. CNS sub group review each locality and identify any patients 3. Develop action plan to increase membership 4. Potential to develop survey with GM Cancer to identify under represented groups.	CNS sub group	Aug-22		31/01 Ongoing work to review membership and develop survey
Patient Experience/User Involvement						
Oesophageal Patients Association	Promote use of the Oesophageal Patients Association and patient support through affiliated groups in in GM.	1. Understand the support that is offered to patients by the OPA 2. Review with patient representatives OPA initiatives and leaflets that can be adopted by GM Providers 3. Signposting to website	CNS sub group	Aug-22		31/01 deliverable was on OG work plan for 21/22 and not delivered so amber.
Information Co-production	Patient information/literature provided through the OG Cancer journey should be co-produced with patients. This includes, single service, BTP and assessment clinics and dietician leaflets	1. OG BTP - review leaflets with Patient representatives on OG Steering Group. 2. Identify requirements with OG small community and action plan to deliver gaps.	OG BTP Project and OG Pathway Board Manager	Ongoing		31/01 Amber as OG BTP project has limited time to deliver. Patient leaflet for Navigator role produced and agreed for patients. Requirement to look at letter given to patients and GP after the assessment clinic to ensure this is proportionate and appropriate
Research						
Research Projects	Update PB members of current and forthcoming research projects and trials within or available to GM. Communicate the recruitment of Quarterly Trials and increase the uptake of Trusts to offer trials to OG patients.	1. Standing Agenda Item for the OG Pathway Board 2. Develop process for logging and communicating projects and trials 3. GM participation in a minimum agreed level of research projects	Was Mansoor	ongoing		Standing Agenda Item. Will reference Manchester UGI research group bi monthly meeting which is attended by representatives across GM Providers
Validation of CPS - PDL1 marker testing	Led by The Christie research will endeavour to validate that CPS- PDL1 testing can be undertaken within GM using existing Ventana pathology platform and matching to results provided through SLA with UHB testing on same patient tumour	1. Establish research project with necessary MRHA registration and scope and objectives agreed 2. Qualify process for validation testing against CPS - PDL1 tests requested via UHB SLA 3. Agreed number of tests completed and results compared. 4. Validation report produced and shared for national support		Dec-22		18/02 Identified as part of delivery of CPS- PDL1 delivery. Noted in associated options paper but this is parallel research work. Currently with The Christie to progress. Expectation to update the Pathway Board in May 2022

Education						
Education Day	BTP OG Education day: Education, training and upskilling for new BTP OG staff members + existing team members.	1. Education delivered, with positive feedback from attendees.	OG Pathway Board Manager	Jul-21		31/01 Education Day has been delivered. Review outcomes and confirm if this can be repeated for new starters
MDT QI Event	MDT QI event Event for all MDT attendees from Provider organisations to hare best practice and learning event	1. Event to be scheduled and agenda developed 2. Evaluate event, lessons learnt, develop action plan	Javed Sultan OG Pathway Board Manager	Mar-22		17/03 OG MDT QI Event happened on the 8th March. This was attended in person by 44 people and 34 people via MS Teams. Notes and all presentations have been shared with all invitees and OG Pathway Board members.
Training for Navigators	Access to SoO pathway navigators and MDT coordinators specific training (including effective communication and level 1 psychological skills)	PNs/MDT Coordinators within OG pathway access training package.	Providers	ongoing		18/02 To be revisited with Providers once the resource profile post BTP project funding ended
Level 2 Psychology Training	Access to Level 2 Psychology training for CNS - on recommendations. Clinical supervision - level 4 training	1. Define current provision within GM Providers CNS teams for clinical supervision 2. Understand level of training in each Provider and gap analysis 3. Develop model for delivering training across GM Providers	CNS sub group	Dec-22		31/01 To be managed by the CNS Sub Group. Agenda item on next Pathway Board

RAG status

On track

Behind but have measures in place to get back on track

Won't complete within timeframe, of concern and requires review