

Greater Manchester Cancer Board Agenda

Meeting time and date: Monday 23rd May 2022, 3pm-5pm.

Venue: MS Team Virtual Meeting

Chair: Roger Spencer

#	Item		To	Lead	Time
1	Welcome and apologies Minutes from the previous meeting, 28 th March. Action log and matters arising.	Verbal Paper 1, Pg.2 Paper 1, Pg.13	- Approve Update	Roger Spencer	10'
	Overview of the GM Health System - Taking Charge 2016 - User Involvement Review	Verbal Paper 2, Pg.16 Paper 3, Pg. 22	Update	Dave Shackley	15'
2	GM Cancer & ICS Workshop Update	Presentation	Update	Tom Thornber Claire O'Rourke Alison Jones	15'
3	Cancer Recovery & Performance -Planning Work & Planning Trajectories	Presentation	Update	Lisa Galligan Dawson	20'
4	Workforce Update	Presentation	Update	Suzanne Lilley	15'
7	Targeted Lung Health Checks	Paper 4, Pg. 24	Update	Alison Jones	15'
8	Genomics & Wider Testing in GM	Paper 5, Pg. 61	Update	Matthew Krebs Claire Goldrick	15'
11	Papers for Information: ▪ GM Cancer Pathway Boards' Work Programmes ▪ GM Cancer Annual Report ▪ GM Cancer Delivery Plan 2022-23	Paper (Separate Attachment) Paper (Separate Attachment) Paper (Separate Attachment)	Update Approve Update	Susan Todd Dave Shackley Alison Jones	-
12	AOB	Verbal	Discuss	All	15'

The next meeting is scheduled Monday 25th July 2022, 3pm-5pm

Greater Manchester Cancer Board Minutes and Actions

Meeting time and date: Monday 23rd May, 15:00pm-17:00pm
Venue: Virtually, via MS Teams

Members present			
Name	Role	Organisation/Representation	Attendance 2022/2023
Roger Spencer (RS)	Co-Chair / Chief Executive	The Christie Foundation NHS Trust	1/5
Anita Rolfe (AR)	Co-Chair	Stockport CCG	1/5
Dave Shackley (DS)	Director & Clinical Lead	GM Cancer	1/5
Claire O'Rourke (COR)	Managing Director	GM Cancer	1/5
Susi Penney (SP)	Associate Medical Director	GM Cancer	1/5
Sarah Taylor (STa)	GP Lead	GM Cancer	1/5
Lisa Galligan-Dawson (LGD)	Performance Director	GM Cancer	1/5
Suzanne Lilley (SL)	Cancer Workforce Lead	GM Cancer	1/5
Alison Jones (AJ)	Interim Director of Commissioning - Cancer Services	GM Joint Commissioning Team GM Cancer	1/5
Cathy Heaven (CMH)	Programme Director of Cancer Education	The Christie NHS Foundation Trust	1/5
Alison Armstrong (AA)	Programme Lead	GM Cancer	1/5
Rhidian Bramley (RB)	Diagnostics Project Clinical Lead	GM Cancer	1/5
Nabila Farooq (NF)	User Involvement Rep PaBC	GM Cancer	1/5
Rob Bellingham (RobB)	Managing Director	GM Joint Commissioning Team	1/5
Professor Janelle Yorke (JY)	Executive Chief Nurse & Director of Quality	The Christie NHS Foundation Trust	1/5
Susan Todd (STo)	Programme Director for Transformation	GM Cancer	1/5
Katherine Butler (KB)	Cheshire CCG Clinical Lead for Cancer and End of Life	Cheshire CCG	1/5

In attendance		
Name	Role	Organisation/Representation
Sadhbh Oliver (SO)	Senior Team Administrator	GM Cancer
Beth Sharratt (BS)	Project Manager (Health and Social Care VCSE Engagement)	GMCVO
Caroline Davidson (CD)	Director of Strategy	Manchester Foundation NHS Trust
Jane Pilkington (JP)	Deputy Director Population Health	GMHSCP
Lisa Spencer (LS)	Associate Director of Strategy	Northern Care Alliance NHS Group
Matthew Krebs (MK)	Genomics Clinical Pathway Lead	The Christie NHS Foundation Trust
Professor Robert Bristow MD PhD (pRB)	Director	Manchester Cancer Research Centre
Roger Prudham (RP)	Consultant Gastroenterologist / Lead Cancer Clinician	Northern Care Alliance NHS Group
Teresa Karran (TK)	Regional NHS Relationship Manager	CRUK
Tim Humphreys TH)	Strategic Partnership Manager	Macmillan Cancer Support
Victoria Dickens (VD)	Director of AHPs	Northern Care Alliance NHS Group
Professor Robert Bristow MD PhD (pRB)	Director	Manchester Cancer Research Centre
Roger Prudham (RP)	Consultant Gastroenterologist / Lead Cancer Clinician	Northern Care Alliance NHS Group
Teresa Karran (TK)	Regional NHS Relationship Manager	CRUK
Tim Humphreys TH)	Strategic Partnership Manager	Macmillan Cancer Support
GM Cancer Team Members	Alison Foxley	GM Cancer
	Claire Goldrick	GM Cancer
	Jane Cronin	GM Cancer

	Jaquie Lavelle	GM Cancer
	Jenna Lane	GM Cancer
	Jess Carroll	GM Cancer
	Jess Docksey	GM Cancer
	Joseph Henshaw	GM Cancer
	Libby Mills	GM Cancer
	Louise Lawrence	GM Cancer
	Maria Dimitrakaki	GM Cancer
	Michelle Leach	GM Cancer
	Molly Pippng	GM Cancer
	Becky Cook	GM Cancer
	Sarah Lyons	GM Cancer
	Sue Sykes	GM Cancer
	Stella Ruddick	GM Cancer
	Tara Schaaffe	GM Cancer

Apologies			
Name	Role	Organisation	Attendance 2022/23
Anna Perkins (AP)	Communications and Engagement Lead	GM Cancer	0/5
Thomas Thornber	Director of Strategy	The Christie NHS Foundation Trust	0/5

1. Welcome and Apologies, Minutes of the last meeting & Action log and matters arising	
Discussion summary	<p>Anita Rolfe was welcomed to their first GM Cancer Board meeting as the new co-chair of the board and replacement of Andrea Green.</p> <p>RS noted that the annual report hadn't yet been submitted due to a delay with the publisher. It was noted that the report would aim to be circulated to the board membership in the coming weeks for comment.</p> <p>RS noted that the next GM Cancer Board meeting scheduled for September was anticipated to be held face to face rather than virtually, in line with the de-escalation arrangements that were being implemented in the health and care system in Greater Manchester (GM).</p> <p>The minutes from the March board were ratified by those in attendance. There was no further feedback on the minutes.</p> <p>COR updated on the open and closed actions from the last meetings.</p> <ul style="list-style-type: none"> - It was noted that a new role would be going out that would be looking at clinical leadership in research and clinical trials to address gaps - It was recognised that any ongoing work around inequalities was being brought forward by AJ and DS to the Inequalities Board.
Actions and responsibility	No action required.

<ul style="list-style-type: none"> - 2. Overview of GM Health System - Taking Charge 2016 - User Involvement Review 	
Discussion summary	<p>DS provided a brief update on the situation with covid in the GM health system. It was noted that the situation in GM remained the same as had since the last board, with covid patients occupying 8% of hospital beds. There was also a significant number of patients who had to remain in hospital beds, despite being ready to be discharged, due to limits in social care. The previous points were highlighted as the 2 primary causes for bed pressures in GM.</p> <p>Recent data showed that the demand on critical care had reduced to pre-pandemic levels.</p> <p>It was recognised that several providers had been looking into streamlining covid testing for their patients. The NCA were noted as one trust who were aiming to relax testing before surgery. This trial would see day case surgery patients not have any testing and patients entering on an elective stay would require a lateral flow. Patients however who were high risk or are on elective care would still require a negative PRE-OP PCR test result.</p> <p>DS referenced the 'Cancer Review: Taking Charge' paper that was included in the paper pack on page 17. The paper outlined the substantial challenges and changes that had occurred in GM since 2017, including the alliance moving from a locality funded organisation to being nationally funded. As well as detailing where GM was a system in the present day, and where the alliance was situated against its past targets. This paper</p>

	<p>was presented as a brief review of the progress over the last 5 years since GM devolution, as well as considering progress in light of previous ambitions of the GM system. The GM Health & Social Care Partnership will be replaced by GM Integrated Care on 1st July 2022.</p> <p>It was highlighted that the current nine cancer waiting time targets are going to be reduced to three at some point in the near future (expected summer-autumn 2022) after a clinically-led review by the National Team.</p> <p>It was noted that the GMC user involvement programme was going to be reviewed, to try and understand how the programme should go forward, with an openness to change. It was recognised that the review would be undertaken by a third-party company, who will discuss with services users and those working in the cancer care system, their opinions on the programme. Some of the primary aims from the review were to help increase the representation of the service users so they were more reflective of GM, and encourage recruitment of users who represent recent lived experiences.</p> <p>Lisa spencer noted that the next Taking Charge document was in development under the GM ICS planning document. This document would be seen as a successor document to the 2016 Taking Charge document, though it was noted that the content may vary based on NHSE guidance.</p>
Actions and responsibility	No action required.

3. GM Cancer & IC Workshop Update

Discussion summary	<p>RS introduced the GM Cancer & Integrated Care (IC) Workshop Update and noted that there would be likely implications and changes to the way GM Cancer Board operates following GM's transition to an Intergrated care system. Recognising that the board's Terms of Reference would need to be reviewed in the context of the new IC System.</p> <p>COR provided a summary of the key findings that were identified from the IC workshop, as well as providing a summary of the key discussion points that took place during the session. Whilst significant progress had been made in improving early diagnosis in GM, COR outlined that there were still large remits of work that needed to be done with more difficult pathways, to reach early-stage diagnosis targets. Those in attendance at the workshop therefore recognised variation as a key area of work in GM.</p> <p>COR detailed the aims and responsibilities of the cancer alliance in the new GM IC system. These included: to accelerate recovery, to improve outcomes, to reduce inequalities and unwarranted variation and reduce the demand on treatment.</p> <p>COR provided detail on the various topics that were covered in the workshop including: looking at key metrics such as early diagnosis, inequalities, 1 in 5-year survival and system performance; presentations from 2 of the pathway leads, and finally discussion around data and the need for whole system planning.</p> <p>COR detailed where the GM Cancer Board will sit in the new NHS GM integrated care system. It was noted that this will involve the board providing details of what they will be doing to the Provider Federation Board which will then feed up to System Board.</p>
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	<p>The Pathway Boards were noted as a significant area of the work that will be carried forward in the new system, as they will drive clinical experts to introduce the change that needs to occur across the cancer system.</p> <p>The next workshop would be focused upon early diagnosis and tackling inequalities</p> <p><u>Questions</u></p> <p>RB noted outlined that whilst the 1st July would mark the first day of a new statutory body, there wouldn't be radical change to the system from the first day. Instead from July to March there will be the implementation of transformation activity that would develop over the following months.</p> <p>RB also highlighted that the board would need to continue to make changes happen within cancer services and shape the system, ensuring the board maintains its responsibilities and doesn't let work be stalled due to the changes in the system.</p> <p>RS highlighted that there will be an expectation for more work to go on around the transition relating to technical organisational change activities.</p>
Actions and responsibility	No action required.

4. Cancer Recovery & Performance	
Discussion summary	<p>LGD provided an update of where cancer performance figures stood against the national cancer targets.</p> <ul style="list-style-type: none"> It was recognised that cancer referrals in GM sat above the expected year on year growth, with referrals sitting at around 116% against pre covid levels. There had been large levels of variation between the number of referrals in GM based on locality and tumour site. The GM Active Cancer Patient Treatment List had grown substantially from pre covid levels. The current volume of patients over 62 days and 104 days from a 2 week wait referral source sat above the expected trajectories for the beginning of May. <p>LGD also noted GMs performance against the national cancer waiting time standards.</p> <ul style="list-style-type: none"> It was recognised that in quarter 4, GM did not meet the national 2ww standards. LGD noted that this was largely down too small challenged areas in GM that had driven down performance. These challenged areas included Breast at Bolton, Skin at the NCA and both Breast and Skin at MFT. It was further recognised that there had been significant challenges in front line diagnostics for both the Breast and Lower GI pathways in GM. All providers had failed to achieve the 62-day RTT standard. It was recognised that variation was a leading contributor to overall performance difficulties in GM, with areas in GM varying between 30-40% against performance targets. <p>LGD noted that the 3 key aspects outlined in the delivery planning trajectories were related to a focus on backlog reduction.</p> <ul style="list-style-type: none"> Whilst GM's performance figures were recognised as having issues, they were in line with other national and north-west averages. It was however

	<p>identified that GM performed worse than the national and northwest averages in both its 62-day RTT figures and Faster Diagnostics (FD). GM was especially under average in its FD performance levels.</p> <p>LGD noted the importance that there will be around reducing the volume of patients on the PTL to be able to expedite the pathways for the patients that do have cancer.</p> <p>LGD identified diagnostic waiting times and the capacity available in GM for histopathology services as driving an increased PTL in GM</p> <p>It was further recognised that there was increase in the number P2 patients requiring surgery and reduction in the treatment numbers over the past 2-3 months.</p> <p>It was appreciated that workforce capacity underpinned all performance metrics and was the driving force for areas where performance couldn't meet national standards.</p> <p>LGD noted the various improvement work scheme that are being undertaken in GM, that would help reduce backlogs and improve areas of variation.</p> <p>Going forward GMC will continue further system escalation to various forums, including an ask for mutual aid.</p> <p><u>Questions</u></p> <p>RS highlighted the comprehensive handle that the board had on the situation within GM cancer services, and there was recognition that the board were aware of the impact that could be had via escalation.</p> <p>LGD noted that the improvement of diagnostics in GM would be the primary way in which 104 & 62-day figures could be driven down in GM. In external conversations LGD had outlined to executive medical directors that there needed to be dedicated capacity set aside for cancer.</p> <p>JP noted the importance that Pathway Boards will play in offsetting variation, highlighting that new technologies needed to be embraced by the system as levers that would help provide equitable access to patients.</p> <p>LGD noted that they would going forward like to see performance figures set out by speciality, which could be tracked against providers on a visual heat map. This idea was supported by JP</p> <p>There was recognition by DS that performance will be a medium to long term problem that will not be able to be resolved in 6 months. Therefore, there needs to be continued focus on improvement, with sustainable solutions implemented against the challenges outlined by LGD.</p>
Actions and responsibility	No action required.

5. Workforce Update

Discussion summary	Progress was shared regarding the delivery of the Cancer Workforce strategy, with 45% of activities being completed to date.
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	<p>SL highlighted that the diagnostics workforce activities approved for the cancer workforce strategy had been superseded by imaging, pathology and endoscopy specific work force strategies. This will be referenced when the GMCs strategy is updated.</p> <p>SL provided several updates on the work that was being undertaken around workforce and education under the alliance.</p> <ul style="list-style-type: none"> ▪ The Workforce Inequalities Steering group is now established and will focus on workforce race equality initially. It was recognised that 2 Lead Cancer Nurses (LCNs) have been accepted on the RECAP programme to lead a change project within their organisation. In the NCA the LCN will be looking at the inequalities in their CNS workforce. In MFT the LCN will be looking into the recruitment processes in their organisations, to support greater representation at senior management levels. ▪ The ACCEnD programme is a national programme supporting education and career development for all AHPs and Nurses working in cancer and GM is leading the workstream for specialist nurses and AHPs. ▪ In response to the NW AHP survey, funding has also been secured to develop training for generalist AHPs to improve their knowledge, skills and confidence when working with cancer patients. ▪ The cancer academy pilot has been extended. SL shared several development offers that are progressing in collaboration with key partners. There was also discussion being undertaken with a second pathway that aims to pilot the academy model. The longer term ambition is for the academy to be the cancer education hub. ▪ SL detailed training offers that had been delivered and others that are going to be delivered this year. This included, Cancer support worker training, CNS & chemotherapy training grants, and the MDT coordinator & MDT leadership training programme. ▪ The MECC for cancer programme was piloted and following its success, is set to be rolled out in the coming months. It is hoped that this can be extended to primary care colleagues ▪ SL also provided detail around the 'Growing for the future' work which will look into how the system can attract more health care workers into working in cancer care services ▪ Finally, there was a recognition of how successful the digital staff passport project had been and the interest there had been surrounding its use. It was highlighted that the passport will not just be aimed at moving staff around the system but will be used to help with workforce training and education, learning through new trusts. <p>SL outlined that going forward, there will be a review of the strategy and it will likely be developed into a joint work force and education strategy.</p>
Actions and responsibility	No action required.

6. Targeted Lung Health Checks

Discussion summary	AJ referred to the paper on Targeted Lung Health Checks (TLHC) which outlined the current position in GM:
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	<ul style="list-style-type: none"> It was recognised that there is a national expectation for lung health checks to rolled out to 40% of the population by 2023/24. There is currently a TLHC Programme Board in place which leads the GM level co-ordination of TLHC delivery and planning. This includes the development of plans to roll out TLHC across GM. AJ noted that this work had been proposed to be taken forward through each PCN rather than locality/CCG, based on 3 risk factors; lung cancer mortality, incidence and deprivation. AJ noted that the roll out may look different to the order of the PCNs listed in the paper due to final amendments An operational group had been stood up for this work which is led by MFT. It was recognised that this will be collaborative piece of work across all GM providers. It was recognised that TLHCs would increase the demand for CT scanning. As a result, the national team have released some revenue to increase CT scanning capacity. AJ recognised however that there would still likely be significant challenges with workforce that would need to be addressed. <p>RS noted this work as top priority in GM based upon the impact it could have on early diagnosis and inequalities.</p> <p>There was support from DS for a PCN based roll out of TLHCs.</p>
Actions and responsibility	No action required

7. Genomics & Wider Testing in GM

Discussion summary	<p>Matthew Krebs (MK) noted that the genomic paper, included in the pack Pg.61, had been brought to the board to raise awareness of the rapid changes that were happening in the field of genomics in GM, as well as demonstrate the opportunities available surrounding genomics in GM.</p> <p>MK discussed some examples of the work being undertaken.</p> <ul style="list-style-type: none"> This included genomics sequencing, DPDY testing and lynch testing. <p>MK highlighted issues that there had been surrounding genomic testing in GM in previous months. This included poor uptake rates for genomic testing and other technical difficulties that there had been around Whole Genomic Sequencing (WGS).</p> <p>MK identified solutions around the need for frozen tissue sampling for WGS.</p> <p>MK asked the board if they could raise the awareness of genomics through the GM Pathway Boards, raising the issues around uptake and the possible need for MDT collaboration to identify suitable patients for WGS. There was an ask for support for further IT changes that would help facilitate wider genomic testing in GM.</p> <p>CG highlighted that all work was being undertaken in partnership with the North West Genomic Laboratory Hub (NW GLH) and education & communication planning team.</p> <p>It was recognised that there is now an increased capacity and ability to complete genomic testing in GM. However, it was highlighted that there is work that needs to be undertaken to get the genomic testing services available to be used by clinicians in</p>
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	<p>GM. It was recognised that the programme of work needed dedicated time and clinical leadership to be able to get these clinical uptakes of the services.</p> <p>DS outlined that increasing the uptake of genomic testing would likely need to be a multi-year project as it would require a change in mindset of the clinical leadership in GM. DS supported this work being pushed through the Pathway Boards.</p> <p>There was support from those in attendance for the progression of work surrounding genomics testing through the means identified by MK.</p>
Actions and responsibility	No action required

10. AOB	
Discussion summary	<p>RS highlighted the two additional papers for information that had been included in the paper pack that related to GM Cancer Pathway Boards and the GM Cancer Delivery Plan.</p> <p>It was outlined that the 10-Year Plan paper would be circulated to the board membership for comment if it was received before the next board that will be held in July.</p>
Actions and responsibility	SO to add the 10-year 'war on cancer' plan to the July or September board agenda.

The next meeting is scheduled on Monday 25th July 15:00-17:00pm

Action Log

Prepared for the 25th July GM Cancer Board

Log No.	AGREED ON	ACTION	STATUS
21.21	January 2022	DS to provide an update of the Social Care plan and Taking Charge plan and their further progression, at the next meeting.	Closed 23.05.22 DS provided an update on the plans in the May board.
25.21	March 2022	DS to share summary paper that was sent to PFB alongside other documentation relating to the Ten-Year Plan with members of the board.	Update. Awaiting reviewed copy back from the national team. To be circulated once released and circulated with the national published 10-year 'war on cancer' plan expected July 2022 (July or September board) .
26.21	March 2022	SO to add a workforce update to the next GM Cancer Board agenda.	Closed 23.05.22 SL presented at the May board
28.21	March 2022	The use of MDTs to propose cancer clinical trials is to be brought back to a future GM Cancer Board agenda.	Closed 23.05.22 COR noted that a new role would be going out that would be looking at clinical leadership in research and clinical trials to address gaps
29.21	March 2022	AJ to provide a broader communication of the activities being undertaken through inequalities board with further information on how non-board members can be engaged with the inequalities work.	Closed 23.05.22 AJ to provide future updates on inequalities at regular slots in future GM Cancer Boards
30.21	March 2022	SO to circulate the GM Cancer Draft Annual Report alongside the minutes from the March Board minutes.	Update Awaiting finalised version from the publisher. SO to circulate to the board membership once complete.
01.22	May 2022	SO to add the 10-year 'war on cancer' plan to the July or September board agenda.	

Title of paper:	Taking Charge Update 2017-2021: Cancer Update
Purpose of the paper:	For information
Summary outline of main points / highlights / issues	<ul style="list-style-type: none"> • Reflection on cancer aims set in Greater Manchester Health and Social Partnership's 'This' 5 year plan: 2017 – 2021 and future focus of Greater Manchester Cancer Alliance
Consulted with	<ul style="list-style-type: none"> • David Shackley, Director, Greater Manchester Cancer Alliance • Alison Jones, Interim Director of Commissioning, Greater Manchester Cancer Alliance • Lisa Galligan-Dawson, Performance Director, Greater Manchester Cancer Alliance • Phil Graham, Senior BI Analyst, Greater Manchester Cancer Alliance
Author of paper and contact details	<p>Name: Anna Perkins Title: Communications and Engagement Lead Email: anna.perkins4@nhs.net</p>



Taking Charge 2017 – 2021: Cancer update

Background

At the end of 2015, the Greater Manchester Health and Social Care Partnership published its health and social care [plan](#) for 2017-2021.

This five-year plan included aims for improving cancer services and outcomes across Greater Manchester.

Whilst the landscape has changed significantly since the original plan was published – with the changing structure of our healthcare services, changing targets set out by the NHS and a two year pandemic, it seems an appropriate moment to take stock of where we are compared to what was set out in 2017 and consider how our aims may have progressed or changed in that time.



2017 Targets and progress

The original [GMHSCP plan](#) published in 2015 noted its vision to have the following relating to cancer on page 20 of the report:

2017 vision	2022
A single GM cancer commissioning organisation to manage and monitor cancer services across GM	Work progressing at pace on the development of the commissioning function in the new Greater Manchester Integrated Care Partnership and the commissioning role across the Cancer Alliance and GM Integrated Care.
A system leader that will be accountable for integrating all elements of cancer prevention and care	Spatial Framework agreed for GM which places the Cancer Alliance as the system co-ordinator and lead for ensuring provider/commissioner cohesion through a single, shared planning and delivery 'tity' p t i t syst l v l
A strategy for partner engagement to drive improvement	Our established Cancer Alliance has developed a strong network and is underpinned by pathway and programme board structures to ensure clinical leadership and a multi-disciplinary approach with colleagues from across our health and care system (including research, commissioning, performance, primary and secondary care to name a few) to drive improvement.

Innovative models of care such as delivering services closer to home	Cancer Alliance leadership of a programme of innovation in response to national guidance. Work across the 10 localities in GM to identify and address unwarranted variation and inequalities in access or care
Reduced delays in referrals for treatment	Nationally, the percentage of cancers diagnosed at Stage 1 or 2 has remained relatively constant at 55% in the period 2012-2019. In Greater Manchester, there has been an improvement of 1.6% - from 53.0% in 2012/2013 to 54.6% in 2018/2019. This indicates a period of sustained improvement in the number of cancers diagnosed early and has increased faster than the England average.
Improved outcomes and survival comparable with top European countries	There has been an upwards trajectory for 1 year survival for both Greater Manchester & England. Whilst there is still work to do in this area, to compare with our European counterparts, improved outcomes in Greater Manchester are being achieved faster than the England average. The Cancer Alliance are aware of and addressing variation by locality and by cancer type
Reduced inequity across the conurbation by tackling unacceptable variations in access and quality of care	<p>The Cancer Alliance has established a Cancer Inequalities Working Group, reporting to Cancer Board with multi-stakeholder membership from across GM. The Cancer Alliance has numerous examples of projects designed to address these issues such as:</p> <ul style="list-style-type: none"> • Single Queue Diagnostics • Surgical Cancer Hub model (COVID-19) • Patient and public facing information in a range of languages and media to encourage presentation with cancer symptoms and uptake of cancer related appointments, including screening • Wide ranging work with colleagues in the VCSE sector • Engagement with the research sector to ensure equity of access to and uptake of clinical research trials

A clear focus on prevention and rapid access to diagnostics	<p>The Alliance has made significant progress in addressing these issues via projects such as:</p> <ul style="list-style-type: none"> • The CURE Programme (Tobacco cessation) • Targeted Lung Health Checks • Rapid Diagnostic Centres • Straight to test models in best timed pathways
Support for education and research	<p>The Alliance has invested in education and research, perhaps most notably via its joint education events with our Greater Manchester research partners. These include:</p> <ul style="list-style-type: none"> • Greater Manchester Cancer Conferences • Virtual Cancer Week • Design and delivery of GM specific primary care education alongside Gateway C – specific focus on early diagnosis and effective referral of patients onto cancer pathways
Consistent quality standards	<p>GM Cancer work with provider and commissioning organisations across GM to standardise care and ensure consistency of clinical standards. This has included work with Independent Sector providers to ensure quality standards are included in the contractual agreements between those providers and CCGs. Cancer Alliance engagement in Quality Surveillance and Peer Review processes</p>
A financially sustainable service	<p>The Cancer Alliance work very closely with Chief Finance Officers in CCGs and Directors of Finance in provider organisations on the financial plans required to support the GM Cancer Delivery Plan. Regular updates are provided to the GM finance leaders</p>

Premature mortality

The report also underlines the following targets on page 10:

“Fewer people will die early from cancer. Improving premature mortality from cancer to projected England average will result in 1300 fewer deaths by 2021 ”

Figures up to 2019 show that under 75 mortality from cancer was on a downward trend in Greater Manchester.

The subsequent impact of the COVID-19 pandemic, beginning in 2020, means that it would now be unreasonable to make comparisons between these periods.

Our focus is now on implementing improvements that we know will lead to fewer cancer deaths, as per the NHS Long Term Plan, such as increasing early stage diagnosis and reducing waiting times.

Updates to plans and future direction

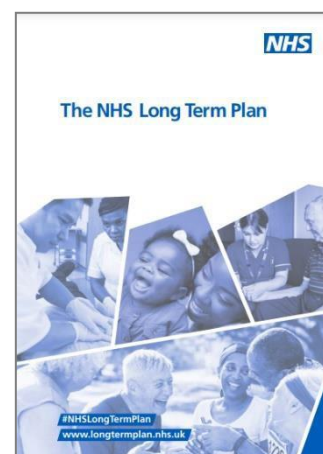
In 2019, GMHSCP published an interim report on [“Taking Charge is working in Greater Manchester”](#) including a cancer update, some elements of which are referred to in the table in this document.

An additional prospectus was also published in 2019 – [“Taking Charge: The next 5 years”](#) - detailing future plans for the Greater Manchester health and social care system, including for cancer, in particular referencing our [Greater Manchester Cancer Plan](#). It also notes that in relation to all key national targets, as a system we would maintain our commitment to delivering to constitutional standards.

In 2019, the NHS also published its [Long Term Plan](#) including specific plans, updated standards and targets for cancer which provides the Alliance with an updated direction of travel.

These new targets include:

- Increasing the percentage of people diagnosed with cancer at an early stage (stage 1 or 2) from 50% to 75% by 2028
- Introducing the new faster diagnosis standard to ensure that patients receive a definitive diagnosis or ruling out of cancer within 28 days
- Rolling out Rapid Diagnostic Centres, Targeted Lung Health Checks and other key services relating to earlier and faster diagnosis
- Developing personalised care packages for patients
- Increase access to more effective tests and treatments



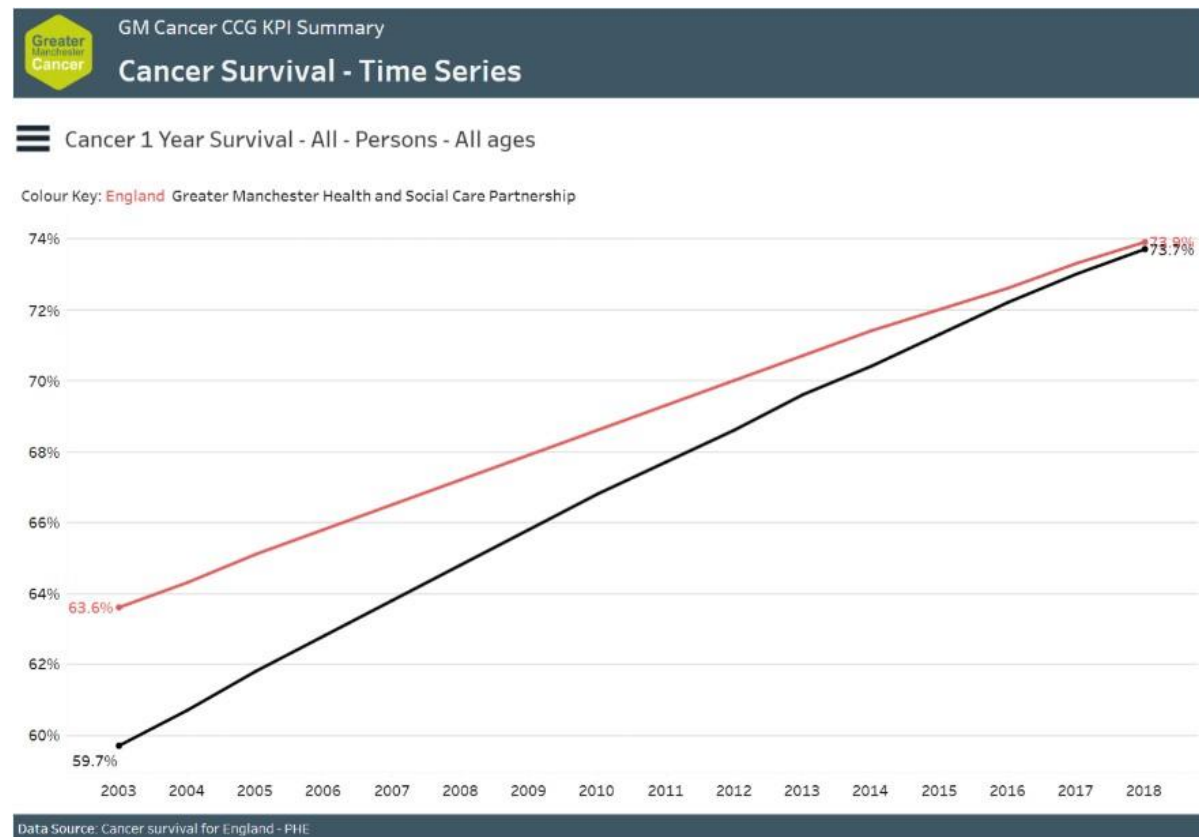
The Alliance is already making significant progress in many of these areas and continues to report to NHS England, the local Greater Manchester health system and our Cancer Board on our performance.



Finally, in 2022 NHS England published its 2022/23 Priorities and Operational Planning Guidance to provide any necessary updates or amends to its 2019 plan following a two year pandemic.

The 2022/23 Guidance can be accessed via the following link:

<https://www.england.nhs.uk/publication/2022-23-priorities-and-operational-planning-guidance/>



Your voice: Shaping the way we work

May 2022

The Greater Manchester Cancer User Involvement programme was launched in 2015 and is essential to our work as an Alliance. The programme ensures the voice and needs of people affected by cancer in Greater Manchester – including our patients, their carers, friends and family - are at the front and centre of the Alliance's work. Over the years it has been a key part of improving the experiences and outcomes for people affected by cancer within our region.

We want to continue to invest in the success of this programme and ensure patient and public voices remain at the centre of shaping our work. To this end, we're interested to hear people's views on how we can continue to do this in the most effective and meaningful way.

Who?

If you're interested in having a say, we want to hear from you.

We'll be inviting a range of views to ensure we consider how the programme works effectively and is accessible for all involved. We're particularly interested to hear from our current User Involvement membership who dedicate their time to our programme; healthcare professionals and non-clinical staff who interact with our programme; people who might like to work with us in the future; local community organisations; other cancer alliances and relevant organisations on public and patient engagement.

When?

We welcome views on how we work with people affected by cancer at any time, however, we will be actively seeking feedback and facilitating a range of opportunities to understand your views on a number of themes over the coming weeks.

Dedicated feedback opportunities: May – July 2022

Collate and review: August 2022

Publish findings: September 2022

How?

We are working with [Mustard Research](#), an award winning, independent market research agency, who will be helping us to gather feedback by facilitating a range of opportunities to get involved. These will include:

- Telephone/ virtual 1:1 interviews
- In-person focus groups
- An online community



- Surveys
- A dedicated email inbox gmcanceralliance@mustard-research.com

Details of the full range of available opportunities, including the list above, and how to get involved, will be communicated shortly and the latest opportunities will be displayed via <https://gmcancer.org.uk/user-involvement/your-voice>

Results

An executive summary of the report will be available via our website and circulated to everyone who has taken part in September 2022. A full report will also be available upon request.

Want more information?

[Visit our website](#) or follow us on social media for the latest updates and opportunities to be involved.

You can also contact Mustard Research on gmcanceralliance@mustard-research.com

For any further questions, please contact Anna Perkins, Communications and Engagement Lead – Greater Manchester Cancer Alliance on anna.perkins4@nhs.net

For more information about Mustard Research, visit their website: <https://www.mustard-research.com/>

Title of paper:	Targeted Lung Health Checks (TLHC) Update
Purpose of the paper:	To provide an update to the GM Cancer Board on the current delivery and proposals for future roll out of TLHC in GM
Summary outline of main points / highlights / issues	<ul style="list-style-type: none"> • There are currently 3 active Targeted Lung Health Checks Projects in GM: Manchester, Salford, Tameside & Glossop. All 3 projects are now part of the national TLHC programme and report on progress via the national team AND the GM TLHC Programme Board • Planning guidance sets out a requirement to expand delivery of TLHC to reach 40% coverage by the end of 2023-24. The Cancer Alliance via the GM TLHC Programme Board have prepared the attached proposal which was submitted to the national team on 11th April • The proposal for 2023-24 and beyond is to roll out TLHC by PCN rather than whole CCG / locality areas. The proposed roll out priority is based on 3 risk factors: lung cancer mortality, lung cancer incidence and deprivation • Cancer Board asked to note this proposal and offer comment.
Consulted	Proposal approved via the GM Targeted Lung Health Checks Programme Board and shared via the GM Community Co-ordination Cell and PFB. Shared with all 10 CCGs
Author of paper and contact details	<p>Name: Ali Jones</p> <p>Title: Interim Director of Commissioning</p> <p>Email: alison.jones8@nhs.net</p>



Cancer Alliance 2023/24 Expansion Form

The 22/23 Cancer Alliance Planning Pack includes an expectation that 'Cancer Alliances should begin to plan for national rollout, with a target to be agreed with the national team in Q4 2021/22'.

This form is the mechanism for Alliances to confirm targets with the national team before the deadline. This form also includes some further questions, including demand for capital funding for CT.

As part of a national ambition to reach full rollout by 2026/27, the national team has an overall target of reaching 40% of the TLHC eligible population (55-74 ever-smokers) by the end of 2023/24. We aim to meet this target cumulatively, via incremental expansion of the programme across all Cancer Alliances.

Please return this form to england.tlhc@nhs.net by Monday 11 April 2022.

22/23 Cancer Alliance Planning Pack text

Slide 23 of the Cancer Alliances planning pack 2022/23 includes the following expectations:

- Cancer Alliances should begin to plan for national rollout, with a target to be agreed with the national team in Q4 2021/22. As a guide, Alliances should aim for:
 - At least 40% coverage of the eligible population by end 2023/4 where existing TLHC projects cover at least 15% of the eligible population
 - At least 25% coverage of the eligible population by end 2023/4 where existing TLHC projects cover less than 15% of the eligible population
- Plans for the move to national rollout should also include:
 - A clear delivery model for each locality within the Cancer Alliance e.g., mobile, Community Diagnostic Centre.
 - Capital investments to be made, based on capital funding to be agreed with the National Team, to ensure receipt of assets before end of 2022/23.

CT procurement

The planning pack suggests the capital investments to be made should be agreed with the national team. The assets referenced in the packs are CT scanners. The national team is planning to allocate funding early in Q1 2022/23. Procurement processes are likely going to need to begin in Q1 2022/23 to allow time for manufacture of assets.

The national team is currently working on specifications and guidance to support Alliances with this procurement. But please begin to consider where you might want to use capital funding to purchase CT scanners. This may be in collaboration with a Trust, with a local CDC or independently through the Alliance and host CCG/ICB. Given further expansion of the programme, all Alliances will in future require capacity from multiple scanners and we will expect all Alliances to make arrangements to secure necessary capacity.

Form

Please answer these questions as best you can. We don't need a huge amount of detail, we are only looking for key information from you at this stage. We appreciate that further conversations will be required locally before anything can be confirmed by Alliances. This form will give the national team an indicative understanding of Cancer Alliance plans and allow for further discussion, modelling, budgeting and finalisation of targets for 2023/24.

#	Question	Response
1	Cancer Alliance	Greater Manchester
2	Name and email of person completing form	Alison Jones on behalf of GM Cancer Alliance and GM Targeted Lung Health Check Programme Board
3	What location(s) will you move to next as part of the expansion of TLHC in your Alliance?	<p>Prof Richard Booton has produced a proposed roll out plan (attached) which has been developed on behalf of and with input from the GM TLHC Programme Board.</p> <p>This has been signed off by the Board (7th April) and sets out a PCN level approach to roll out rather than doing so by CCG/Locality. The PCNs included in the 2023-24 phase are in the following CCG areas (11 PCNs):</p> <p>Manchester (2) Heywood Middleton & Rochdale (3) Bury (1) Stockport (1) Wigan (4)</p> <p>The risk-stratified approach proposed uses available data on smoking prevalence, lung cancer incidence & mortality and social deprivation (using the Index of Multiple Deprivation (IMD) data 2019).</p>
4	How many estimated additional 55-74 year old ever-smokers would be invited for a TLHC, as part of the expansion into the new areas outlined in Question 3 and what will be	By 31/3/2024 the roll out to the 11 PCNs in the CCG areas listed above would involve invitations being sent to 103,612 patients aged 55-74, estimated to include 76,023 ever-smokers (additional to those included in the current / existing 3 GM projects).

	the cumulative total number of people who will have been invited by March 2024?	
5	Are these locations areas of high deprivation or lung cancer mortality?	As outlined above and in more detail in the attached document, these locations have been selected using population risk profiling using smoking status, deprivation, lung cancer incidence and lung cancer mortality
6	Are any locations unlikely to be ready or prioritised for 2023/24, but would likely be prioritised in the next 'phase' of expansion from 2024/25?	<p>Yes, the attached paper proposes roll out to 11 PCNs in Greater Manchester in 2023-24. There are 67 PCNs in GM. 13 have been included in Phase 1 and 2. That leaves 43 PCNs to be prioritise from 2045-25 onwards. The GM plans include details of proposed full roll out to all 67 PCNs by 31/3/2027.</p> <p>The GM TLHC programme board will engage localities in the detail of the roll out plans for PCNs in their areas, including discussions re preferred and viable sites for CT scans to take place (be that mobile or fixed).</p>
7	How many CT scanners do you estimate you will need access to in order to meet the trajectory set out in question 4?	The GM modelling suggests 4 CT scanners are required to deliver the proposed roll out in 2023-24, based on the requirement for 40% coverage.
8a	How many mobile scanners and how many fixed scanners are you interested in procuring?	The current position is that GM would require 4: Provisionally – 3 mobile and 1 Fixed (CDC)
8b	Who do you anticipate owning the scanner (Trust, CCG, ICB)?	<p>Would anticipate utilisation of mobile provision and rental of CT scanner/ clinic support, with potential to convert one to a fixed site ownership by Trust</p> <p>Further discussions required in GM as a priority re the operational delivery model for the TLHC programme</p>
8c	For fixed scanners, where do you anticipate them being located (Trust, CDC, new location)?	Oldham is the most advanced CDC in Greater Manchester (Northern Care Alliance) and we're exploring a proposal to include CDC based fixed site for PCNs in the NCA

		<p>areas (Bury, Oldham, HMR). For further discussion depending on final sign off of the roll out sequence.</p> <p>CDC needs to deliver to the same standard and capacity as mobile units, including wider offer included in TLHC, including tobacco dependency</p> <p>Ultra low dose CT would be required in CDC fixed sites to ensure consistency across unified GM programme</p>
8d	Are you considering any alternative approach to CT procurement?	<p>Advice required from the national team on how the delivery of the additional capacity would happen, what the funding flows would be and how procurement rules would need to be followed</p>
9	Do you have any additional comments or anything to raise at this stage?	<p>a) The roll out of plans in GM is dependent on: additional CT funding (including support vehicles) and associated workforce</p> <p>b) Funding for additional diagnostics required which sit outside the TLHC funded model – e.g. EBUS. The modelling document attached provides details of the expected impact for GM in 2023-24</p> <p>c) Confirmation of funding for subsequent treatment – surgical and non-surgical, which is NOT included in the funding allocated for the delivery of the TLHC programme.</p> <p>Need to ensure smoking cessation offer is <u>included</u> and is funded – not just referral to existing services. ‘Opt-out’ model as a default</p> <p>Whilst the process to secure additional CT capacity is noted, the roll out of the TLHC model in GM requires investment in the whole offer, including the points above.</p> <p>The GM system would look for advice on progressing this level of investment without any formal procurement processes in place – what are the practical steps to implementing</p> <p>The GM system acknowledge and would like to highlight the potential initial ‘peak’ in</p>

		<p>diagnoses if roll out starts with the areas of highest deprivation / need</p> <p>Taking the PCN approach would require additional work on the Information Governance between NHS Trusts / Cancer Alliance and PCNs – e.g. DPIA which is expected to take 6-12 months</p> <p>The Cancer Alliance and GM system would welcome advice on programme support funding including screening software (development and delivery) and project management</p>
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Annex: Progress so far

This table includes progress against eligible population targets from Phase 1-3 sites. It does not include research studies or other activity that may have taken place outside of Phases 1 – 3 of the TLHC Programme.

CA	Current Eligible population (ever smoked)	Phase 1 & 2 (P1-2) invites	Phase 3 (P3) invites	TOTAL P1-3 invites by 23/24	TOTAL P1-3 invites by 23/24 %
Thames Valley	174527	0	12420	12420	7%
Somerset, Wiltshire, Avon and Gloucestershire	361524	0	21315	27000	7%
East of England - North	361220	0	28000	28000	8%
Surrey and Sussex	401278	37752	50000	44257	11%
Kent and Medway	226187	0	25662	25662	11%
East Midlands	531008	32176	32118	64294	12%
Wessex	321200	22109	24000	46109	14%
South East London	148323	0	44257	21315	14%
Peninsula	257105	0	37000	37000	14%
East of England - South	372588	34224	22100	56324	15%
RM Partners	281933	50545	0	50545	18%
West Yorkshire and Harrogate	252275	47683	0	47683	19%
West Midlands	623656	50634	84310	134944	22%
Greater Manchester	302050	75017	0	75017	25%
Humber, Coast and Vale	212507	26726	45909	72635	34%
North East London	137011	0	51258	51258	37%
Cheshire and Merseyside	299396	62393	51911	114304	38%
Lancashire and South Cumbria	211685	32859	49026	81885	39%
Northern	377919	52589	98186	150775	40%
North Central London	119538	0	51258	51258	43%

South Yorkshire and Bassetlaw	171886	0	27000	87752	51%
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The population is determined using ONS data:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/clinicalcommissioninggroupsinenglandtable3>

% Ever-smoker rates are determined for each CCG using: <https://www.gp-patient.co.uk/analysistool>

A detailed spreadsheet of how eligible population totals were calculated is being finalised and will be shared shortly.

GM Cancer Alliance & Implications for Targeted Lung Health Check Roll Out

The NHSE Targeted Lung Health Check Programme is expected to rollout across the Greater Manchester, led by the Cancer Alliance from April 2023. To date, 3 programmes exist (Manchester, Salford and Tameside & Glossop) largely selected due to interest from Clinical Commissioning Groups to address local healthcare priorities and/or by lung cancer mortality.

The diverse nature of the Greater Manchester population requires an agreed approach to roll out to ensure lung cancer mortality is reduced, and that the whole population has equitable and fair access to lung cancer screening. However, due to necessary infrastructure development to support a roll out (diagnostics & treatment capacity) this will require phasing over several years.

Recently, NHSE has discussed the possibility of an accelerated roll out of lung screening with the GM Cancer Alliance with the following proposed timescale.

1. TLHC covering 40% of GM population by end of 2023/24
2. TLHC covering 60% of GM population by end of 2024/25
3. TLHC covering 80% of GM population by end of 2025/26
4. TLHC covering 100% of GM population by end of 2026/27

It seems reasonable, given the community-based nature of TLHC delivery, to phase the proposed roll out around smaller sub-CCG sized populations and Primary Care Networks (PCN) may represent a viable option. To facilitate this, this paper summarises the available data on smoking prevalence, lung cancer incidence & mortality and social deprivation (using Index of Multiple Deprivation (IMD) data 2019) by PCN (as far as possible). These parameters are considered the most useful clinically to inform a fair prioritisation of geographical roll out but no agreement is yet reached on the selection strategy that may include other social, political, economic and logistical elements.

Primary Care Networks

Table 1 & 2 describes the relationship of Primary Care Networks by Clinical Commissioning Group. Overall, 433 GP practices are represented across the 67 PCNs. There are a range of GP practices per PCN, ranging from 2-13 (median 6) with median IMD 31.6 (range 8.1-52.9, IMD for NHS England is 21.7). The CCGs with 20-30 GP practices are 2 (NHS Bury, NHS Trafford), 31-40 GP practices are 5 (NHS Heywood, Middleton & Rochdale, NHS Oldham, NHS Salford, NHS Stockport, NHS Tameside & Glossop), 41-50 GP Practices is 1 (NHS Bolton), and more than 51 GP Practices are 2 (NHS Manchester, NHS Wigan Borough).

Index of Multiple Deprivation 2019 (IMD2019)

Deprivation, lung cancer and healthcare costs are intimately linked with the most deprived populations possessing excess rates of lung cancer. In such populations, lung cancer represents one of the 10 highest cost diseases (Figure 1: Quintile 1 Least Deprived, Quintile 5 most deprived). In addition, the most deprived populations exhibit the lowest life expectancy, lowest healthy life expectancy and the lowest proportion of life spent in good health (Figure 2: IMD data for age 55-74yrs, 2017-2019)

Across England, there are 191 Clinical Commissioning Groups (CCGs). 40% of GM CCGs are represented in the most deprived decile of CCGs, 60% in the most deprived quintile. 90% of GM CCGs are in the top 50% for deprivation, and all are in the top 100 'most deprived CCGs'.

Data is available for deprivation by each GM GP practice and has been calculated by PCN (Table 1). The lowest IMD 2019 score correlates with least deprived, the highest with most deprived. The IMD score for England is 21.7. For GM Clinical Commissioning Groups, the corresponding mean score is 31.6 (46% higher), ranging from 15.4 (NHS Trafford) to 40.2 (NHS Manchester). However, over 75% (52 of 67) of GM PCNs exceed the English average for deprivation, confirming GM as a local authority with one of the highest proportions of most deprived neighbourhoods.

IMD 2019 data for each GP practice has been ascertained. The median IMD score for each PCN is considered the most appropriate, avoiding significant outliers to skew the ranking and therefore median scores have been calculated per PCN (higher value = more deprivation). Across the range of PCNs, the majority of PCNs demonstrate at least one practice with IMD worse than the GM median.

Figure 1: Top 10 Highest Cost Diseases Bv IMD and Sex

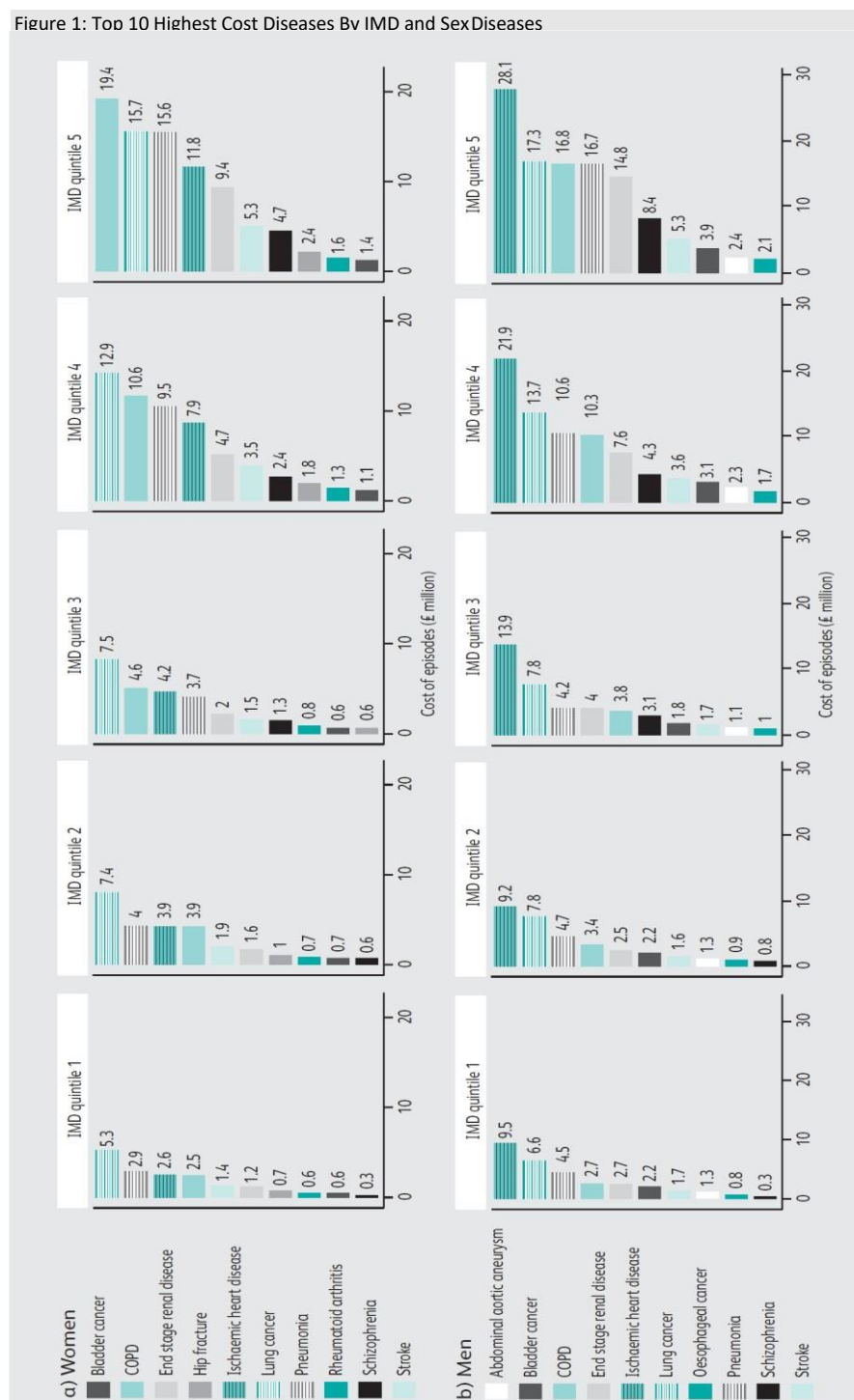
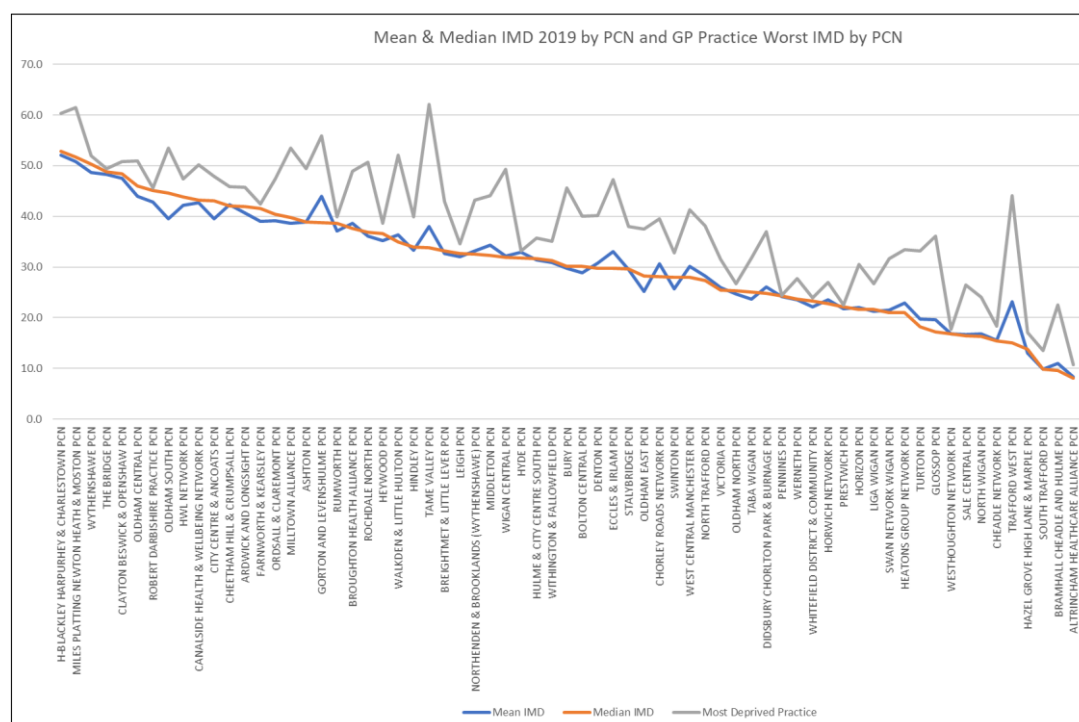
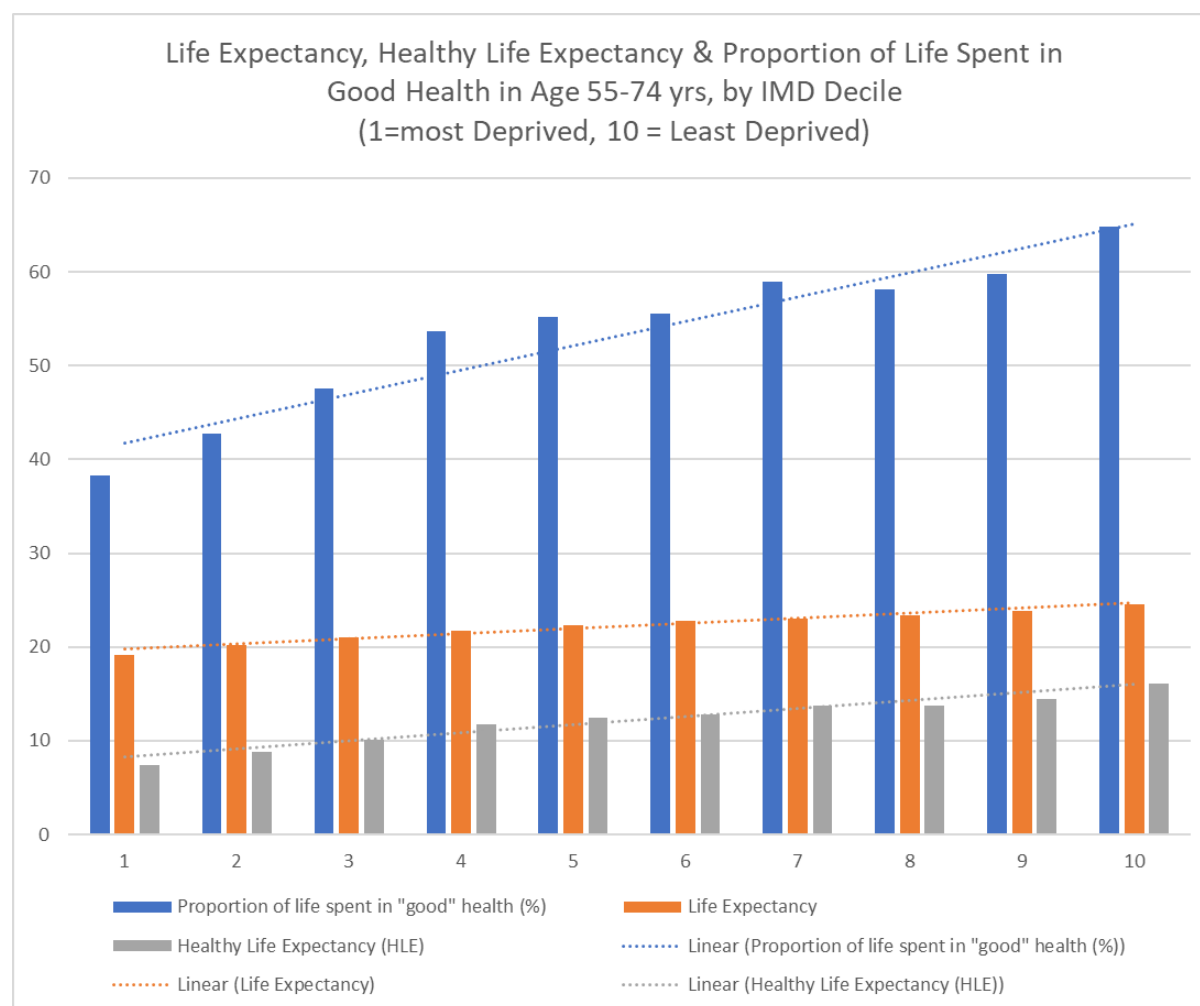


Figure 2: Relationship of Deprivation to life Expectancy, Healthy Life Expectancy and Proportion of Life Spent in Good Health



Smoking Prevalence

Two key data items are important for planning a regional roll out of lung cancer screening. First, proportion of patients aged 55-74 years. Second, is the prevalence of ever-smoking which is recognised as difficult to obtain due to inaccuracies in patient reporting and reliance on survey data.

Consequently, there are no available data on ever-smoking prevalence in persons 55-74 years of age by PCN. In the UK, national data confirm that the proportion of people who never smoked cigarettes aged 16+ years is 60% (ie ever-smokers 40%). However this decreases to 52% aged 60 years and over. In addition, the likelihood of active smoking increases with greater deprivation by nearly 5-fold in the most deprived versus least deprived.

We have used ONS national data for ever-smoking for this modelling, available by PCN. NHSE modelling for the national roll out uses GP Practice Survey data 2021 (not age adjusted). In 2021, 181,568 invites were sent out to GM residents, with a 32% response rate. For the age range 55-74, 11,152 invitations were sent with a 13% response rate. Using GP practices within the Tameside programme, ever-smoking estimates (age 16+ yrs, GPPS) for Droylsden are 43.7%, Guide Bridge 39.3% and Millgate 46.2%. However, the experience from the Tameside & Glossop TLHC programme (using 1,837 read codes for smoking status or smoking cessation advice at any point in life) confirms ever smoking in the age cohort 55-74 at 66.8% (Droylsden 68.6%, Millgate 57.7%, Guide Bridge 74.2%).

This supports changes in prevalence driven by advancing age and deprivation and that we can reasonably expect the eligible screening population to be **1.48-fold greater** than nationally reported ever-smoking data for 16+ year old adults. Consequently, we have changed the ONS estimates for the purposes of risk stratification and eligible population estimation

Lung Cancer Incidence & Mortality

The Greater Manchester region is one of the largest in the UK. Lung cancer mortality is the leading cause of premature death in the under 75's and lung cancer screening, targeted at ever-smokers 55-74 yrs of age, is demonstrated to lead to earlier stage of disease at diagnosis, increased access to thoracic surgery and reduced mortality.

To assist in planning for a GM roll out we have considered incidence & mortality data for lung cancer (C33-34 Trachea, Bronchus & Lung) using ages 55-59, 60-64, 65-69 and 70-74 yrs, the absolute number of lung cancer cases and age standardised rates from most recently available year (2018). Summary data is provided in Figure 3, with proposed ranking (highest ASR=high priority ranking).

Figure 3: Lung Cancer Incidence & Mortality 2018 for Ages 55-74 by CCG

lung Cancer Incidence 2018 (Ages 55-74)	Total LC	ASR 2018	Rank
NHS Stockport CCG	105	165.1	10
NHS Bury CCG	71	179.6	9
NHS Trafford CCG	83	180.7	8
NHS Bolton CCG	114	196.4	7
NHS Tameside and Glossop CCG	123	223.0	6
NHS Oldham CCG	103	227.9	5
NHS Wigan Borough CCG	180	245.5	4
NHS Heywood, Middleton and Rochdale CCG	118	278.1	3
NHS Salford CCG	123	283.1	2
NHS Manchester CCG	221	346.0	1
Lung Cancer Mortality 2018 (Ages 55-74)	Total LC Deaths	ASR 2018	Rank
NHS Trafford CCG	47	103.9	10
NHS Stockport CCG	68	105.4	9
NHS Bury CCG	46	114.0	8
NHS Bolton CCG	76	129.3	7
NHS Wigan Borough CCG	97	132.4	6
NHS Oldham CCG	68	151.1	5
NHS Heywood, Middleton and Rochdale CCG	71	165.4	4
NHS Tameside and Glossop CCG	91	167.1	3
NHS Manchester CCG	122	197.5	2
NHS Salford CCG	97	224.5	1

Proposed Roll Out by Clinical Stratification of PCN

Using rankings for each of the following variables

1. Ever-Smokers, aged 55-74 (Age 16+ multiplied by 1.53, highest % = rank 1)
2. IMD 2019 (most deprived/ higher score = rank 1)
3. Lung cancer Incidence, using age standardised rates 2018 (highest number per CCG = rank 1)
4. Lung Cancer Mortality, using age standardised rates 2018 (highest number per CCG = rank 1)

and rating between 1-68 and assuming equal weighting to each criteria allows for a cumulative score and final ranking to be estimated (see table). The lowest cumulative score represents the highest clinical need.

CCG	PCN	Population (55-74)	Cumulative Population (N)	Cumulative Population (%)	Ever Smoker (Age 16+) ONS	Ever-Smoking GPPS 2021	Ever-Smoker (Age 55-74) (increment 1.48)	Ever-Smoking Rank	IMD 2019	IMD Rank	Number LC Deaths 2018	LC Death Rank	LC Incidence	LC Incidence Rank	Cumulative Score	Cumulative Rank
Manchester CCG	Wythenshawe	10,510	10,510	2%	47%	53%	78%	1	43.2	10	197.5	2	346	1	14	1
NHS Manchester CCG	MILES PLATTING NEWTON HEATH & MOSTON PCN	8,093	18,603	3%	46%	46%	67%	13	51.6	2	197.5	2	346	1	18	2
HMR CCG	Heywood PCN	7,340	25,943	4%	61%	52%	77%	3	44.6	8	165.4	4	278.1	3	18	3
HMR CCG	Middleton PCN	11,282	37,225	6%	41%	49%	72%	7	46	6	165.4	4	278.1	3	20	4
NHS Manchester CCG	BLACKLEY HARPUHEY & CHARLESTOWN PCN	8,523	45,748	8%	46%	45%	67%	18	52.9	1	197.5	2	346	1	22	5
HMR CCG	Canalside	5,742	51,490	9%	52%	45%	67%	19	50.3	3	165.4	4	278.1	3	29	6
NHS Salford CCG	ORDSALL & CLAREMENT PCN	10,773	62,263	10%	45%	45%	67%	16	40.5	15	224.5	1	283.1	2	34	7
Manchester CCG	Northenden & Brooklands	6,212	68,475	11%	50%	49%	72%	8	33.9	25	197.5	2	346	1	36	8
Stockport CCG	Tame Valley	8,779	77,254	13%	43%	50%	73%	6	43.1	11	105.4	9	165.1	10	36	9
Wigan CCG	Wigan Central	13,802	91,056	15%	38%	47%	69%	11	39.8	16	132.4	6	245.5	4	37	10
Wigan CCG	Hindley PCN	10,039	101,095	17%	46%	50%	73%	5	33.9	24	132.4	6	245.5	4	39	11
Manchester CCG	CLAYTON BESWICK & OPENSHAW PCN	8,388	109,483	18%	43%	44%	65%	26	48.4	5	167.1	3	223	6	40	12
Wigan CCG	Leigh PCN	11,530	121,013	20%	48%	50%	74%	4	32.6	28	132.4	6	245.5	4	42	13
Wigan CCG	SWAN Network Wigan	8,592	129,605	21%	32%	45%	67%	20	38.6	19	132.4	6	245.5	4	49	14
NHS Tameside CCG	HYDE PCN	8,310	137,915	23%	47%	47%	69%	12	31.8	31	167.1	3	223	6	52	15
Bury CCG	Bury PCN	14,343	152,258	25%	42%	44%	65%	27	43.8	9	114	8	179.6	9	53	16
NHS Salford CCG	WALKDEN & LITTLE HULTON PCN	8,895	161,153	27%	42%	44%	65%	28	35	23	224.5	1	283.1	2	54	17
Wigan CCG	TABA Wigan	11,248	172,401	29%	22%	43%	64%	30	41.6	14	132.4	6	245.5	4	54	18
HMR CCG	Pennines PCN	8,873	181,274	30%	43%	45%	66%	22	33.2	26	165.4	4	278.1	3	55	19
NHS Tameside CCG	STALYBRIDGE PCN	9,093	190,367	32%	48%	48%	72%	9	29.7	37	167.5	3	223	6	55	20
Oldham CCG	Milltown Alliance	9,135	199,502	33%	30%	39%	58%	47	48.8	4	151.1	5	227.9	5	61	21
Oldham CCG	Oldham South PCN	7,791	207,293	34%	49%	45%	66%	24	32.7	27	151.1	5	227.9	5	61	22
Manchester CCG	Better Health MCR	2,524	209,817	35%	35%	37%	54%	55	45	7	197.5	2	346	1	65	23
NHS Salford CCG	SWINTON PCN	10,356	220,173	37%	45%	45%	67%	21	28	41	224.5	1	283.1	2	65	24
Bolton CCG	Farnworth & Kearsley PCN	7,478	227,651	38%	45%	52%	77%	2	23.6	49	129.3	7	196.4	7	65	25
NHS Tameside CCG	ASHTON PCN	12,186	239,837	40%	41%	40%	59%	41	38.9	17	167.5	3	223	6	67	26
Trafford CCG	Trafford West	13,001	252,838	42%	34%	45%	67%	15	30.1	34	103.9	10	180.7	8	67	27
NHS Salford CCG	ECCLLES & IRLAM PCN	10,366	263,204	44%	46%	44%	65%	29	29.7	38	224.5	1	283.1	2	70	28
Bury CCG	Whitefield PCN	6,898	270,102	45%	37%	43%	64%	32	36.9	21	114	8	179.6	9	70	29
NHS Salford CCG	BROUGHTON HEALTH ALLIANCE PCN	5,460	275,562	46%	39%	38%	56%	51	37.6	20	224.5	1	283.1	2	74	30
Oldham CCG	Oldham North PCN	8,658	284,220	47%	40%	46%	67%	14	22.8	51	151.1	5	227.9	5	75	31
Bolton CCG	Brightmet & Little Lever PCN	8,159	292,379	49%	46%	43%	64%	31	31.9	30	129.3	7	196.4	7	75	32
NHS Tameside CCG	GLOSSOP PCN	15,801	308,180	51%	44%	48%	70%	10	17.2	58	167.5	3	223	6	77	33
Manchester CCG	Ardwick & Longsight	7,286	315,466	52%	32%	33%	48%	63	42	13	197.5	2	346	1	79	34
NHS Tameside CCG	DENTON PCN	11,606	327,072	54%	43%	42%	63%	35	29.8	36	167.5	3	223	6	80	35
Oldham CCG	Oldham Central PCN	9,377	336,449	56%	40%	41%	60%	39	31.6	32	151.1	5	227.9	5	81	36
NHS Manchester CCG	CHEETHAM HILL AND CRUMPSALL PCN	7,844	344,293	57%	25%	28%	41%	67	42.1	12	197.5	2	346	1	82	37
Manchester CCG	Gorton & Levenshulme	7,631	351,924	58%	50%	36%	53%	57	36.6	22	197.5	2	346	1	82	38
Manchester CCG	City Centre/ Ancoats	2,434	354,358	59%	46%	33%	48%	64	38.7	18	197.5	2	346	1	85	39
Stockport CCG	Werneth PCN	7,597	361,955	60%	44%	45%	67%	17	23.3	50	105.4	9	165.1	10	86	40
Oldham CCG	Oldham East PCN	13,535	375,490	62%	45%	44%	66%	25	21.6	53	151.1	5	227.9	5	88	41
Bolton CCG	Chorley Roads Network PCN	7,443	382,933	64%	38%	40%	58%	43	31.3	33	129.3	7	196.4	7	90	42
Bolton CCG	Hwl Network	4,764	387,697	64%	49%	39%	58%	48	32.3	29	129.3	7	196.4	7	91	43
Bolton CCG	Horwich	8,282	395,979	66%	39%	41%	61%	37	28.1	40	129.3	7	196.4	7	91	44
Manchester CCG	Hulme & City Centre South	2,835	398,814	66%	45%	40%	58%	44	24.2	48	197.5	2	346	1	95	45
Bury CCG	Horizon PCN	16,885	415,699	69%	44%	45%	66%	23	21	55	114	8	179.6	9	95	46
Stockport CCG	Victoria PCN	9,674	425,373	71%	42%	43%	64%	33	25.5	44	105.4	9	165.1	10	96	47
Bury CCG	Prestwich PCN	7,732	433,105	72%	39%	41%	60%	40	27.9	42	114	8	196.4	7	97	48
Wigan CCG	UGA Wigan	9,128	442,233	73%	40%	42%	62%	36	22.2	52	132.4	6	245.5	4	98	49
Manchester CCG	Withington & Fallowfield	6,919	449,152	75%	40%	38%	56%	54	25.3	45	197.5	2	346	1	102	50
HMR CCG	Rochdale North	12,593	461,745	77%	42%	36%	53%	59	28.2	39	165.4	4	278.1	3	105	51
HMR CCG	The Bridge PCN	3,890	465,635	77%	45%	32%	48%	65	30.1	35	165.4	4	278.1	3	107	52
Bolton CCG	Westhoughton Network PCN	7,228	472,863	78%	35%	39%	58%	46	24.8	47	129.3	7	196.4	7	107	53
Manchester CCG	Didsbury, Chorlton park & Burnage	7,470	480,333	80%	39%	39%	58%	45	16.4	61	197.5	2	346	1	109	54
Manchester CCG	West Central manchester	9,784	490,117	81%	43%	38%	56%	52	21	56	197.5	2	346	1	111	55
Trafford CCG	North Trafford	7,787	497,904	83%	38%	38%	57%	50	27.4	43	103.9	10	180.7	8	111	56
Stockport CCG	Cheadle Network	7,769	505,673	84%	38%	41%	61%	38	18.3	57	105.4	9	165.1	10	114	57
Stockport CCG	Heaton Group	12,987	518,660	86%	43%	43%	63%	34	15	63	105.4	9	165.1	10	116	58
Wigan CCG	North Wigan	11,426	530,086	88%	35%	40%	59%	42	9.9	65	132.4	6	245.5	4	117	59
Bolton CCG	Turton PCN	7,228	537,314	89%	42%	39%	57%	49	15.4	62	129.3	7	196.4	7	125	60
Bolton CCG	Rumworth PCN	5,163	542,477	90%	43%	31%	46%	66	25	46	129.3	7	196.4	7	126	61
Bolton CCG	Bolton Central	5,893	548,370	91%	42%	34%	51%	61	21.6	54	129.3	7	196.4	7	129	62
Stockport CCG	Hazel Grove, High Lane, & Marple	10,867	559,237	93%	39%	38%	56%	53	16.9	59	105.4	9	165.1	10	131	63
Trafford CCG	Sale Central	12,601	571,838	95%	33%	34%	50%	62	16.5	60	103.9	10	180.7	8	140	64
Trafford CCG	Altrincham Healthcare Alliance	9,629	581,467	96%	36%	36%	54%	56	9.6	66	103.9	10	180.7	8	140	65
Stockport CCG	Bramhall Cheadle & Hulme	13,931	595,398	99%	38%	36%	53%	58	13.7	64	105.4	9	165.1	10	141	66
Trafford CCG	South Trafford	7,421	602,819	100%	36%	36%	53%	60	8.1	67	103.9	10	180.7	8	145	67

However, North Manchester GP practices have been actively screening since April 2019, Salford GP practices since 2019 and Tameside & Glossop practices commenced in July 2021 (all expected to complete baseline screen (T0) by March 2023).

Rearranging the priority list and acknowledging those PCNs already active highlights the likely clinical priority of remaining inactive PCN's. Fifty-two PCNs are left to consider for the accelerated roll out (Table 6).

Table 7 considers the %population required by year, and the impact on additional TLHC, LDCT performed and likely 2-week wait referrals (per month and per week) for baseline T0 scans, assuming a 60% uptake in the eligible population and 56% conversion to LDCT. Additional capacity will be required for 3-month, 12-month and next interval scanning as each year accrues.

Table 7: Baseline impact of Accelerated TLHC Programme 2023-2027

CCG	PCN	Population (55-74)	Cumulative Population (N)	Cumulative Population (%)	Proposed Cohort	Cohort Size	GM Population and Workload by Proposed Accelerated Roll Out	60% Uptake Screening	¹ LHC Days Required (T0 Only)	Conversion to CT (51%)	² Mobile Clinic Required (T0 Days only)	³ Estimated 2ww referrals (pa)	Estimated 2ww referrals / week from T0 only
NHS Manchester CCG	MILES PLATTING NEWTON HEATH & I	8,093	8,093	1%	Active	138,128	Completed March 2023						
NHS Manchester CCG	BLACKLEY HARPURHEY & CHARLESTO	8,523	16,616	3%									
NHS Salford CCG	ORDSALL & CLAREMENT PCN	10,773	27,389	5%									
Manchester CCG	CLAYTON BESWICK & OPENSHAW PC	8,388	35,777	6%									
NHS Tameside CCG	HYDE PCN	8,310	44,087	7%									
NHS Salford CCG	WALKDEN & LITTLE HULTON PCN	8,895	52,982	9%									
NHS Tameside CCG	STALYBRIDGE PCN	9,093	62,075	10%									
NHS Salford CCG	SWINTON PCN	10,356	72,431	12%									
NHS Tameside CCG	ASHTON PCN	12,186	84,617	14%									
NHS Salford CCG	ECCLES & IRLAM PCN	10,366	94,983	16%									
NHS Salford CCG	BROUGHTON HEALTH ALLIANCE PCN	5,460	100,443	17%									
NHS Tameside CCG	GLOSSOP PCN	15,801	116,244	19%									
NHS Tameside CCG	DENTON PCN	11,606	127,850	21%									
NHS Manchester CCG	CHEETHAM HILL AND CRUMPSALL PC	7,844	135,694	23%	1	108,171	Completed March 2024						
Manchester CCG	City Centre/ Ancoats	2,434	138,128	23%									
Manchester CCG	Wythenshawe	10,510	148,638	25%									
HMR CCG	Heywood PCN	7,340	155,978	26%									
HMR CCG	Middleton PCN	11,282	167,260	28%									
HMR CCG	Canalside	5,742	173,002	29%									
Manchester CCG	Northenden & Brooklands	6,212	179,214	30%									
Stockport CCG	Tame Valley	8,779	187,993	31%									
Wigan CCG	Wigan Central	13,802	201,795	33%									
Wigan CCG	Hindley PCN	10,039	211,834	35%									
Wigan CCG	Leigh PCN	11,530	223,364	37%									
Wigan CCG	SWAN Network Wigan	8,592	231,956	38%									
Bury CCG	Bury PCN	14,343	246,299	41%	2	115,616	Completed march 2025						
Wigan CCG	TABA Wigan	11,248	257,547	43%									
HMR CCG	Pennines PCN	8,873	266,420	44%									
Oldham CCG	Milltown Alliance	9,135	275,555	46%									
Oldham CCG	Oldham South PCN	7,791	283,346	47%									
Manchester CCG	Better Health MCR	2,524	285,870	47%									
Bolton CCG	Farnworth & Kearsley PCN	7,478	293,348	49%									
Trafford CCG	Trafford West	13,001	306,349	51%									
Bury CCG	Whitefield PCN	6,898	313,247	52%									
Oldham CCG	Oldham North PCN	8,658	321,905	53%									
Bolton CCG	Brightmet & Little Lever PCN	8,159	330,064	55%									
ManchesterCCG	Ardwick & Longsight	7,286	337,350	56%									
Oldham CCG	Oldham Central PCN	9,377	346,727	58%	3	118,378	Completed March 2026						
Manchester CCG	Gorton & Levenshulme	7,631	354,358	59%									
Stockport CCG	Werneth PCN	7,597	361,955	60%									
Oldham CCG	Oldham East PCN	13,535	375,490	62%									
Bolton CCG	Chorley Roads Network PCN	7,443	382,933	64%									
Bolton CCG	Hwl Network	4,764	387,697	64%									
Bolton CCG	Honwich	8,282	395,979	66%									
Manchester CCG	Hulme & City Centre South	2,835	398,814	66%									
Bury CCG	Horizon PCN	16,885	415,699	69%									
Stockport CCG	Victoria PCN	9,674	425,373	71%									
Bury CCG	Prestwich PCN	7,732	433,105	72%									
Wigan CCG	LIGA Wigan	9,128	442,233	73%									
Manchester CCG	Withington & Fallowfield	6,919	449,152	75%									
HMR CCG	Rochdale North	12,593	461,745	77%	4	122,486	Completed march 2027						
HMR CCG	The Bridge PCN	3,890	465,635	77%									
Bolton CCG	Westhoughton Network PCN	7,228	472,863	78%									
Manchester CCG	Didsbury, Chorlton park & Burnage	7,470	480,333	80%									
Manchester CCG	West Central manchester	9,784	490,117	81%									
Trafford CCG	North Trafford	7,787	497,904	83%									
Stockport CCG	Cheadle Network	7,769	505,673	84%									
Stockport CCG	Heatons Group	12,987	518,660	86%									
Wigan CCG	North Wigan	11,426	530,086	88%									
Bolton CCG	Turton PCN	7,228	537,314	89%									
Bolton CCG	Rumworth PCN	5,163	542,477	90%									
Bolton CCG	Bolton Central	5,893	548,370	91%									
Stockport CCG	Hazel Grove, High Lane, & Marple	10,867	559,237	93%									
Trafford CCG	Sale Central	12,601	571,838	95%									
Trafford CCG	Altrincham Healthcare Alliance	9,629	581,467	96%									
Stockport CCG	Bramhall Cheadle & Hulme	13,931	595,398	99%									
Trafford CCG	South Trafford	7,421	602,819	100%									
		602,819											

¹Number of days required for CT scanning assumes a maximum of 80 LHC appointments per day, 8am - 8pm, to yield ~51% conversion to CT. ²Number of CT scanners required assumes a maximum of 250 working days for baseline TLHC (T0) operating 6 days a week (Mon-Sat) and 60% uptake (ever-smokers, aged 55-74). ³Number of 2ww referrals estimated at 3.1% (assumes 60% uptake of screening; this may be significantly higher in 2023/24 given the risk stratified approach to PCN selection compared with 2026/27).

CCG	PCN	Population (55-74)	Cumulative Population (N)	Cumulative Population (%)	Ever Smoker (Age 16+) ONS	Ever- Smoking GPPS 2021	Ever-Smoker (Age 55-74) (Increment 1.48)	Ever- Smoking Rank	IMD 2019	IMD Rank	Number LC Deaths 2018	LC Death Rank	LC Incidence	LC Incidence Rank	Cumulative Score	Cumulative Rank
NHS Manchester CCG	MILES PLATTING NEWTON HEATH & T	8,093	8,093	1%	46%	46%	67%	13	51.6	2	197.5	2	346	1	18	2
NHS Manchester CCG	BLACKLEY HARPURHEY & CHARLESTO	8,523	16,616	3%	46%	45%	67%	18	52.9	1	197.5	2	346	1	22	5
NHS Salford CCG	ORDSALL & CLAREMENT PCN	10,773	27,389	5%	45%	45%	67%	16	40.5	15	224.5	1	283.1	2	34	7
Manchester CCG	CLAYTON BESWICK & OPENSHAW PC	8,388	35,777	6%	43%	44%	65%	26	48.4	5	167.1	3	223	6	40	12
NHS Tameside CCG	HYDE PCN	8,310	44,087	7%	47%	47%	69%	12	31.8	31	167.1	3	223	6	52	15
NHS Salford CCG	WALKDEN & LITTLE HULTON PCN	8,895	52,982	9%	42%	44%	65%	28	35	23	224.5	1	283.1	2	54	17
NHS Tameside CCG	STALYBRIDGE PCN	9,093	62,075	10%	48%	48%	72%	9	29.7	37	167.5	3	223	6	55	20
NHS Salford CCG	SWINTON PCN	10,356	72,431	12%	45%	45%	67%	21	28	41	224.5	1	283.1	2	65	24
NHS Tameside CCG	ASHTON PCN	12,186	84,617	14%	41%	40%	59%	41	38.9	17	167.5	3	223	6	67	26
NHS Salford CCG	ECCLES & IRLAM PCN	10,366	94,983	16%	46%	44%	65%	29	29.7	38	224.5	1	283.1	2	70	28
NHS Salford CCG	BROUGHTON HEALTH ALLIANCE PCN	5,460	100,443	17%	39%	38%	56%	51	37.6	20	224.5	1	283.1	2	74	30
NHS Tameside CCG	GLOSSOP PCN	15,801	116,244	19%	44%	48%	70%	10	17.2	58	167.5	3	223	6	77	33
NHS Tameside CCG	DENTON PCN	11,606	127,850	21%	43%	42%	63%	35	29.8	36	167.5	3	223	6	80	35
NHS Manchester CCG	CHEETHAM HILL AND CRUMPSALL PC	7,844	135,694	23%	25%	28%	41%	67	42.1	12	197.5	2	346	1	82	37
Manchester CCG	City Centre/ Ancoats	2,434	138,128	23%	46%	33%	48%	64	38.7	18	197.5	2	346	1	85	39
Manchester CCG	Wythenshawe	10,510	148,638	25%	47%	53%	78%	1	43.2	10	197.5	2	346	1	14	1
HMR CCG	Heywood PCN	7,340	155,978	26%	61%	52%	77%	3	44.6	8	165.4	4	278.1	3	18	3
HMR CCG	Middleton PCN	11,282	167,260	28%	41%	49%	72%	7	46	6	165.4	4	278.1	3	20	4
HMR CCG	Canalside	5,742	173,002	29%	52%	45%	67%	19	50.3	3	165.4	4	278.1	3	29	6
Manchester CCG	Northenden & Brooklands	6,212	179,214	30%	50%	49%	72%	8	33.9	25	197.5	2	346	1	36	8
Stockport CCG	Tame Valley	8,779	187,993	31%	43%	50%	73%	6	43.1	11	105.4	9	165.1	10	36	9
Wigan CCG	Wigan Cenral	13,802	201,795	33%	38%	47%	69%	11	39.8	16	132.4	6	245.5	4	37	10
Wigan CCG	Hindley PCN	10,039	211,834	35%	46%	50%	73%	5	33.9	24	132.4	6	245.5	4	39	11
Wigan CCG	Leigh PCN	11,530	223,364	37%	48%	50%	74%	4	32.6	28	132.4	6	245.5	4	42	13
Wigan CCG	SWAN Network Wigan	8,592	231,956	38%	32%	45%	67%	20	38.6	19	132.4	6	245.5	4	49	14
Bury CCG	Bury PCN	14,343	246,299	41%	42%	44%	65%	27	43.8	9	114	8	179.6	9	53	16
Wigan CCG	TABA Wigan	11,248	257,547	43%	22%	43%	64%	30	41.6	14	132.4	6	245.5	4	54	18
HMR CCG	Pennines PCN	8,873	266,420	44%	43%	45%	66%	22	33.2	26	165.4	4	278.1	3	55	19
Oldham CCG	Milltown Alliance	9,135	275,555	46%	30%	39%	58%	47	48.8	4	151.1	5	227.9	5	61	21
Oldham CCG	Oldham South PCN	7,791	283,346	47%	49%	45%	66%	24	32.7	27	151.1	5	227.9	5	61	22
Manchester CCG	Better Health MCR	2,524	285,870	47%	35%	37%	54%	55	45	7	197.5	2	346	1	65	23
Bolton CCG	Farnworth & Kearsley PCN	7,478	293,348	49%	45%	52%	77%	2	23.6	49	129.3	7	196.4	7	65	25
Trafford CCG	Trafford West	13,001	306,349	51%	34%	45%	67%	15	30.1	34	103.9	10	180.7	8	67	27
Bury CCG	Whitefield PCN	6,898	313,247	52%	37%	43%	64%	32	36.9	21	114	8	179.6	9	70	29
Oldham CCG	Oldham North PCN	8,658	321,905	53%	40%	46%	67%	14	22.8	51	151.1	5	227.9	5	75	31
Bolton CCG	Brightmet & Little Lever PCN	8,159	330,064	55%	46%	43%	64%	31	31.9	30	129.3	7	196.4	7	75	32
ManchesterCCG	Ardwick & Longsight	7,286	337,350	56%	32%	33%	48%	63	42	13	197.5	2	346	1	79	34
Oldham CCG	Oldham Central PCN	9,377	346,727	58%	40%	41%	60%	39	31.6	32	151.1	5	227.9	5	81	36
Manchester CCG	Gorton & Levenshulme	7,631	354,358	59%	50%	36%	53%	57	36.6	22	197.5	2	346	1	82	38
Stockport CCG	Werneth PCN	7,597	361,955	60%	44%	45%	67%	17	23.3	50	105.4	9	165.1	10	86	40
Oldham CCG	Oldham East PCN	13,535	375,490	62%	45%	44%	66%	25	21.6	53	151.1	5	227.9	5	88	41
Bolton CCG	Chorley Roads Network PCN	7,443	382,933	64%	38%	40%	58%	43	31.3	33	129.3	7	196.4	7	90	42
Bolton CCG	Hwl Network	4,764	387,697	64%	49%	39%	58%	48	32.3	29	129.3	7	196.4	7	91	43
Bolton CCG	Horwich	8,282	395,979	66%	39%	41%	61%	37	28.1	40	129.3	7	196.4	7	91	44
Manchester CCG	Hulme & City Centre South	2,835	398,814	66%	45%	40%	58%	44	24.2	48	197.5	2	346	1	95	45
Bury CCG	Horizon PCn	16,885	415,699	69%	44%	45%	66%	23	21	55	114	8	179.6	9	95	46
Stockport CCG	Victoria PCN	9,674	425,373	71%	42%	43%	64%	33	25.5	44	105.4	9	165.1	10	96	47
Bury CCG	Prestwich PCN	7,732	433,105	72%	39%	41%	60%	40	27.9	42	114	8	196.4	7	97	48
Wigan CCG	LIGA Wigan	9,128	442,233	73%	40%	42%	62%	36	22.2	52	132.4	6	245.5	4	98	49
Manchester CCG	Withington & Fallowfield	6,919	449,152	75%	40%	38%	56%	54	25.3	45	197.5	2	346	1	102	50
HMR CCG	Rochdale North	12,593	461,745	77%	42%	36%	53%	59	28.2	39	165.4	4	278.1	3	105	51
HMR CCG	The Bridge PCN	3,890	465,635	77%	45%	32%	48%	65	30.1	35	165.4	4	278.1	3	107	52
Bolton CCG	Westhoughton Network PCN	7,228	472,863	78%	35%	39%	58%	46	24.8	47	129.3	7	196.4	7	107	53
Manchester CCG	Didsbury, Chorlton park & Burnage	7,470	480,333	80%	39%	39%	58%	45	16.4	61	197.5	2	346	1	109	54
Manchester CCG	West Central manchester	9,784	490,117	81%	43%	38%	56%	52	21	56	197.5	2	346	1	111	55
Trafford CCG	North Trafford	7,787	497,904	83%	38%	38%	57%	50	27.4	43	103.9	10	180.7	8	111	56
Stockport CCG	Cheadle Network	7,769	505,673	84%	38%	41%	61%	38	18.3	57	105.4	9	165.1	10	114	57
Stockport CCG	Heaton's Group	12,987	518,660	86%	43%	43%	63%	34	15	63	105.4	9	165.1	10	116	58
Wigan CCG	North Wigan	11,426	530,086	88%	35%	40%	59%	42	9.9	65	132.4	6	245.5	4	117	59
Bolton CCG	Turton PCN	7,228	537,314	89%	42%	39%	57%	49	15.4	62	129.3	7	196.4	7	125	60
Bolton CCG	Rumworth PCN	5,163	542,477	90%	43%	31%	46%	66	25	46	129.3	7	196.4	7	126	61
Bolton CCG	Bolton Central	5,893	548,370	91%	42%	34%	51%	61	21.6	54	129.3	7	196.4	7	129	62
Stockport CCG	Hazel Grove, High Lane, & Marple	10,867	559,237	93%	39%	38%	56%	53	16.9	59	105.4	9	165.1	10	131	63
Trafford CCG	Sale Central	12,601	571,838	95%	33%	34%	50%	62	16.5	60	103.9	10	180.7	8	140	64
Trafford CCG	Altrincham Healthcare Alliance	9,629	581,467	96%	36%	36%	54%	56	9.6	66	103.9	10	180.7	8	140	65
Stockport CCG	Bramhall Cheadle & Hulme	13,931	595,398	99%	38%	36%	53%	58	13.7	64	105.4	9	165.1	10	141	66
Trafford CCG	South Trafford	7,421	602,819	100%	36%	36%	53%	60	8.1	67	103.9	10	180.7	8	145	67

**Table 6: Priority List
of PCN for GM Roll
Out of TLHC, adjusted
for Existing Active
Programmes**

NHSE Targeted LHC Roll Out and Greater Manchester Cancer Alliance

The selection criteria for roll out by PCN illustrated previously (identifying population sizes for aged 55-74 yrs, and ever-smoking rates) facilitates an estimate of population size and ever-smoking prevalence by calendar year that informs the required Lung Health Check capacity, baseline, interval and next round LDCT scanning capacity, 2ww referrals, diagnostic bundles and treatment volumes expected over time, using previous experience and service data.

TLHC Capacity and CT Conversion

The strategy to identify the eligible population involves selecting participants 54-75 years of age through a direct digital search of the GP patient record. This includes data extraction on over 1,800 smoking codes related to smoking status and previous smoking cessation advice to inform a mixed booking strategy, with 'fixed appointments' offered to participants with a history of ever-smoking, and an 'open appointment' to participants where the GP record has no such entries.

Key numbers for estimated modelling are therefore

1. Number of 55-74 year olds
2. Smoking prevalence per cohort (Cohort 1 73%, Cohort 2 62%, Cohort 3 61%, Cohort 4 53%), and resultant number of ever-smokers (capacity for fixed appointments required for all)
3. Uptake rate – currently at 50%, to provide number of completed Lung Health Checks
4. Conversion to CT (currently running at 54%)

The modelling has also included 3 additional distinct groups

1. Re-inviting non-responders from initial invitation, starting in 2027 with estimated 10% uptake, and conversion to CT of 54%. Non-responders from Cohorts 1-4 estimated at 143,454.
2. Invitation of new participants turning 55-years old, starting in 2027. ONS estimates this figure at ~38,000 per annum. It is known that uptake would remain at 50%, but conversion to CT (due to lower risk profile driven by younger age) would fall to 44%
3. Low-risk responders (current smokers 12.3%, ex-smokers 87.7%) can be re-invited at 6-years (initial risk calculations for lung cancer risk are 5 (LLP) or 6 year (PLCO) calculations) . For ex-smokers, only participants with a PLCO>0.68% (34.9% of low risk ex-smoking responders) could be expected to migrate into eligibility for CT scanning at some point, with 83.5% converting to CT. For current smokers, only participants with a PLCO score $\geq 0.63\%$ (51.1% of low risk responding current smokers) could be expected to migrate into eligibility, with 98.6% converting to CT.

Using these assumptions, the activity of the TLHC programme has been estimated over next 10 years, and is tabulated in Figures 1 and 2.

Figure 1: Schematic Roll Out by PCN Cohort 2023-2032

	Eligible Population	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	2030-2031	2031-2032	2032-2033
N& E MHCC	36,947	T0	T0+12	T1	T1+12	T2	T2+12	T3	T3+12	T4	T4+12	T5	T5+12	T6	T6+12
Salford	46,717		T0	T0+1	T1	T1+1	T2	T2+1	T3	T3+1	T4	T4+1	T5	T5+1	T6
Tameside (A)	29,865			T0	T0+1	T1	T1+1	T2	T2+1	T3	T3+1	T4	T4+1	T5	T5+1
Tameside (B)	29,865				T0	T0+1	T1	T1+1	T2	T2+1	T3	T3+1	T4	T4+1	T5
Cohort 1	108,171					T0	T0+1	T1	T1+1	T2	T2+1	T3	T3+1	T4	T4+1
Cohort 2	115,616						T0	T0+1	T1	T1+1	T2	T2+1	T3	T3+1	T4
Cohort 3	118,378							T0	T0+1	T1	T1+1	T2	T2+1	T3	T3+1
Cohort 4	122,486								T0	T0+1	T1	T1+1	T2	T2+1	T3
Cohort 5	37,831									T0	T0+1	T1	T1+1	T2	T2+1
Cohort 6	35,539										T0	T0+1	T1	T1+1	T2
Cohort 7	34,017											T0	T0+1	T1	T1+1
Low Risk Responders	28,054												T0	T0+1	T1

Figure 2: Expected Volumes of Targeted LHC and Baseline, Interval and Next Round LDCT Scanning, including 2ww Referrals

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	2030-2031	2031-2032	2032-2033
LHC (includes baseline T0 round)	11176	14132	9631	9631	39482	35916	36354	32459	11444	10751	10290	0	0	0
Baseline Screen (T0)	5586	7063	6404	6404	20875	18989	19221	17161	12823	5333	5094	9296	0	0
3m Interval Scans	713	901	1108	1200	3282	3127	4160	3790	4208	3184	3806	3813	3223	2937
12m interval scans	0	719	947	1540	1756	4249	4197	6584	6256	7837	6590	8089	7411	7565
15m interval scans	0	41	54	87	100	241	238	373	355	448	374	459	420	429
Next Screening Round	0	0	5103	6716	10856	12363	29990	29604	46287	43968	55425	46138	56611	51576
Scanning Days	152	204	241	279	815	832	1148	1123	1111	1073	1246	975	1128	1042
Sets of Scanning Vehicles	1	1	1	1	4	4	5	5	5	5	5	4	5	5
Sets of Scanning Vehicles	0.61	0.82	0.96	1.12	3.26	3.33	4.59	4.49	4.44	4.29	4.98	3.90	4.51	4.17
2ww Referrals	321	423	516	564	1502	1483	1919	1843	1988	1537	1770	1821	1524	1405
Lung Cancers Detected	206	273	342	377	987	982	1292	1246	1367	1076	1243	1262	1089	1003

Figure 3: Diagnostic Bundles

Diagnostic Standard of Care	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	2030-2031	2031-2032	2032-2033
DSOC 1	245	323	400	438	1158	1147	1496	1439	1564	1219	1405	1437	1219	1124
DSOC 2/3	30	39	44	47	131	127	157	149	152	111	126	136	102	94
DSOC 4	4	6	14	18	35	39	68	69	93	86	102	93	102	94
DSOC 5	11	14	12	12	41	37	38	33	25	10	10	18	0	0
DSOC 6	31	41	46	49	137	132	161	153	154	110	126	137	101	93
Total Referrals	321	423	516	564	1502	1483	1919	1843	1988	1536	1770	1821	1524	1405

Figure 4: Thoracic Surgery, Radiotherapy and Systemic Treatment Volumes

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	2030-2031	2031-2032	2032-2033
Surgery	137	182	228	251	659	655	862	831	912	718	829	842	726	669
SABR	20	26	33	36	90	88	118	114	115	89	105	108	94	92
Rad XRT	10	13	16	18	47	47	62	59	65	51	59	60	52	48
ChemoRad	20	26	33	36	94	93	123	119	130	102	118	120	104	96
Adj chemo	15	19	24	27	70	70	92	89	98	77	89	90	78	72
Palliative chemo	20	26	33	36	94	93	123	119	130	102	118	120	104	96
Palliative XRT	5	6	8	9	23	23	31	30	33	26	30	30	26	24
BSC	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Downstream Impact of the Accelerated NHSE TLHC Roll Out

As lung screening rolls out, a significant increase in lung 2-week wait referrals can be expected. Figure 2 quantifies the estimated change, and Figure 3 confirms the diagnostic bundles expected to investigate the screening referrals, according to NHSE service specification.

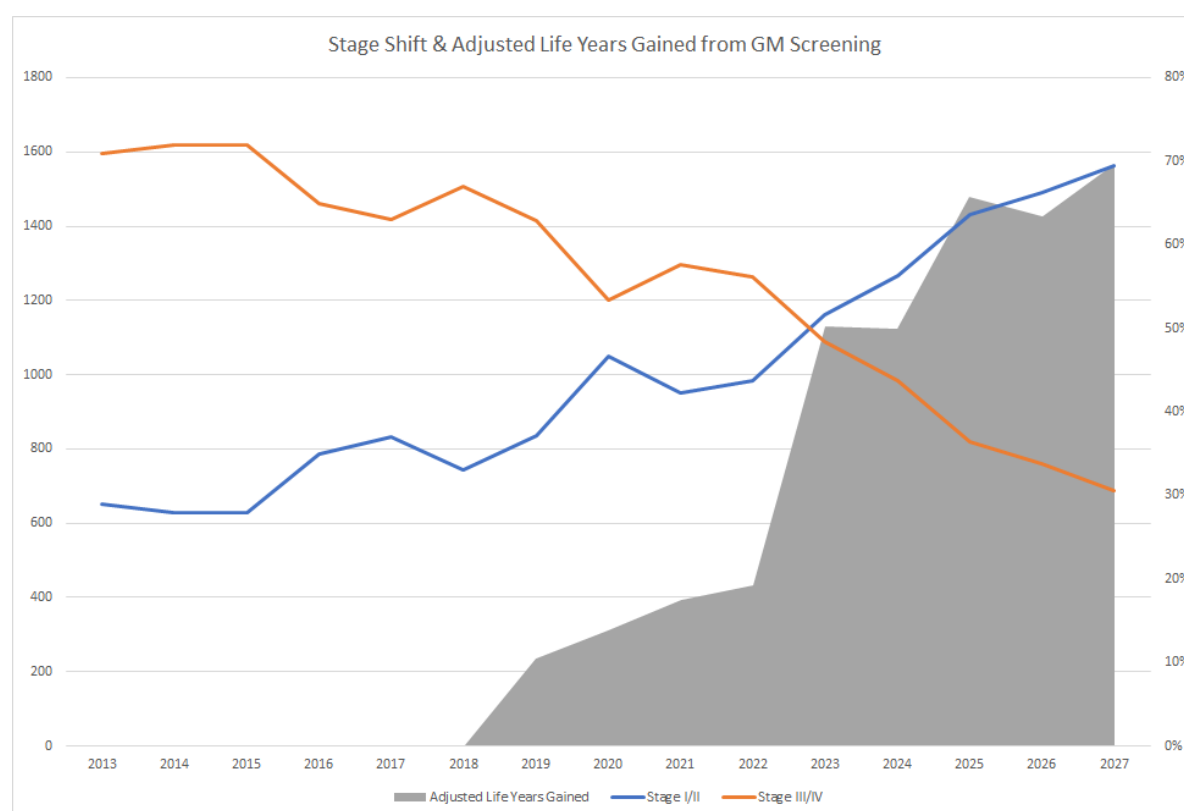
Similarly, the translation to treatment is demonstrated in Figure 4, with large increases in thoracic surgical & oncology treatment volumes.

Activity data generated from the current active programmes is included from 2019 – 2022 to contrast the shift and uplift in activity. Such changes will be difficult to accommodate within existing capacity, particularly post-COVID as cancer pathways continue to try and recover.

Consequently, this reinforces the need for additional investment and advanced planning for a Christie-MFT Diagnostic & Treatment Centre to support the lung pathway and GM lung screening roll out.

What is the Expected Result?

The success of local GM lung screening programmes to date confirm the deliverability of lung cancer screening in the NHS. If the infrastructure can be delivered to support the ambitious accelerated roll out, it is expected that there will be a significant change in the detection of stage I/II disease, in line with the aspirations of the NHS Long Term Plan, mirrored by an increase in life-years gained estimated from health economic analyses at over 14,500 over the next 10 years.



In addition, the detection of undiagnosed symptomatic airflow limitation (associated with hospitalisation and death) and treatment of unrecognised cardiovascular disease can be expected, not only to mitigate any concerns over overdiagnosis of lung cancer, to lead to a reduction in other leading causes of premature death and contribute significantly to the reduction in the life expectancy inequality gap that currently exists in deprived areas of Greater Manchester

	N&E MHCC	Salford	Tameside A	Tameside B	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5	Cohort 6	Cohort 7	Trafford	GM Impact
CT Evidence of Emphysema	6588	8330	5677	5677	25092	22825	23104	20628	16554	6858	6565	0	147899
Coronary Calcification	7638	9658	6582	6582	29091	26463	26786	23916	19192	7951	7611	0	171470
Undiagnosed Symptomatic COPD	1019	1289	878	878	3881	3531	3574	3191	2561	1061	1015	0	22878
Known CVD	2306	2916	1987	1987	8782	7989	8086	7220	5794	2400	2298	0	51765
known COPD	1935	2447	1668	1668	7371	6705	6787	6060	4863	2015	1928	0	43445
Qrisk≥10%	3469	4386	2990	2990	13212	12019	12166	10862	8717	3611	3457	0	77878

Table 1: GP Practice, Parent PCN and Deprivation (IMD 2019)

Parent Name	Area Name	PCN	IMD 2019	Median IMD	No Practices per PCN
NHS Bolton CCG	3D Medical Centre	BOLTON CENTRAL PCN	43.13047	42.1	12
NHS Bolton CCG	Al Fal Medical Group	BOLTON CENTRAL PCN	40.90402		
NHS Bolton CCG	Beehive Surgery	BOLTON CENTRAL PCN	41.75232		
NHS Bolton CCG	Bolton General Practice	BOLTON CENTRAL PCN	50.01222		
NHS Bolton CCG	Bolton Medical Centre	BOLTON CENTRAL PCN	43.90723		
NHS Bolton CCG	Bradford Street Surgery	BOLTON CENTRAL PCN	42.52743		
NHS Bolton CCG	Deane Clinic 1	BOLTON CENTRAL PCN	37.60267		
NHS Bolton CCG	Deane Medical Centre	BOLTON CENTRAL PCN	41.61886		
NHS Bolton CCG	Great Lever Health Centre 1	BOLTON CENTRAL PCN	41.75962		
NHS Bolton CCG	Lever Chambers 2	BOLTON CENTRAL PCN	42.70079		
NHS Bolton CCG	Olive Family Practice	BOLTON CENTRAL PCN	43.63106		
NHS Bolton CCG	Orient House Medical Centre	BOLTON CENTRAL PCN	35.51605		
NHS Bolton CCG	Little Lever Health Centre 1	BREIGHTMET& LITTLE LEVER PCN	32.03585	33.2	6
NHS Bolton CCG	Little Lever Health Centre 2	BREIGHTMET& LITTLE LEVER PCN	23.81771		
NHS Bolton CCG	Spring View Medical Centre	BREIGHTMET& LITTLE LEVER PCN	25.49848		
NHS Bolton CCG	The Alastair Ross Medical Practice	BREIGHTMET& LITTLE LEVER PCN	42.92193		
NHS Bolton CCG	The Dunstan Partnership	BREIGHTMET& LITTLE LEVER PCN	37.21384		
NHS Bolton CCG	Tonge Fold Health Centre	BREIGHTMET& LITTLE LEVER PCN	34.39215		
NHS Bolton CCG	Cornerstone Surgery	CHORLEY ROADS NETWORK PCN	28.13009	28.1	5
NHS Bolton CCG	Dalefield Surgery	CHORLEY ROADS NETWORK PCN	39.48386		
NHS Bolton CCG	Heaton Medical Centre	CHORLEY ROADS NETWORK PCN	21.14193		
NHS Bolton CCG	Spring House Surgery	CHORLEY ROADS NETWORK PCN	25.00941		
NHS Bolton CCG	Wyresdale Road Surgery	CHORLEY ROADS NETWORK PCN	39.15546		
NHS Bolton CCG	Farnworth Family Practice	FARNWORTH & KEARSLEY PCN	41.40154	41.6	4
NHS Bolton CCG	Fig Tree Medical Practice	FARNWORTH & KEARSLEY PCN	41.80975		
NHS Bolton CCG	Kearsley Medical Centre	FARNWORTH & KEARSLEY PCN	30.23261		
NHS Bolton CCG	Stonehill Medical Centre	FARNWORTH & KEARSLEY PCN	42.43327		
NHS Bolton CCG	Bolton Community Practice	HORWICH NETWORK PCN	27.01875	22.8	3
NHS Bolton CCG	Dr Malhotra & Partners	HORWICH NETWORK PCN	22.78739		
NHS Bolton CCG	Kildonan House	HORWICH NETWORK PCN	20.6259		
NHS Bolton CCG	Burnside Surgery	HWL NETWORK PCN	29.90854	43.8	6
NHS Bolton CCG	Charlotte Street Surgery	HWL NETWORK PCN	45.65012		
NHS Bolton CCG	Halliwell Surgery 1	HWL NETWORK PCN	43.1741		

NHS Bolton CCG	Halliwell Surgery 2	HWL NETWORK PCN	44.36881		
NHS Bolton CCG	Halliwell Surgery 3	HWL NETWORK PCN	47.38082		
NHS Bolton CCG	Lever Chambers 1/ Dr Earnshaw	HWL NETWORK PCN	42.78263		
NHS Bolton CCG	Pikes Lane 1	RUMWORTH PCN	38.01743	39.1	5
NHS Bolton CCG	Pikes Lane 2	RUMWORTH PCN	39.91766		
NHS Bolton CCG	Shanti Medical Centre	RUMWORTH PCN	39.84335		
NHS Bolton CCG	St Helens Road Practice	RUMWORTH PCN	31.25111		
NHS Bolton CCG	Swan Lane Medical Centre	RUMWORTH PCN	39.1419		
NHS Bolton CCG	Crompton View Surgery	TURTON PCN	33.21878	18.3	6
NHS Bolton CCG	Edgworth Medical Centre	TURTON PCN	9.765725		
NHS Bolton CCG	Egerton/Dunscar Health Centre	TURTON PCN	9.333667		
NHS Bolton CCG	Harwood Medical Centre	TURTON PCN	23.18892		
NHS Bolton CCG	Mandalay Medical Centre	TURTON PCN	13.33446		
NHS Bolton CCG	The Oaks Family Practice	TURTON PCN	29.3009	16.9	2
NHS Bolton CCG	Stable Fold Surgery	WESTHOUGHTON NETWORK PCN	17.65572		
NHS Bolton CCG	Unsworth Group Practice	WESTHOUGHTON NETWORK PCN	16.0715		
NHS Bury CCG	Garden City Medical Centre	BURY PCN	12.34284	31.6	11
NHS Bury CCG	Huntley Mount Medical Centre	BURY PCN	45.65607		
NHS Bury CCG	Knowsley Medical Centre	BURY PCN	32.42945		
NHS Bury CCG	Monarch Medical Centre	BURY PCN	29.6951		
NHS Bury CCG	Peel GPs	BURY PCN	31.87191		
NHS Bury CCG	Radcliffe Medical Practice	BURY PCN	30.11939		
NHS Bury CCG	Ramsbottom Medical Practice	BURY PCN	13.74077		
NHS Bury CCG	Ribblesdale Medical Practice	BURY PCN	27.10104		
NHS Bury CCG	Rock Healthcare Limited	BURY PCN	35.63445		
NHS Bury CCG	Townside Surgery	BURY PCN	28.84872		
NHS Bury CCG	Walmersley Road Medical Practice	BURY PCN	39.1727		
NHS Bury CCG	Mile Lane Health Centre	HORIZON *PCN	14.65707	21.6	5
NHS Bury CCG	Minden Family Practices - Dr Saxena	HORIZON *PCN	30.46903		
NHS Bury CCG	Red Bank Group Practice	HORIZON *PCN	27.18292		
NHS Bury CCG	Tower Family Healthcare	HORIZON *PCN	16.20485		
NHS Bury CCG	Woodbank Surgery	HORIZON *PCN	21.64823		
NHS Bury CCG	Fairfax Group Practice	PRESTWICH PCN	22.36788	22.2	6
NHS Bury CCG	Greyland Medical Centre	PRESTWICH PCN	20.6731		
NHS Bury CCG	Longfield Medical Practice	PRESTWICH PCN	22.43295		
NHS Bury CCG	St Gabriel's Medical Centre	PRESTWICH PCN	20.50927		

NHS Bury CCG	The Birches Medical Centre	PRESTWICH PCN	22.00059		
NHS Bury CCG	Whittaker Lane Med Centre	PRESTWICH PCN	22.46178		
NHS Bury CCG	Blackford House Medical Centre	WHITEFIELD DISTRICT & COMMUNITY PCN	18.08387	23.3	4
NHS Bury CCG	The Elms Medical Centre	WHITEFIELD DISTRICT & COMMUNITY PCN	23.95284		
NHS Bury CCG	The Uplands Medical Practice	WHITEFIELD DISTRICT & COMMUNITY PCN	23.03546		
NHS Bury CCG	Unsworth Medical Centre	WHITEFIELD DISTRICT & COMMUNITY PCN	23.62785		
NHS Heywood, Middleton And Rochdale CCG	Castleton Health Centre	CANALSIDE HEALTH & WELLBEING NETWORK PCN	34.25605		
NHS Heywood, Middleton And Rochdale CCG	Kirkholt Medical Practice	CANALSIDE HEALTH & WELLBEING NETWORK PCN	50.1132	43.2	4
NHS Heywood, Middleton And Rochdale CCG	The Kingsway Practice	CANALSIDE HEALTH & WELLBEING NETWORK PCN	45.50034		
NHS Heywood, Middleton And Rochdale CCG	Wellfield Health Centre	CANALSIDE HEALTH & WELLBEING NETWORK PCN	40.9336		
NHS Heywood, Middleton And Rochdale CCG	Birtle View Medical Practice	HEYWOOD PCN	38.66709		
NHS Heywood, Middleton And Rochdale CCG	Heady Hill Surgery	HEYWOOD PCN	36.59986	36.6	5
NHS Heywood, Middleton And Rochdale CCG	Heywood Health	HEYWOOD PCN	37.68724		
NHS Heywood, Middleton And Rochdale CCG	Hopwood Medical Centre	HEYWOOD PCN	28.8341		
NHS Heywood, Middleton And Rochdale CCG	Longford Street Medical Centre	HEYWOOD PCN	34.34892		
NHS Heywood, Middleton And Rochdale CCG	Durnford Medical Centre	MIDDLETON PCN	31.83379		
NHS Heywood, Middleton And Rochdale CCG	Middleton Health Centre	MIDDLETON PCN	37.32218	32.3	8
NHS Heywood, Middleton And Rochdale CCG	Peterloo Medical Centre	MIDDLETON PCN	30.19853		
NHS Heywood, Middleton And Rochdale CCG	Rochdale Road Medical Centre	MIDDLETON PCN	32.77783		
NHS Heywood, Middleton And Rochdale CCG	The Hive Health Centre	MIDDLETON PCN	30.95628		
NHS Heywood, Middleton And Rochdale CCG	The Junction Surgery	MIDDLETON PCN	25.53373		
NHS Heywood, Middleton And Rochdale CCG	Windermere Surgery	MIDDLETON PCN	44.04482		
NHS Heywood, Middleton And Rochdale CCG	Woodside Medical Centre	MIDDLETON PCN	42.29588		
NHS Heywood, Middleton And Rochdale CCG	Littleborough Group Practice	PENNINES PCN	23.56367	24.2	6

NHS Heywood, Middleton And Rochdale CCG	Milnrow Village Practice	PENNINES PCN	24.32365		
NHS Heywood, Middleton And Rochdale CCG	Pennine Surgery	PENNINES PCN	23.96319		
NHS Heywood, Middleton And Rochdale CCG	Stonefield Street Surgery	PENNINES PCN	24.44418		
NHS Heywood, Middleton And Rochdale CCG	The Village Medical Ctr.	PENNINES PCN	24.23589		
NHS Heywood, Middleton And Rochdale CCG	Trinity Medical Centre	PENNINES PCN	24.25878		
NHS Heywood, Middleton And Rochdale CCG	Ashworth Street Surgery	ROCHDALE NORTH PCN	36.84502	36.9	7
NHS Heywood, Middleton And Rochdale CCG	Edenfield Road Surgery	ROCHDALE NORTH PCN	18.96085		
NHS Heywood, Middleton And Rochdale CCG	Healey Surgery	ROCHDALE NORTH PCN	28.75075		
NHS Heywood, Middleton And Rochdale CCG	Inspire Medical Centre	ROCHDALE NORTH PCN	50.64549		
NHS Heywood, Middleton And Rochdale CCG	Mark Street Surgery	ROCHDALE NORTH PCN	42.00629		
NHS Heywood, Middleton And Rochdale CCG	The Dawes Family Practice	ROCHDALE NORTH PCN	36.90295		
NHS Heywood, Middleton And Rochdale CCG	Yorkshire St Surgery	ROCHDALE NORTH PCN	38.38743		
NHS Heywood, Middleton And Rochdale CCG	Croft Shifa Health Centre	THE BRIDGE PCN	49.35705	48.8	6
NHS Heywood, Middleton And Rochdale CCG	Dr A Hamid	THE BRIDGE PCN	49.14247		
NHS Heywood, Middleton And Rochdale CCG	Dr Gwd Bhima	THE BRIDGE PCN	45.59673		
NHS Heywood, Middleton And Rochdale CCG	Dr Mb Ghafoor & Partners	THE BRIDGE PCN	48.03319		
NHS Heywood, Middleton And Rochdale CCG	Family Practice	THE BRIDGE PCN	48.7901		
NHS Heywood, Middleton And Rochdale CCG	The Dale Medical Practice	THE BRIDGE PCN	48.81056		
NHS Manchester CCG	Ailsa Craig Medical Centre	ARDWICK & LONGSIGHT PCN	41.79792	42.0	10
NHS Manchester CCG	Ardwick Medical Practice	ARDWICK & LONGSIGHT PCN	42.15401		
NHS Manchester CCG	Dickenson Road Medical Centre	ARDWICK & LONGSIGHT PCN	43.89068		
NHS Manchester CCG	Dr Chiu, Koh and Gan	ARDWICK & LONGSIGHT PCN	40.97488		
NHS Manchester CCG	Longsight Medical Practice	ARDWICK & LONGSIGHT PCN	45.69927		
NHS Manchester CCG	Manchester Medical	ARDWICK & LONGSIGHT PCN	44.30889		
NHS Manchester CCG	Parkside Surgery	ARDWICK & LONGSIGHT PCN	44.07346		
NHS Manchester CCG	Surrey Lodge Practice	ARDWICK & LONGSIGHT PCN	35.85286		

NHS Manchester CCG	The Vallance Centre	ARDWICK & LONGSIGHT PCN	32.50372		
NHS Manchester CCG	Wilmslow Road Surgery	ARDWICK & LONGSIGHT PCN	35.93177		
NHS Manchester CCG	Beacon Medical Centre	BLACKLEY HARPURHEY & CHARLESTOWN PCN	47.70161	52.9	9
NHS Manchester CCG	Charlestown Md	BLACKLEY HARPURHEY & CHARLESTOWN PCN	50.58197		
NHS Manchester CCG	Conran Medical Centre	BLACKLEY HARPURHEY & CHARLESTOWN PCN	55.06669		
NHS Manchester CCG	Dam Head Medical Centre	BLACKLEY HARPURHEY & CHARLESTOWN PCN	53.41079		
NHS Manchester CCG	Fernclough Surgery	BLACKLEY HARPURHEY & CHARLESTOWN PCN	60.33614		
NHS Manchester CCG	The Avenue Medical Centre	BLACKLEY HARPURHEY & CHARLESTOWN PCN	45.85063		
NHS Manchester CCG	The Singh Medical Practice	BLACKLEY HARPURHEY & CHARLESTOWN PCN	52.86323		
NHS Manchester CCG	Valentine Medical Centre	BLACKLEY HARPURHEY & CHARLESTOWN PCN	48.08297		
NHS Manchester CCG	Willowbank Surgery	BLACKLEY HARPURHEY & CHARLESTOWN PCN	54.94597		
NHS Manchester CCG	Cheetham Hill Primary Care Centre	CHEETHAM HILL AND CRUMPSALL PCN	45.8395	42.1	7
NHS Manchester CCG	Jolly Medical Centre	CHEETHAM HILL AND CRUMPSALL PCN	38.83394		
NHS Manchester CCG	New Collegiate Medical Centre	CHEETHAM HILL AND CRUMPSALL PCN	42.11268		
NHS Manchester CCG	Park View Medical Centre	CHEETHAM HILL AND CRUMPSALL PCN	40.13892		
NHS Manchester CCG	Queens Medical Centre	CHEETHAM HILL AND CRUMPSALL PCN	41.19728		
NHS Manchester CCG	The Neville Family Centre	CHEETHAM HILL AND CRUMPSALL PCN	44.35839		
NHS Manchester CCG	Wellfield Medical Centre	CHEETHAM HILL AND CRUMPSALL PCN	43.92511		
NHS Manchester CCG	Ancoats Urban Village Medical Practice	CITY CENTRE & ANCOATS PCN	43.07593	43.1	3
NHS Manchester CCG	City Health Centre	CITY CENTRE & ANCOATS PCN	27.56197		
NHS Manchester CCG	New Islington Medical Centre	CITY CENTRE & ANCOATS PCN	47.86887		
NHS Manchester CCG	Cornerstone Family Practice	CLAYTON BESWICK & OPENSHAW PCN	44.59966	48.4	7
NHS Manchester CCG	Dr Khan's Practice	CLAYTON BESWICK & OPENSHAW PCN	48.39255		
NHS Manchester CCG	Drs Hanif & Bannuru	CLAYTON BESWICK & OPENSHAW PCN	48.71697		
NHS Manchester CCG	Eastlands Medical Centre	CLAYTON BESWICK & OPENSHAW PCN	48.53609		

NHS Manchester CCG	Five Oaks Family Practice	CLAYTON BESWICK & OPENSHAW PCN	50.77416		
NHS Manchester CCG	Florence House Medical Practice	CLAYTON BESWICK & OPENSHAW PCN	48.13679		
NHS Manchester CCG	Lime Square Medical Centre	CLAYTON BESWICK & OPENSHAW PCN	43.3473		
NHS Manchester CCG	Barlow Medical Centre	DIDSBURY CHORLTON PARK & BURNAGE PCN	17.73509	24.8	4
NHS Manchester CCG	David Medical Centre	DIDSBURY CHORLTON PARK & BURNAGE PCN	37.00281		
NHS Manchester CCG	Didsbury Medical Centre - Dr Whitaker	DIDSBURY CHORLTON PARK & BURNAGE PCN	18.25098		
NHS Manchester CCG	Kingsway Medical Practice	DIDSBURY CHORLTON PARK & BURNAGE PCN	31.27215		
NHS Manchester CCG	Ashcroft Surgery	GORTON & LEVENSHULME PCN	38.24725	38.7	7
NHS Manchester CCG	Gorton Medical Centre	GORTON & LEVENSHULME PCN	50.38777		
NHS Manchester CCG	Hawthorn Mc	GORTON & LEVENSHULME PCN	34.06997		
NHS Manchester CCG	Levenshulme Medical Practice	GORTON & LEVENSHULME PCN	38.74372		
NHS Manchester CCG	Mount Road Surgery	GORTON & LEVENSHULME PCN	53.03833		
NHS Manchester CCG	West Gorton Medical Practice	GORTON & LEVENSHULME PCN	55.93103		
NHS Manchester CCG	West Point Medical Centre	GORTON & LEVENSHULME PCN	37.108		
NHS Manchester CCG	Cornbrook Medical Practice	HULME & CITY CENTRE SOUTH PCN	35.67233	31.6	3
NHS Manchester CCG	The Arch Medical Practice	HULME & CITY CENTRE SOUTH PCN	31.62379		
NHS Manchester CCG	The Doc's Surgery	HULME & CITY CENTRE SOUTH PCN	27.0961		
NHS Manchester CCG	Droylsden Rd Family Practice	MILES PLATTING NEWTON HEATH & MOSTON PCN	51.63496	51.6	7
NHS Manchester CCG	Hazeldene Medical Centre	MILES PLATTING NEWTON HEATH & MOSTON PCN	33.57088		
NHS Manchester CCG	Mp Victoria Mill	MILES PLATTING NEWTON HEATH & MOSTON PCN	61.42622		
NHS Manchester CCG	Newton Heath Medical Centre	MILES PLATTING NEWTON HEATH & MOSTON PCN	54.90897		
NHS Manchester CCG	Simpson Medical Practice	MILES PLATTING NEWTON HEATH & MOSTON PCN	47.29881		
NHS Manchester CCG	St George's Medical Centre	MILES PLATTING NEWTON HEATH & MOSTON PCN	48.10483		
NHS Manchester CCG	Whitley Road Medical Centre	MILES PLATTING NEWTON HEATH & MOSTON PCN	58.5812		
NHS Manchester CCG	Brooklands Medical Practice	NORTHENDEN & BROOKLANDS (WYTHENSHAW) PCN	32.5651	32.6	5
NHS Manchester CCG	Northenden Group Practice	NORTHENDEN & BROOKLANDS (WYTHENSHAW) PCN	29.83633		

NHS Manchester CCG	Northern Moor Medical Practice	NORTHENDEN & BROOKLANDS (WYTHENSHAW) PCN	37.36355		
NHS Manchester CCG	The Park Medical Centre	NORTHENDEN & BROOKLANDS (WYTHENSHAW) PCN	43.18513		
NHS Manchester CCG	Woodlands Medical Practice	NORTHENDEN & BROOKLANDS (WYTHENSHAW) PCN	22.82309		
NHS Manchester CCG	New Bank Health	ROBERT DARBISHIRE PRACTICE PCN	45.64858	45.0	3
NHS Manchester CCG	The Robert Darbishire Practice	ROBERT DARBISHIRE PRACTICE PCN	37.8768		
NHS Manchester CCG	The Whitswood Practice	ROBERT DARBISHIRE PRACTICE PCN	45.03682		
NHS Manchester CCG	Ashville Surgery	WEST CENTRAL MANCHESTER PCN	27.92847	27.9	7
NHS Manchester CCG	Chorlton Family Practice	WEST CENTRAL MANCHESTER PCN	22.08272		
NHS Manchester CCG	Corkland Road Medical Practice	WEST CENTRAL MANCHESTER PCN	24.82211		
NHS Manchester CCG	Princess Road Surgery	WEST CENTRAL MANCHESTER PCN	41.27471		
NHS Manchester CCG	The Alexandra Practice	WEST CENTRAL MANCHESTER PCN	32.37438		
NHS Manchester CCG	The Range Medical Centre	WEST CENTRAL MANCHESTER PCN	39.47152		
NHS Manchester CCG	Wilbraham Surgery	WEST CENTRAL MANCHESTER PCN	23.42163		
NHS Manchester CCG	Al-Shifa Medical Centre	WITHINGTON & FALLOWFIELD PCN	33.23704	31.3	6
NHS Manchester CCG	Bodey Medical Centre	WITHINGTON & FALLOWFIELD PCN	28.42043		
NHS Manchester CCG	Fallowfield Medical Centre	WITHINGTON & FALLOWFIELD PCN	29.75854		
NHS Manchester CCG	Ladybarn Group Practice	WITHINGTON & FALLOWFIELD PCN	35.11944		
NHS Manchester CCG	Mauldeth Medical Centre	WITHINGTON & FALLOWFIELD PCN	26.26179		
NHS Manchester CCG	The Borchardt Medical Centre	WITHINGTON & FALLOWFIELD PCN	32.87746		
NHS Manchester CCG	Benchill Medical Practice	WYTHENSHAW PCN	55.69092	50.3	7
NHS Manchester CCG	Bowland Medical Practice	WYTHENSHAW PCN	44.09312		
NHS Manchester CCG	Cornishway Group Practice	WYTHENSHAW PCN	50.26118		
NHS Manchester CCG	Peel Hall Medical Centre	WYTHENSHAW PCN	50.28033		
NHS Manchester CCG	Rk Medical Practice	WYTHENSHAW PCN	51.96421		
NHS Manchester CCG	The Maples Medical Centre	WYTHENSHAW PCN	41.8431		
NHS Manchester CCG	Tregenna Group Practice	WYTHENSHAW PCN	46.60355		

NHS Oldham CCG	Block Lane Surgery	MILLTOWN ALLIANCE PCN	38.94419	38.9	9
NHS Oldham CCG	Ch Medical Practice	MILLTOWN ALLIANCE PCN	32.86345		
NHS Oldham CCG	Chadderton Medical Practice	MILLTOWN ALLIANCE PCN	34.57046		
NHS Oldham CCG	Chadderton South Health Centre	MILLTOWN ALLIANCE PCN	28.26761		
NHS Oldham CCG	Danson Family Practice P85018	MILLTOWN ALLIANCE PCN	40.68594		
NHS Oldham CCG	Kapur Family Care	MILLTOWN ALLIANCE PCN	44.83024		
NHS Oldham CCG	Littleton Family Med Pract	MILLTOWN ALLIANCE PCN	42.58184		
NHS Oldham CCG	Werneth Medical Practice (Kapur/ Mohanty)	MILLTOWN ALLIANCE PCN	45.46905		
NHS Oldham CCG	Woodlands Medical Practice	MILLTOWN ALLIANCE PCN	25.09552		
NHS Oldham CCG	Alexandra Group Med Pract	OLDHAM CENTRAL PCN	44.87719	46.9	13
NHS Oldham CCG	Greenbank Medical Practice	OLDHAM CENTRAL PCN	44.37478		
NHS Oldham CCG	Hopwood House Medical Practice	OLDHAM CENTRAL PCN	40.88787		
NHS Oldham CCG	Jalal Practice	OLDHAM CENTRAL PCN	45.19266		
NHS Oldham CCG	Jarvis Medical Practice	OLDHAM CENTRAL PCN	48.34693		
NHS Oldham CCG	John Street Medical Practice	OLDHAM CENTRAL PCN	46.92431		
NHS Oldham CCG	Lindley House Health Centre	OLDHAM CENTRAL PCN	50.95352		
NHS Oldham CCG	Oldham Family Practice	OLDHAM CENTRAL PCN	43.33005		
NHS Oldham CCG	Perkins Practice	OLDHAM CENTRAL PCN	50.42399		
NHS Oldham CCG	St Mary's Medical Centre	OLDHAM CENTRAL PCN	48.25532		
NHS Oldham CCG	Sunvalley Medical Practice	OLDHAM CENTRAL PCN	47.09015		
NHS Oldham CCG	The Chowdhury Practice	OLDHAM CENTRAL PCN	48.92108		
NHS Oldham CCG	The Duru Practice	OLDHAM CENTRAL PCN	46.48811		
NHS Oldham CCG	Lees Medical Practice	OLDHAM EAST PCN	33.30708		
NHS Oldham CCG	Leesbrook Surgery	OLDHAM EAST PCN	18.09898		
NHS Oldham CCG	Moorside Medical Practice	OLDHAM EAST PCN	30.7968	28.2	7
NHS Oldham CCG	Pennine Medical Centre	OLDHAM EAST PCN	18.42114		
NHS Oldham CCG	Saddleworth Medical Practice	OLDHAM EAST PCN	9.640579		
NHS Oldham CCG	Saraf Medical Practice	OLDHAM EAST PCN	28.18199		
NHS Oldham CCG	Springfield House	OLDHAM EAST PCN	37.45591		
NHS Oldham CCG	Oak Gables Medical Practice	OLDHAM NORTH PCN	24.44095		
NHS Oldham CCG	Royton Medical Centre	OLDHAM NORTH PCN	26.15272	25.3	4
NHS Oldham CCG	The Royton & Crompton Family Practice	OLDHAM NORTH PCN	21.46534		
NHS Oldham CCG	Village Medical Practice	OLDHAM NORTH PCN	26.7243		
NHS Oldham CCG	Failsworth Group Practice	OLDHAM SOUTH PCN	29.33314	45.3	7
NHS Oldham CCG	Hill Top Surgery	OLDHAM SOUTH PCN	50.30202		
NHS Oldham CCG	Hollinwood Medical Practice	OLDHAM SOUTH PCN	45.33311		

NHS Oldham CCG	Medlock Medical Practice	OLDHAM SOUTH PCN	34.24243		
NHS Oldham CCG	Oldham Medical Services	OLDHAM SOUTH PCN	46.97681		
NHS Oldham CCG	Quayside Medical Practice	OLDHAM SOUTH PCN	30.24453		
NHS Oldham CCG	St Chads Medical Practice	OLDHAM SOUTH PCN	53.47139		
NHS Salford CCG	3/Lower Broughton Medical Practice	BROUGHTON HEALTH ALLIANCE PCN	48.90451	37.6	7
NHS Salford CCG	Blackfriars	BROUGHTON HEALTH ALLIANCE PCN	27.92129		
NHS Salford CCG	Care Homes Medical Practice	BROUGHTON HEALTH ALLIANCE PCN	37.56908		
NHS Salford CCG	Dr Davis's Medical Practice	BROUGHTON HEALTH ALLIANCE PCN	34.20104		
NHS Salford CCG	Limefield Road Medical Practice	BROUGHTON HEALTH ALLIANCE PCN	32.55665		
NHS Salford CCG	Mocha Parade Medical Practice	BROUGHTON HEALTH ALLIANCE PCN	45.30464		
NHS Salford CCG	Newbury Green Medical Practice	BROUGHTON HEALTH ALLIANCE PCN	43.80548		
NHS Salford CCG	(Irlam) Salford Care Ctrs Medical Practi	ECCLES & IRLAM PCN	26.47233	29.7	7
NHS Salford CCG	1/Monton Medical Practice	ECCLES & IRLAM PCN	29.71336		
NHS Salford CCG	3/Springfield House Medical Practice	ECCLES & IRLAM PCN	38.66562		
NHS Salford CCG	Chapel Medical Centre	ECCLES & IRLAM PCN	27.72315		
NHS Salford CCG	Salford Primary Care Together	ECCLES & IRLAM PCN	47.31477		
NHS Salford CCG	St Andrews Medical Centre	ECCLES & IRLAM PCN	34.72894		
NHS Salford CCG	The Mosslands Medical Practice	ECCLES & IRLAM PCN	26.88518		
NHS Salford CCG	1/Salford Medical Practice	ORDSALL & CLAREMENT PCN	40.96087	40.5	10
NHS Salford CCG	Clarendon Medical Practice	ORDSALL & CLAREMENT PCN	47.38469		
NHS Salford CCG	Cornerstone Medical Practice	ORDSALL & CLAREMENT PCN	44.16974		
NHS Salford CCG	Langworthy Medical Practice	ORDSALL & CLAREMENT PCN	43.75347		
NHS Salford CCG	Ordsall Health Surgery	ORDSALL & CLAREMENT PCN	35.55772		
NHS Salford CCG	Orient Road Medical Practice	ORDSALL & CLAREMENT PCN	26.88802		
NHS Salford CCG	Pendleton Medical Centre	ORDSALL & CLAREMENT PCN	47.07996		
NHS Salford CCG	Sorrel Bank Medical Practice	ORDSALL & CLAREMENT PCN	35.96278		
NHS Salford CCG	The Height General Practice	ORDSALL & CLAREMENT PCN	30.02611		
NHS Salford CCG	The Willows Medical Practice	ORDSALL & CLAREMENT PCN	39.96574		
NHS Salford CCG	Silverdale Medical Practice	SWINTON PCN	32.75902	28.0	4
NHS Salford CCG	The Lakes Medical Practice	SWINTON PCN	28.58862		
NHS Salford CCG	The Poplars Medical Practice	SWINTON PCN	27.3957		
NHS Salford CCG	The Sides Medical Practice	SWINTON PCN	14.05502		

NHS Salford CCG	Cherry Medical Practice	WALKDEN & LITTLE HULTON PCN	50.5626	35.0	10
NHS Salford CCG	Cleggs Lane Medical Practice/129	WALKDEN & LITTLE HULTON PCN	52.07803		
NHS Salford CCG	Dearden Avenue Medical Practice	WALKDEN & LITTLE HULTON PCN	50.88093		
NHS Salford CCG	Dr Loomba and Partners	WALKDEN & LITTLE HULTON PCN	36.64304		
NHS Salford CCG	Ellenbrook Medical Centre	WALKDEN & LITTLE HULTON PCN	14.44208		
NHS Salford CCG	Manchester Road East Medical Practice	WALKDEN & LITTLE HULTON PCN	47.04236		
NHS Salford CCG	Orchard Medical Practice	WALKDEN & LITTLE HULTON PCN	15.58977		
NHS Salford CCG	The Gill Medical Practice	WALKDEN & LITTLE HULTON PCN	33.37305		
NHS Salford CCG	The Limes Medical Practice	WALKDEN & LITTLE HULTON PCN	30.71668		
NHS Salford CCG	Walkden Medical Centre	WALKDEN & LITTLE HULTON PCN	31.56832		
NHS Stockport CCG	Bramhall & Shaw Heath Medical Group	BRAMHALL CHEADLE & HULME PCN	22.50914	9.6	5
NHS Stockport CCG	Bramhall Health Centre	BRAMHALL CHEADLE & HULME PCN	5.806876		
NHS Stockport CCG	Cheadle Hulme Health Ctr 2	BRAMHALL CHEADLE & HULME PCN	9.647069		
NHS Stockport CCG	Hulme Hall Medical Group	BRAMHALL CHEADLE & HULME PCN	11.28967		
NHS Stockport CCG	The Village Surgery	BRAMHALL CHEADLE & HULME PCN	5.591655		
NHS Stockport CCG	Cheadle Medical Practice	CHEADLE NETWORK PCN	18.31281	15.4	4
NHS Stockport CCG	Gatley Medical Centre	CHEADLE NETWORK PCN	12.98513		
NHS Stockport CCG	Heald Green Health Centre 1	CHEADLE NETWORK PCN	15.45873		
NHS Stockport CCG	Heald Green Health Centre 2	CHEADLE NETWORK PCN	15.30613		
NHS Stockport CCG	Beech House Medical Pract	HAZEL GROVE HIGH LANE & MARPLE PCN	12.81605	13.7	6
NHS Stockport CCG	High Lane Medical Centre	HAZEL GROVE HIGH LANE & MARPLE PCN	9.791365		
NHS Stockport CCG	Marple Bridge Surgery	HAZEL GROVE HIGH LANE & MARPLE PCN	9.028198		
NHS Stockport CCG	Marple Cottage Surgery	HAZEL GROVE HIGH LANE & MARPLE PCN	15.10778		
NHS Stockport CCG	Marple Medical Practice	HAZEL GROVE HIGH LANE & MARPLE PCN	14.65412		
NHS Stockport CCG	Springfield Surgery	HAZEL GROVE HIGH LANE & MARPLE PCN	17.06137		
NHS Stockport CCG	Heaton Mersey Med.Pract.	HEATONS GROUP NETWORK PCN	14.19148	21.0	3
NHS Stockport CCG	Heaton Moor Medical Group	HEATONS GROUP NETWORK PCN	21.01316		
NHS Stockport CCG	Manor Medical Practice	HEATONS GROUP NETWORK PCN	33.41883		
NHS Stockport CCG	Brinnington Surgery	TAME VALLEY PCN	62.14585	33.9	6
NHS Stockport CCG	Family Surgery	TAME VALLEY PCN	28.86213		

NHS Stockport CCG	Heaton Norris Health Ctr. 1	TAME VALLEY PCN	37.09556		
NHS Stockport CCG	Park View Group Practice	TAME VALLEY PCN	28.96501		
NHS Stockport CCG	South Reddish Medical Ctr 2	TAME VALLEY PCN	30.65206		
NHS Stockport CCG	Vernon Park Surgery	TAME VALLEY PCN	39.88313		
NHS Stockport CCG	Adshall Road Medical Prac	VICTORIA PCN	26.75778	25.5	6
NHS Stockport CCG	Bracondale Medical Centre	VICTORIA PCN	19.64536		
NHS Stockport CCG	Cale Green Surgery	VICTORIA PCN	31.49195		
NHS Stockport CCG	Caritas General Practice Partnership	VICTORIA PCN	22.8632		
NHS Stockport CCG	Dr H Lloyd's Practice	VICTORIA PCN	24.16343		
NHS Stockport CCG	Stockport Medical Group	VICTORIA PCN	30.73557		
NHS Stockport CCG	Alvanley Family Practice	WERNETH PCN	26.58136	23.6	6
NHS Stockport CCG	Archwood Medical Practice	WERNETH PCN	23.08606		
NHS Stockport CCG	Bredbury Medical Centre	WERNETH PCN	27.73857		
NHS Stockport CCG	Chadsfield Medical Practice	WERNETH PCN	19.2188		
NHS Stockport CCG	The Guywood Practice	WERNETH PCN	20.74222		
NHS Stockport CCG	Woodley Village Surgery	WERNETH PCN	24.15855		
NHS Tameside And Glossop CCG	Albion Medical Practice	ASHTON PCN	36.32992	39.0	7
NHS Tameside And Glossop CCG	Ashton GPService	ASHTON PCN	49.439		
NHS Tameside And Glossop CCG	Ashton Medical Group	ASHTON PCN	36.41474		
NHS Tameside And Glossop CCG	Gordon Street Medical Centre	ASHTON PCN	39.92077		
NHS Tameside And Glossop CCG	HT Practice	ASHTON PCN	38.85144		
NHS Tameside And Glossop CCG	Stamford House	ASHTON PCN	39.16295		
NHS Tameside And Glossop CCG	Waterloo Medical Centre	ASHTON PCN	32.34607		
NHS Tameside And Glossop CCG	West End Medical Centre	ASHTON PCN	40.19954		
NHS Tameside And Glossop CCG	Denton Medical Practice	DENTON PCN	31.17914	29.3	6
NHS Tameside And Glossop CCG	Droylsden Medical Practice	DENTON PCN	28.81903		
NHS Tameside And Glossop CCG	Guide Bridge Medical Practice	DENTON PCN	31.34804		
NHS Tameside And Glossop CCG	Market Street Medical Practice	DENTON PCN	29.78373		
NHS Tameside And Glossop CCG	Medlock Vale Medical Practice	DENTON PCN	26.66219		

NHS Tameside And Glossop CCG	Millgate Healthcare Partnership	DENTON PCN	27.7221		
NHS Tameside And Glossop CCG	Cottage Lane Surgery	GLOSSOP PCN	36.15005	17.2	6
NHS Tameside And Glossop CCG	Hadfield Medical Centre	GLOSSOP PCN	17.28208		
NHS Tameside And Glossop CCG	Howard Street Medical Practice	GLOSSOP PCN	20.08334		
NHS Tameside And Glossop CCG	Lambgates Health Centre	GLOSSOP PCN	17.10631		
NHS Tameside And Glossop CCG	Manor House Surgery	GLOSSOP PCN	16.21235		
NHS Tameside And Glossop CCG	Simmondley Medical Practice	GLOSSOP PCN	11.10988		
NHS Tameside And Glossop CCG	Awburn House Medical Practice	HYDE PCN	25.73814	31.8	8
NHS Tameside And Glossop CCG	Clarendon Medical Centre	HYDE PCN	33.21858		
NHS Tameside And Glossop CCG	Donneybrook Medical Centre	HYDE PCN	32.65221		
NHS Tameside And Glossop CCG	Dukinfield Medical Practice	HYDE PCN	30.94962		
NHS Tameside And Glossop CCG	Hattersley Group Practice	HYDE PCN	55.34719		
NHS Tameside And Glossop CCG	Haughton/Thornley Medical Centres	HYDE PCN	32.66611		
NHS Tameside And Glossop CCG	The Brooke Surgery	HYDE PCN	30.69301		
NHS Tameside And Glossop CCG	The Smithy Surgery	HYDE PCN	22.03569		
NHS Tameside And Glossop CCG	Grosvenor Medical Centre	STALYBRIDGE PCN	29.66704	29.7	9
NHS Tameside And Glossop CCG	King Street Medical Centre	STALYBRIDGE PCN	37.96309		
NHS Tameside And Glossop CCG	Lockside Medical Centre	STALYBRIDGE PCN	27.07212		
NHS Tameside And Glossop CCG	Millbrook Medical Practice	STALYBRIDGE PCN	26.1598		
NHS Tameside And Glossop CCG	Mossley Medical Practice	STALYBRIDGE PCN	22.84353		
NHS Tameside And Glossop CCG	Pike Medical Practice	STALYBRIDGE PCN	26.73921		
NHS Tameside And Glossop CCG	St.andrew's House Surgery	STALYBRIDGE PCN	29.99022		
NHS Tameside And Glossop CCG	Staveleigh Medical Centre	STALYBRIDGE PCN	30.20732		

NHS Tameside And Glossop CCG	Town Hall Surgery	STALYBRIDGE PCN	34.5978		
NHS Trafford CCG	Altrincham Medical Practice	ALTRINCHAM HEALTHCARE ALLIANCE PCN	8.122176	8.1	5
NHS Trafford CCG	Park Medical Practice	ALTRINCHAM HEALTHCARE ALLIANCE PCN	9.041272		
NHS Trafford CCG	Shay Lane Medical Centre (Kelman)	ALTRINCHAM HEALTHCARE ALLIANCE PCN	6.388744		
NHS Trafford CCG	St Johns Medical Centre	ALTRINCHAM HEALTHCARE ALLIANCE PCN	7.275788		
NHS Trafford CCG	West Timperley Medical Centre	ALTRINCHAM HEALTHCARE ALLIANCE PCN	10.73989		
NHS Trafford CCG	Brooks Bar Medical Centre (Limelight Health & Wellbeing Hub)	NORTH TRAFFORD PCN	38.09964	27.4	5
NHS Trafford CCG	Delamere Medical Practice	NORTH TRAFFORD PCN	22.75669		
NHS Trafford CCG	Lostock Medical Centre	NORTH TRAFFORD PCN	23.73645		
NHS Trafford CCG	North Trafford Group Practice	NORTH TRAFFORD PCN	27.37677		
NHS Trafford CCG	Old Trafford Medical Practice	NORTH TRAFFORD PCN	29.35832		
NHS Trafford CCG	Bodmin Road Health Centre	SALE CENTRAL PCN	16.62047	16.5	5
NHS Trafford CCG	Boundary House Medical Centre	SALE CENTRAL PCN	26.41863		
NHS Trafford CCG	Conway Road Medical Practice	SALE CENTRAL PCN	13.16302		
NHS Trafford CCG	Firsway Health Centre	SALE CENTRAL PCN	16.4724		
NHS Trafford CCG	Washway Road Medical Centre	SALE CENTRAL PCN	10.94945		
NHS Trafford CCG	Barrington Medical Centre	SOUTH TRAFFORD PCN	9.088807	9.9	7
NHS Trafford CCG	Family Surgery	SOUTH TRAFFORD PCN	11.65325		
NHS Trafford CCG	Grove Medical Practice	SOUTH TRAFFORD PCN	9.874371		
NHS Trafford CCG	Riddings Family Health Centre	SOUTH TRAFFORD PCN	8.439443		
NHS Trafford CCG	Shay Lane Medical Centre (Patel)	SOUTH TRAFFORD PCN	6.153689		
NHS Trafford CCG	Timperley Health Centre (Westwood)	SOUTH TRAFFORD PCN	13.5235		
NHS Trafford CCG	Village Surgery	SOUTH TRAFFORD PCN	10.08026		
NHS Trafford CCG	Davyhulme Medical Centre	TRAFFORD WEST PCN	13.05673	15.0	7
NHS Trafford CCG	Flixton Road Medical Centre	TRAFFORD WEST PCN	14.78027		
NHS Trafford CCG	Gloucester House Medical Centre	TRAFFORD WEST PCN	17.03686		
NHS Trafford CCG	Partington Central Surgery	TRAFFORD WEST PCN	44.13843		
NHS Trafford CCG	Partington Family Practice	TRAFFORD WEST PCN	43.72973		
NHS Trafford CCG	Primrose Surgery	TRAFFORD WEST PCN	14.98079		
NHS Trafford CCG	Urmston Group Practice	TRAFFORD WEST PCN	14.66913		
NHS Wigan Borough CCG	Dr Ahmad & Ptnrs	HINDLEY PCN	33.90358	33.9	7
NHS Wigan Borough CCG	Dr Tun & Partners	HINDLEY PCN	26.11121		

NHS Wigan Borough CCG	Higher Ince Surgery	HINDLEY PCN	39.91089		
NHS Wigan Borough CCG	Lower Ince Surgery	HINDLEY PCN	37.81769		
NHS Wigan Borough CCG	Pennygate Medical Centre	HINDLEY PCN	25.46663		
NHS Wigan Borough CCG	Rivington Way Surgery	HINDLEY PCN	37.56824		
NHS Wigan Borough CCG	Ullah M	HINDLEY PCN	32.61201		
NHS Wigan Borough CCG	Brookmill Medical Centre	LEIGH PCN	30.04926	32.7	11
NHS Wigan Borough CCG	Dr Wong and Partners	LEIGH PCN	33.84549		
NHS Wigan Borough CCG	Esa Surgery Ltd (The Avenue Surgery)	LEIGH PCN	34.28952		
NHS Wigan Borough CCG	Foxleigh Family Surgery	LEIGH PCN	32.17493		
NHS Wigan Borough CCG	Grasmere Surgery	LEIGH PCN	29.35678		
NHS Wigan Borough CCG	Leigh Family Practice	LEIGH PCN	38.65412		
NHS Wigan Borough CCG	Leigh Sports Village	LEIGH PCN	24.22097		
NHS Wigan Borough CCG	Lilford Park Surgery (& Pennington Park Surgery)	LEIGH PCN	32.70278		
NHS Wigan Borough CCG	Pennington Park Surgery	LEIGH PCN	34.54518		
NHS Wigan Borough CCG	Premier Health Team	LEIGH PCN	29.81826		
NHS Wigan Borough CCG	Westleigh Medical Practice	LEIGH PCN	33.28087		
NHS Wigan Borough CCG	Braithwaite Rd Surgery	LIGA WIGAN PCN	15.35502	21.6	8
NHS Wigan Borough CCG	Bryn Street Surgery	LIGA WIGAN PCN	21.14315		
NHS Wigan Borough CCG	Dr Pal (Golborne)	LIGA WIGAN PCN	22.82174		
NHS Wigan Borough CCG	High Street Medical Centre	LIGA WIGAN PCN	23.44521		
NHS Wigan Borough CCG	Pitalia S	LIGA WIGAN PCN	20.5752		
NHS Wigan Borough CCG	Shahbazi Ss	LIGA WIGAN PCN	22.05372		
NHS Wigan Borough CCG	Slag Lane Mc	LIGA WIGAN PCN	18.37855		
NHS Wigan Borough CCG	Xavier Ca	LIGA WIGAN PCN	26.66229		
NHS Wigan Borough CCG	Aspull Surgery	NORTH WIGAN PCN	21.24235	16.4	4
NHS Wigan Borough CCG	Beech Hill Medical Practice	NORTH WIGAN PCN	24.08618		
NHS Wigan Borough CCG	Shevington Surgery	NORTH WIGAN PCN	10.6365		
NHS Wigan Borough CCG	Standish Medical Practice	NORTH WIGAN PCN	11.50102		
NHS Wigan Borough CCG	Bryn Cross Surgery	SWAN NETWORK WIGAN PCN	20.31875	21.0	8
NHS Wigan Borough CCG	Dalton Tm (shakespeare)	SWAN NETWORK WIGAN PCN	31.69004		
NHS Wigan Borough CCG	Hawkey Brook Medical Practice	SWAN NETWORK WIGAN PCN	20.05279		
NHS Wigan Borough CCG	Marus Bridge Practice	SWAN NETWORK WIGAN PCN	21.70917		
NHS Wigan Borough CCG	Medicentre	SWAN NETWORK WIGAN PCN	19.18803		
NHS Wigan Borough CCG	Saxena L	SWAN NETWORK WIGAN PCN	12.18431		
NHS Wigan Borough CCG	The Chandler Surgery (kumar)	SWAN NETWORK WIGAN PCN	23.3471		
NHS Wigan Borough CCG	Zaman	SWAN NETWORK WIGAN PCN	23.51285		

NHS Wigan Borough CCG	Astley General Practice	TABA WIGAN PCN	16.39493	25.0	11
NHS Wigan Borough CCG	Bee Fold Medical Centre	TABA WIGAN PCN	29.7895		
NHS Wigan Borough CCG	Dr Anderson & Dr Ahmed	TABA WIGAN PCN	13.93632		
NHS Wigan Borough CCG	Dr Khatri Cp	TABA WIGAN PCN	25.03294		
NHS Wigan Borough CCG	Dr KK Chan & Partners	TABA WIGAN PCN	30.29325		
NHS Wigan Borough CCG	Dr Vardhan's Surgery	TABA WIGAN PCN	13.04262		
NHS Wigan Borough CCG	Dr Vasanth	TABA WIGAN PCN	31.75223		
NHS Wigan Borough CCG	Elliott Street Surgery	TABA WIGAN PCN	23.59634		
NHS Wigan Borough CCG	Meadowview Surgery	TABA WIGAN PCN	31.06551		
NHS Wigan Borough CCG	Poplar Street Surgery	TABA WIGAN PCN	31.1125		
NHS Wigan Borough CCG	Sivakumar & Partner	TABA WIGAN PCN	14.48159		
NHS Wigan Borough CCG	Bradshaw Medical Centre	WIGAN CENTRAL PCN	25.91936	31.9	9
NHS Wigan Borough CCG	Dr Seabrook	WIGAN CENTRAL PCN	25.33861		
NHS Wigan Borough CCG	Intrahealth Marsh Green	WIGAN CENTRAL PCN	49.31605		
NHS Wigan Borough CCG	Longshoot Medical Practice	WIGAN CENTRAL PCN	31.9648		
NHS Wigan Borough CCG	Mesnes View Surgery	WIGAN CENTRAL PCN	25.77312		
NHS Wigan Borough CCG	Newtown Medical Practice	WIGAN CENTRAL PCN	33.6021		
NHS Wigan Borough CCG	Pemberton Surgery	WIGAN CENTRAL PCN	36.271		
NHS Wigan Borough CCG	Sullivan Way Surgery	WIGAN CENTRAL PCN	31.90267		
NHS Wigan Borough CCG	The Dicconson Group Practice	WIGAN CENTRAL PCN	29.23643		

Table 2: GM CCGs, PCN's and Number of GP Practices

		GP Practices per PCN	Practices per CCG
Bolton CCG	BOLTON CENTRAL PCN	12	49
	BRIGHTMET& LITTLE LEVER PCN	6	
	CHORLEY ROADS NETWORK PCN	5	
	FARNWORTH & KEARSLEY PCN	4	
	HORWICH NETWORK PCN	3	
	HWL NETWORK PCN	6	
	RUMWORTH PCN	5	
	TURTON PCN	6	
	WESTHOUGHTON NETWORK PCN	2	
Bury CCG	BURY PCN	11	26
	HORIZON *PCN	5	
	PRESTWICH PCN	6	
	WHITEFIELD DISTRICT & COMMUNITY PCN	4	
HMR CCG	CANALSIDE HEALTH & WELLBEING NETWORK PCN	4	36
	HEYWOOD PCN	5	
	MIDDLETON PCN	8	
	PENNINES PCN	6	
	ROCHDALE NORTH PCN	7	
	THE BRIDGE PCN	6	
Manchester CCG	ARDWICK & LONGSIGHT PCN	10	85
	BLACKLEY HARPURHEY & CHARLESTOWN PCN	9	
	CHEETHAM HILL AND CRUMPSALL PCN	7	
	CITY CENTRE & ANCOATS PCN	3	
	CLAYTON BESWICK & OPENSHAW PCN	7	
	DIDSBURY CHORLTON PARK & BURNAGE PCN	4	
	GORTON & LEVENSHULME PCN	7	
	HULME & CITY CENTRE SOUTH PCN	3	
	MILES PLATTING NEWTON HEATH & MOSTON PCN	7	
	NORTHENDEN & BROOKLANDS (WYTHENSHAW) PCN	5	
	ROBERT DARBISHIRE PRACTICE PCN	3	
	WEST CENTRAL MANCHESTER PCN	7	
	WITHINGTON & FALLOWFIELD PCN	6	
	WYTHENSHAW PCN	7	
Oldham CCG	MILLTOWN ALLIANCE PCN	9	40
	OLDHAM CENTRAL PCN	13	
	OLDHAM EAST PCN	7	
	OLDHAM NORTH PCN	4	
	OLDHAM SOUTH PCN	7	
Salford CCG	BROUGHTON HEALTH ALLIANCE PCN	7	38
	ECCLES & IRLAM PCN	7	
	ORDSALL & CLAREMENT PCN	10	
	SWINTON PCN	4	
	WALKDEN & LITTLE HULTON PCN	10	
Stockport CCG	BRAMHALL CHEADLE & HULME PCN	5	33
	CHEADLE NETWORK PCN	4	
	HAZEL GROVE HIGH LANE & MARPLE PCN	6	
	TAME VALLEY PCN	6	
	VICTORIA PCN	6	
	WERNETH PCN	6	
Tameside CCG	HEATONS GROUP NETWORK PCN	3	36
	ASHTON PCN	7	
	DENTON PCN	6	
	GLOSSOP PCN	6	
	HYDE PCN	8	
Trafford CCG	STALYBRIDGE PCN	9	29
	ALTRINCHAM HEALTHCARE ALLIANCE PCN	5	
	NORTH TRAFFORD PCN	5	
	SALE CENTRAL PCN	5	
	SOUTH TRAFFORD PCN	7	
	TRAFFORD WEST PCN	7	
Wigan CCG	HINDLEY PCN	7	58
	LEIGH PCN	11	
	LIGA WIGAN PCN	8	
	NORTH WIGAN PCN	4	
	SWAN NETWORK WIGAN PCN	8	
	TABA WIGAN PCN	11	
	WIGAN CENTRAL PCN	9	
	<i>Median Number Practices per PCN</i>	6	

References

IMD data for 2019 is available from the UK government portal (<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>).

Primary Care Neighbourhoods have been identified from 'GP and GP Practice data' available from the NHS Digital website (<https://digital.nhs.uk/services/organisation-data-service/file-downloads/gp-and-gp-practice-related-data>, accessed Jan 2022).

Population age profile - GP registered population by sex and quinary age band 2020

<https://fingertips.phe.org.uk/search/smoking#page/12/gid/2000006/pat/166/par/E38000016/ati/204/iid/90452/age/164/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

Lung Cancer Mortality

https://nww.cancerstats.nhs.uk/mortality/base_numbers

Title of paper:	Embedding genomic testing into routine cancer diagnostic pathways
Purpose of the paper:	To provide members of GM Cancer Board with an update on the GM Cancer Alliance strategy development to deliver genomic testing
Summary outline of main points / highlights / issues	<ul style="list-style-type: none"> Identified priorities for the next twelve months including: <ul style="list-style-type: none"> Increase uptake of genomic tests according to NHS Genomics Test Directory including Whole Genome Sequencing/panel testing/NTRK testing/DPYD testing Compliance to alliance planning guidance for Lynch Syndrome Increase awareness of genomics within the cancer workforce through education and engagement with pathway boards/MDTs around genomics Identify barriers to implementation
Consulted	<ul style="list-style-type: none"> North West Genomic Laboratory Hub Greater Manchester Cancer Medical Director and Associate Director
Author of paper and contact details	<p>Name: Dr Matthew Krebs Title: Cancer Genomics Clinical Lead, North West Genomic Laboratory Hub</p> <p>Name: Claire Goldrick Title: Pathway Manager Email: Claire.goldrick@nhs.net</p>

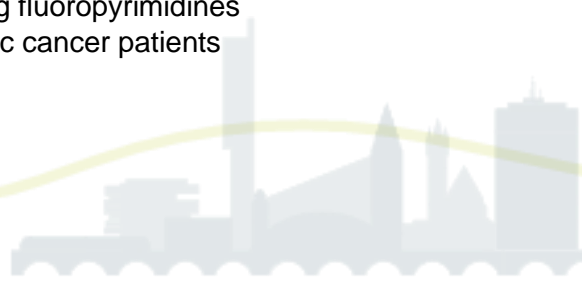
1. Background

The NHS [Genomics Test Directory](#) details all genomic tests for solid tumours and haematological malignancies available through the regional Genomic Laboratory Hubs (GLH). The collective aim of the Genomic Medicine Service Alliance (GMSA), GLH and GM Cancer is to embed genomic testing in the diagnostic pathway routinely for all eligible cancer patients to support clinical decision making, research and improved patient outcomes.

2. Genomic testing implementation strategy:

To embed genomic testing within diagnostic pathways, the priorities for the next twelve months include:

- Increasing the uptake of Whole Genome Sequencing (WGS) for patients with eligible cancer types (see Figure.1)
- Embedding acquisition of fresh tissue at diagnosis for WGS
- Increasing the uptake of panel testing for all indications on the National Genomic Test Directory through reflex testing or MDT decision
- Embedding Lynch testing for endometrial and colorectal patients
- Ensuring routine DPYD testing for all patients receiving fluoropyrimidines
- Ensuring routine NTRK testing for all eligible metastatic cancer patients



- Improving knowledge and raising awareness of genomic testing in the cancer workforce
- Exploring IT solutions for genomic test requests and return of results to EPR systems

Whole Genome Sequencing:

Whole Genome Sequencing (WGS) is indicated for disease types shown in Figure.1. Fresh frozen tissue (or a fresh dry sample shipped within 72 hours) is required for WGS presenting a paradigm shift in the way diagnostic specimens are currently handled. GM Cancer are working with the GLH to increase knowledge and awareness of the availability of WGS to increase uptake through bespoke webinars and engagement with specific disease groups through the pathway boards. GM Cancer will facilitate a survey with the GLH to identify barriers to implementing WGS within diagnostic pathways such as consent processes and acquisition/processing of samples.

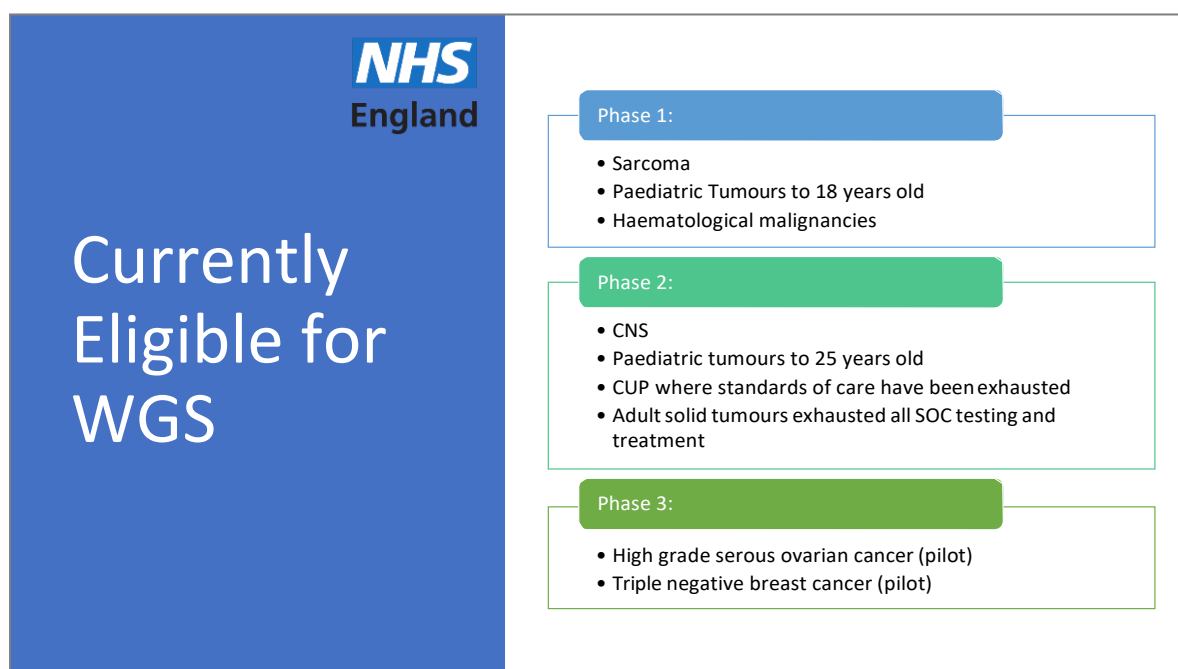


Figure.1 Cancer types currently eligible for WGS on the NHS Test Directory. The Phase relates to the stages this has been implemented by NHS England. All phases shown are now active and eligible for WGS. Phase 3 currently remains a pilot but is open for testing.

The GLH are subject to quarterly performance review with NHS England on uptake of WGS and all Test Directory indications. Figure 2 shows latest figures for cancer with poor uptake of WGS across the North West region to date.

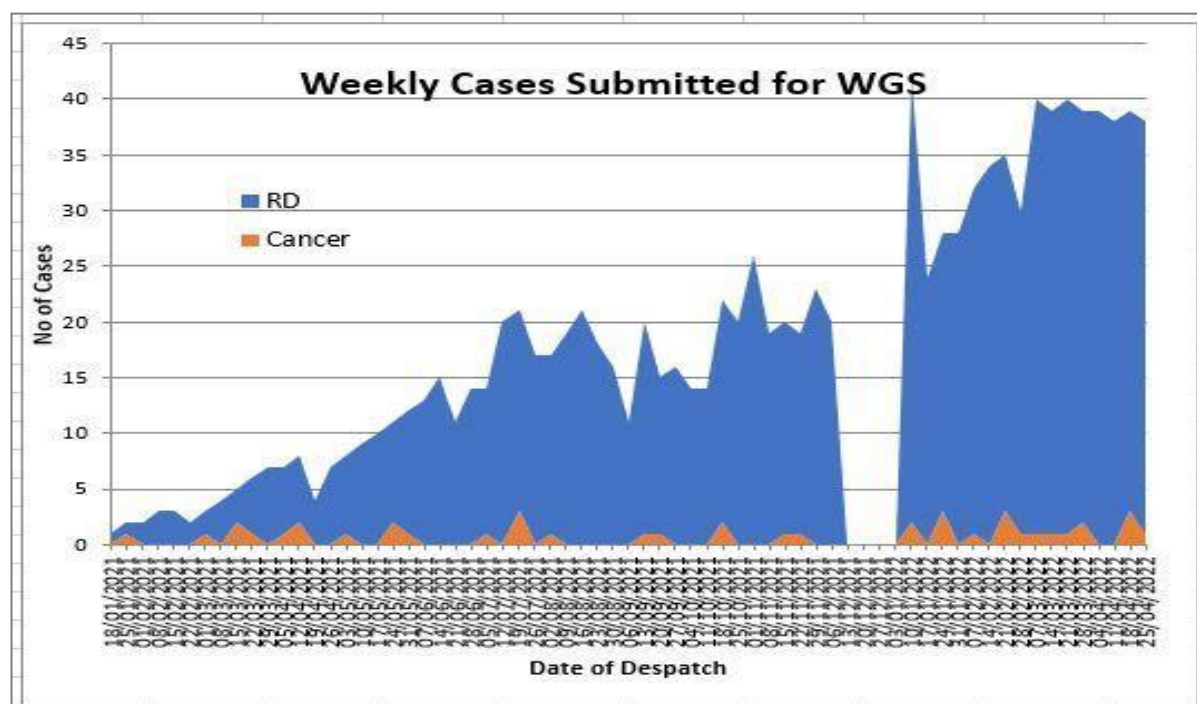


Figure.2 Weekly cases submitted for WGS from NWGLH between Jan 2021 and Apr 2022. Blue peaks represent number of cases submitted for rare disease (non-cancer) indications that have consistently increased. Orange peaks represent cancer cases submitted and demonstrates lack of progress in uptake since launch.

Panel testing:

The majority of genomic alterations on the Test Directory will be tested at the GLH using 'canc p ls' on formalin fixed tissue samples. Some disease groups have well-established pathways for requesting panel testing but others are likely under-utilising the service potentially inhibiting access for patients to the latest precision medicines or clinical trials. The GLH are currently evaluating a means to routinely review metrics of testing uptake across disease type and region to help focus areas for educational need and pathway development. The GLH will work with GM Cancer Alliance to help address the testing gaps.

Lynch Syndrome Testing:

The NHS England Alliance planning guidance requires all patients diagnosed with endometrial and colorectal cancers are tested for lynch syndrome according the NICE DG27 & DG42. All endometrial cancers are currently being tested in Greater Manchester (GM), however, some samples are being sent to laboratories outside of GM and therefore need to be repatriated as each GLH are funded to provide testing for their area. Only one Trust in GM is testing all colorectal cancers which has a significant impact on capacity at Manchester Foundation Trust (MRI). GM Cancer and the GMSA are working on developing a solution moving forward utilising the funding provided for this financial year.

DPYD Testing:

All patients planned for fluoropyrimidine treatment should undergo DPYP testing, to exclude DPD enzyme deficiency, that will prevent significant or life-threatening toxicity with this treatment. Pathways have been effectively implemented and we need to ensure all relevant patients are being captured for this testing.



NTRK Testing:

NTRK testing is available for all advanced stage cancer patients who have exhausted other treatment options. Testing should be requested later in the treatment pathway and whilst incidence is <1% of all cancer types, precision treatment with TRK inhibitors is NICE approved. Testing is currently under-utilised with an estimated 15% of all cancer patients eligible for testing.

Educating/upskilling the cancer workforce:

The cancer workforce will require varying degrees of education and upskilling relating to genomic testing and the role of GM Cancer, GLH and GMSA is to ensure that educational materials are easily accessible to our cancer workforce through:

- Considering genomics within role competencies for the cancer workforce e.g. Clinical Nurse Specialists and Cancer Care Co-ordinators.
- Communicating the availability of educational materials and programmes available relating to genomic testing e.g. [Health Education England Genomics Education Programme](#).
- Creating test specific resource toolkits for Lynch Syndrome and WGS utilising the [breast genetic testing toolkit](#) as a template.
- Utilising the GM Cancer website as a resource for links to tumour specific education, referrals forms, toolkits, and links to GLH/GMSA websites.
- The GLH host a Genomics Tumour Advisory Board (GTAB) meeting once every two weeks for the discussion and interpretation of WGS results. This forum is highly educational and clinically relevant, and GM Cancer continue to encourage attendance.

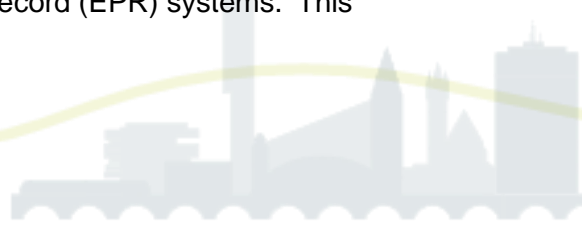
3. Next Steps

- GM Cancer to finalise implementation plan for Lynch Syndrome testing
- Identify barriers to implementing WGS and continue to engage and inform disease groups as WGS becomes available
- Engage pathology/surgery/radiology colleagues on the importance of suitable tissue collection for genomic testing, particularly fresh tissue for WGS
- To gather data and agree key metrics on uptake of genomic testing for regional/national comparison
- To finalise formal governance structure and reporting mechanisms for genomic strategy within GM Cancer particularly with pathology e.g. personalised care/pathway board
- Work with GLH/GMSA to collate and disseminate education opportunities for cancer workforce
- Raise awareness and encourage attendance at GTAB
- Consider extending the function of the GTAB for discussion of panel testing results, particularly once a pan-tumour cancer panel is implemented later in 2022.
- Set up genomic page on GM Cancer website with links to referral forms, education, GMSA and GLH pages.

4. Recommendation, requests / support required of the Board

GM Cancer Board is asked to support the identified priorities and next steps and to consider long term barriers to embedding genomic testing into routine cancer diagnostic pathways which include:

- Digital transformation is required to facilitate electronic test requesting to the GLH and automated delivery of reports into Electronic Patient Record (EPR) systems. This



would support real-world data collection plans in which genomic test results are essential.

- The additional impact on the cancer workforce of embedding testing pathways into already stretched diagnostic pathways. The timely consent process for WGS and additional sample tracking, shipment and workflow will need future resource support and should be considered within any future workforce capacity planning.

Future expansion of the utility of genomic testing and results to support research:

- Building a database of genomic results (panel testing from GLH and WGS via NHS Genomics England research environment) which would facilitate research projects, audits, MRes projects and undergraduate projects in genomics. This is essential to the future development of the genomic and cancer workforce.
- Expanding panel reporting of genes outside the National Test Directory to facilitate the identification of clinical trial opportunities which aligns with Cancer Research UK ambition.

Further Information:

GLH: <https://mft.nhs.uk/nwglh/>

GMSA: <https://www.nw-gmsa.nhs.uk/>

