Developing a model for providing integrated and seamless personalised care to patients with long term conditions

April 2022 – September 2023

Project Evaluation

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Ratified By	Primary Care Network Steering Group GM Cancer Workforce and Education Programme Board GM Cancer Alliance Senior Management Team

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Executive Summary

The Cancer Care Coordinator (CCC) role has been successfully piloted across Greater Manchester Primary Care Networks (PCNs) with eight of the nine roles sustained across all five localities through the Additional Role Reimbursement scheme. The CCC role has significantly increased the number of Cancer Care Reviews (CCRs) completed, reduced variation in CCR quality, improved primary care workforce satisfaction and achieved high patient satisfaction. In some PCNs where further data was collected, there is evidence to support a reduction in follow-up appointments and unscheduled GP visits, and additional activity taken on by the CCCs has supported screening uptake numbers and early diagnosis. This workforce model demonstrates clear value and effectiveness, which has seen wider adoption Regionally and Nationally, led by the innovation within Greater Manchester.

Key outcomes:

- Eight of the nine CCC roles will be sustained through the Additional Roles Reimbursement Scheme (ARRS)
- 1423 CCRs completed since project initiation
- Overall, a 17% increase in the number of CCRs completed as a result of the CCC being in post
- 279 CCRs were analysed over the pilot lifespan to support quality assurance. CCRs are well tailored to the patients' holistic needs and patient feedback suggests they often go on to access groups in their community
- Primary Care Workforce Survey demonstrated an improvement in workforce satisfaction and a reduced pressure on the workforce
- Positive patient satisfaction has been reported with 241 patients completing the survey since August 2022
- Reduction in patient-initiated appointments with GPs after a patient receives a CCR with a CCC
- CCCs have played a vital role in promoting early cancer detection through supporting National cancer screening programmes
- Bi-monthly Cancer Support Worker (CSW) Forum for CSWs across GM initiated in May 2022. A leading outcome from the forum was the first GM Macmillan CSW Summit which brought together over 80 CSWs and provided the opportunity to celebrate CSW roles across GM and build communication bridges between primary and secondary care.
- The CSW Pilot won the Macmillan Cancer Support Quality Improvement Award on 9th November 2023.

Introduction

The increasing number of cancer survivors has led to an increase in the number of people requiring follow-up care, monitoring and management. Primary care has an important role in not only supporting early diagnosis, but also supporting people to live well with and beyond cancer. However, ensuring the patient is well supported throughout the pathway with a seamless journey between healthcare settings can be a challenge. The CCC has been well established in secondary care with significant positive outcomes, although patient feedback suggests there is often a disconnect between the primary and secondary care, feeling like they enter a "blackhole" when transitioning between the two. To address this challenge and create an adaptable, innovative workforce, to support delivery of the NHS Long Term Plan ambition of personalised care for all cancer patients, GM Cancer Alliance secured funding to pilot the role of the CCC in GM PCNs. This was an 18-month project initiated in April 2022 which aimed to pilot a boundary spanning CCC role between primary, community and secondary care to provide seamless personalised care for cancer patients, support staff through tailoring the role to the PCN's needs and embed the CCC role as a single point of contact for patients affected by cancer.

Funding from Health Education England and the Greater Manchester Workforce Collaborative enabled project initiation. Additionally, the project team approached Macmillan Cancer Support as they have been instrumental in developing the Cancer Care Coordinator role and the project directly aligned with their strategy. Working closely with the GM Macmillan Partnership Manager to secure further funding and expertise allowed the project to be delivered at scale across a larger number of PCNs. Through this expansion the project was able to evidence a far greater impact of the role.

Pilot Aims:

- Recruit nine CCCs across different GM PCNs
- Support the delivery of seamless personalised care and the Comprehensive Model of Personalised Care
- Provide a safety netting role for patients
- Meeting targets set out in the NHS Long Term plan / Quality and Outcome Framework (QOF)

Pilot goals and targets included:

- Increasing the number and standardising the quality of Cancer Care Reviews (CCRs), a holistic conversation 6-12months after a cancer diagnosis
- Improving patient satisfaction and supporting patients to self-manage their conditions
- Improving QOF Indicators, a pay performance scheme in Primary Care
- Reducing workload for staff in Primary Care by increasing capacity
- Establishing a single point of contact and signposting patients to relevant services
- Improving connectivity with other services in the community by increasing the number of Social Prescribing Link Worker (SPLW) referrals
- Improve early diagnosis working towards 75% target being diagnosed at stage 1 and 2 by

2028.

Pilot methodology

This programme reports directly into the GM Cancer Workforce and Education Programme Board, which feeds into the Greater Manchester Cancer Board; ICP Workforce Collaborative, which feeds into the GM People Board, Health Education England, and Macmillan Cancer Support. Quarterly reports have provided project assurance and the project steering group has provided oversight throughout. The pilot adopted mixed methodology of quantitative and qualitative data sources to effectively measure project outputs and impact on the workforce and patient care. The various methods are detailed below:

1. Increasing the number of Cancer Care Reviews

- A logbook was developed for each CCC to complete and submit monthly, which served as a method to track and quantify the number of CCRs and capture any additional activity. The logbook assessed the impact of reducing workload for the primary care workforce and to evaluate the quality of the reviews based on indicators such as time taken. As this was a new role, the logbook also allowed insight into what other activities the CCCs could support with.
- Baseline data was collected to provide a snapshot of the number of CCRs completed prior to the introduction of the CCC role in order to accurately and comparatively measure impact at project end. The GM Cancer Business Intelligence Team supported to pull the aggregate CAN004 data from within the Integrated Care Board's Analytics and Data Science Platform.

2. Reducing variation in the quality of Cancer Care Reviews

- The GM Personalised Care Lead for Primary Care developed quality standards to audit CCRs completed by CCCs.
- PCN Leads completed quality audits against the standards by selecting 10 random CCRs each quarter.
- This approach aimed to identify and reduce variations in the quality of CCRs, ensuring consistency across the different localities and provide quality assurance.

3. Increasing referrals to Social Prescribing Link Workers (SPLWs)

- The number of monthly referrals of SPLWs were recorded through the CCR logbook.
- This data collection method aimed to support better integrated health care provision by ensuring the offer of referral to SPLWs where appropriate and empowering patients to self-manage their conditions effectively.

4. Increased workforce satisfaction

- Satisfaction was measured through a survey sent out to primary care staff directly working with CCCs during the pilot. This was completed at initiation, mid-project, and project end.
- The survey sought to gather feedback on the benefits of the role experienced, their impact on workload, and improvements in service delivery.

5. Increased patient satisfaction

- Quantitative patient satisfaction data was collected through a survey sent to patients after each CCR conducted. This measurement aimed to evaluate their experiences with the CCC and the CCR they received, placing a focus on ensuring the service delivery aligned with the needs and expectations of patients.
- The patient feedback survey was co-produced with Patient and Carer Representatives from the GM Cancer Voices Community.

6. Increased confidence for patients with self-managing their own condition

- Collating data linked to this output was more challenging as there were no means of collecting baseline data linked to self-management. Therefore, individual interviews were conducted with two patients to explore the impact of a CCRs which revealed positive feedback (see results section).
- The interview questions were developed collaboratively by the PCN Leads Steering Group and CCCs.

Accuracy of data and conclusions

The methods of data collection provide valuable information and insights to report progress; however, it is important to acknowledge that the conclusions drawn from the data collected have been interpreted within the context of the specific sample of this pilot with an element of manually reported data submissions. There are also challenges associated with data collection with these reflected upon in pilot challenges and limitations being acknowledged in recommendations.

Results; Outputs, Outcomes and Impact

Outputs

The positive outcomes from the pilot have led to the sustainability of eight of the nine roles beyond the 18-month pilot through the Additional Roles Reimbursement Scheme (ARRS). These posts sit within the Salford, Tameside, Bury, Stockport (Tame Valley) and Oldham PCNs and serve as testament to the success of this innovative role and significance in improving patient care and outcomes.

Outcomes

1. Increased number of Cancer Care Reviews

Over the course of the pilot there was a significant increase in the number of CCRs undertaken. Table 1 shows the number of CCRs conducted before the CCCs were in post (April 2021-March 2022) in comparison to April 2022-March 2023, when all CCCs had been recruited. Significant increases are noted in Prestwich PCN and Oldham North PCN.

Table 1 presents the percentage increase in Cancer Care Reviews following the introduction of the Cancer Care Coordinator role.

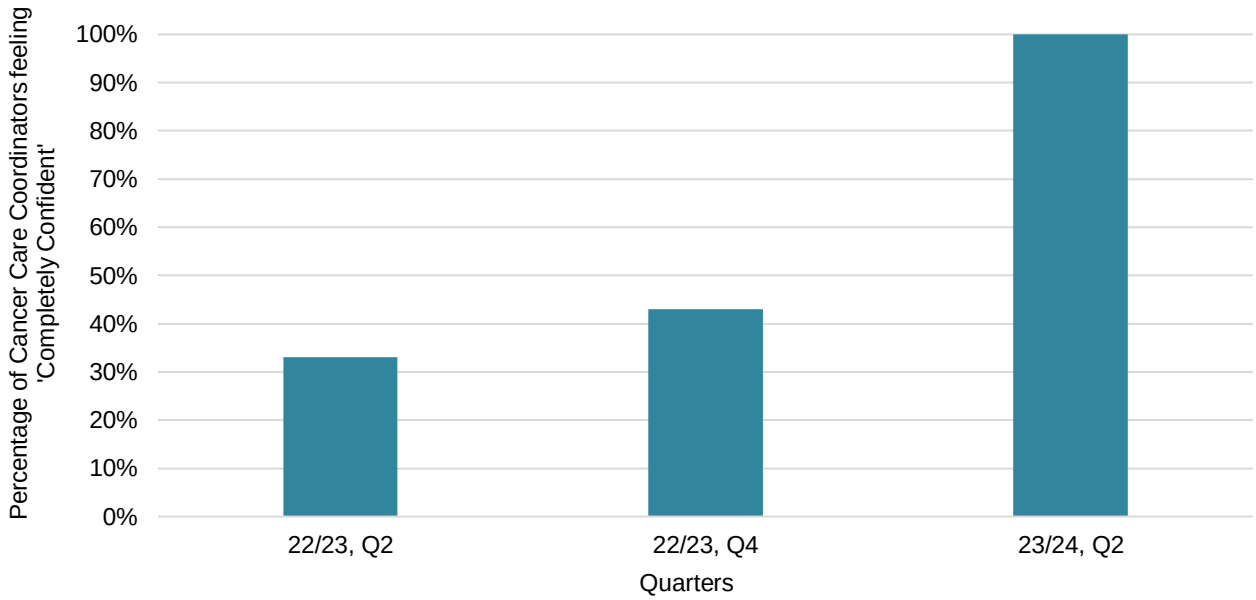
Primary Care Networks (PCNs)		**CAN004-** the percentage of patients with cancer, diagnosed within the preceding 24 months, who have a patient Cancer Care Review using a structured template recorded as occurring within 12 months of the date of diagnosis		
		April 2021- March 2022	**April 2022-March 2023**	**% Difference from the previous year**
Bury	Prestwich PCN	72	123	71%
	Horizon PCN	284	349	23%
Oldham	Oldham North PCN	159	232	46%
Salford	Eccles and Irlam PCN	196	232	18%
Tameside	Denton PCN	180	213	18%

	Stalybridge PCN	166	163	-2%*
Stockport	Tame Valley PCN	241	311	29%
	Victoria PCN	222	158	-28%**
	Cheadle PCN	139	165	19%

Two PCNs saw a reduction in the total number of CCRs, this is explained below:

- *Stalybridge: This CCC left post in February 2023 and role was not re-recruited to until August 2023.
- **Victoria PCN: CCC performed a significant number of CCRs however, a high proportion of their time was dedicated to follow-up clinics and screening activities which are not reflected in the CCRs figures.

Figure 1.0 demonstrates the CCCs increased confidence completing CCRs from Quarter 2 in 2022 to Quarter 2 in 2023



2. Reducing variation in the quality of Cancer Care Reviews

A total of 279 CCRs have been analysed over the pilot lifespan, full audit results are displayed in Appendix 1. A summary of audit findings are displayed below:

- 99.6% (n=278) CCRs analysed were conducted using the Macmillan structured template as per guidance.
- 98% (n=273) of CCRs were conducted within 12 months of a cancer diagnosis
- 90% (n=251) of CCRs were booked as a standalone appointment. This ensures the patient is being given the time needed for the CCRs in a dedicated appointment and fulfilling the QOF requirement.

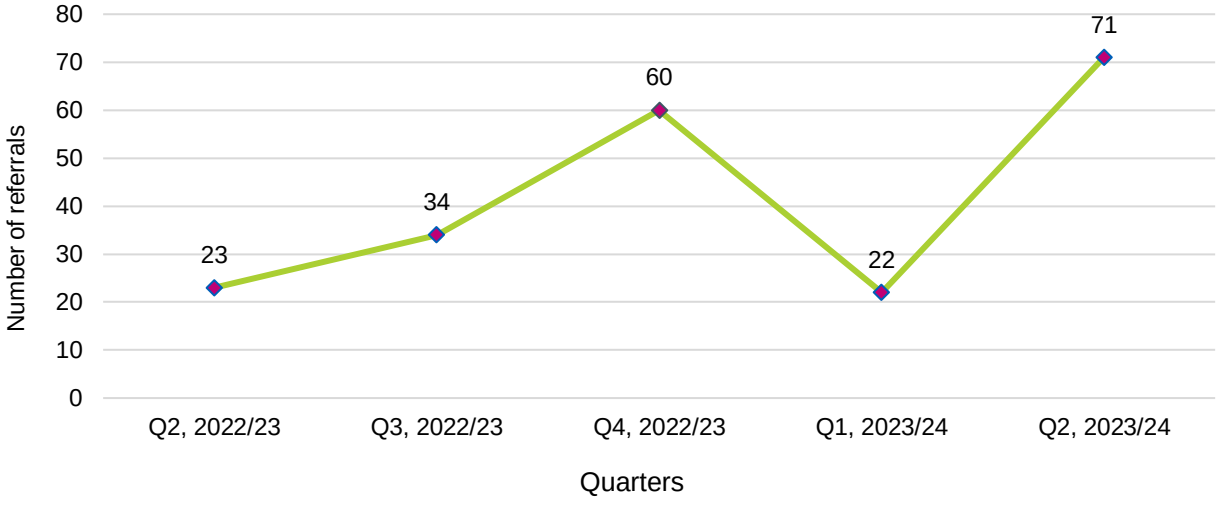
The project team has continued to work with PCN Leads and CCCs throughout to address any issues highlighted within the quarterly audit including ensuring the concerns checklist is sent to patients prior to a review.

The GM Primary Care Clinical Lead suggested that time taken to conduct a CCR is a good indicator of quality and advised that on average a CCR should take 20 minutes to be completed. Of the CCRs analysed, the average time for the CCCs to conduct a CCR was 26 minutes offering assurance of quality and standardisation.

3. Increasing referrals to Social Prescribing Link Workers

Improving SPLW referrals aimed to support better integrated health provision by providing a referral where appropriate and empowering patients to self-manage their conditions effectively.

Figure 2.0 demonstrates the number of Social Prescriber Link Worker referrals made by CCCs



The line graph (figure 2.0) demonstrates a steady increase through each quarter with the exception of Q1 (23/24) which demonstrated a decline due to staff absence. Prestwich, Bury, have created excellent links with the SPLWs conducting joint clinics.

Data shows a small number of referrals when compared to the total number of CCRs completed. CCCs reported SPLWs were offered during a review however patients felt well supported by the CCR.

Patient feedback indicates they often go on to access groups in their community including Macmillan Cancer Support, psychosocial/financial support, and cancer support groups.

4. Increasing workforce satisfaction

Primary Care workforce survey demonstrated an improvement in primary care workforce satisfaction and reduced pressure on the workforce, see results below (Table 2):

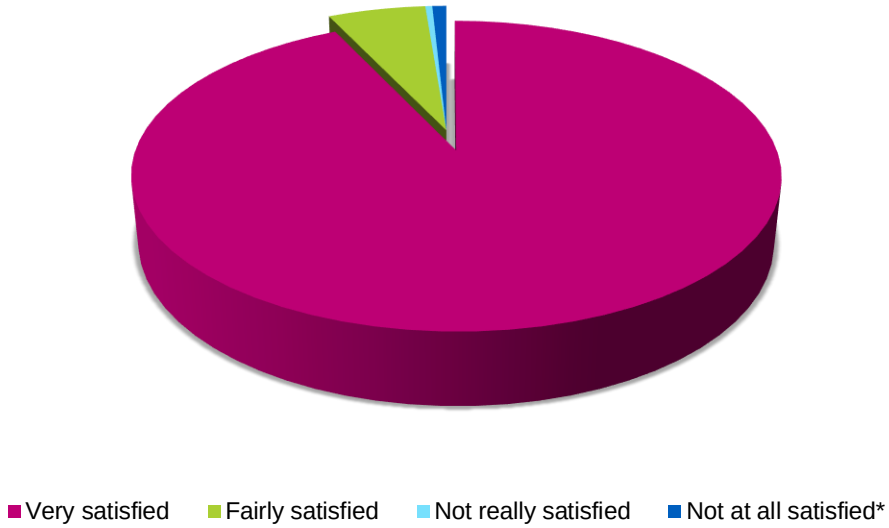
Table 2 represents Primary Care Workforce Satisfaction from pilot initiation to pilot end.

Question	Baseline: 2022/23 Q1	Project End: 2023/24 Q2
	Yes	Yes
Does having a Cancer Care Coordinator reduce your workload?	57% (n=16)	81% (n=35)
In your opinion, do patients benefit from having a Cancer Care Coordinator in the team?	78% (n=22)	93% (n=40)
Does having a Cancer Care Coordinator add value to the service?	89% (n=25)	91% (n=39)

5. Increased Patient Satisfaction

Positive patient satisfaction has been reported with 241 patients completing the survey since August 2022. Results demonstrated below (figure 3.0):

Figure 3.0 demonstrates satisfaction from patient feedback.
'Overall, how satisfied are you with your CCC?'



**Two patients selected the option 'Not at all Satisfied', however left no feedback to analyse further.*

Qualitative patient feedback was collated throughout with a few comments displayed below:

6. Increase confidence for patients with self-managing their own condition

Project team conducted 1:1 interviews with two patients to gain an understanding into patient experience with a CCC and gain insight into confidence of self-managing their own condition.

Feedback has been extremely positive with one patient reporting they received advice and support to complete a disability parking badge application which was successful. The blue badge enabled them to attend hospital appointments with their spouse and reduce stress and anxiousness. The patient reported this was an 'absolute godsend'.

When both patients were asked: 'Would the CCC role be beneficial at other GP practices?' They responded:

- "I think it would be brilliant, you need somebody other than the Doctor because they look at it from a clinical side."
- "I think it would be so beneficial for every practice to have someone"

Both patients reported the CCC supported them and increased their confidence to self-manage their care after their cancer diagnosis.

Patient Feedback Survey:

The patient feedback survey also demonstrated patients reported being signposted to services and resources for additional support where possible. 113 people reported being signposted to Macmillan Cancer Support, 120 people to cancer support groups, 101 signposted to support groups and 92 people signposted to psychosocial support services, see full chart in Appendix 2. This data further supports the CCCs ability to refer into community services to increase confidence for patients self-managing their own condition and relieving pressure off primary and secondary care services.

71 patients reported they had been signposted to financial support, which is important given the current financial crisis and potential impact this may have on cancer patients accessing services.

Impact

GP Practice Time Saving and Financial Cost Analysis

Data has provided clear evidence of the value of the role, including a potential reduction in patient-initiated appointments with GPs after a patient receives a CCR with a CCC. The data below was calculated based on the number of patient-initiated GP appointments following a CCR from a CCC (10 patients per PCN) within a 6-month time period compared to a GP completing a CCR (10 patients per PCN) over the same period. Although sample sizes were small, the analysis suggests that patients are managing without having to repeatedly come back to their GP. This not only shows the importance of having additional capacity to provide more in-depth holistic care but also indicates improved confidence for patients in self-managing their condition:

- Bury (Horizon) demonstrated a 34% reduction in patient-initiated GP appointments within 6 months after patients completed a CCR with a CCC.
- Oldham North demonstrated a 27% reduction, while Stockport had a 17% reduction in patient-initiated GP appointments.

Analysis has revealed potential cost savings associated with the employment of CCCs. The data below showcases the cost savings which could be achieved:

Number of eligible CCRs in 2022	12,125
Number of PCN's in GM	67
Proportion of number of CCRs per PCN over 12 months	180.97
Number of appointments saved per patient by CCC completing a CCR (12 months)	2.8
Number of potential appointments saved per PCN per year	506.72
Cost per GP Appointment (https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs, 2023)	x £40
Cost saving	£20,268.80

Breakdown of calculations:

- Data demonstrated that in 2022 there were 12,125 CCRs conducted in GM, covering 67 PCN's with an average of 181 CCRs per PCN. It's important to consider that some PCNs have a higher incidence of cancers however the average has been used for the purpose of this indicative calculation.
- The project team took a sample of 30 CCR appointments with CCCs and compared to 30 CCR appointments completed with GPs from three different PCNs in total.
- Of the CCRs completed by the CCCs, an average of 2.8 patient-initiated GP appointments were saved over a 12-month period.
- When this average is multiplied by the proportion of CCRs per PCN, the data suggests an average possible saving of 507 patient-initiated GP appointments per year per PCN.
- According to the Kings Fund, the cost of a GP appointment is £40 per appointment. The cost benefit for GP practices saving 507 appointments is £20,268.80. This is an indicative cost saving as each PCN will have different numbers of CCRs. This data has been averaged for simplification but is indicative of the potential cost saving.

(https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs, 2023)

By facilitating effective care coordination, patient empowerment and effective self-management, CCCs could help to optimize healthcare resources and generate cost savings. These findings highlight the significant financial benefits associated with the implementation of CCC roles, supporting the case for their continued integration into the workforce skill mix.

Additional support to delivery of DES and QOF requirements

Supporting screening programmes:

CCCs in this pilot have played a vital role in promoting early cancer detection through supporting National cancer screening programmes:

- In Oldham, the Investment and Impact Fund (IIF) indicator for Faecal Immunochemical Testing (FIT) increased from 26% in September 22 to 69% in February 23. The CCC supported this through contacting service users to remind them to return their test kits and worked in collaboration with the GM Screening and Immunisation team to improve uptake. This CCC also supported a comprehensive data analysis to understand the reasons for some patients not attending their breast screening appointments and found that lack of appropriate literature was a barrier for patients whose first language is not English. The CCC collaborated with the Manchester Breast Screening Programme and the Public Health Service and circulated literature in multiple languages, resulting in improved breast screening among the targeted population from 48% in October 22 to 62% in March 23. This particular activity was captured in the Equality Impact Assessment (EIA) at outset and raised the significance of capturing risks, regular reviews of EIAs, employing effective mitigations and how changes such as patient literature can make a real impact on health inequalities.
- In Stockport, the CCC supported a survey to understand the barriers to screening uptake. The survey revealed challenges in booking/rearranging appointments resulting in a reduction in uptake of cervical smear testing. This survey led to the introduction of an online booking portal, improving efficiency, and potentially detecting early cervical cancer, a positive and impactful service improvement led by the CCCs roles.
- Oldham and Salford CCCs have demonstrated the benefits of their prostate-specific antigen (PSA) testing activities. The two localities-initiated text message circulation for PSA testing among men who have been identified as having an increased likelihood of developing prostate cancer. The data below demonstrates the positive impact of reaching out to patients through text messages. Significantly, a patient in Oldham has been diagnosed with prostate cancer as a result of this, which further demonstrates the value in which the CCC role brings to Primary Care in enhancing cancer screening programmes.

	Total number of texts sent for PSA Testing	PSA tests arranged after text	PSA abnormal result (2WW) % from PSA test arranged after text
Oldham	536	7% (n=37)	11% (n=4)
Salford	1070	5%(n=49)	10% (n=5)

- The CCC in Tameside actively participated in an Answer Cancer Screening Event, which

subsequently led to engagement with the PossAbilities Learning Disabilities Centre in Rochdale. Through collaboration, visual cancer screening materials were developed to enhance accessibility and inclusion for individuals with learning disabilities.

Equality Impact Assessment

- An Equality Impact Assessment (EIA) was undertaken at pilot initiation to ensure planned activity appropriately assessed possible risks and adverse effects in respect of protected equality characteristics of patients and the workforce. The EIA was completed in collaboration with and signed off by the PCN project Steering Group and monitored throughout. Here are a couple of examples of positive steps taken to reduce inequity:
    - Digital exclusion may adversely affect people who cannot access the online CCR questionnaire prior to a review, therefore questionnaires were advised to be sent to patients via post, text, and email to provide an alternative opportunity for patients to complete.
    - EIA highlighted different patients identifying with certain protected characteristics may present barriers to screening uptake. GM Cancer Alliance collaborated with the GM Screening and Immunisation team to develop screening training for the primary care workforce to support CCCs to improve screening uptake.
- Due to limitations of data collection, gender, postcode, ethnicity and age were unable to be collated prior to pilot close.

Evaluation reflections and Learning

Pilot Successes

- The main purpose of the CCC role was to support delivery of personalised care interventions, in this case the CCRs, and it was unknown at project initiation whether there would be capacity for other activities. The CCCs have not only provided personalised care but also demonstrated the ability to support early diagnosis and address inequalities as part of their role.
- CCC monthly forum initiated in July 2022 for the nine CCCs on the pilot to facilitate peer-to-peer support and shared learning. This was important as the role did not exist in PCNs prior to the pilot and provided an opportunity for CCCs to share ideas and problem solve within the forum.
- Bi-monthly Cancer Support Worker (CSW) Forum for CSWs across GM initiated in May 2022 whereby CSWs across GM and care settings come together as a community of practice to support one another and share best practice. A leading outcome from the forum was the GM Macmillan CSW Summit.

- GM Macmillan CSW Summit on 19th October which brought together over 80 CSWs and provided the opportunity to celebrate CSW roles across GM and build communication bridges between primary and secondary care.
- Roles sustained at eight out of the nine PCNs through the ARRs.
- Project team taken up numerous opportunities to raise awareness of the pilot through podcasts, social media and public speaking, supporting other Alliances and PCNs to explore introduction of the CCC role. The Project Manager presented at the GM Cancer Conference, the North-West Primary Care Conference, the ICP Workforce Collaborative Bitesize Summit, the Health Education England Assistive and Supportive Workforce Event and the GM Macmillan Cancer Support Workforce Summit to raise the profile of the pilot.
- The CSW Pilot won the Macmillan Cancer Support Quality Improvement Award on 9th November 2023.
- Comprehensive training and education programme delivered to all nine CCCs to support induction and development to help improve knowledge and confidence for CCCs when supporting people affected by cancer.
- Dedicated PCN Leads Steering Group established to provide project governance, oversight and support stakeholder engagement which included clinicians both from primary and secondary care, Macmillan Cancer Support and PCN Leads. Engagement sustained throughout including collaboration with Patient/ Carer Representative to co-develop the patient feedback survey.
- Robust data collection including monthly submissions of the Cancer Care Review Logbook by the CCCs, quarterly reporting and exception reporting completed by PCN Leads to provide rationale for the number of CCRs completed, alongside the opportunity to capture any challenges, risks and mitigations.
- The CCC role has significantly relieved workload for the primary care workforce, through CCCs completing CCRs as opposed to other healthcare professionals.
- Opportunities to collaborate with other organisations to develop training offers to support areas of low awareness. For example, collaboration with the GM Screening and Immunisation Team to develop screening training for the primary care workforce has led to the CCCs involved in improving screening uptake.

Pilot Challenges

- Incorrect coding of systems and a lack of process has resulted in some CCRs not being highlighted on systems. CCCs have also noted cases where a CCR is recorded as completed when the review has not taken place. CCCs and PCN managers continue to work with clinical staff to resolve and safety net patients through promoting the CCC role within internal PCN meetings.
- In some areas there were challenges with GP/clinical professionals' engagement and awareness of the CCC role which resulted in CCRs not being highlighted on systems for

CCCs to complete. This was mitigated through raising awareness around the CCC role and promoting the role in local PCN meetings.

- Patients feedback referenced a preference for face-to-face CCRs however, limitations to clinic room availability reduced the accessibility of face-to-face CCRs with patients.
- Differing IT systems and ways of working across PCN practices led to CCCs experiencing difficultly integrating into different networks.
- Low referral numbers to SPLW. Although CCCs are continuously promoting the offer of a SPLW referral, data has demonstrated low uptake as patients feel adequately supported following completion of a CCR. CCCs continue to promote the SPLW role for long term support.
- Monthly logbook data submissions from the CCCs and manual data collection / analysis to demonstrate progress has been time-consuming, however the positive outcomes outweigh the challenge as this provided evidence for the positive impact of the role.
- The CCC Forum highlighted communication challenges between primary and secondary care from pilot initiation. To overcome this a staff directory was created for secondary care to support communication links and a standardised protocol has been developed to notify them of a new diagnosis and monitor a patients cancer pathway via EMIS, supporting seamless personalised care. More work is needed in this area to ensure all localities overcome this communication barrier.
- In some localities, there are limitations with technology and data governance prevented eHNAs being shared from secondary to primary care. Pilot conducted in Tameside to share the eHNA, a tool used in secondary care to complete personalised care plans, however, this is still in process due to governance and sign off procedures.

Recommendations

- Consider impact and logistics of different systems to support transfer of patient support plans between primary and secondary care.
- Patient feedback demonstrated that patients prefer face to face consultations for the completion of CCRs; PCNs should consider access to clinic rooms for CCCs to conduct reviews to support patient preference.
- Flexible working for CCCs has supported patients to attend appointments who may be unavailable during core working hours. This has supported CCCs to meet demands and personalise patient care.
- Utilise exception reporting from project initiation to monitor and understand data including risks, mitigations, and successes within each PCN.
- Ensure effective briefing to all primary and secondary care workforce to raise awareness of the role to support integration and embedding of the roles from the outset.
- Standardised training and education programme required for all to ensure quality CCRs.

- Establishment of a CSW Forum to offer peer to peer support instilling a sense of belonging, sharing best practice and resolution of challenges.
- Consider collating baseline data individually from each PCN through Leads to prevent delays.
- Ensure agreed co-produced quality standards and quality audit processes are in place.
- Buy in and engagement from GPs and clinical teams is key to the success of the role.
- Lack of funding is a risk in sustaining the specific CCC role, however PCNs could consider upskilling generic Care Coordinators to fulfil some elements of the cancer role.

Next Steps and Future Sustainability

- Roles confirmed to be sustained in Bury, Tameside, Salford, Stockport, and Oldham through the Additional Roles Reimbursement Scheme.
- Project team to continue to work with Macmillan Cancer Support and PCN Leads to ensure the CCCs remain as Macmillan professionals to access the training and education grants through the Macmillan Adoption Agreement.
- Other localities including Wigan, Oldham South and other Alliances Nationally are now recruiting CCC roles into their PCNs following request for guidance and support from this pilot. Manchester Central are looking to upskill existing Care Coordinators through conducting a scoping exercise to understand current cancer workload and upskilling requirements.
- Continuous links are being made with other Cancer Alliances to share learning through meetings and disseminating quarterly reports.
- Developing an infographic for PCN Leads supporting the role going forwards and summarising ongoing support offers (including educational offers) to ensure the role does not become eroded and the positive impact of CCC role will be sustained following formal pilot closure in September 2023. Macmillan legacy contracts to be signed to support CCC training and education going forwards post pilot.
- Pilot has attracted positive attention throughout; Workforce & Education Programme will share findings across localities to promote this boundary spanning role to demonstrate impact of new ways of working and this new role to support expansion into other PCN localities.
- Further work is needed to ensure seamless provision of care and patient information flows seamlessly across the two sectors. This is being picked up by the Cancer Alliance Personalised Care programme in collaboration with the Workforce and Education team.
- Primary care workforce including CCCs supported by GM Cancer Personalised Care Drop-in Sessions to ensure sustainability and long-term support of the CCC role.
- The GM Cancer Academy will work in collaboration with the Personalised Care Programme to coordinate a training and education package for CCCs in PCNs linking to the National ACCEND Hub, Macmillan and other relevant resources

Appendices

Appendix 1

Cancer Care Review Quality Audit

Cancer Care Review Audit Questions	2022/23 Q3 Yes, (n=90)	2022/23 Q4 Yes, (n=60)	2023/24 Q1 Yes, (n=70)	2023/24 Q2 Yes, (n=59)	Overall Yes, (n=279)	Target
Was the CCR completed within 12 months of the patient's cancer diagnosis?	85 94%	60 100%	69 99%	59 100%	273 98%	100%
Was the CCR booked as a standalone, dedicated appointment?	76 84%	58 97%	59 84%	58 98%	251 90%	100%
Was a concerns checklist questionnaire sent to the patient prior to the CCR?	35 39%	14 23%	32 46%	24 41%	105 38%*	80%
Was a recognised structured template completed (e.g., Macmillan Cancer Care Review Template) as part of the CCR?	90 100%	60 100%	69 99%	59 100%	278 99.6%	100%

Was the impact of the patient's cancer and the consequences of any cancer treatment discussed?	88 98%	60 100%	68 97%	35 59%	251 90%	90%
Was a medication review completed or an appointment arranged with an appropriate clinician to undertake a medication review?	41 46%	20 33%	35 50%	59 100%	155 56%**	60%
Did the CCR involve signposting (or of the offer of signposting) to other services, support groups or charities?	85 94%	52 87%	67 96%	59 100%	263 94%	80%
Was a follow-up appointment or review offered?	79 88%	60 100%	50 71%	47 80%	236 85%	80%

*Sending a concerns checklist questionnaire prior to a CCRs seemed to vary across the network. This was raised as a risk during the PCN Leads Steering Group and mitigations to be rectified at a PCN level.

** Some variation around the meaning of the 'medication review' as this is not within the CCC job description. However, this was mitigated within the PCN Steering Group by adapting the wording of the question and raising awareness on the group, resulting in a gradual increase in data.

Appendix 2

Sources of information offered to patients during their Cancer Care Review