Greater Manchester Cancer

NHS Greater Manchester Integrated Care

GM Cancer – Cancer Board Agenda

Meeting time and date: Monday 30th January 2023, 15:00-17:00
Venue: The LifeCentre, 235 Washway Road, Sale, M33 4BP
Meeting Chair: Roger Spencer, Co-Chair: Anita Rolfe

	Item	Type	To	Lead	Time
1	Welcome and apologies	Verbal	-	Roger Spencer Anita Rolfe	10’
2	System Escalation Plans	Verbal	Discuss	Roger Spencer	30’
3	22/23 Operational Planning Guidance	Paper 1	Inform	Claire O’Rourke	10’
4	Faster Diagnosis & Operational Improvement and Treatment	Paper 2/ Presentation	Update	Lisa Galligan-Dawson	15’
5	GM Cancer Programme Update	Paper 3/ Presentation	Update	Alison Jones	20’
6	Early Diagnosis	Presentation	Update	Alison Jones	10’
7	Personalised Care	Presentation	Update	Freya Driver	10’
8	Workforce and Education	Presentation	Update	Suzanne Lilley	10’
9	Papers for information: - Pathway Board Work Programmes	Paper 4	Update	Susan Todd	-
10	AOB	-	Discuss	All	5’

The next meeting is scheduled Monday 27th March 2023 at The LifeCentre, 235 Washway Road, Sale, M33 4BP.

Greater Manchester Cancer Board
Minutes and Actions

Meeting time and date: Monday 30th January 2023 15:00 – 17.00
Venue: The Life Centre, Sale

Members present		
Name	**Role**	**Organisation/ Representation**
Roger Spencer (RS)	Co-Chair / Chief Executive	The Christie NHS Foundation Trust
Nabila Farooq (NF)	Service User Representative	GM Cancer
Dave Shackley (DS)	Medical Director	GM Cancer
Claire O'Rourke (COR)	Managing Director	GM Cancer
Alison Jones (AJ)	Director of Early Diagnosis and Commissioning	GM Cancer
Alison Armstrong (AA)	Associate Director	GM Cancer
Lisa Galligan-Dawson (LGD)	Performance Director	GM Cancer
Suzanne Lilley (SL)	Workforce & Education Programme Director	GM Cancer
Sarah Taylor (ST)	GP/ Primary Care Lead	GM Cancer
Leah Robins (LR)	GM Trust Chief Operating Officer	Northern Care Alliance NHS Foundation Trust
Rob Bellingham (RB)	Director of Primary Care and Strategic Commissioning	GM NHS Integrated Care

Roger Prudham (RP)	Lead Cancer Clinician representative	Northern Care Alliance NHS Foundation Trust
Ed Dyson (ED)	Director of Performance	NHS Greater Manchester Integrated Care
John Wareing (JW)	Director of Strategy	The Christie NHS Foundation Trust
Sally Parkinson (SPa)	GM Finance	The Christie NHS Foundation Trust

In attendance		
Name	**Role**	**Organisation/Representation**
Niki Jones	Pathway Support Officer	GM Cancer
Claire Goldrick	Pathway Manager	GM Cancer
Vicky Sharrock	Programme Lead	Provider Federation Board

Apologies		
Name	**Role**	**Organisation**
Anita Rolfe	Co-Chair / GM Place Lead Representative	Stockport CCG
Susannah Penney	Associate Medical Director	GM Cancer Alliance
Lisa Spencer	GM Trust Director of Strategy representative	Northern Care Alliance NHS Foundation Trust
Freya Howle	Director of Personalised Care	GM Cancer
Manisha Kumar	Medical Director	NHS GM Integrated Care

Janelle Yorke	Chief Nurse	The Christie NHS Foundation Trust
Rob Bristow	Director / Research Representative	Manchester Cancer Research Centre
Claire Trinder	Director of Research Operations and Strategy	University of Manchester
Janet Castrogiovanni	Managing Director	Greater Manchester Primary Care Provider Board
Victoria Cooper	Lead Cancer Nurse	Northern Care Alliance NHS Foundation Trust
Mary Flemming	Chief Operating Officer	Wrightington, Wigan and Leigh NHS Foundation Trust
Jane Pilkington	Head of Public Health	Population Health

1. Welcome and Apologies	
Discussion summary	RS welcomed all attendees and noted apologies. The minutes of the November meeting were unavailable to share prior to the meeting and will be shared alongside the minutes for this meeting.
Actions and responsibility	GM Cancer admin team to share the minutes of the November meeting alongside the minutes for this meeting.

2. System Escalation Plans	
Discussion summary	RS noted significant operational pressures within the GM system (particularly in emergency care) resulting in escalation of operational delivery. The board acknowledged that all system providers including Primary, Secondary, Social, Ambulatory and Voluntary Sectors are all impacted by the pressures. RS noted the importance of acknowledging those system responsibilities and accountability within our governance structures. COR noted that senior members of the cancer alliance team are attending all system escalation meetings including System Operational Response Taskforce (SORT), Primary Care Cell and Tier calls relating to particular trusts. The cancer

	alliance senior team members attend Chief Operating Officer and Medical Director meetings which are a key mechanism within which to escalate to Provider Federation Board providing a clear and robust governance and communication structure. Within the alliance, there are regular Programme Assurance and Strategy and Risk meetings which are operational, financial and delivery based. Regular meetings with the Integrated Care Board and other system leaders allow the senior team to escalate issues including the impact of recent industrial action and the impact upon cancer patients and the workforce supporting them and champion the work of the alliance. The cancer alliances are also accountable to the NHS national team, COR attends monthly meetings of all cancer alliance managing directors and the wider senior leadership attend fortnightly meetings. There are also strong working relationships with the two other North-West alliances which are Cheshire and Merseyside and Lancashire and South Cumbria. ST commented that at a recent Cancer Research UK (CRUK) GP lead call there was a discussion around decreased numbers of referrals and the need to encourage people to attend Primary Care at a local level. RS confirmed that at a recent National Early Diagnosis meeting the same issue was discussed. RP noted that some patients are surprised when they are diagnosed with cancer that they do not need to wait months for treatment and NF commented that there is a need to reassure patients again that they should engage with the health system. A number of NHS trusts are currently in escalation including Manchester NHS Foundation Trust (MFT) and Northern Care Alliance (NCA) for 78 week waiting time targets. The group discussed the national pressure to reduce the total number of patients waiting over 78 weeks for elective treatment and that elective treatment leaders within the system are working together with the cancer alliance and Trusts to ensure that cancer is prioritised. The group acknowledged that the pressure to recover both cancer and elective performance is on the same capacity for beds etc. and that ongoing industrial action and bank holidays over the next few months add to the pressure. COR noted the need for national systematic communication to address some of these issues and that the communication team at the alliance is well connected to the national team.
Actions and responsibility	No action required.

3. 2023/24 Operational Planning Guidance	
Discussion summary	COR noted that the national planning guidance document for 2023/24 was released in December 2022 and that the cancer alliance planning pack was released on the 27th January (please see attached). The key priorities for the next financial year relate to the recovery of core services, operational performance, and the delivery of the NHS Long Term Plan (LTP). The national team require cancer alliances to describe delivery plans by the 7th March which senior members of the alliance are working with system colleagues to align with elective recovery and ICB planning. COR provided further details on the key deliverables for the alliance over the next year which include improving outcomes, early diagnosis, increasing treatment volumes and diagnostic capacity, as well as, implementing Best Practice Timed Pathways and Targeted Lung Health Checks. COR will provide an update at the next board on the delivery plan submission. There was a discussion regarding the performance target of 75% of patients achieving the Faster Diagnosis Standard which is a Yes/No to cancer within 28 days of referral from Primary Care by March 2024. There is also a national target within the LTP to reach 75% of patients diagnosed at Stage 1 or 2 by 2028. LGD confirmed that the new regional target to reach for patients waiting over 62 days is 1065 and that whilst there is a regional target there are also individual trust targets to meet which have been shared with organisations. ED acknowledged the significant challenges the system is facing to manage the interdependencies of all planning guidance across cancer and elective treatment and that the evolution of system working across the Integrated Care System over the past 12 months has been very successful. COR noted that the national team have asked for feedback and challenge to the planning guidance and the final version delivery plans will be required on the 18th April 2023.
Actions and responsibility	• Planning guidance and cancer alliance planning pack to be shared with board members. • COR to update the board on the cancer alliance delivery plans at the next meeting.

4. Faster Diagnosis & Operational Improvement and Treatment	
Discussion summary	LGD presented an update on operational performance, please see the attached slide and supporting paper (no.2) for further detail on the current position against the existing planning guidance and cancer waiting time standards by trust and tumour group.

	Current FDS performance is 62% with a trajectory of 70.4%, this month an additional 1100 patients have had an output recorded which is an improvement along with the numbers of patients increased. The backlog trajectory target was not achieved which has been picked up with relevant trusts to address variation and review plans for the next quarter. First treatment volumes are calculated nationally from March 2020 to date with an expectation that recovery will be to 100%. Currently the results are 93%, however, this is expected to be higher due to a data submission from MFT. The results are published nationally and only every 6 months so there will be an update to those figures as soon as possible which will be shared with the board and other relevant forums. There will focused improvement work on the first offer and reporting the first seen appointment. The scale of the challenge is significant and there is work ongoing to develop plans to address the backlog which has been further worsened by the industrial action. LGD noted three key priorities within the paper: • To set some further stretched targets for each trust as the ambition in the planning guidance is not as strong as it was previously and therefore some trusts could deteriorate their position whilst still meeting targets. • Refocus on the first seen appointments within cancer pathway improvements. • Support is needed from system colleagues such as imaging networks as these targets cannot be achieved by transformation alone and it is important to acknowledge the capacity gap. LGD noted that she has prepared a Best Practice document to support the V12 Cancer Waiting Times Standards guidance, however, it is not due for release and an updated version of the existing guidance has been released instead. The group discussed the need for robust Advice and Guidance to support referrals from Primary Care. ST noted the importance of ensuring urgent pathways are available to ensure appropriate use of capacity. VS noted that Advice and Guidance is a key focus in the elective programme and a primary care group has been established to address these issues which AJ has been linked into. ST noted that a lack of standardised peer to peer feedback mechanisms has an impact on the ability to improve the quality of referrals. RP noted the importance of sharing good practice and standardisation to address variation across the region. DS suggested an infographic could be created to

	demonstrate key principles in the management of Cancer Waiting Time Standards which include access to Advice and Guidance, implementing same day triage of referrals, using diagnostic bundles, ensuring patients are discussed in MDT by Day 21, using navigators, daily clinical management of the Patient Tracking Lists (PTL).
Actions and responsibility	• LGD to provide updated performance figures once updated at national level. • Cancer alliance to produce infographic to demonstrate key principles in delivering Cancer Waiting Time Standards.

5. GM Cancer Programme Update	
Discussion summary	AJ provided an updated on the management and funding of the GM Cancer programme (please see slide and paper (no.3) attached). The Christie NHS Foundation Trust are the host organisation for the cancer alliance, providing support within the finance department to manage the budget for the alliance. NHS GM Integrated Care have identified a lead finance manager to support the Cancer Alliance – David Dolman, Associate Director of Finance Stockport) will provide a clear link into the NHS GM IC finance system and to provide financial input to Cancer Alliance Programme Boards (e.g. Targeted Lung Health Check Programme Board, Faster Diagnosis Programme Board). The alliance has now had confirmation of funding for the next two years of approximately 13 million pounds per year of Strategic Development Funding with additional targeted funding made available for specific programmes of work. It is very clear that the funding is expected to be spent on the detailed planning guidance deliverables. The programmes of work within the planning guidance follow on from the 22/23 guidance which means the mechanisms are already in place to support delivery including personalised care, operational performance, early diagnosis and workforce. It was suggested that an infographic could help depict the financial structures and mechanisms of funding for the cancer alliance programme to share across the system. A query was raised regarding specific funding to address health inequalities and it was confirmed that all elements of the planning guidance are designed to identify and address health inequalities. There is a project manager at the alliance focusing on health inequalities who supports the wider programmes of work within the pathways to identify and address inequalities.
Actions and responsibility	Cancer alliance to produce infographic to detail the financial structures within the system.

6. Early Diagnosis	
Discussion summary	AJ provided an update (please see attached slide) on the early diagnosis programme of work. Highlights include: • Staging data was released in Dec 22 for Q1-Q3 2020 which shows there was an impact from the pandemic it was not as low as previously expected. • Continuing to work very closely with colleagues in Primary Care including a focus on education and clinician decision making tools • Phil Crosbie has been appointed as the Secondary Care Clinical Lead for Early Cancer Diagnosis • Specialist diagnostics model for the Targeted Lung Health Check (TLHC) Programme in GM has been approved • Innovation projects progressing well such as Lynch, Colon Capsule Endoscopy (CCE) and Cytosponge and funding will be extended into 2023/24 • Answer Cancer Impact Report has been released with input from cancer alliance via the Early Diagnosis Steering Group and Inequalities Programme Board The board acknowledged the importance of public and patient communication and there has been a significant investment from the alliance into the communication and engagement team at the alliance. The communication team will also now lead on public facing communication for the screening programmes within Greater Manchester.
Actions and responsibility	Answer Cancer Impact Report to be shared with board members.

7. Personalised Care	
Discussion summary	Please see the attached slide providing an update on the Personalised Care programme. A full update will be provided at the next meeting.
Actions and responsibility	No action required.

8. Workforce and Education	
Discussion summary	SL presented an update on the Workforce and Education (W&E) programme (please see attached slide for more information). Workforce shortages are a significant contributing factor to the system pressures across Greater Manchester. The W&E team are focused on developing new ways of adding

	workforce capacity into the system as there are fewer traditional doctor and nurse roles being taken up, including: • The Physician Associate role which has been piloted in 9 cancer pathways • An ongoing pilot for GPs with Extended Role (GPwER) in the breast cancer pathway which has been funded by HEE. • Cancer support workers within Primary Care Networks are adding additional capacity by providing wrap around care and linking Primary and Secondary care as well as performing the cancer care reviews. Digital staff passports enable capacity to be shared across the system and case studies have now been presented to the ICB to build into retention planning. An additional bonus in working across multiple sites is the ability for the workforce to access different training and education. The diagnostic workforce remains a huge challenge, and development plans are overseen by the imaging and pathology networks. Interviews have been conducted with staff and a report and list of recommendations have been created. The W&E team will review their strategy to ensure it is in alignment with the refreshed ICB people and culture plan. SL acknowledged that staff retention is a challenge, and that legacy mentorship and education are key priorities to address this issue particularly with the development of the GM Cancer Academy which is a collaborative with GatewayC and the School of Oncology. RS acknowledged the huge programme of work that has been developed by the W&E team to address the biggest challenge to the sustainability of services moving forward.
Actions and responsibility	No action required.

9. AOB	
Discussion summary	RS reminded the board members of the GM Cancer Lung Education Event on the 1st February 2023. No additional AOB noted.
Actions and responsibility	No action required.

The next meeting is scheduled Monday 27th March 2023, 15.00 – 17.00 at

The Life Centre 235 Washway Rd, Sale M33 4BP

Greater Manchester Cancer

NHS Greater Manchester Integrated Care

Action Log

Prepared for the 30th January 2023 GM Cancer Board

Log No.	AGREED ON	ACTION	STATUS
02.22	July 2022	Model of Care for Lung presentation to be listed at the next GM Quality group.	AR noted that they would request the Model of Care for Lung Paper be brought to the November quality group.
04.22	Oct 2022	All board members to send any comments on the GM Cancer Board Terms of Reference to AA, COR or DS before the 28th November 2022.	Closed: No comments received.
05.22	Oct 2022	SO to liaise with the GM Cancer UI programme managers and amend the ToR to ensure carers in addition to patients representatives are included.	Closed: To be actioned in next version of TOR.
06.22	Oct 2022	Board members to contact AR if interested in the role of Co-chair for the GM Cancer board.	Closed.
07.22	Oct 2022	ST to feedback to AJ around collecting practice level data.	Closed: AJ received data and is arranging a meeting to discuss.
08.22	Jan 2023	GM Cancer admin team to share minutes of November22 and January23 cancer board meetings together.	
09.22	Jan 2023	• Planning guidance and cancer alliance planning pack to be shared with board members. • COR to update the board on the cancer alliance delivery plans at the next meeting.	

10.22	Jan 2023	• LGD to provide updated performance figures once updated at national level.	
11.22	Jan 2023	Cancer alliance to consider producing infographics to detail: • Financial structures within the system • Key principles in delivering Cancer Waiting Time Standards	
12.22	Jan 2023	Answer Cancer Impact Report to be shared with board members.	

Classification: Official

Publication approval reference: PRN00021

NHS

2023/24 priorities and operational planning guidance

23 December 2022

Foreword from the NHS CEO

Thank you to you, and to your teams, for your continued extraordinary efforts on behalf of our patients – particularly over the past weeks as we have prepared for and managed periods of industrial action. There is no denying it has been an incredibly challenging year for everyone working in the NHS, and arguably tougher than the first years of the pandemic.

We have already made real progress towards many of our goals for 2022/23 – in particular in all but eradicating two year waits for elective care and delivering record numbers of urgent cancer checks. This was achieved alongside continuing to respond to the build-up of health needs during the pandemic, an ongoing high level of COVID-19 infection and capacity constraints in social care, increased costs due to inflation and reduced productivity due to the inevitable disruption caused by COVID-19.

2023/24 will also be challenging. Our planning approach therefore reflects both our new ways of working, as recently articulated in the NHS Operating Framework, and an acknowledgement of the continuing complexity and pressure you face.

We will support local decision making, empowering local leaders to make the best decisions for their local populations and have set out fewer, more focused national objectives. These align with our three tasks over the coming year:

- recover our core services and productivity;
- as we recover, make progress in delivering the key ambitions in the Long Term Plan (LTP), and;
- continue transforming the NHS for the future.

To assist you in meeting these objectives, we have set out the most critical, evidence-based actions that will support delivery - based on what systems and providers have already demonstrated makes the most difference to patient outcomes, experience, access and safety.

I look forward to continuing to work with and support you over the year ahead to deliver the highest possible quality of care for patients and the best possible value for taxpayers.

Amanda Pritchard

Our priorities for 2023/24

In 2023/24 we have three key tasks. Our immediate priority is to recover our core services and productivity. Second, as we recover, we need to make progress in delivering the key ambitions in the NHS Long Term Plan. Third, we need to continue transforming the NHS for the future.

The table below sets out our national objectives for 2023/24. They will form the basis for how we assess the performance of the NHS alongside the local priorities set by systems.

Recovering our core services and productivity

To improve patient safety, outcomes and experience it is imperative that we:

- improve ambulance response and A&E waiting times
- reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
- make it easier for people to access primary care services, particularly general practice.

Recovering productivity and improving whole system flow are critical to achieving these objectives. Essential actions include: reducing ambulance handovers, bed occupancy and outpatient follow-ups relative to first appointments; increasing day case rates and theatre utilisation; moving to self-referral for many community services where GP intervention is not clinically necessary and increasing use of community pharmacies. We must also increase capacity in beds, intermediate care, diagnostics, ambulance services and the permanent workforce. These actions are supported by specific investments, including those jointly with local authorities to improve discharge.

Our people are the key to delivering these objectives and our immediate collective challenge is to improve staff retention and attendance through a systematic focus on all elements of the NHS People Promise.

As we deliver on these objectives we must continue to narrow health inequalities in access, outcomes and experience, including across services for children and young people. And we must maintain quality and safety in our services, particularly in maternity services.

The NHS has an important role in supporting the wider economy and our actions to support the physical and mental wellbeing of people will support more people return to work.

Delivering the key NHS Long Term Plan ambitions and transforming the NHS

We need to create stronger foundations for the future, with the goals of the NHS Long Term Plan our 'north star'. These include our core commitments to improve mental health services and services for people with a learning disability and autistic people.

Prevention and the effective management of long-term conditions are key to improving population health and curbing the ever increasing demand for healthcare services. NHS England will work with integrated care systems (ICSs) to support delivery of the primary and secondary prevention priorities set out in the NHS Long Term Plan.

We need to put the workforce on a sustainable footing for the long term. NHS England is leading the development of a NHS Long Term Workforce Plan and government has committed to its publication next spring.

The long-term sustainability of health and social care also depends on having the right digital foundations. NHS England will continue to work with systems to level up digital infrastructure and drive greater connectivity- this includes development of a 'digital first' option for the public and further development of and integration with the NHS App to help patients identify their needs, manage their health and get the right care in the right setting.

Transformation needs to be accompanied by continuous improvement. Successful improvement approaches are abundant across the NHS but they are far from universal. NHS England will develop the national improvement offer to complement local work, using what we have learned from engaging with over 1,000 clinical and operational leaders in the summer.

Local empowerment and accountability

ICSs are best placed to understand population needs and are expected to agree specific local objectives that complement the national NHS objectives set out below. They should continue to pay due regard to wider NHS ambitions in determining

their local objectives – alongside place-based collaboratives. As set out in the recently published Operating Framework, NHS England will continue to support the local NHS [integrated care boards (ICBs) and providers] to deliver their objectives and publish information on progress against the key objectives set out in the NHS Long Term Plan.

Alongside this greater local determination, greater transparency and assurance will strengthen accountability, drawing on the review of ICS oversight and governance that the Rt Hon Patricia Hewitt is leading. We welcome the review which NHS England has been supporting closely, and we look forward to the next stage of the discussions as well as the final report. NHS England will update the NHS Oversight Framework and work with ICBs to ensure oversight and performance management arrangements within their ICS area are proportionate and streamlined.

Funding and planning assumptions

The Autumn Statement 2022 announced an extra £3.3 bn in both 2023/24 and 2024/25 for the NHS to respond to the significant pressures we are facing.

NHS England is issuing two-year revenue allocations for 2023/24 and 2024/25. At national level, total ICB allocations [including COVID-19 and Elective Recovery Funding (ERF)] are flat in real terms with additional funding available to expand capacity.

Core ICB capital allocations for 2022/23 to 2024/25 have already been published and remain the foundation of capital planning for future years. Capital allocations will be topped-up by £300 million nationally, with this funding prioritised for systems that deliver agreed budgets in 2022/23.

The contract default between ICBs and providers for most planned elective care (ordinary, day and outpatient procedures and first appointments but not follow-ups) will be to pay unit prices for activity delivered. System and provider activity targets will be agreed through planning as part of allocating ERF on a fair shares basis to systems. NHS England will cover additional costs where systems exceed agreed activity levels.

ICBs and NHS primary and secondary care providers are expected to work together to plan and deliver a balanced net system financial position in collaboration with other ICS partners. Further details will be set out in the revenue finance and contracting guidance for 2023/24.

Next steps

ICBs are asked to work with their system partners to develop plans to meet the national objectives set out in this guidance and the local priorities set by systems. To assist them in this, the annex identifies the most critical, evidence based actions that systems and NHS providers are asked to take to deliver these objectives. These are based on what systems and providers have already demonstrated makes the most difference to patient outcomes, experience, access and safety.

System plans should be triangulated across activity, workforce and finance, and signed off by ICB and partner trust and foundation trust boards before the end of March 2023. NHS England will separately set out the requirements for plan submission.

National NHS objectives 2023/24

	Area	Objective
Recovering our core services and improving productivity	**Urgent and emergency care***	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
		Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
		Reduce adult general and acute (G&A) bed occupancy to 92% or below
	Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
		Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
	Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
		Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
		Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
		Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
	Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
		Deliver the system- specific activity target (agreed through the operational planning process)
	Cancer	Continue to reduce the number of patients waiting over 62 days
		Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
		Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
	Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
		Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
	Maternity*	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
		Increase fill rates against funded establishment for maternity staff
	Use of resources	Deliver a balanced net system financial position for 2023/24
	Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
	Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
		Increase the number of adults and older adults accessing IAPT treatment
		Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
		Work towards eliminating inappropriate adult acute out of area placements
		Recover the dementia diagnosis rate to 66.7%
		Improve access to perinatal mental health services
	People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
		Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
	Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
		Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
		Continue to address health inequalities and deliver on the Core20PLUS5 approach

**ICBs and providers should review the UEC and general practice access recovery plans, and the single maternity delivery plan for further detail when published;*

Annex

This annex sets out the key evidence based actions that will help deliver the objectives set out above and the resources being made available to support this. All systems are asked to develop plans to implement these. To assist systems in developing their plans a summary of other guidance, best practice, toolkits and support available from NHS England is available on the planning pages of FutureNHS.

1. Recovering our core services and productivity

1A. Urgent and emergency care (UEC)

Key actions:

- Increase physical capacity and permanently sustain the equivalent of the 7,000 beds of capacity that was funded through winter 2022/23
- Reduce the number of medically fit to discharge patients in our hospitals, addressing NHS causes as well as working in partnership with Local Authorities.
- Increase ambulance capacity.
- Reduce handover delays to support the management of clinical risk across the system in line with the November 2022 letter.
- Maintain clinically led System Control Centres (SCCs) to effectively manage risk.

In order to improve patient flow, we all agree we need to reduce bed occupancy to at least 92% (NHS review of winter), increase physical capacity in inpatient settlings to reflect changes in demographics and health demand [Projections: General and acute hospital beds in England (2018–2030)], as well as improve support for patients in the community. NHS England [working with the Department of Health and Social Care (DHSC) and the Department for Levelling Up, Housing and Communities (DLHUC)] will develop a UEC recovery plan with further detail and this will be published in the new year. Delivery of this plan and the objectives set out in this guidance are supported by:

- £1bn of funding through system allocations to increase capacity based on agreed system plans. NHS England anticipates that capacity will be focused on increasing G&A capacity, intermediate and step-down care, and community beds with an expectation that utilisation of virtual wards is

increased towards 80% by the end of September 2023. NHS England will continue share best practice across a range of conditions to support this.
- £600m provided equally through NHS England and Local Authorities and made available through the Better Care Fund in 2023/34 (and £1bn in 2024/25) to support timely discharge. In addition, a £400m ring-fenced local authority grant for adult social care will support discharge among other goals. Further detail will be set out in the revenue finance and contracting guidance for 2023/24.
- An increase in allocations for systems that host ambulance services to increase ambulance capacity.

1B. Community health services

Key actions:
- Increase referrals into urgent community response (UCR) from all key routes, with a focus on maximising referrals from 111 and 999, and creating a single point of access where not already in place
- Expand direct access and self-referral where GP involvement is not clinically necessary. By September 2023, systems are asked to put in place:
    - direct referral pathways from community optometrists to ophthalmology services for all urgent and elective eye consultations
    - self-referral routes to falls response services, musculo-skeletal physiotherapy services, audiology-including hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services.

Expanding direct access and self-referrals empowers patients to take control of their healthcare, streamlines access to services and reduces unnecessary burden on GP appointments.

NHS England will allocate core funding growth for community health services as part of the overall ICB allocation growth, with £77m of Service Development Funding maintained in 2023/24.

1C. Primary care

Key actions:
- Ensure people can more easily contact their GP practice (by phone, NHS App, NHS111 or online).

- Transfer lower acuity care away from both general practice and NHS 111 by increasing pharmacy participation in the Community Pharmacist Consultation Service.

NHS England will publish the General Practice Access Recovery Plan in the new year which will provide details of the actions needed to achieve the goals above. In addition, once the 2023/24 contract negotiations have concluded, we will also publish the themes we are looking to engage with the profession on that could take a significant step towards making general practice more attractive and sustainable and able to deliver the vision outlined in the Fuller Stocktake, including continuity of care for those who need it. The output from this engagement will then inform the negotiations for the 2024/25 contract.

Delivery of this plan and the objectives set out in this guidance is supported by funding for general practice as part of the five year GP contract, including funding for 26,000 additional primary care staff through the Additional Roles Reimbursement Scheme (ARRS). ICB primary medical allocations are being uplifted by 5.6% to reflect the increases in GP contractual entitlements agreed in the five-year deal, and the increased ARRS entitlements. Data on general practice appointments is being published, including at practice-level, and work is ongoing to improve the quality and use of the data.

1D. Elective care

Key actions:

- Deliver an appropriate reduction in outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024
- Increase productivity and meet the 85% day case and 85% theatre utilisation expectations, using GIRFT and moving procedures to the most appropriate settings
- Offer meaningful choice at point of referral and at subsequent points in the pathway, and use alternative providers if people have been waiting a long time for treatment including through the Digital Mutual Aid System (DMAS)

The goals for elective recovery are set out in the 'Delivery plan for tackling the COVID-19 backlog of elective care'. These include delivery of around 30% more elective activity by 2024/25 than before the pandemic, after accounting for the impact of an improved care offer through system transformation, and advice and

guidance. Meeting this goal of course still depends on returning to and maintaining low levels of COVID-19, enabling the NHS to restore normalised operating conditions and reduce high levels of staff absence. We will agree targets with systems for 2023/24 through the planning round towards that goal on the basis that COVID-19 demand will be similar to that in the last 12 months. The contract default will be to pay for most elective activity (including ordinary, day and outpatient procedures and first appointments but excluding follow-ups) at unit prices for activity delivered.

ICBs and trusts are asked to update their local system plans, actively including independent sector providers, setting out the activity, workforce, financial plans and transformation goals that will support delivery of these objectives.

NHS England will allocate £3bn of ERF to ICBs and regional commissioners on a fair shares basis and continue to work with systems and providers to maximise the impact of the three-year capital Targeted Investment Fund put in place in 2022. Further details will be set out in the *Revenue finance and contracting guidance for 2023/24* and *Capital guidance update 2023/24.*

1E. Cancer

Key actions:

- Implement and maintain priority pathway changes for lower GI (at least 80% of FDS lower GI referrals are accompanied by a FIT result), skin (teledermatology) and prostate cancer (best practice timed pathway)
- Increase and prioritise diagnostic and treatment capacity, including ensuring that new diagnostic capacity, particularly via community diagnostic centres (CDCs), is prioritised for urgent suspected cancer. Nationally, we expect current growth levels to translate into a requirement for a 25% increase in diagnostic capacity required for cancer and a 13% increase in treatment capacity.
- Expand the Targeted Lung Health Checks (TLHC) programme and ensure sufficient diagnostic and treatment service capacity to meet this new demand.
- Commission key services which will underpin progress on early diagnosis, including non-specific symptoms pathways (to provide 100% population coverage by March 2024), surveillance services for Lynch syndrome, BRCA and liver; and work with regional public health commissioners to increase

colonoscopy capacity to accommodate the extension of the NHS bowel screening programme to 54 year olds.

The NHS is implementing one of the most comprehensive strategies on early diagnosis anywhere in the world. Cancer Alliances and the ICBs they serve will lead the local delivery of this NHS-wide strategy. NHS England is providing over £390m in cancer service development funding to Cancer Alliances in each of the next two years to support delivery of this strategy and the operational priorities for cancer set out above. As in previous years, the Cancer Alliance planning pack will provide further information to support the development of cancer plans by alliances and these, subject to ICB agreement, are expected to form part of wider local system plans.

1F. Diagnostics

Key actions:

- Maximise the pace of roll-out of additional diagnostic capacity, delivering the second year of the three-year investment plan for establishing Community Diagnostic Centres (CDCs) and ensuring timely implementation of new CDC locations and upgrades to existing CDCs
- Deliver a minimum 10% improvement in pathology and imaging networks productivity by 2024/25 through digital diagnostic investments and meeting optimal rates for test throughput
- Increase GP direct access in line with the national rollout ambition and develop plans for further expansion in 2023/24 (NHS England will publish separate guidance to support the increase GP direct access)

Timely access to diagnostics is critical to providing responsive, high quality services and supporting elective recovery and early cancer diagnosis. NHS England has provided funding to support the development of pathology and imaging networks and the development and rollout of CDCs. £2.3bn of capital funding to 2025 has also been allocated to support diagnostic service transformation, including to implement CDCs, endoscopy, imaging equipment and digital diagnostics.

1G. Maternity and neonatal services

Key actions:

- Continue to deliver the actions from the final Ockenden report as set out in the April 2022 letter as well as those that will be set out in the single delivery plan for maternity and neonatal services .
- Ensure all women have personalised and safe care through every woman receiving a personalised care plan and being supported to make informed choices
- Implement the local equity action plans that every local maternity and neonatal system (LMNS)/ICB has in place to reduce inequalities in access and outcomes for the groups that experience the greatest inequalities (Black, Asian and Mixed ethnic groups and those living in the most deprived areas).

NHS England will publish a single delivery plan for maternity and neonatal services in early 2023. This will consolidate the improvement actions committed to in Better Births, the NHS Long Term Plan, the Neonatal Critical Care Review, and reports of the independent investigation at Shrewsbury and Telford Hospital NHS Trust and the independent investigation into maternity and neonatal services in East Kent.

To support delivery including addressing the actions highlighted in the Ockenden report NHS England has invested a further £165m through the maternity programme for 2023/24. This is £72m above the £93m baselined in system allocations to support the maternity and neonatal workforce. That investment has increased the number of established midwifery posts by more than 1;500 compared to 2021.

1H. Use of resources

To deliver a balanced net system financial position for 2023/24 and achieve our core service recovery objectives, we must meet the 2.2% efficiency target agreed with government and improve levels of productivity.

ICBs and providers should work together to:

- Develop robust plans that deliver specific efficiency savings and raise productivity consistent with the goals set out in this guidance to increase activity and improve outcomes within allocated resources.
- Put in place strong oversight and governance arrangements to drive delivery, supported by clear financial control and monitoring processes.

Plans should include systematic approaches to understand where productivity has been lost and the actions needed to restore underlying productivity, including, but not be limited to, measures to:

- **Support a productive workforce** taking advantage of opportunities to deploy staff more flexibly. Systems should review workforce growth by staff group and identify expected productivity increases in line with the growth seen.
- **Increase theatre productivity** using the Model Hospital System theatre dashboard and associated GIRFT training and guidance, and other pathway and service specific opportunities.

Plans should also set out measures to release efficiency savings, including actions to:

- **Reduce agency spending** across the NHS to 3.7% of the total pay bill in 2023/24 which is consistent with the system agency expenditure limits for 2023/24 that are set out separately. NHS England has published toolkits to support this.
- **Reduce corporate running costs** with a focus on consolidation, standardisation and automation to deliver services at scale across ICS footprints. NHS England has published annual cost data benchmarking and a corporate service improvement toolkit .
- **Reduce procurement and supply chain costs** by realising the opportunities for specific products and services. Systems should work to the operating model and commercial standards and the consolidated supplier frameworks agreed with suppliers through Supply Chain Coordination Limited (SCCL). Systems should engage with the Specialised Services Devices Programme to leverage the benefits across all device areas.
- **Improve inventory management**. NHS Supply Chain will lead the implementation of an inventory management and point of care solution. National funding will support providers that do not have effective inventory management systems.
- *Purchase medicines at the most effective price point* by realising the opportunities for price efficiency identified by the Commercial Medicines Unit, and ensure we get the best value from the NHS medicines bill. National support to deliver efficiencies will continue to be available for systems through the National Medicines Value Programme.

2. Delivering the key NHS Long Term Plan ambitions and transforming the NHS

2A. Mental health

Key actions:

- Continue to achieve the Mental Health Investment Standard by increasing expenditure on mental health services by more than allocations growth.
- Develop a workforce plan that supports delivery of the system's mental health delivery ambition, working closely with ICS partners including provider collaboratives and the voluntary, community and social enterprise (VCSE) sectors.
- Improve mental health data to evidence the expansion and transformation of mental health services, and the impact on population health, with a focus on activity, timeliness of access, equality, quality and outcomes data.

As systems update their local plans, they are also asked to set out how the wider commitments in the NHS Mental Health Implementation Plan 2019/20–2023/24 will be taken forward to improve the quality of local mental healthcare across all ages in line with population need.

NHS England has allocated funding to grow the workforce and expand services to support delivery of the mental health NHS Long Term Plan commitments. In particular, NHS England will continue to support the growth in IAPT workforce by providing 60% salary support for new trainees in 2023/24. We will also support ICBs to co-produce a plan by 31 March 2024 to localise and realign mental health and learning disability inpatient services over a three year period as part of a new quality transformation programme.

2B. People with a learning disability and autistic people

Key actions:

- Continue to improve the accuracy and increase size of GP Learning Disability registers.
- Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in this guidance. (The workforce baselining exercise completed during 2022/23 will assist in the development of local, integrated, workforce plans to support delivery.)

- Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times.

NHS England has allocated funding of £120m to support system delivery against the objectives and will publish guidance on models of mental health inpatient care to support a continued focus on admission avoidance and improving quality.

2C. Embedding measures to improve health and reduce inequalities

Key actions:

- Update plans for the prevention of ill-health and incorporate them in joint forward plans, paying due regard to the NHS Long Term Plan primary and secondary prevention priorities, including a continued focus on CVD prevention, diabetes and smoking cessation. Plans should:
    - build on the successful innovation and partnership working that characterised the COVID vaccination programme and consider how best to utilise new technology such as home testing. NHS England will publish a tool summarising the highest impact interventions that can be – and are already being – implemented by the NHS.
    - have due regard to the government's Women's Health Strategy.
- Continue to deliver against the five strategic priorities for tackling health inequalities and:
    - take a quality improvement approach to addressing health inequalities and reflect the Core20PLUS5 approach in plans
    - consider the specific needs of children and young people and reflect the Core20PLUS5 – An approach to reducing health inequalities for children and young people in plans
    - establish High Intensity Use services to support demand management in UEC.

Funding is provided through core ICB allocations to support the delivery of system plans developed with public health, local authority, VCSE and other partners. The formula includes an adjustment to weight resources to areas with higher avoidable mortality and the £200m of additional funding allocated for health inequalities in 2022/23 is also being made recurrent in 2023/24.

2D. Investing in our workforce

In 2022/23 systems were asked to develop whole system workforce plans. These should be refreshed to support:

- Improved staff experience and retention through systematic focus on all elements of the NHS People Promise and implementation of the Growing Occupational Health Strategy, improving attendance toolkit and Stay and Thrive Programme.
- Increased productivity by fully using existing skills, adapting skills mix and accelerating the introduction of new roles (e.g. anaesthesia associates, AHP support workers, pharmacy technicians and assistants, first contact practitioners, and advanced clinical practitioners).
- Flexible working practices and flexible deployment of staff across organisational boundaries using digital solutions (e-rostering, e-job planning, Digital Staff Passport).
- Regional multi professional education and training investment plans (METIP) and ensure sufficient clinical placement capacity, including educator/trainer capacity, to enable all NHS England- funded trainees and students to maintain education and training pipelines.
- implementation of the Kark recommendations and Fit and Proper Persons (FPP) test.

NHS England is increasing investment in workforce education and training in real terms in each of the next two years.

2E. Digital

Key actions:

- Use forthcoming digital maturity assessments to measure progress towards the core capabilities set out in What Good Looks Like (WGLL) and identify the areas that need to be prioritised in the development of plans. Specific expectations will be set out in the refreshed WGLL in early 2023.
- Put the right data architecture in place for population health management (PHM).
- Put digital tools in place so patients can be supported with high quality information that equips them to take greater control over their health and care.

DHSC recently published strategic plans for digital, data and technology. Data saves lives and A plan for digital health and social care set out how digitised services can support integration and service transformation. NHS England will:

- Provide funding to help ICSs meet minimum digital foundations, especially electronic records in accordance with WGLL.
- Procure a Federated Data Platform, available to all ICSs, with nationally developed functionality including tools to help maximise capacity, reduce waiting lists and co-ordinate care.
- Roll out new functionality for the NHS App, to help people take greater control over their health and their interactions with the NHS, including better support to get to the right in-person or digital service more quickly, access to their patient records, improved functionality for prescriptions and improved support for hospital appointments and choice ahead of next winter.
- Accelerate the ambition of reducing the reporting burden on providers and addressing the need for more timely automated data through the Faster Data Flows (FDF) Programme.

Funding is allocated to meet minimum digital foundations (especially electronic patient records) and scale up use of digital social care records in accordance with WGLL.

2F. System working

2023/24 is the first full year for ICSs in their new form with the establishment of statutory ICBs and integrated care partnerships (ICPs). Key priorities for their development in 2023/24 include:

- Developing ICP integrated care strategies and ICB joint forward plans.
- Maturing ways of working across the system including provider collaboratives and place-based partnership arrangements.

Improving NHS patient care, outcomes and experience can only be achieved by embedding innovation and research in everyday practice. ICBs have a statutory duty to facilitate or otherwise promote research and the use of evidence obtained from research and to promote innovation, for example AI and machine learning which is driving efficiency and enabling earlier diagnosis.

NHS England will continue to support ICSs to draw on national best practice and peer insight to inform future development.

Joint forward plans

The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts (the ICB's partner NHS trusts and foundation trusts are named in its constitution) to prepare five-year JFPs before the start of each financial year.

NHS England has developed guidance to support the development of JFPs with input from all 42 ICBs, trusts and national organisations representing local authorities and other system partners, including VCSE sector leaders.

Systems have significant flexibility to determine their JFP's scope as well as how it is developed and structured. Legal responsibility for developing the JFP lies with the ICB and its partner trusts. However, we encourage systems to use the JFP to develop a shared delivery plan for the integrated care strategy (developed by the ICP) and the joint local health and wellbeing strategy (JLHWS) (developed by local authorities and their partner ICBs, which may be through health and wellbeing boards) that is supported by the whole system, including local authorities and VCSE partners.

Delegated budgets

We are moving towards ICBs taking on population healthcare budgets, with pharmacy, ophthalmology and dentistry (POD) services fully delegated by April 2023 and appropriate specialised services delegated from April 2024. This will enable local systems to design and deliver more joined-up care for their patients and communities. NHS England will support ICBs as they take on commissioning responsibility across POD services from April 2023, supporting the integration of services.

Subject to NHS England Board approval, statutory joint committees of ICBs and NHS England will oversee commissioning of appropriate specialised services across multi-ICB populations from April 2023, ahead of ICBs taking on this delegated responsibility in April 2024.

ICBs are expected to work with NHS England through their joint commissioning arrangements to develop delivery plans. These should identify at least three key priority pathways for transformation, where integrated commissioning can support the triple aim of improving quality of care, reducing inequalities across communities and delivering best value. NHS England will provide ICBs with tools and resources to support transformation, and to further develop their understanding of specialised services and enable them to realise the benefits of integration.

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Faster Diagnosis & Operational Improvement

Lisa Galligan-Dawson
Director of Performance

Operational Performance

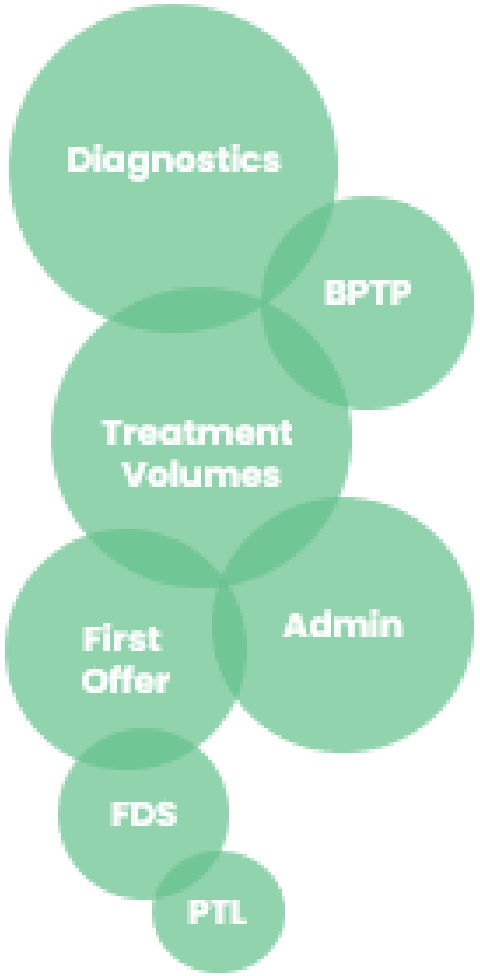
CURRENT PERFORMANCE

FDS 62%. Trajectory 70.4%

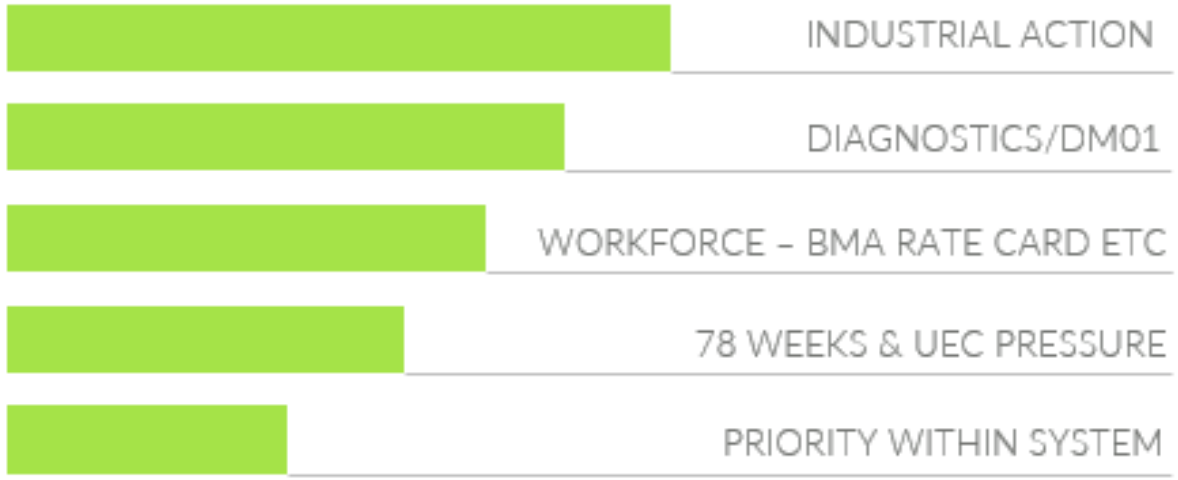
Backlog 2017 Trajectory 1742

First Treatments 93%*

IMPROVEMENT FOCUS



INCREASING SCALE OF CHALLENGE



The challenge is to come up with a plan that the entire system commits to that will sufficiently address the backlog and deal with more anticipated loss and delay from the disruptions

"It's not the 62 days, it's the 61 nights in between"

patient to Sir Mike Richards 2018

Greater Manchester Cancer

Greater Manchester Cancer

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

GM Cancer Board
30 January 2022

Title of paper:	**Cancer Faster Diagnosis, Operational Improvement, Performance & Recovery**
Purpose of the paper:	To provide an update to the GM Cancer Board on the current operational performance within Cancer, along the current risks, and the actions being taken to mitigate these. In addition, this paper provides an update on Planning 23/24.
Summary outline of main points / highlights / issues	• Current delivery against the key planning guidance requirements (22/23) • Current performance against the Cancer Waiting Times Standards • Risks and mitigation • Summary and next steps inc V11.1 CWT • Planning 23/24
Consulted	Main paper N/A Performance information presented to GM SORT and Chief Operating Officers Forum.
Author of paper and contact details	**Name:** Lisa Galligan-Dawson **Title:** Performance Director, GM Cancer **Email:** lisa.galligan-dawson@nhs.net

1. Introduction & Context

This paper provides an overview of the current cancer performance in Greater Manchester (GM), against the national Cancer Waiting Times (CWT) standards, and the key aspects of the 22/23 planning guidance. In addition, this report includes high level information relating to 23/24 planning.

The three metrics in the 22/23 system planning return specific to cancer are:

1. To return the backlog (volume of patients over 62 days from a 2ww referral source on the live PTL) to pre-pandemic level
2. To address the gap in first definitive treatments
3. To deliver the national 28-day FDS standard

The following table details the GM summary of the provider trajectories (including the revised backlog recovery submission, October 22):

Backlog Reduction (target 761)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	1267	1664	1627	1419	1199	1075	1043	1017	915	777	654	534
Revised submission (Oct 22)							2199	2053	1742	1374	1027	668

First Definative Treatments (target 17000)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	1292	1402	1326	1386	1432	1462	1375	1465	1323	1399	1320	1513

Faster Diagnosis Standard (target 75%)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	7673	8520	8145	8528	9181	8736	9852	9535	9053	10051	9647	10289
	12719	14175	12834	13162	14239	13128	14435	13544	12619	14054	13066	13667
	60.33	60.11	63.46	64.79	64.48	66.54	68.25	70.40	71.74	71.52	73.83	75.28

The Cancer Alliance submitted the following trajectory in relation to the CWT standards.

Target	Q1	Q2	Q3	Q4
31 day DTT (target 96%)	94%	96%	96%	96%
31 day subsequent surgery (target 94%)	92%	94%	94%	94%
62 day RTT Screenin (target 90%)	68%	68%	70%	70%
62 day RTT Consultant Upgrades (target 85%)	75%	75%	76%	78%
62 day RTT Pure (2ww)	Nil Improvement on baseline 55%			

2. Current Performance – against Planning Guidance 22/23

Backlog Reduction.

The revised trajectory was delivered in November (for the first time) but was not sustained in December. Although there has continued to be improvement in January, the trajectory thought Q4 was very ambitious and it is not expected that this will be delivered.

Month Ending / Provider	June 22 Trajectory	03.07.22 (end June final positon)	July 22 Trajectory	31.07.22 (end July final positon)	Aug 22 Trajectory	04.09.22 (End Aug final position)	Sep 22 Trajectory	04.09.22 (End Sep final position)	Revised Oct 22 Trajectory	30.10.22 (End Oct final position)	Revised Nov 22 Trajectory	04.12.22 (End Nov final position)	Revised Dec 22 Trajectory	01.01.23 (End Dec final position)
Bolton	14	34	13	39	13	36	15	32	35	36	32	24	29	19
MFT	688	756	589	732	490	746	490	997	827	981	691	869	555	812
NCA	500	455	430	532	333	748	222	793	925	749	925	588	749	649
Stockport	105	100	100	106	95	103	95	94	90	77	85	80	90	90
Tameside & Glossop	125	84	112	92	103	150	88	152	150	194	157	142	156	239
The Christie	65	81	65	107	65	97	65	86	85	86	85	98	85	92
Wrightington, Wigan and Leigh	130	128	110	94	100	112	100	98	87	91	78	97	78	116
GM TOTAL	1627	1638	1419	1702	1199	1992	1075	2252	2199	2214	2053	1898	1742	2017

A number of key challenges have recently exacerbated the under performance against this metric.

- Long term sickness / vacancy in Gynaecology and Dermatology at Tameside
- Impact of IT down time at NCA (notable from September 22)
- Impact of HIVE implementation at MFT
- Fragility of Dermatology Services at Salford (NCA)

Faster Diagnosis.

The current position for the FDS standard 60.2% (November 22 latest reported position) against the 75% standard and the 70.4% trajectory.

This compares nationally to 69.7% for November 22 and 64.6% for NW region.

The performance by provider against the trajectory is:

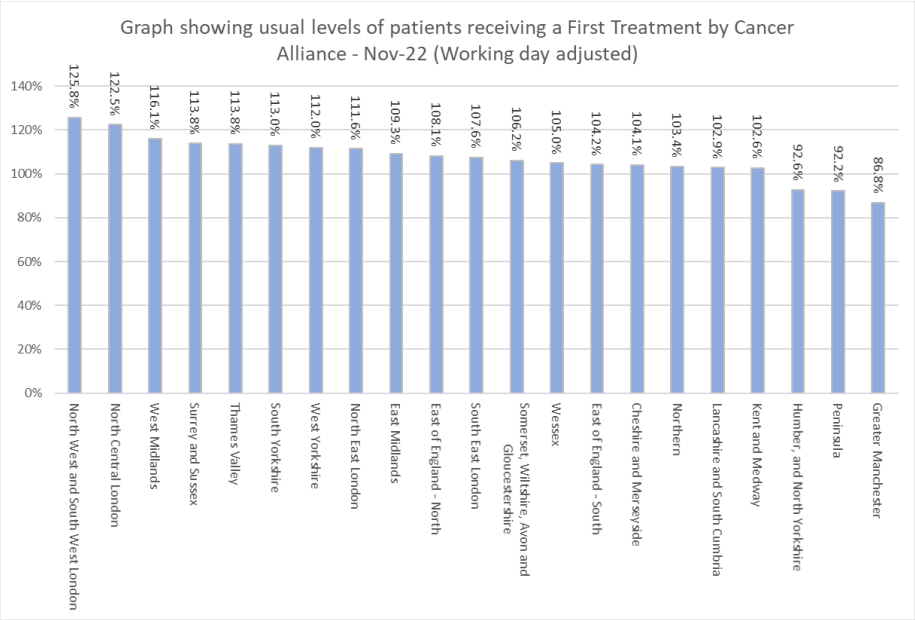
Faster Diagnosis Standard (target 75%)	Sept. Trajectory	Sept. Actual	Oct. Trajectory	Oct. Actual	Nov. Trajectory	Nov. Actual
GM SYSTEM	13128	10234	14435	11969	13544	14058
	66.54	59.80%	68.25	59.40%	70.40	62.00%
Bolton	1376	1596	1388	1534	1380	1642
	85.47	80.10%	84.58	81.60%	76.96	80.10%
MFT*	4910	1714	6131	2916	4899	4153
	57.86	49.60%	61.67	61.80%	64.14	65.80%
NCA	3258	3252	3110	3656	3258	4167
	62.98	44.70%	66.98	42.20%	70.99	48.50%
Stockport	1165	1217	1105	1123	1165	1195
	65.06	62.90%	68.05	67.40%	70.04	62.60%
Tameside	1064	1228	1316	1199	1487	1377
	89.66	64.00%	81.84	57.40%	81.84	55.30%
Christie	5	5	5	2	5	12
	100	40.00%	100	0%	100.00	58.30%
WWL	1350	1162	1380	1539	1350	1506
	70.37	81.00%	71.01	69.50%	72.59	74.80%

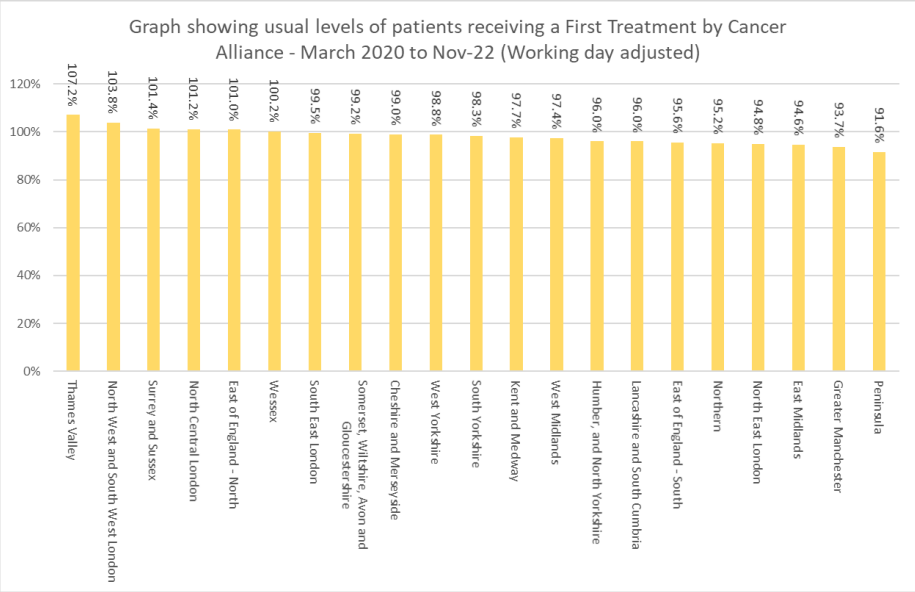
First Treatment volumes

Nationally, treatment volumes are calculated from March 20 to date, and looks to deliver 100% of the expected treatments had the pandemic not struck. At present GM is currently at 93.7% of the expected treatments. This compares to NW 96.3% England average 97.8%. This places GM the second lowest Cancer Alliance.

Nationally, the current month (November 22 is the latest reported month) compared to the same month 2019 is monitored. When undertaking this comparison GM is at 86.8% (114 treatments below 2019) and the lowest cancer alliance, compared to NW 97.7% and England average 107%.

The figures are expected to be affected by NCA previous submissions during the IT outage, and the MFT data which will be refreshed.





3. Cancer Waiting Times Performance.

The latest cancer waiting times performance is detailed below. The breakdown by organisation and tumour site can be found in **Appendix 1**. Of note, although this is the official national reporting. Volume of pathways submitted by MFT are significantly lower than expected. It is understood that MFT will submit a revised position (this is updated bi-annually by NHSE). It is expected that this will result in deterioration of measures at system level.

Performance by metric by provider and tumour site for the month of November are as follows:

Trust CWT Reporting - National Published Figures

Cancer Standard Performance by Trust

NHS Greater Manchester Integrated Care Board - Performance Across All Standards
Pathway Site: All |Date: November 2022 to November 2022

	Referral to First Seen	Faster Diagnosis	Decision to Treat				Referral to First Treatment		
	Suspected Cancer Patients	All Patients	All First Treatments	Anti-Cancer Drug	Radiotherapy	Surgery	2WW Patients	Consultant Upgrade Patients	Screening Patients
	93.0%	75.0%	96.0%	98.0%	94.0%	94.0%	85.0%	85.0%	90.0%
Grand Total	69.4%	62.0%	95.4%	100.0%	99.5%	93.2%	59.8%	73.9%	77.6%
Bolton NHS Foundation Trust	86.7%	80.1%	97.8%			60.0%	80.8%	77.4%	92.2%
Manchester University NHS Foundation Trust	53.3%	65.8%	87.7%	100.0%		81.8%	37.6%	46.2%	62.8%
Northern Care Alliance NHS Foundation Trust	64.4%	48.5%	94.6%	100.0%	100.0%	85.0%	44.7%	82.6%	12.5%
Stockport NHS Foundation Trust	99.0%	62.6%	99.1%	100.0%		100.0%	74.5%	80.3%	50.0%
Tameside And Glossop Integrated Care NHS Foundation Trust	73.5%	55.3%	100.0%	100.0%		100.0%	59.8%	56.8%	80.0%
The Christie NHS Foundation Trust	100.0%	58.3%	97.0%	100.0%	99.5%	98.8%	81.7%	82.8%	50.0%
Wrightington, Wigan And Leigh NHS Foundation Trust	97.0%	74.8%	98.1%	100.0%		86.7%	76.7%	81.3%	94.1%

Trust CWT Reporting - National Published Figures

Cancer Standard Performance by Cancer Site

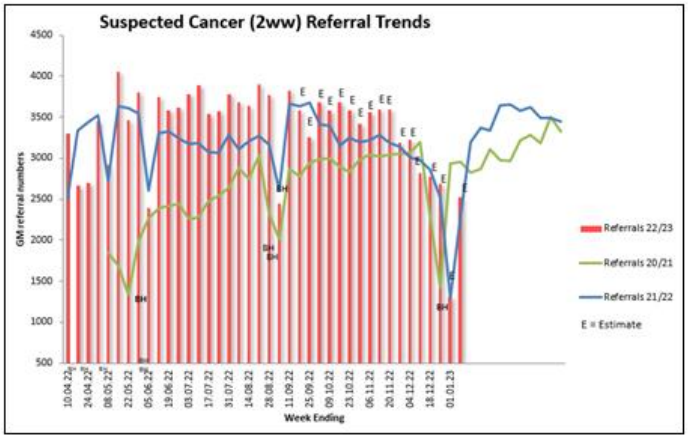
NHS Greater Manchester Integrated Care Board - Performance Across All Standards - by Cancer Site
Date: November 2022 to November 2022

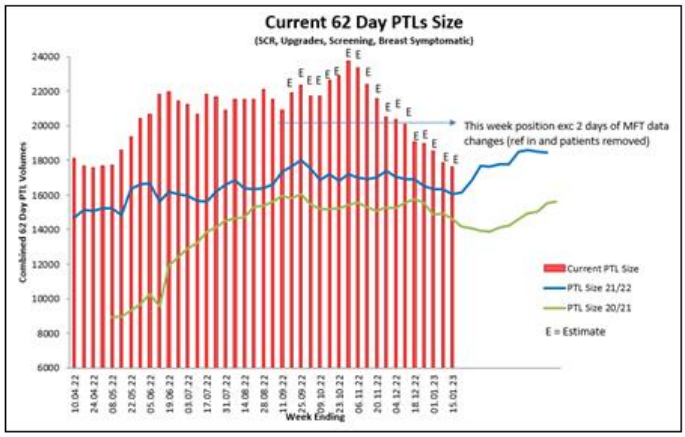
	Referral to First Seen	Faster Diagnosis	Decision to Treat				Referral to First Treatment		
	Suspected Cancer Patients	All Patients	All First Treatments	Anti-Cancer Drug	Radiotherapy	Surgery	2WW Patients	Consultant Upgrade Patients	Screening Patients
	93.0%	75.0%	96.0%	98.0%	94.0%	94.0%	85.0%	85.0%	90.0%
Grand Total	**69.4%**	**62.0%**	**95.4%**	**100.0%**	**99.5%**	**93.2%**	**59.8%**	**73.9%**	**77.6%**
Acute Leukaemia	100.0%	100.0%					100.0%		
Brain/CNS	72.3%	78.1%	100.0%	100.0%	100.0%	100.0%		100.0%	
Breast	58.6%	88.4%	92.5%	100.0%	99.4%	82.1%	63.7%	50.0%	87.0%
Breast Symptomatic	56.0%	85.3%							
Children's	58.4%	63.0%			100.0%				
Gynaecological	74.9%	51.6%	93.8%	100.0%	95.5%	100.0%	49.3%	71.4%	100.0%
Haematological			100.0%	100.0%	100.0%				
Haematological (Excluding A..	94.2%	75.7%					70.6%	70.8%	
Head and Neck	73.2%	61.8%	100.0%	100.0%	100.0%	50.0%	50.0%	84.0%	
Lower Gastrointestinal	87.2%	53.1%	94.8%	100.0%	100.0%	93.8%	50.6%	86.3%	40.0%
Lung	95.4%	82.8%	98.2%	100.0%	100.0%	100.0%	60.3%	65.0%	
Other	78.3%	66.7%	94.4%	100.0%	100.0%		28.6%	90.0%	
Sarcoma	40.9%	34.1%	100.0%	100.0%	100.0%	100.0%	46.2%	100.0%	
Skin	38.4%	40.8%	90.0%	100.0%	100.0%	97.9%	48.3%	81.0%	
Testicular	97.9%	79.6%					100.0%		
Unknown		39.1%							
Upper Gastrointestinal	85.5%	61.5%	96.7%	100.0%	100.0%	100.0%	46.6%	84.3%	
Urological			95.6%	100.0%	99.3%	93.9%			
Urological (Excluding Testicu..	84.0%	59.9%					73.4%	84.0%	

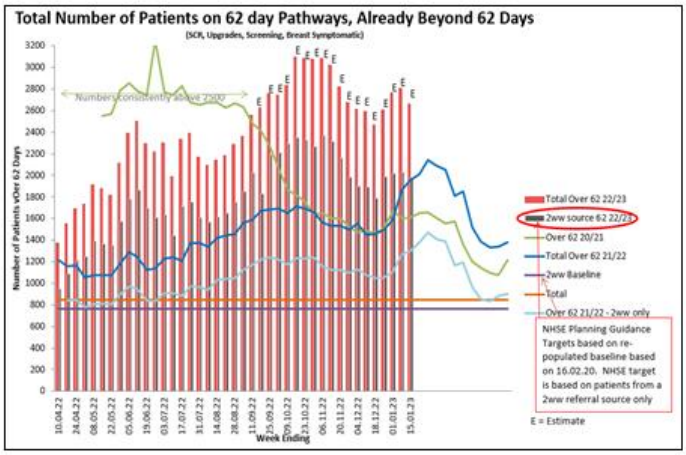
It is apparent that performance is most significantly impacted by MFT, followed by NCA. It should be noted that there has been recent deterioration at Tameside linked to the increased challenges in skin and gynaecology. It should be noted that both MFT and NCA have been placed in the national tier one category. Performance in NCA is specifically linked to Skin and Lower GI. MFT performance is evident across most specialities with Urology, Lower GI and Head and Neck the most challenged.

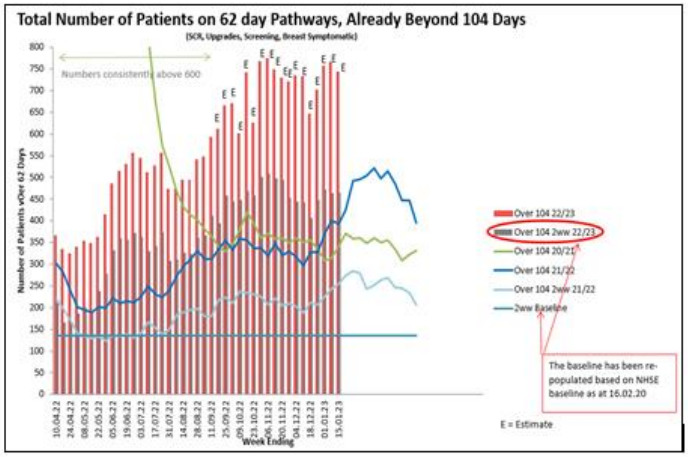
The full performance report including trends by provider and by tumour site across Greater Manchester is included in Appendix 1.

The referral, ptl size and backlog trends can be visualised below, with year on year context.









4. Risks and Mitigation

It is evident that the 22/23 planning objectives will not be met. There are a number of significant areas impacting performance:

- Demand (new referrals) higher than plan
- First line diagnostic wait times not aligned to best practice timed pathways, and significantly elevated in some organisations

- Specialist / staging diagnostic waits longer than the best practice timed pathways
- P2 surgical waiting list elevated and number of patients dated over 28 days is high (>60%)
- Although surgical treatment numbers have increased, delivery of 'first' treatments remains below pre-pandemic levels
- Non-compliance with BPTP across all pathways and Trusts
- Significant challenge in skin and breast delivery (inc Breast symptomatic)
- Time to first attendance and the 'offer' at first attendance (i.e. diagnostics / one stop). Deterioration of 2ww standard (focus shifted to FDS nationally). 2ww delivery important for pathway compliance
- Competing pressures (78 weeks)
- System pressures – covid / NRTR / G&A bed capacity / workforce / demand
- Cancer Management resource and expertise (significant changes and loss of expertise)
- Industrial action / rate card / pensions. The impact of the industrial action WC16.01.23 is currently being quantified.

The mitigating actions being taken are:

- Ongoing work regarding improvements
- Revised trajectory for surgery agreed commencing February 23 **(See Appendix 2)**
- Continued focused work to resolve use of mutual aid lists
- SQD project progressing and work groups arranged.
- FIT / teledermatology progression. FIT new guidance plan and monitoring commenced.
- Dermatology accelerated actions commenced (albeit behind schedule)
- Recovery panel process in place
- Accelerated improvement initiative delivered. **(See Appendix 3)**

- Regular meetings with NCA and MFT in addition to the Tier One calls. Fortnightly meetings with Cancer Managers
- GM level resource review to be completed February 23 (Delayed from Dec 22 due to operational pressures).
- CTC pathway improvement initiative commenced across GM
- Cancer Alliance relaunched focussed work on longest waiters with cancer management teams
- High impact theatre list initiative being scoped
- Gap analysis with BPTP completed and shared – plans to be developed
- Cancer Alliance to re-launch focus on Day 7 and the first 'offer'.
- Agreed focussed work with the Imaging Network regard to colorectal and lung pathways.
- CDC plans to increase capacity
- BPTP implementation for H&N and Gynaecology.
- Model of care plan for Lung cancer and one stop clinic live and showing continued improvement in median wait to treatment overall, and reducing the 'range'. Exploring options to replicate in OG.
- Systemwide Dermatology workstream initiated
- Breast Mastalgia pathway funded and being implemented.
- Consolidation of Oncology Outpatients progressing – first Trust to move End March 23.

5. Summary and next steps (Q4 22/23)

It is clear that the GM system is significantly challenged in operational delivery across all areas. Whilst the planning guidance will not be delivered this year, it is imperative improvements are made.

Focussed work is underway in regard to designing additional improvement initiatives that can be deployed, cross pathway work programmes and transactional improvements.

A new version of CWT guidance is expected to be released in January 23, for implementation 01.04.23. This is NOT the amendments to the guidance expected from the draft V12. The constitutional standard changes have not been progressed and so this update to the original V11.1 contains minor amendments in comparison. We have provided feedback to the national team on the guidance. A number of points would benefit from clarification, two items were recommended in addition, 1 item relating to the prescribing of hormones is contested and the introduction of monitoring for NSS patients is welcomed. Further information will follow on potential implications following the release.

It should also be noted that we have launched a clinical outcomes data strategy group, focussed on wider data, trusted research environments, linked data across the whole health and care system, health economics and evaluation and sustainability of impact from innovation. A more detailed description of the work programme can be found in Appendix 4.

6. 23/24 Planning Guidance

The ICB planning guidance released 23.12.22 contains three high level national objectives:

- recover our core services and productivity;
- as we recover, make progress in delivering the key ambitions in the Long Term Plan (LTP), and;
- continue transforming the NHS for the future.

Within the recovery of core services section the key requirements include:

Recovering our core services and productivity

To improve patient safety, outcomes and experience it is imperative that we:

- improve ambulance response and A&E waiting times
- reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
- make it easier for people to access primary care services, particularly general practice.

The three measures in the main guidance are defined as:

Continue to reduce the number of patients waiting over 62 days
Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028

These are underpinned by a series of actions:

Key actions:

- Implement and maintain priority pathway changes for lower GI (at least 80% of FDS lower GI referrals are accompanied by a FIT result), skin (teledermatology) and prostate cancer (best practice timed pathway)
- Increase and prioritise diagnostic and treatment capacity, including ensuring that new diagnostic capacity, particularly via community diagnostic centres (CDCs), is prioritised for urgent suspected cancer. Nationally, we expect current growth levels to translate into a requirement for a 25% increase in diagnostic capacity required for cancer and a 13% increase in treatment capacity.
- Expand the Targeted Lung Health Checks (TLHC) programme and ensure sufficient diagnostic and treatment service capacity to meet this new demand.
- Commission key services which will underpin progress on early diagnosis, including non-specific symptoms pathways (to provide 100% population coverage by March 2024), surveillance services for Lynch syndrome, BRCA and liver; and work with regional public health commissioners to increase

The planning guidance relates to the entire health and care system, and there are aspects in these wider areas with the potential to impact cancer.

From a purely performance perspective backlog reduction and FDS remain the key focus.

The target for FDS is set, with incremental improvement required by system and Trust cumulating in achievement of the 75% standard by March 24. The backlog reduction target is set for all but one Trust with the final requiring local agreement. There will be monitoring at system and Trust level. Subject to negotiation it is anticipated that the system target will be c1065; significantly less ambitious than the pre-covid level target in 22/23.

The Cancer Alliance planning pack is expected to be issued prior to 30 January 23, and will contain programme wide deliverables with SDF funding direct from the national cancer programme.

In addition to the planning guidance, from a Performance and Operational Delivery perspective the Cancer Board are asked to support the following:

- A GM wide overarching cancer performance plan, to deliver pathway level improvements, with the Cancer Alliance accountable for oversight on delivery. This will include re-focus on Day 7 first attendance.
- Stretch targets to at least match with the requirements of the 22/23 planning guidance
- Support the Cancer Alliance in the planning recommendation of anticipating a required 25% increase in diagnostics and 13% treatment levels through the PFB and ICB forums.

Appendix 1

Cancer Waiting Times November 22

Performance against the Cancer Waiting Times standards (CWT) remains below the expected standard on all key metrics, with significant variation between providers and tumour sites.

November 22 (the latest reporting month) presents a relatively static picture in performance, however, there have been more patients with their FDS recorded and higher volumes of treatments delivered in this month compared to October (without further deterioration). It should be noted that although this is nationally published information, Trusts are able to submit a refresh which is updated bi-annually. MFT data is low in volume for some measures since the introduction of HIVE and a refresh would be expected. This is likely to redcuce the GM performance.

An overview of performance at GM ICB level is shown below. Following this is a breakdown of the key metrics and perfromance by organisation, showing trends over time. There remains specific challenges in a number of providers. Details by tumour type are also included.

November 22 GM system overview

Trust CWT Reporting - National Published Figures

Performance By Metric

NHS Greater Manchester Integrated Care Board - Cancer Standard Performance - November 2022 to November 2022
Trust: All | Cancer Site: All

The table shows the performance figures for the selected standards. If the performance percentage target is met, then the firgures for that standard are shown in green, if failed they are shown in red.
The performance targets are shown below for each of the standards in view.

Measure Name	% Target	Total	Within	Breaches	Performance
2 Week Wait from Referral to First Seen: Suspected Cancer Patients	93.0%	15,723.0	10,984.0	4,739.0	69.9%
2 Week Wait from Referral to First Seen: Symptomatic Breast Patients	93.0%	489.0	274.0	215.0	56.0%
28 Day Wait from Referral to Faster Diagnosis: All Patients	75.0%	14,052.0	8,712.0	5,340.0	62.0%
31 Day Wait from Decision To Treat to All First Treatments	96.0%	1,252.0	1,195.0	57.0	95.4%
31 Day Wait from Decision To Treat to Subsequent Treatment: Anti-Cancer ..	98.0%	303.0	303.0	0.0	100.0%
31 Day Wait from Decision To Treat to Subsequent Treatment: Radiotherapy	94.0%	556.0	553.0	3.0	99.5%
31 Day Wait from Decision To Treat to Subsequent Treatment: Surgery	94.0%	147.0	137.0	10.0	93.2%
62 Day Wait from Referral To First Treatment: 2WW Patients	85.0%	701.5	419.5	282.0	59.8%
62 Day Wait from Referral To First Treatment: Consultant Upgrade Pati..	85.0%	304.5	225.0	79.5	73.9%
62 Day Wait from Referral To First Treatment: Screening Patients	90.0%	73.5	57.0	16.5	77.6%

Primary Performance Standard - Dashboard by Provider

Trust CWT Reporting - National Published Figures

Cancer Standard Performance by Trust

NHS Greater Manchester Integrated Care Board - Performance Across All Standards
Pathway Site: All |Date: November 2022 to November 2022

	Referral to First Seen	Faster Diagnosis		Decision to Treat				Referral to First Treatment		
	Suspected Cancer Patients	2WW Patients	Screening Patients	All First Treatments	Anti-Cancer Drug	Radiotherapy	Surgery	2WW Patients	Consultant Upgrade Patients	Screening Patients
	93.0%	75.0%	75.0%	96.0%	98.0%	94.0%	94.0%	85.0%	85.0%	90.0%
Grand Total	69.4%	62.2%	53.8%	95.4%	100.0%	99.5%	93.2%	59.8%	73.9%	77.6%
Bolton NHS Foundation Trust	86.7%	82.9%	41.1%	97.8%			60.0%	80.8%	77.4%	92.2%
Manchester University NHS Foundation Trust	53.3%	65.8%	80.0%	87.7%	100.0%		81.8%	37.6%	46.2%	62.8%
Northern Care Alliance NHS Foundation Trust	64.4%	48.5%	49.1%	94.6%	100.0%	100.0%	85.0%	44.7%	82.6%	12.5%
Stockport NHS Foundation Trust	99.0%	63.2%	0.0%	99.1%	100.0%		100.0%	74.5%	80.3%	50.0%
Tameside And Glossop Integrated Care NHS Foundation Trust	73.5%	55.4%	45.0%	100.0%	100.0%		100.0%	59.8%	56.8%	80.0%
The Christie NHS Foundation Trust	100.0%	58.3%		97.0%	100.0%	99.5%	98.8%	81.7%	82.8%	50.0%
Wrightington, Wigan And Leigh NHS Foundation Trust	97.0%	74.3%	83.0%	98.1%	100.0%		86.7%	76.7%	81.3%	94.1%

Performance Dashboard by Tumour Site

Trust CWT Reporting - National Published Figures

Cancer Standard Performance by Cancer Site

NHS Greater Manchester Integrated Care Board - Performance Across All Standards - by Cancer Site
Date: November 2022 to November 2022

	Referral to First Seen	Faster Diagnosis	Decision to Treat				Referral to First Treatment		
	Suspected Cancer Patients	All Patients	All First Treatments	Anti-Cancer Drug	Radiotherapy	Surgery	2WW Patients	Consultant Upgrade Patients	Screening Patients
	93.0%	75.0%	96.0%	98.0%	94.0%	94.0%	85.0%	85.0%	90.0%
Grand Total	69.4%	62.0%	95.4%	100.0%	99.5%	93.2%	59.8%	73.9%	77.6%
Acute Leukaemia	100.0%	100.0%					100.0%		
Brain/CNS	72.3%	78.1%	100.0%	100.0%	100.0%	100.0%		100.0%	
Breast	58.6%	88.4%	92.5%	100.0%	99.4%	82.1%	63.7%	50.0%	87.0%
Breast Symptomatic	56.0%	85.3%							
Children's	58.4%	63.0%			100.0%				
Gynaecological	74.9%	51.6%	93.8%	100.0%	95.5%	100.0%	49.3%	71.4%	100.0%
Haematological			100.0%	100.0%	100.0%				
Haematological (Excluding A..	94.2%	75.7%					70.6%	70.8%	
Head and Neck	73.2%	61.8%	100.0%	100.0%	100.0%	50.0%	50.0%	84.0%	
Lower Gastrointestinal	87.2%	53.1%	94.8%	100.0%	100.0%	93.8%	50.6%	86.3%	40.0%
Lung	95.4%	82.8%	98.2%	100.0%	100.0%	100.0%	60.3%	65.0%	
Other	78.3%	66.7%	94.4%	100.0%	100.0%		28.6%	90.0%	
Sarcoma	40.9%	34.1%	100.0%	100.0%	100.0%	100.0%	46.2%	100.0%	
Skin	38.4%	40.8%	90.0%	100.0%	100.0%	97.9%	48.3%	81.0%	
Testicular	97.9%	79.6%					100.0%		
Unknown		39.1%							
Upper Gastrointestinal	85.5%	61.5%	96.7%	100.0%	100.0%	100.0%	46.6%	84.3%	
Urological			95.6%	100.0%	99.3%	93.9%			
Urological (Excluding Testicu..	84.0%	59.9%					73.4%	84.0%	

2ww 14 day Performance

Trust CWT Reporting - National Published Figures

Performance Over Time

2 Week Wait from Referral to First Seen: Suspected Cancer Patients

NHS Greater Manchester Integrated Care Board | Report Detail: All | Performance Target: 93.0% / 14 Days Standard

The table shows the performance for each locality as the percentage of referrals seen within the standard timeframe. If the target performance is met, it is shown in green. If failed, the performance is shown in red.

n= the total count of referrals per month

	2021 Dec	2022 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Bolton NHS Foundation Trust	88.9% n=1,287	75.6% n=1,094	77.5% n=1,281	78.5% n=1,523	86.3% n=1,157	89.0% n=1,438	88.1% n=1,381	95.0% n=1,363	96.0% n=1,571	92.6% n=1,424	84.8% n=1,335	91.4% n=1,391
Manchester University NHS Foundation Trust	63.3% n=4,074	56.3% n=3,840	64.6% n=4,314	61.7% n=4,594	71.7% n=2,699	67.5% n=4,446	57.2% n=4,182	55.1% n=4,706	54.1% n=5,043	55.8% n=3,129	40.5% n=4,560	54.2% n=5,487
Northern Care Alliance NHS Foundation Trust	74.0% n=2,934	71.9% n=2,912	79.4% n=3,369	77.1% n=3,757	100.0% n=1	95.6% n=1,839	67.7% n=3,177	73.8% n=3,574	64.2% n=4,009	56.0% n=3,804	63.0% n=4,188	64.4% n=4,806
Stockport NHS Foundation Trust	98.4% n=949	97.1% n=953	98.2% n=973	98.2% n=1,229	94.3% n=1,060	96.9% n=1,139	93.2% n=1,093	96.3% n=1,120	98.2% n=1,229	98.2% n=1,238	98.8% n=1,097	99.0% n=1,197
Tameside And Glossop Integrated Care..	97.6% n=1,046	94.1% n=965	96.4% n=1,201	94.6% n=1,395	93.5% n=1,202	94.5% n=1,338	91.5% n=1,241	86.1% n=1,291	75.4% n=1,383	71.7% n=1,288	73.8% n=1,250	72.4% n=1,219
The Christie NHS Foundation Trust	100.0% n=1	100.0% n=4	100.0% n=7	100.0% n=1	100.0% n=3	66.7% n=3		100.0% n=1		100.0% n=4		100.0% n=7
Wrightington, Wigan And Leigh NHS Foundatio..	93.4% n=1,344	91.6% n=1,184	97.3% n=1,315	93.2% n=1,666	93.1% n=1,322	95.7% n=1,524	92.8% n=1,541	93.9% n=1,406	90.9% n=1,637	82.1% n=1,555	93.8% n=1,510	97.0% n=1,616
ICB Total	78.2% n=11,635	73.1% n=10,952	79.1% n=12,460	77.7% n=14,165	84.5% n=7,444	84.2% n=11,727	74.1% n=12,615	74.6% n=13,461	70.9% n=14,872	69.2% n=12,442	64.9% n=13,940	69.9% n=15,723

28 day Faster Diagnosis Performance

Trust CWT Reporting - National Published Figures

Performance Over Time

28 Day Wait from Referral to Faster Diagnosis: All Patients

NHS Greater Manchester Integrated Care Board | Report Detail: All | Performance Target: 75.0% / 28 Days Standard

The table shows the performance for each locality as the percentage of referrals seen within the standard timeframe. If the target performance is met, it is shown in green. If failed, the performance is shown in red.

n= the total count of referrals per month

	2021 Dec	2022 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Bolton NHS Foundation Trust	80.1% n=1,408	72.3% n=1,386	81.5% n=1,423	82.3% n=1,767	82.2% n=1,304	80.2% n=1,624	81.2% n=1,525	80.8% n=1,539	83.8% n=1,694	80.1% n=1,596	81.6% n=1,534	80.1% n=1,642
Manchester University NHS Foundation Trust	50.8% n=4,518	35.4% n=4,130	57.1% n=4,261	55.2% n=4,625	53.4% n=2,716	54.9% n=3,850	41.4% n=3,673	55.1% n=4,463	62.1% n=4,602	49.6% n=1,714	61.8% n=2,916	65.8% n=4,153
Northern Care Alliance NHS Foundation Trust	64.1% n=2,910	58.5% n=2,858	72.3% n=2,929	65.9% n=3,506		59.5% n=1,231	47.0% n=3,297	47.8% n=2,925	45.2% n=3,365	44.7% n=3,252	42.2% n=3,656	48.5% n=4,167
Stockport NHS Foundation Trust	63.9% n=923	59.3% n=1,021	69.2% n=931	70.0% n=1,150	58.4% n=1,075	62.2% n=1,089	60.3% n=1,034	63.4% n=1,151	64.1% n=1,187	62.9% n=1,217	67.4% n=1,123	62.6% n=1,195
Tameside And Glossop Integrated Care..	79.2% n=1,011	73.6% n=942	83.7% n=1,048	80.1% n=1,196	77.6% n=1,140	78.5% n=1,198	76.4% n=1,036	77.2% n=1,130	76.1% n=1,257	64.0% n=1,288	57.4% n=1,199	55.3% n=1,377
The Christie NHS Foundation Trust	100.0% n=1	100.0% n=2	100.0% n=7	100.0% n=1	75.0% n=4	75.0% n=4		50.0% n=4	0.0% n=5	40.0% n=5	0.0% n=2	58.3% n=12
Wrightington, Wigan And Leigh NHS Foundatio..	70.0% n=1,288	62.0% n=1,287	68.1% n=1,363	73.6% n=1,548	66.2% n=1,299	65.3% n=1,526	71.2% n=1,397	68.8% n=1,283	71.6% n=1,408	81.0% n=1,162	69.5% n=1,539	74.8% n=1,506
ICB Total	62.9% n=12,059	53.6% n=11,626	68.3% n=11,962	66.9% n=13,793	65.0% n=7,538	64.3% n=10,522	56.2% n=11,962	60.7% n=12,495	63.0% n=13,518	59.8% n=10,234	59.4% n=11,969	62.0% n=14,052

31 DTT Perforamcne

Trust CWT Reporting - National Published Figures

Performance Over Time

31 Day Wait from Decision To Treat to All First Treatments

NHS Greater Manchester Integrated Care Board | Report Detail: All | Performance Target: 96.0% / 31 Days Standard

The table shows the performance for each locality as the percentage of referrals seen within the standard timeframe. If the target performance is met, it is shown in green. If failed, the performance is shown in red.

n= the total count of referrals per month

	2021 Dec	2022 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Bolton NHS Foundation Trust	97.3% n=111	95.9% n=123	97.1% n=105	98.6% n=138	98.9% n=93	99.3% n=144	99.1% n=107	100.0% n=129	97.9% n=146	99.1% n=115	99.3% n=150	97.8% n=138
Manchester University NHS Foundation Trust	81.8% n=400	74.6% n=393	86.9% n=405	91.1% n=392	87.2% n=282	84.0% n=332	84.9% n=378	86.2% n=377	85.2% n=357	80.8% n=198	78.2% n=147	87.7% n=203
Northern Care Alliance NHS Foundation Trust	97.7% n=266	97.2% n=249	98.7% n=235	97.4% n=231	100.0% n=3	90.6% n=96	94.2% n=225	96.6% n=237	96.5% n=254	88.6% n=236	90.6% n=245	94.6% n=276
Stockport NHS Foundation Trust	100.0% n=85	98.9% n=92	94.6% n=92	97.7% n=86	97.3% n=73	94.2% n=86	95.8% n=96	96.5% n=114	95.3% n=85	94.6% n=93	96.5% n=113	99.1% n=116
Tameside And Glossop Integrated Care..	97.9% n=47	100.0% n=43	100.0% n=52	98.4% n=62	100.0% n=49	98.4% n=61	100.0% n=42	100.0% n=48	100.0% n=50	98.6% n=69	100.0% n=52	100.0% n=50
The Christie NHS Foundation Trust	98.9% n=376	96.7% n=335	98.1% n=321	96.7% n=330	97.8% n=323	97.7% n=345	98.5% n=335	98.6% n=354	98.7% n=379	97.9% n=338	97.5% n=314	97.0% n=361
Wrightington, Wigan And Leigh NHS Foundatio..	100.0% n=101	94.4% n=108	99.1% n=117	99.0% n=98	97.2% n=109	97.5% n=119	97.0% n=99	97.3% n=113	95.1% n=122	96.6% n=88	99.2% n=132	98.1% n=108
ICB Total	93.7% n=1,386	90.3% n=1,343	94.6% n=1,327	95.7% n=1,337	94.7% n=932	93.2% n=1,183	93.5% n=1,282	94.8% n=1,372	94.3% n=1,393	92.8% n=1,137	94.0% n=1,153	95.4% n=1,252

31 Day Subsequent Surgery

Trust CWT Reporting - National Published Figures

Performance Over Time

31 Day Wait from Decision To Treat to Subsequent Treatment: Surgery

NHS Greater Manchester Integrated Care Board | Report Detail: All | Performance Target: 94.0% / 31 Days Standard

The table shows the performance for each locality as the percentage of referrals seen within the standard timeframe. If the target performance is met, it is shown in green. If failed, the performance is shown in red.

n= the total count of referrals per month

	2021 Dec	2022 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Bolton NHS Foundation Trust	100.0% n=5	100.0% n=3	100.0% n=3	100.0% n=2	66.7% n=3	66.7% n=3	100.0% n=4	100.0% n=1	100.0% n=2	100.0% n=4	100.0% n=2	60.0% n=5
Manchester University NHS Foundation Trust	64.1% n=64	78.5% n=79	87.7% n=73	89.2% n=74	73.6% n=53	78.7% n=61	72.7% n=66	83.9% n=56	77.5% n=71	86.7% n=15	78.9% n=19	81.8% n=11
Northern Care Alliance NHS Foundation Trust	90.3% n=31	90.3% n=31	100.0% n=29	100.0% n=24		75.0% n=4	100.0% n=17	94.1% n=34	91.3% n=23	91.3% n=23	100.0% n=17	85.0% n=20
Stockport NHS Foundation Trust	100.0% n=7	100.0% n=6	85.7% n=7	92.3% n=13	100.0% n=7	100.0% n=10	100.0% n=7	100.0% n=9	100.0% n=13	90.0% n=10	100.0% n=6	100.0% n=7
Tameside And Glossop Integrated Care..	100.0% n=6	100.0% n=3	100.0% n=5	100.0% n=8	100.0% n=9	100.0% n=7	100.0% n=7	100.0% n=9	100.0% n=6	100.0% n=6	100.0% n=7	100.0% n=4
The Christie NHS Foundation Trust	100.0% n=84	100.0% n=92	100.0% n=111	100.0% n=99	100.0% n=105	100.0% n=105	98.1% n=106	100.0% n=116	100.0% n=104	99.0% n=105	98.9% n=93	98.8% n=85
Wrightington, Wigan And Leigh NHS Foundatio..	100.0% n=16	100.0% n=33	100.0% n=16	100.0% n=11	87.5% n=8	88.9% n=9	92.9% n=14	91.7% n=12	92.9% n=14	96.0% n=25	92.3% n=13	86.7% n=15
ICB Total	87.8% n=213	91.9% n=247	95.9% n=244	96.1% n=231	91.4% n=185	92.0% n=199	90.5% n=221	94.9% n=237	91.8% n=233	96.3% n=188	96.2% n=157	93.2% n=147

Key 62 Day RTT performance (2ww referral source)

Trust CWT Reporting - National Published Figures

Performance Over Time

62 Day Wait from Referral To First Treatment: 2WW Patients

NHS Greater Manchester Integrated Care Board | Report Detail: All | Performance Target: 85.0% / 62 Days Standard

The table shows the performance for each locality as the percentage of referrals seen within the standard timeframe. If the target performance is met, it is shown in green. If failed, the performance is shown in red.

n= the total count of referrals per month

	2021	2022										
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Bolton NHS Foundation Trust	87.3% n=67	90.4% n=79	80.5% n=59	81.7% n=85	85.4% n=62	85.8% n=95	80.7% n=70	83.0% n=77	80.4% n=90	79.1% n=67	83.2% n=90	80.8% n=84
Manchester University NHS Foundation Trust	51.3% n=245	33.7% n=236	44.9% n=200	55.4% n=220	48.4% n=155	31.4% n=169	40.4% n=202	43.8% n=203	44.4% n=200	31.6% n=136	29.6% n=80	37.6% n=132
Northern Care Alliance NHS Foundation Trust	50.5% n=186	52.6% n=153	63.1% n=151	65.3% n=147	20.5% n=44	31.8% n=88	44.7% n=159	47.1% n=164	48.1% n=154	42.6% n=172	40.1% n=151	44.7% n=206
Stockport NHS Foundation Trust	81.1% n=64	65.6% n=64	70.2% n=62	79.3% n=56	85.1% n=44	52.1% n=61	59.3% n=62	60.6% n=78	68.4% n=59	69.7% n=60	65.7% n=69	74.5% n=75
Tameside And Glossop Integrated Care..	65.9% n=46	74.3% n=37	83.7% n=49	77.0% n=50	86.9% n=42	73.9% n=56	58.1% n=37	58.2% n=40	66.7% n=38	60.0% n=55	59.8% n=46	59.8% n=44
The Christie NHS Foundation Trust	75.8% n=83	63.5% n=69	75.8% n=48	80.7% n=70	80.3% n=79	72.3% n=71	77.4% n=69	86.6% n=60	72.1% n=61	72.9% n=70	78.3% n=53	81.7% n=88
Wrightington, Wigan And Leigh NHS Foundatio..	78.8% n=66	76.7% n=65	66.1% n=58	71.9% n=64	68.8% n=79	77.6% n=81	75.5% n=78	71.5% n=79	70.2% n=81	73.3% n=51	75.0% n=80	76.7% n=75
ICB Total	**62.8% n=755**	**56.1% n=702**	**62.5% n=625**	**68.3% n=691**	**65.0% n=503**	**56.3% n=619**	**56.1% n=675**	**58.3% n=699**	**58.8% n=681**	**54.4% n=610**	**58.6% n=568**	**59.8% n=702**

62 day Consultant Upgrades

Trust CWT Reporting - National Published Figures

Performance Over Time

62 Day Wait from Referral To First Treatment: Consultant Upgrade Patients

NHS Greater Manchester Integrated Care Board | Report Detail: All | Performance Target: 85.0% / 62 Days Standard

The table shows the performance for each locality as the percentage of referrals seen within the standard timeframe. If the target performance is met, it is shown in green. If failed, the performance is shown in red.

n= the total count of referrals per month

	2021	2022										
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Bolton NHS Foundation Trust	90.7% n=22	70.6% n=17	70.5% n=22	86.2% n=29	90.0% n=20	88.9% n=32	75.0% n=12	91.7% n=24	74.3% n=37	81.0% n=32	88.3% n=39	77.4% n=31
Manchester University NHS Foundation Trust	64.2% n=87	60.4% n=80	64.8% n=105	65.2% n=92	66.4% n=55	66.3% n=97	58.5% n=103	50.2% n=112	56.1% n=114	42.0% n=60	20.5% n=44	46.2% n=52
Northern Care Alliance NHS Foundation Trust	72.6% n=108	78.6% n=103	72.6% n=95	78.7% n=106	43.5% n=23	57.6% n=50	75.8% n=91	69.3% n=100	76.2% n=101	63.2% n=86	70.1% n=106	82.6% n=84
Pennine Acute Hospitals NHS Trust		0.0% n=1										
Stockport NHS Foundation Trust	83.3% n=33	89.6% n=34	87.9% n=33	76.6% n=32	93.2% n=30	82.7% n=41	79.7% n=35	69.4% n=43	66.2% n=36	86.4% n=33	67.0% n=55	80.3% n=36
Tameside And Glossop Integrated Care..	68.9% n=23	68.1% n=24	59.2% n=25	76.9% n=26	70.0% n=20	82.2% n=23	36.4% n=22	51.1% n=24	69.4% n=25	86.5% n=26	72.7% n=22	56.8% n=19
The Christie NHS Foundation Trust	83.5% n=40	79.3% n=58	73.8% n=52	78.1% n=48	87.5% n=44	80.4% n=46	75.0% n=52	86.3% n=40	84.4% n=71	85.6% n=45	84.0% n=38	82.8% n=47
Wrightington, Wigan And Leigh NHS Foundatio..	81.7% n=30	94.0% n=34	84.8% n=40	81.8% n=28	86.2% n=33	91.2% n=34	79.7% n=30	89.6% n=39	93.8% n=40	89.4% n=33	86.0% n=50	81.3% n=38
ICB Total	**74.4% n=341**	**75.8% n=349**	**72.2% n=371**	**75.7% n=360**	**77.0% n=224**	**75.0% n=321**	**68.7% n=344**	**67.9% n=380**	**72.4% n=423**	**71.3% n=314**	**69.3% n=352**	**73.9% n=305**

62 day Screening

Trust CWT Reporting - National Published Figures

Performance Over Time

62 Day Wait from Referral To First Treatment: Screening Patients

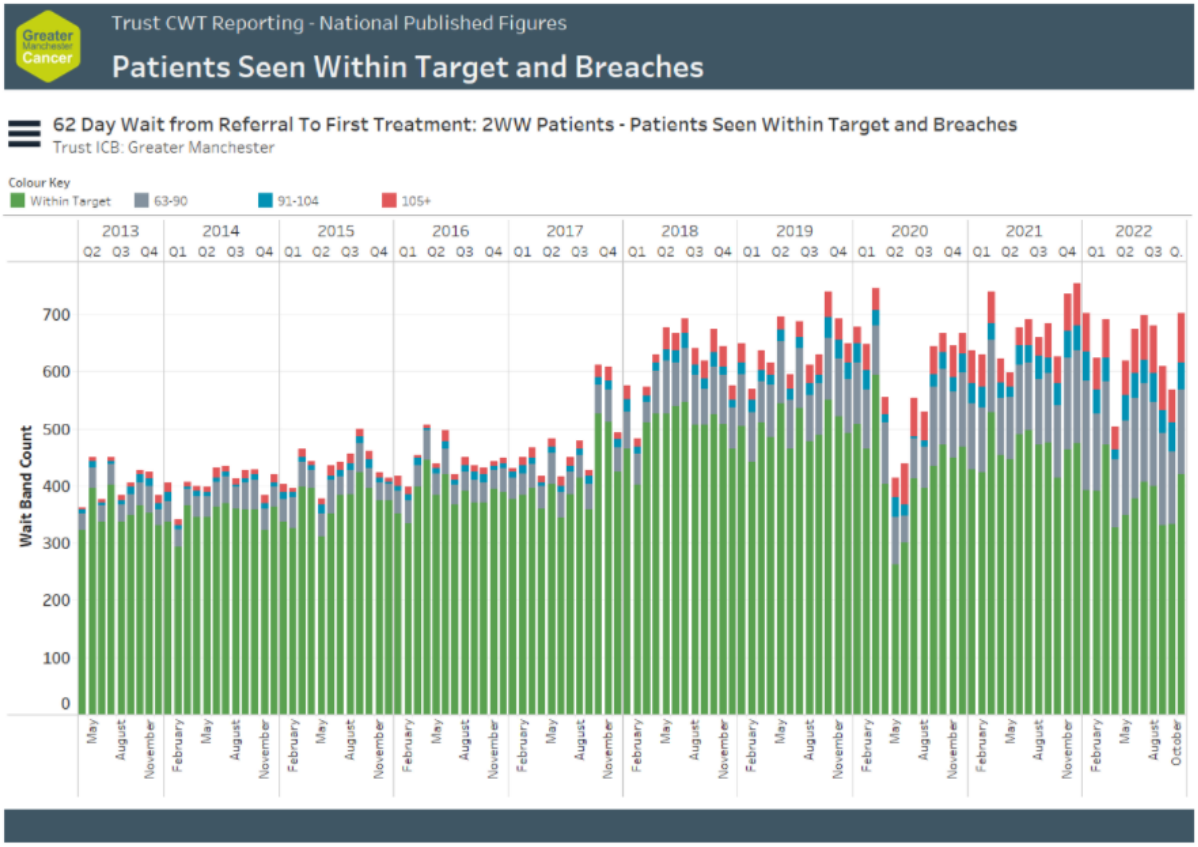
NHS Greater Manchester Integrated Care Board | Report Detail: All | Performance Target: 90.0% / 62 Days Standard

The table shows the performance for each locality as the percentage of referrals seen within the standard timeframe. If the target performance is met, it is shown in green. If failed, the performance is shown in red.

n= the total count of referrals per month

	2021	2022										
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Bolton NHS Foundation Trust	78.6% n=14	68.5% n=27	75.0% n=22	60.5% n=22	91.7% n=12	92.0% n=13	61.1% n=18	92.5% n=27	76.8% n=28	75.8% n=17	76.0% n=25	92.2% n=26
Manchester University NHS Foundation Trust	84.6% n=26	69.3% n=38	65.2% n=46	90.7% n=27	66.7% n=32	81.4% n=30	80.0% n=38	49.2% n=30	44.7% n=19	57.9% n=10	89.7% n=15	62.8% n=22
Northern Care Alliance NHS Foundation Trust	37.5% n=8	18.8% n=8	30.0% n=5	33.3% n=6		0.0% n=7	46.2% n=7	17.6% n=9	8.7% n=12	35.7% n=7	0.0% n=5	12.5% n=4
Stockport NHS Foundation Trust		0.0% n=1			0.0% n=1	100.0% n=1		33.3% n=2	100.0% n=1	100.0% n=1		50.0% n=2
Tameside And Glossop Integrated Care..	0.0% n=1	100.0% n=1	100.0% n=1			100.0% n=2	100.0% n=1	50.0% n=1	0.0% n=1	0.0% n=2		80.0% n=3
The Christie NHS Foundation Trust	75.0% n=4	75.0% n=2	77.8% n=5	100.0% n=4	66.7% n=3	50.0% n=2	100.0% n=3	83.3% n=3	57.1% n=4	50.0% n=3	88.9% n=5	50.0% n=1
Wrightington, Wigan And Leigh NHS Foundatio..	91.9% n=19	81.0% n=21	65.5% n=29	89.5% n=19	81.0% n=21	68.4% n=19	64.3% n=7	84.6% n=13	81.0% n=21	76.5% n=17	97.1% n=17	94.1% n=17
ICB Total	**78.3% n=72**	**67.2% n=98**	**66.5% n=108**	**78.1% n=78**	**74.5% n=69**	**72.2% n=72**	**71.7% n=73**	**66.3% n=83**	**60.0% n=85**	**64.5% n=55**	**79.5% n=66**	**77.6% n=74**

Visualisation of GM Backlog over time



Appendix 2

Surgical Modelling (P2 Cancer)

Revised improvement trajetory and individual Trust targets. These have been caluclated considering the current P2 waiting list size, growth trends and predictions. The modelling was agreed with GM EMDs .

	Baseline	Week											
		1	2	3	4	5	6	7	8	9	10	11	12
6 week average **P2 treatment** waiting list size	1100	1100	1100	1072	1044	1016	988	960	932	904	876	848	820
6 week average TOTAL Treatment numbers	305	343	371	371	371	371	371	371	371	371	371	371	371
Anticipated 6 week average P2 Treatment	292	330	358	358	358	358	358	358	358	358	358	358	358

	Current weekly throughput	Minimum throughput required	Specific Areas of Focus
Bolton	28	25	
MFT (inc NMGH)	102	122	Breast, Lung, HPB, H&N, Gynae
NCA	55	60	Gynae, LGI, Urology
Stockport	29	29	Urology
T&G	18	12	
The Christie	80	90	Plastics
WWL	28	33	
GM Total	**340**	**371**	
*Current weekly throughput calculated as average over 6 weeks exc bank holidays			

The following was agreed with the GM Executive Medical Director's forum 11.01.23 and has been discussed with and ciruclated to GM COOs.

- **Executive Medical Directors are asked to support the revised organisational trajectories and support delivery and prioritisation of capacity to deliver the required treatment levels**
- **To acknowledge that capacity added downstream may reduce waiting list, but not address 28 day / 31 day compliance**
- **To prioritise recovery of 31 DTT and sub surgery delivery through additional immediate capacity to prevent dating beyond 28/31 days**
- **To support revision modelling at least every quarter to acknowledge changing dynamic of pathway listing**
- **Utilise available Christie capacity to accelerate delivery or prevent additional capacity requirements at other organisations (MFT / NCA)**

Copy of full presentation and rationale.

EMD 11.01.23.pptx

Appendix 3 - Summary of activity impact in 'focus fortnight'.

MFT									
Activity Type	**Planned volume**	**Planned delivery dates**	**Actual volume to date (inc lists and patient numbers)**	**Actual delivery dates**	**Original wait times**	**Wait times following activity**	**Any information on specific specialities**	**Dates for activity not yet delivered**	**Comments**
Urology WTWA	10 additional IP lists. 16 diagnostic or 8 FDT per list	19.11.22 x 10 weeks As of 06.01 7/10 should have been delivered	0	0					WTWA were unable to support this activity due to nurse staffing and IP capacity. Furthermore additional TGH capacity has been made available to expand internal capacity £100k underspend
Lung	5 additional all day IP lists (on top of regular insourcing capacity) . 3 FDT per session + diagnostics	Alternate weeks from 03.12.22. As of 06.01 3/5 should have been delivered	2 lists completed – 4 patients operated on. Complex	3/12/2022 – 2 pts 17/12/2022 - 2 pts (all FDT with diagnostic)	3-4 Weeks	2-3 Weeks	Reduced referrals in those weeks. Part activity moved to January to deliver optimal impact	14, 21, 28 Jan 23 3 FDT with diagnostics and 1 x diagnostic only per list	Condition of investment to return activity to Lung (22 sessions weekly) from new year. Confirmation required. Cost 55k
Breast	160 additional triple assessment first appointments	WC 21.11.22 & WC28.11.22	170 patients seen in additional activity	170 patients seen – Nov and Dec dates	18 days to first appt	4 days to first appt		Complete	Cost 11k
Histo	2038 additional samples	WC21.11.22 x 6 weeks. As of	756 specimens	28.11.2022 –		Dissection backlogs	Supporting gynae, GI, derm / plastics,		To clear entire histology backlog for cancer diagnostics and FDTs Cost

	outsourced	06.01 all activity should have been delivered	for dissection 2116 tissue blocks for microtomy (returned to dept. for reporting on site).	06.01.2023		have reduced on both sites. No data on TAT	breast		£220k Tameside backlog cleared. Resignation of consultant likely to reduce anticipated impact. TAT to be provided
Endoscopy	360 additional outsourced scopes (LGI focussed)	WC 21.11.22 x 6 weeks. As of 06.01 all activity should have been delivered	**Endoscopy Lists** 20 Lists 243 Patients (23 DNAs & 36 short notice patient cancellations) **LGI Clinics** 3 Clinics 29 Patients	w/c 5th and 12th Dec	10 Days	8 Days		Activity complete	
H&N	22 additional clinics (154 additional OPA)	22 clinics Nov and Dec	20 Clinics 265 Patients	w/c 21st and 28th Nov	14 Day	5 Days		Activity complete	
Derm	Continuation of insourcing delivering 96 OPA and 48 FDTs	Ongoing until March 23.	21.011.22 & 28.11.22	48 OP slots and 24 treatment (across both dates)	14 days	7-10 days		Planned in January	To prevent further backlog growing. Cost £30k There has been a further reduction in the 2ww to c 4 days

Wrightington, Wigan & Leigh									
Activity Type	**Planned volume**	**Planned delivery dates**	**Actual volume to date (inc lists and patient numbers)**	**Actual delivery dates**	**Original wait times**	**Wait times following activity**	**Any information on specific specialities**	**Dates for activity not yet delivered**	**Comments**
Colorectal	3 additional triage sessions (60 triages)	WC 21.11.22 28.11.22	3 x additional sessions	21st November 30th November 2nd December	10.2 days	9 days			Aim to reduce first attendance / increase STT. Cost £2100
Gynae	160 additional first OPA	WC 21.11.22 28.11.22 (and poss Dec)	10 x 8 = 80 clinic slots	5/12, 7/12,8/12,09/12, 14/12, 19/12, 20/12, 22/12 and 29/12	12.3 days	10.8 days	Reduction below 10 days was affected by short term sickness within the Gynae team.		Reduce time to first attendance to <10 days. Cost £25,100

Bolton									
Activity Type	**Planned volume**	**Planned delivery dates**	**Actual volume to date (inc lists and patient numbers)**	**Actual delivery dates**	**Original wait times**	**Wait times following activity**	**Any information on specific specialities**	**Dates for activity not yet delivered**	**Comments**
USS FNA	1 additional session	WC 21.11.22	12	28.11.22	5-6 days	3 days			USS FNA Cost £525

NCA - BCO									
Activity Type	**Planned volume**	**Planned delivery dates**	**Actual volume to date (inc lists and patient numbers)**	**Actual delivery dates**	**Original wait times**	**Wait times following activity**	**Any information on specific specialities**	**Dates for activity not yet delivered**	**Comments**
CT - BCO	60 additional scans and reports for H&N and Lung	WC 21.11.22 & WC 28.11.22	60 CT scans booked	3 and 4 December (w/c 28/11/22) as no CT capacity before that weekend	October 2022 UCR CT average exam to report time = **2.2 days** 56% reported in 2 days	UCR CT average exam to report times reduced to **1.6 days** 82% reported in 2 days			CT - BCO
MR - BCO	24 additional scans and reports	WC 21.11.22 & WC 28.11.22	N/A	N/A	N/A	N/A	N/A		Aim to reduce wait to <10 days. Cost £4,280 Not utilised as no spare MR capacity at that time to take advantage of the offer.

Tameside & Glossop									
Activity Type	**Planned volume**	**Planned delivery dates**	**Actual volume to date (inc lists and patient numbers)**	**Actual delivery dates**	**Original wait times**	**Wait times following activity**	**Any information on specific specialities**	**Dates for activity not yet delivered**	**Comments**
CT	120 scans and reports	WC 21.11.22 28.11.22						Jan 23	Due to extenuating circumstances the initiative could not go ahead, but there is a plan to deliver the activity in January
MR	48 scans and reports	WC 21.11.22 28.11.22						Jan 23	Due to extenuating circumstances the initiative could not go ahead, but there is a plan to deliver the activity in January

Appendix 4

Cancer Board
30 January 2023

Title of paper:	**Clinical Outcomes Data Strategy for Cancer: high-level plans**
Purpose of the paper:	To provide an update to the GM Cancer Board on high-level plans to produce a GM-wide Clinical Outcomes Data Strategy for Cancer and associated work programme.
Summary outline of main points / highlights / issues	• Overview of early work towards a Clinical Outcomes Data Strategy for Cancer. • Health economics as a key consideration for this strategy. • Membership of the Clinical Outcomes Data Strategy for Cancer group. • Approach • Summary and next steps.
Consulted	To be approved at Clinical Outcomes Data Forum
Author of paper and contact details	**Name:** John Moore **Title:** Clinical Director for Prehab and Recovery, GM Cancer **Email:** john.moore@mft.nhs.uk **Name:** Lisa Galligan-Dawson **Title:** Director of Performance, GM Cancer **Email:** lisa.galligan-dawson@nhs.net **Name:** Jenna Lane **Title:** Project Manager, GM Cancer **Email:** jenna.lane@nhs.net

1.Introduction and context

This paper provides an overview of early plans to design a GM-wide Clinical Outcomes Data Strategy for Cancer. Clinical outcomes are measurable changes in health, function or quality of life that result from health interventions. The aim of the Clinical Outcomes Data Strategy for Cancer is to promote and develop the collaborative use of real-world data to improve clinical outcomes for cancer. This work supports the specific aim of the NHS Long Term Plan[1], for 55,000 more people per year to survive for five years or more following a cancer diagnosis, as well as aligning with the overarching goal of the Alliance to improve cancer outcomes for patients. This will also support delivery of the long term plan and national policy.

Cancer pathways in GM are not currently well-understood in terms of patient outcomes data, and there are known 'black holes' in national data pipelines. For example, the Cancer Outcomes and Services Dataset (COSD) is submitted monthly at the individual patient level by acute providers to NHS Digital, but there is currently no return flow of this data back to the system. This prevents pathway boards from understanding key outcome metrics in real time, necessitating a heavy reliance on time-lagged, aggregate reports that are published sporadically by the national team and do not offer the same level of insight.

Where health interventions take the form of GM Cancer projects, evaluation (whilst detailed and extremely valuable) is often focussed on the 'here and now', with only limited information available about the longitudinal effects on patient health or the wider health economics justification for continuing projects. There is currently no overarching framework by which GM Cancer projects can assess the incremental gains experienced by patients who are enrolled in our projects, as well as through the combined gains of engaging with multiple programmes. The Clinical Outcomes Data Strategy for Cancer will consider GM Cancer programmes of work in the context of health economics, deriving a framework for project evaluation that embeds health economics from the outset of the intervention and supports the longevity of GM Cancer

[1] The NHS Long-Term Plan, January 2019, p57.

work programmes. This will include the definition of key metrics to be measured, such as survival years post diagnosis.

An important enabler of this work will be the GM Analytics and Data Science Platform (ADSP), which will provide a holistic view of the citizen experience in GM from a data perspective. The ADSP will facilitate analysis of longitudinal patient data related to the wider determinants of population health. In particular, it is anticipated that from April 2023 a shared care record will be available for each GM patient, which fully links their primary and secondary care data. The development of the ADSP positions GM to identify at-risk cohorts, as well as to conduct longitudinal studies of patient health and outcomes. By way of illustration, a recent example of a longitudinal outcomes study is the analysis of the effect of devolution in Greater Manchester on the life expectancy of its residents, published in *The Lancet* in October 2022[2]. The Clinical Outcomes Data Strategy for Cancer also links to the GM Cancer Digital and Innovation Strategy, which is currently in draft format[3] and will be a further enabler of this work.

The Clinical Outcomes Data Strategy for Cancer group will map the work required to access necessary data on patient outcomes (which may involve influencing national flows of outcomes data), and how to measure and understand changes to long-term outcomes for patients enrolled in GM Cancer projects. This will include upskilling of the group through training and ongoing work with experts, in order to understand and apply the key principles of health economics. The work will culminate in a strategy (and associated programme of work), combining access to relevant new data with work to embed relevant clinical outcomes metrics at the outset of GM Cancer projects.

[2] P. Britteon et. Al., The effect of devolution on health: a generalised synthetic control analysis of Greater Manchester, England, 7(**10**) E844-E852. DOI: https://doi.org/10.1016/S2468-2667(22)00198-0
[3] GM Cancer Digital and Innovation Strategy (draft, version 29-11-2022), contact: Rhidian.Bramley@nhs.net

2.Oversight

The Clinical Outcomes Data Strategy for Cancer will be developed by the Clinical Outcomes Data Strategy for Cancer group, Chair: Dr John Moore (Clinical Director for Prehab and Recovery, GM Cancer), Deputy Chair: Lisa Galligan-Dawson (Director of Performance, GM Cancer). Membership has been carefully selected to include representation from key groups, including clinical representation and key representatives from Business Intelligence and the Christie Clinical Outcomes Unit. The governance structure for the group is described in the Terms of Reference[4]. The group will engage with GM Cancer pathway boards and clinical work programmes (e.g. Health Inequalities Steering Group) to ensure that the individual needs of the pathway boards are understood, as well as engaging with the wider GM system to ensure alignment with existing clinical outcomes strategies.

3. Approach

The initial focus of the group will be on understanding the needs of the pathway boards, with respect to clinical outcomes data and analytics. This will be achieved by a combination of questionnaires, deep-dives, and engagement with clinical leads. In parallel, the group will receive training in health economics, including how to measure outcomes and benefits through the definition of key metrics. This will be achieved through the delivery of a two-day programme delivered by the York Health Economics Consortium, and with ongoing support from health economics experts.

Work to date has already identified several key areas of consideration for the Clinical Outcomes Data Strategy for Cancer:

- Access to key clinical outcomes data at the individual, pseudonomised patient level, the requirements for which will vary between pathway boards.
- Access to genomics data.
- Population health in relation to cancer.

[4] Terms of Reference, Clinical Outcomes Data Strategy for Cancer group, DRAFT (version 0.3).

- An evaluation framework for GM Cancer projects, which includes the key metrics that should be measured in all projects to facilitate longitudinal health studies and health economics evaluation.

4. Summary

The Clinical Outcomes Data Strategy for Cancer aims to map the work required to measure and understand changes to long-term patient outcomes, and to devise a related programme of work. A timeline for delivery of the full strategy will be communicated to the Board in due course.

GM Cancer & NHS GM Integrated Care Programme Update

Ali Jones
Director of Commissioning
& Early Diagnosis

GM Cancer & NHS GM Integrated Care Update: Summary

Finance Support
The Christie NHS FT provide support from within finance directorate. NHS GM IC named lead for Cancer Alliance. Detailed finance reports to be a standing item on Cancer Board agendas going forward.

2022-23 Allocation
Transferred via Stockport CCG Q1 and NHS GM IC Q2,3 and 4
Break even position – reported to NHS Cancer Programme through Cancer Alliance quarterly reports – shared with GM Cancer Board on quarterly basis for information / assurance.
Allocated to programme of work in line with 2022-23 operational and cancer alliance planning guidance – as approved via GM governance early 2022-23.

2023-24/2024-25 Allocation
NHS Cancer Programme Allocation to GM Cancer Alliance on behalf of the GM Integrated Care System. 2 year funding. Detail in attached paper.
Allocated to deliver a specific programme of cancer service improvements and address operational performance. Focus in planning guidance for 2023-4/24-5 on Early Diagnosis, Operational Performance and Faster Diagnosis Standards.
Quarterly reporting process will be in place to ensure funding is being used to deliver the specified cancer related programme of work in GM and to track progress / outcomes.
Place Based / Strategic Development Funding and Targeted funding allocations.
Funding allocated to support Regional assurance and oversight – national allocation

Greater Manchester Cancer

Title of paper:	**GM Cancer Programme Update**
Purpose of the paper:	To update the GM Cancer Board on the current position and working approach to the Cancer Programme and funding in Greater Manchester
Summary outline of main points / highlights / issues	This paper provides the GM Cancer Board with an update on the management of the GM Cancer Alliance and high level updates for 2022-23 and 2023-24/25. The intention is to demonstrate the degree of scrutiny applied to the resource allocated to the GM system for delivery of the national cancer plan in line with the GM system priorities.
Consulted	Sally Parkinson, Director of Finance, The Christie NHS Foundation Trust David Dolman, Associate Director of Finance (Stockport), NHS GM integrated Care
Authors of paper and contact details	**Name:** Alison Jones **Title:** Director of Commissioning and Early Diagnosis, GM Cancer Alliance **Email:** alison.jones8@nhs.net

1 Background & Context

This paper provides the GM Cancer Board with an update on the management of the GM Cancer Alliance and high level updates for 2022-23 and 2023-24/25. The intention is to demonstrate the degree of scrutiny applied to the resource allocated to the GM system for delivery of the national cancer plan in line with the GM system priorities.

2 Key Discussion Points

Title: Cancer Alliance Finance Support
Host organisation / The Christie NHS FT The Christie NHS Foundation Trust as the host for the GM Cancer Alliance provide financial support to the Alliance. There is a dedicated Assistant Divisional Finance Manager within the Trust finance directorate. The Cancer Alliance SMT and Christie finance team have regular meetings to provide oversight to the financial management of the Alliance. An MIAA report from 2022-23 identified financial reporting as an action for the Alliance and The Christie to address. It has been agreed that going forward the GM Cancer Board will receive detailed finance reports at every Board meeting and at the Alliance Programme Assurance Group. The Director of Finance for The Christie NHS FT is a member of the GM Cancer Board. NHS Greater Manchester Integrated Care Prior to the close-down of CCGs (June 2022) there was a 'lead CCG' for the Cancer Alliance – Stockport CCG. NHS GM Integrated Care have identified a lead finance manager to continue this support to the Cancer Alliance – David Dolman, Associate Director of Finance (Stockport) to provide a clear link into the NHS GM IC finance system and to provide financial input to Cancer Alliance Programme Boards (e.g. Targeted Lung Health Check Programme Board, Faster Diagnosis Programme Board).

Title: Cancer Alliance Allocation 2022-23
GM Cancer Alliance received the following allocation to support delivery of the Cancer Plan for NHS GM IC in 2022-23, in line with national guidance and work with the local GM system:

Description	£000
Service Development Funding (SDF)	8,285
NHS Cancer Screening, targeted case finding and surveillance: Targeted Lung Health Checks (Manchester, Salford, Tameside & Glossop)	4,674
NHS Cancer Screening, targeted case finding and surveillance: Lynch	359
Innovation: Colon Capsule Endoscopy	320
Innovation: Cytosponge	185
NHS Cancer Screening, targeted case finding and surveillance: Liver	TBC
Primary care Pathways: targeted case finding for prostate cancer; direct referral from community pharmacy	TBC
TOTAL	**13,823**

In response to 'expressions of interest' from the GM Cancer Alliance the GM system has been allocated funding for the prostate cancer case finding (£305k) and community pharmacy referral projects (£32.5k). Both projects will run across 2022-23/2023-24.

Quarterly reporting to the NHS Cancer Programme (shared with Cancer Board) shows progress with spend against budget. Year end position forecast break even. Cancer Board will receive a year-end report for the Cancer Alliance in March 2023 and at every meeting thereafter.

The Alliance have ensured that the investment in 2022-23 has not been made in a way which leaves a legacy of ongoing financial investment / sustainability by NHS Greater Manchester Integrated Care. Where funding has been used to support posts in the GM Trusts and other organisations, work has been done between Alliance Project/Programme Managers are the Trusts to develop any business plans and / or ongoing funding arrangements. For example, the Cancer Care Co-ordinators in primary care funding via the PCN Additional Roles Reimbursement scheme / PCN funding following initial pilot and proof of concept.

Funding is now transferred to the Alliance via NHS GM Integrated Care and to The Christie as the host for the Alliance.

Title: Cancer Alliance Allocation 2023-24/2024-25

Place Based / Service Development Funding

GM Cancer Alliance were notified on 28th December 2022 of the Place Based Service Development Funding that is expected to be made available to Cancer Alliances in 2023/24 and 2024/25. This funding is for the purpose of supporting the delivery of Long Term Plan commitments for cancer, including the NHS-wide ambition to diagnose 75% of cancers at an early stage by 2028 and improvements in operational performance for cancer.

Cancer Alliance	2023-24 (£)	2024-25 (£)
Greater Manchester	13,607,311	13,582,543

Funding is being confirmed for both 2023/24 and 2024/25, i.e. to the end of the current spending review period. The NHS Cancer Programme acknowledge that some Cancer Alliances have found that single year allocations limit their ability to invest in longer-term initiatives and therefore hope that providing confirmed funding through to the very end of the spending period provides Alliances with the certainty they need to have maximum impact over these two years.

Place-based funding to Cancer Alliances is rising to £250m in both 2023/24 and 2024/25, up from £151.3m in 2022/23. This increase is being made in recognition of the critical role Cancer Alliances will play in supporting **operational performance** and **early diagnosis** over the course of the next two years, and the impact the NHS Cancer Programme are increasingly seeing Alliances have on their local cancer services.

Funding has been calculated on a fair shares basis, based on the overall weighted population of ICSs within the boundary of each Cancer Alliance. The NHS Cancer Programme will provide further details on how these budgets have been calculated in the usual supporting materials that the NHS Cancer Programme national team will provide to Alliances to assist with the development of local plans.

The fair shares allocations to Alliances are intended to enable Cancer Alliances to:

- intervene in areas or pathways where particular challenges mean that operational performance is lower or over 62-day backlogs are higher;
- go further and faster on existing early diagnosis programmes where there is the appetite and capacity to do so locally; and,
- support local early diagnosis projects, particularly in disadvantaged areas where rates of early diagnosis are lower.

In line with the significant increase in fair-shares funding, Cancer Alliances are expected to continue to improve their focus on the outcomes being secured for this investment and to demonstrate through their plans how they are deploying funding strategically to address the priorities identified locally, rather than passing on this funding to constituent organisations on a fair shares basis.

Regional offices will continue to provide the first line of assurance of Alliance plans and delivery through the usual quarterly monitoring process and will lead decision-making at a regional level on the re-deployment of any underspends by individual Alliances.

NHS GM Integrated Care will receive funding and arrange for its onward distribution to GM Cancer Alliance (hosted by The Christie NHS FT).

The expectation is that funding will be released on a quarterly basis. Funding will be released based on delivery of the agreed plans and the content of the Cancer Alliance Planning Guidance / Planning Pack.

<u>Targeted Funding</u>

The NHs Cancer Programme have significantly increased the quantum of Targeted Funding to Alliances, rising to £148m and £180m in 2023/24 and 2024/25. This funding will be

distributed on a quarterly basis unless individual projects require funding to alternative timetables.

Targeted funding made available to Cancer Alliances will include the budgets to deliver:

- Targeted lung health checks;
- Early diagnosis projects, including targeted interventions like liver cancer surveillance and Lynch
- Innovation projects, including Cytosponge, CCE and Alliance preparations for the anticipated expansion of an interim implementation pilot for the GRAIL Galleri test from 2024-25.

NB: At the time of preparing this paper for the GM Cancer Board, details of the GM targeted funding allocations had not been released.

Regional Funding

The NHS Cancer Programme will continue to look to regions to provide the first line of assurance of Alliance delivery against their funding agreements. It is their intention to continue to provide funding to regions at least at the current level, to enable them to fulfil this function, with funding reserved in the overall programme budget to do so for both 2023/24 and 2024/25.

3 Recommendation, requests / support required of the Board

The GM Cancer Board are asked to note and comment on the content of this paper

Early Cancer Diagnosis

Ali Jones
Director of Commissioning
& Early Diagnosis

Highlights / Update – Early Diagnosis

Q1-Q3 2020 staging data released December 2022: GM % stage 1 or 2 51.5% (England 53%; GM 56.4% in Q4 2019)

Clinical Decision Support Tool **'THINK CANCER'** pilot in 7 PCNs – full roll out by 31/3/2023

Joint programme of **primary care education** commissioned from Gateway C – 16 webinars completed to date, each with infographic and 'fast facts' video. Specific training on cervical screening and dermatology

Reviewing and refreshing plans for **PCN engagement** – event 7th March

Appointment of Secondary Care Clinical Lead for Early Cancer Diagnosis

Specialist diagnostics model for the **Targeted Lung Health Check** Programme in GM approved by GM TLHC Programme Board and JPDC on 17th January. Progressing detailed planning for roll out – national target 40% by March 2024

Progressing work with '10GM' to formalise VCSE engagement with the GM Cancer Alliance

Answer Cancer Impact Report – Cancer Alliance involvement and engagement via the Early Diagnosis Steering Group and Inequalities Programme Board – update report to be shared

Innovation projects progressing well: Lynch, CCE, Cytosponge – to be extended into 2023/24

Greater Manchester Cancer

Personalised Care

Freya Howle
Programme Director for
Personalised Care

Highlights / Update – Personalised Care

All project managers now in post with defined workstreams – genomics, core interventions & supportive care

Personalised Care Leads workshop on 6th February to develop GM plans for supporting implementation of HNA/PCSP standards, PSFU guidance and improve uptake of GM treatment summary templates across all Trusts.

Development of **PSFU pathways progressed - 8/14 completed or due for completion by March23** – approved via Pathway Boards. These have all been used to build the designs on infoflex which also includes a treatment summary and patient portal for each tumour group.

Infoflex rollout continuing with NCA due in February (slight delay due to issues found in testing) with plans for staggered go live dates by Trust – review/feedback sessions to be planned with civica for GM users in Q1 & Q2.

Primary care working group co-designed cancer care review standards for primary care as well as a new cancer diagnosis template for GP practices. **Plan to audit quality of CCRs completed by place** and produce targeted education resources.

LWWC visioning workshop held in Dec 22 - comms & engagement brief produced and agreed at Board, Programme Manager out to advert in Feb. Follow up meeting with Andy Burnham scheduled for March.

GM Genomics strategy drafted in line with the IMPACCT project deliverables – regional approach to mapping testing pathways – incorporating plans for patient engagement and education.

Greater Manchester Cancer

GM Cancer Workforce & Education update

Suzanne Lilley
Programme Director – Workforce & Education
Cancer Board Monday 30th January 2023

Activity delivered / Underway

Future direction

Transforming career pathways - ACCEND

Physician Associates

GPSwER Blended role

Cancer Support Workers

Growing the cancer wf Piloting new roles

Integration across localities and sectors

Fellowships

Extended / blended roles

Passports

Workforce Inequalities

Manchester Academic Health Science Centre

GatewayC

The Christie School of Oncology

Cancer Academy *Education Hub for GM*

One workforce

Attract Develop Retain

TPEP Edu. providers – influence curricula Aspiring programmes

Preceptorships Legacy mentors

Development packages for all

Upskilling generalist roles AHPs you said we did! *(Allies in Cancer Care)*

Digital Staff Passport to enable movement / development of staff

Diagnostic Workforce Review

Workforce Data (VWIS)

Medical workforce

Greater Manchester Cancer

NHS Greater Manchester Integrated Care

Title of paper:	22.23 Q3 GM Cancer Pathway Board Work Programmes
Purpose of the paper:	To share with the GM Cancer Board the 22.23 Q3 GM Cancer Pathway Boards' work programmes update
Summary outline of main points / highlights / issues	• This paper with work programmes embedded follows up on the actions in the previous 2 Cancer Board papers*: (i) 'GM Cancer Pathway Boards Update',* author Alison Armstrong, included in papers for 28/3/22 Cancer Board and (ii) '*GM Cancer Pathway Boards' Work Programmes 22.23 Update'* author Susan Todd, included in papers for 23/05/22 Cancer Board. • Sharing of updated work programmes quarterly • Monitoring of work programmes
Author of paper and contact details	**Name:** Susan Todd **Title:** Programme Director - Transformation, GM Cancer **Email:** susan.todd7@nhs.net

1. **Work Programmes**

- The work programmes are developed by each Pathway Board, the process being led by the Pathway Board clinical lead and pathway manager
- The work programmes all have the same format, with sections relating to NHSE Long Term Plan/planning guidance: Prevention, early diagnosis, treatment, performance, personalised care and follow up, reducing inequalities, patient experience and user involvement, research, education
- For 22.23, the work programmes will be monitored through the Pathway Boards, with progress updated and shared quarterly with the GM Cancer Senior Management Team, GM Cancer wider team, Cancer Board members, and key stakeholders
- Key successes, risks and issues will be presented regularly at the GM Cancer Programme Assurance Group. Additionally, if escalation is required urgently, this will be to the Senior Management Team by the pathway manager/clinical lead
- The work programmes are living documents and may be revised within the year in light of emerging priorities

2. **Collated Pathway Board Work Programmes Q3 22.23 update embedded below:**

22.23 Q3 GM Cancer Pathway Board Progra