



Greater Manchester
Cancer Alliance

Impact Report

Ms Louise Lawrence
Macmillan Innovation Programme Manager
Dr Rhidian Bramley
GM Cancer Digital and Innovation Clinical Lead
August 2023

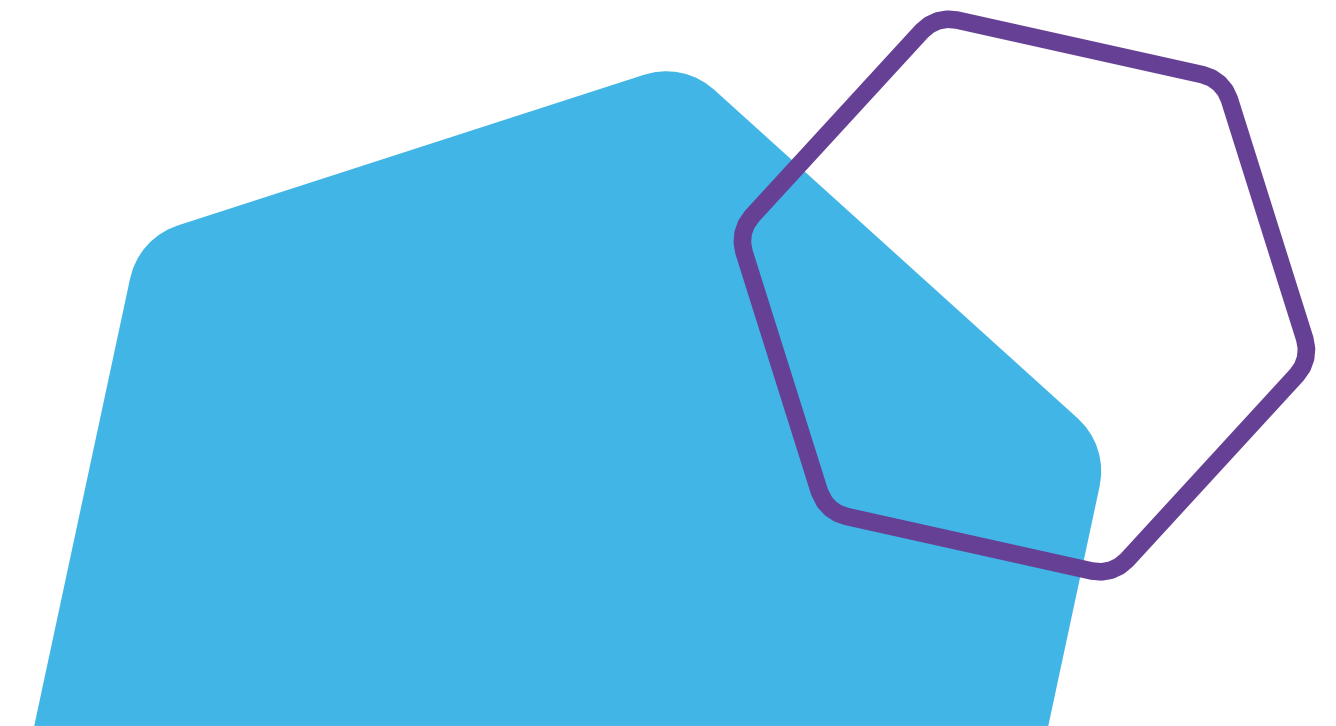


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Health
Innovation
Manchester

MACMILLAN
CANCER SUPPORT



Executive Summary

The Greater Manchester Cancer Alliance Digital and Innovation Strategy 2023/27 vision is “**To maximise the opportunities of digital and innovation to enhance patient cancer care, provide earlier diagnosis, deliver the best patient experience, improve our clinical outcomes and empower and support our workforce.**”

Underpinned by three strategic aims:

1. To lead GM digital initiatives that drive cancer early diagnosis and service improvement; address inequalities and improve clinical outcome.
2. To promote innovation in local and regional cancer services working with our pathway boards, NHS and industry partners.
3. To support the needs of the patient focusing on patient experience, digital inclusion, equity of access and equality of outcome.

This would not be possible without collective and collaborative partnerships. This impact report goes into the detail of 18 months of a 24-month innovative partnership arrangement between Health Innovation Manchester (HInM), Macmillan Cancer Support and Greater Manchester Cancer Alliance.

Aim:	To triage, support and promote innovations through local or industry channels, support teams and partners to evaluate and pilot potential solutions, provide leadership on key projects, and enhance our use of research.
Audience:	Written ONLY for the funding partners, senior management teams and NHSE Innovation team who have recognised the success of such a partnership.
Why:	Is intended as an evaluation to the partnership and specific role employed to deliver the aims.
How:	A Innovation Programme Manager was employed for a 24-month period to pilot this new way of working.
Achieved:	Helped leverage over £3m of funds into the cancer system (not including in kind), brokered 86 projects, provided over 280 hours of support. Initiated local and national networking groups and community of practices to share best practice.



Background

✓ Innovation Programme Manager role since **Feb 2022** partnered with:

- **Health Innovation Manchester**
- **Macmillan Cancer Support**
- **GM Cancer**

Provided

✓ **Strategic alignment** with GM NHS and Industrial partners.

✓ **Transparency** across the system, interconnecting silo ways of working.

✓ Co-ordinated and supported to **influence innovative working** within:

- NHS & Primary Care
- Artificial Intelligence
- Research / Patient Trials
- Education & Workforce

✓ **Collaboration** with a range of partners who also support the health and care system, industry, and academia. These include but are not limited to NHSE Cancer Innovation Team, NIHR, Charities, Pharma other Cancer Alliances, Health Innovation Networks.



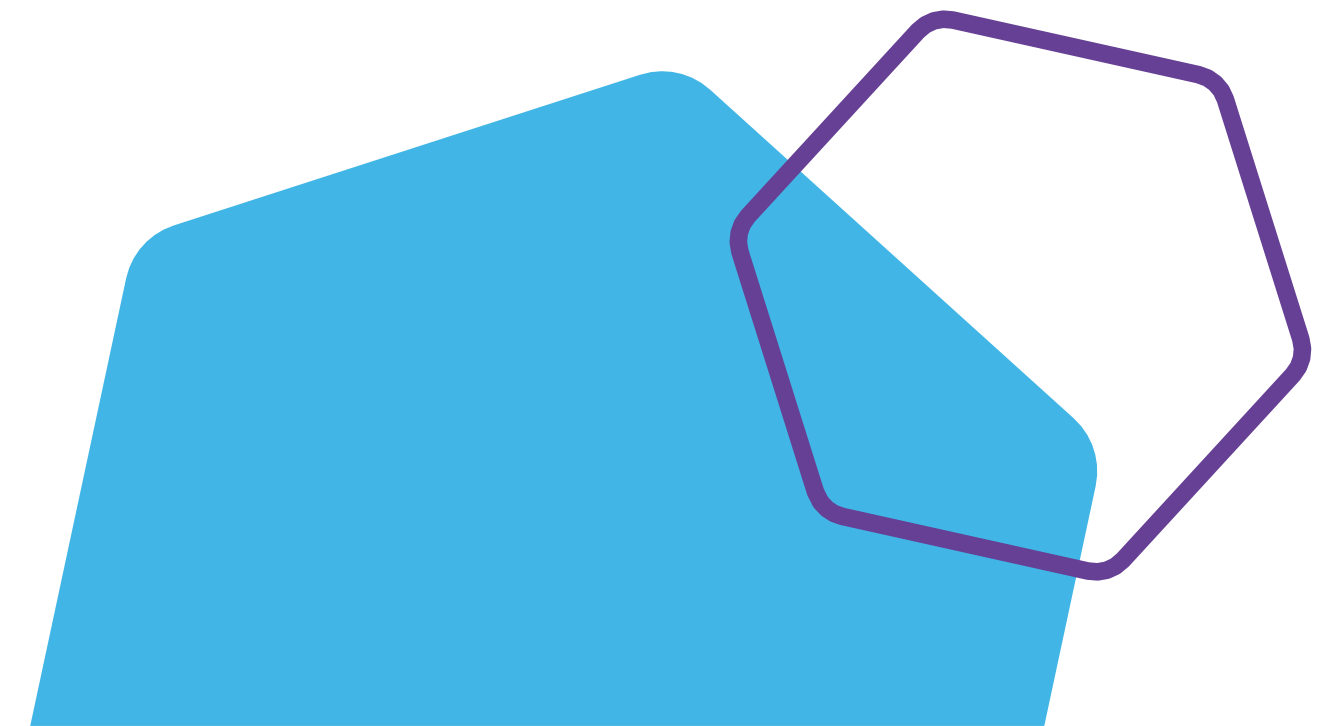


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Strategic Drivers



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Plan on a Page (PoP) - Summary

Please view the appendices for the full detail of each organisational strategic drivers



- A. Prevention and whole population screening
- B. Recovery and operational performance
- C. Early diagnosis
- D. Treatment and care
- E. National leadership and local delivery support



- ✓ Principle 1: Fully aligned with the wider system partnership's ambitions
 - ✓ Principle 2: Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments
 - ✓ Principle 3: Delivery focused, including specific objectives
- Recovering core NHS and care services. Helping people stay well and detecting illness earlier. Helping people get into – and stay in – good work. Strengthening our communities. Supporting our workforce and our carers. Achieving financial sustainability



- OLS : Understanding Need, Signposting and Support, Real world evaluations, Adoption and Spread, Supporting Activities
- Accelerate innovation at pace and scale
 - Data science, pathway analysis and transformation
 - Place-based transformation
 - Conduct traditional trials and real-world studies



1. Early Diagnosis
2. Faster Diagnosis and Operational Performance
3. Personalised Care and Treatment
4. Cross Cutting Programmes, Workforce and Education, Identifying and addressing inequalities, Communication & Engagement, Data, Digital and Innovation, Research, Locally driven, Delivered in partnership, Targeting nationwide improvement in established services, Nationally commissioned



- Drive innovation in cancer care through partnerships and work with partners to deliver joined up health and care services
- Make our services more inclusive.
- Work closely with our 11,000 Macmillan professionals.
- Help more people with the cost-of-living crisis
- Transform our cancer information services.

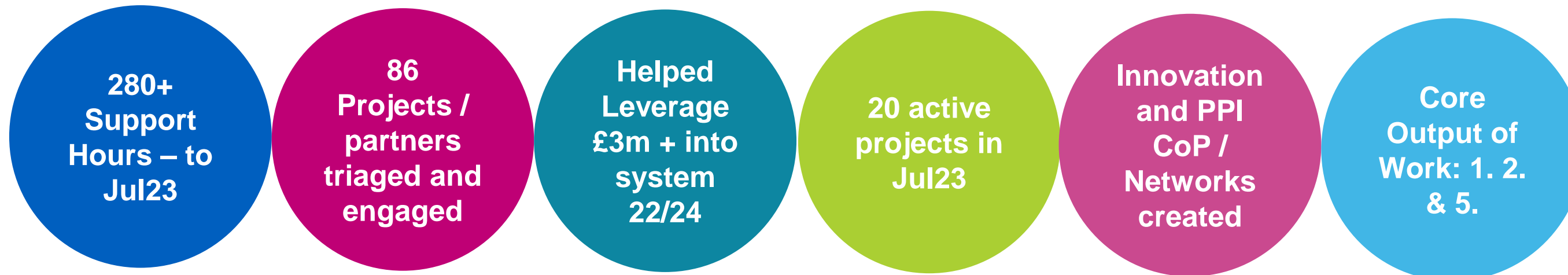
Partnership alignment to strategic drivers

	NHSE	ICB & JFP	HInM	GM Cancer	Macmillan
OPERATIONAL	<ul style="list-style-type: none"> A. Prevention and whole population screening B. Recovery and operational performance C. Early diagnosis D. Treatment and care E. National leadership and local delivery support 	<ul style="list-style-type: none"> ✓ Principle 1: Fully aligned with the wider system partnership's ambitions ✓ Principle 2: Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments ✓ Principle 3: Delivery focused, including specific objectives • Recovering core NHS and care services 	<ul style="list-style-type: none"> • OLS : Understanding Need, Signposting and Support, Real world evaluations, Adoption and Spread, Supporting Activities • Accelerate innovation at pace and scale 	<ul style="list-style-type: none"> 1. Early Diagnosis 2. Faster Diagnosis and Operational Performance 3. Personalised Care and Treatment <p>Cross Cutting Programmes. Locally driven, Delivered in partnership, Targeting nationwide improvement in established services, Nationally commissioned</p>	<p>Drive innovation in cancer care and work with partners to deliver joined up health and care services</p> <p>The prioritised territories for the innovation team are:</p> <ul style="list-style-type: none"> 1. Early Diagnosis 2. Treatment and care 3. Peer to peer support 4. Non-clinical Support
COMMUNITIES		<ul style="list-style-type: none"> • Helping people stay well and detecting illness earlier • Strengthening our communities 		Identifying and addressing inequalities, Communication & Engagement.	<ul style="list-style-type: none"> • Equity, Diversity and Inclusion • Supporting Macmillan Professionals to deliver excellent personalised care experiences for people living with cancer
WORKFORCE		<ul style="list-style-type: none"> • Supporting our workforce and our carers 	<ul style="list-style-type: none"> • Place-based transformation 	Workforce and Education,	<ul style="list-style-type: none"> • Supporting the system with workforce challenges
RESEARCH			<ul style="list-style-type: none"> • Conduct traditional trials and real-world studies 	Data, Digital and Innovation, Research	

This partnership and role has alignment to all but 5 areas of each organisational strategic drivers. These drivers also sit within the Operational, Community, Workforce and Research themes

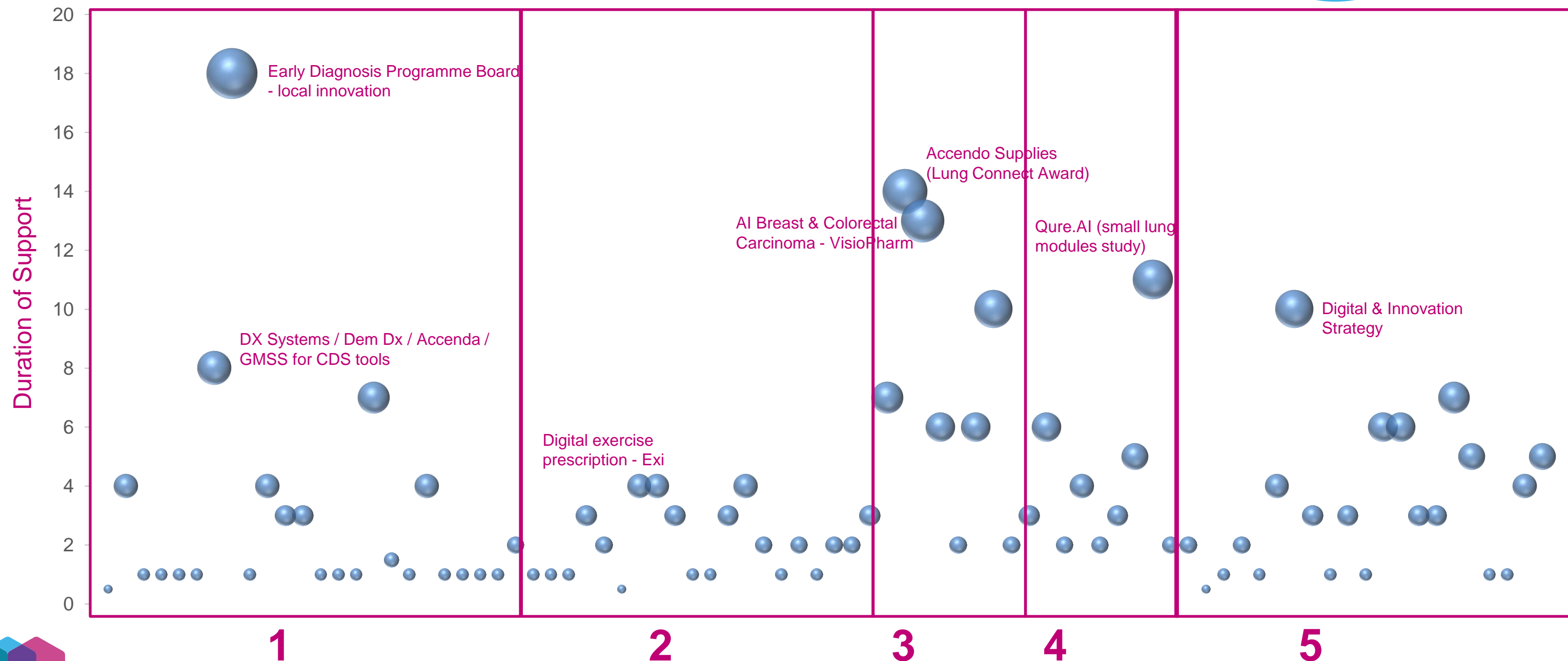


Programme Manager Dashboard



This role is held accountable to the Office of Life Sciences Commission KPI's:

- Needs identified, validated
- Needs provided with solutions
- Innovation enquires received for Cancer for consideration
- Funding leveraged and successfully secured
- Funding applications supported
- Real world evaluations initiated
- Innovations considered for spread and adoption



This dashboard demonstrates these KPI's broken down by project and or industry / commercial partner and categorised by the core output of work (1 to 5) to ensure value in the Cancer system.



1 - Understanding Need, 2 - Signposting and Support, 3 - Real world evaluations, 4 - Adoption and Spread, 5 - Supporting Activities

Dashboard- Summary

What is optimal?

- Enabler for all three partners to work within each organisational governance structures.
- Sight of all partners strategic plans and the workings to achieve these.
- Efficiencies in team working and relationships across the system including community of practices (CoP) and patient / carer voices.

What could we improve?

- Timescales for accessing funding opportunities.
- Further transparency on all projects that could benefit more than Cancer.
- Access to accountable authorities.
- Enhanced access to expertise in the system – commercialisation, adoption, health economics, Collaboration Agreements, Non Disclosure Agreements. Intellectual property.



Lessons shared

Translation of hours:

- **10%** Macmillan Cancer Support
- **35%** Health Innovation Manchester
- **45%** Greater Manchester Cancer Alliance
- **10%** Admin

To replicate this role into other transformational areas:

- Link with Management, PPI, comms, clinical leadership, analytics, project support.
- Stakeholder engagement from conception, implementation and evaluation.
- Checkpoints to ensure engagement is going to plan and still have stakeholder buy-in. Set expectation that the project team will produce highlight reports as per the project plan after handover.
- Linking industry, research, educational, NHS partners enables better cohesion of resource.
- Transparency of proposals send to a multitude of stakeholders to ensure other working practices elsewhere are realised.
- Progressing proposals across the system incurs cost; who covers legality, technical, administrative, communications and analytics costs?
- Reliance on responses, unengaged stakeholders delay outcomes.
- Working with other teams enables support for other work initiatives.
- Collaboration calls with other AHSN and alliances can help share experience and ideas.



Working with our Patients and Carers

A direct extract from the GM Cancer Digital and Innovation Strategy 2023/28 is - **Mission 1** - Ensure the patient, carer and workforce needs are central to digital and innovation plans and develop a patient and carer charter.”

This partnership and unique way of working has enabled patient and carers to be recruited through joint resources to help codesign from inception to evaluation innovative programmes of work such as Qure.AI and VisioPharm projects.

Additionally our collaborative engagement and direct links with Macmillan Cancer Support has also enabled enhanced access to patient benefits with free access to applications such as Daylight and Sleepio – clinically proven apps to help for insomnia and anxiety - [Big Health Macmillan Cancer Support | Improving Quality of Life.](#)

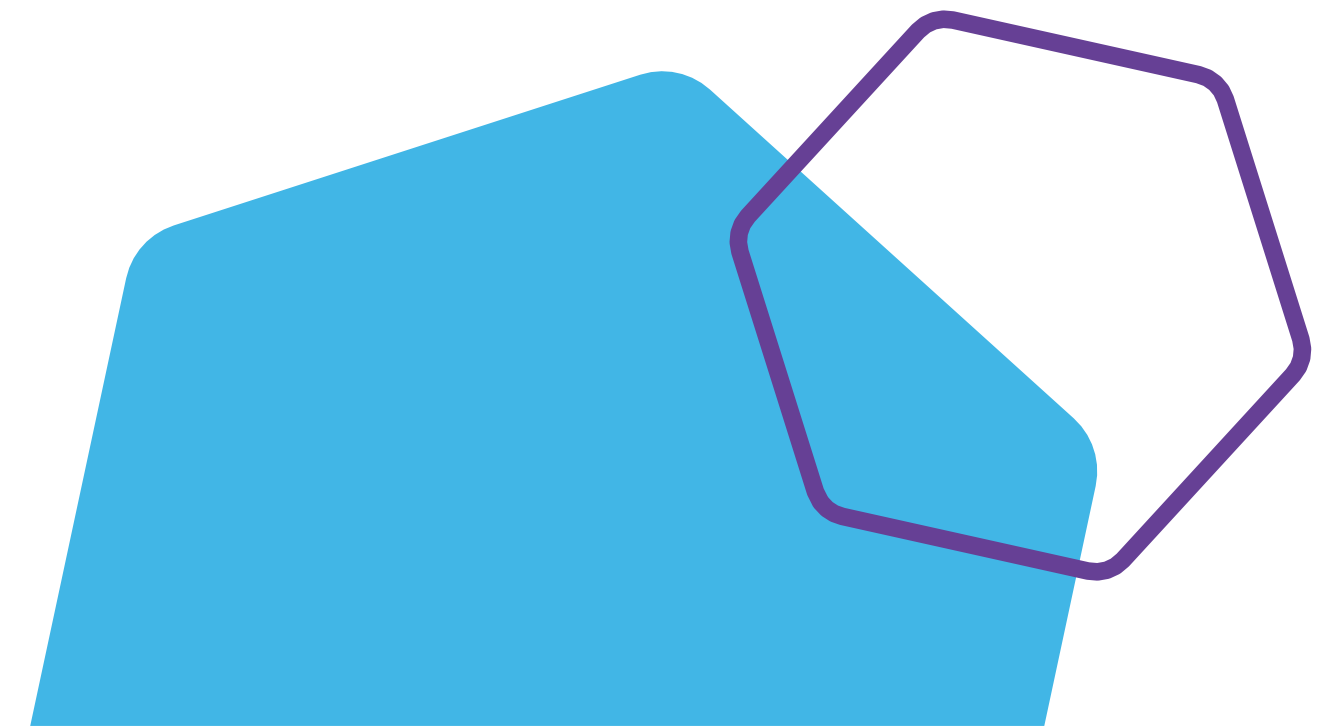
Furthermore, we have also initiated a **community of practice** for Greater Manchester Cancer Alliance, Health Innovation Manchester, Macmillan Cancer Support, National Institute of Health Resource and Vocal to share best practice and patient / carer resource. This enables us to spotlight communications and campaigns to our diverse population to ensure we engage a extremely interested patient and carer specialist in all our innovation.



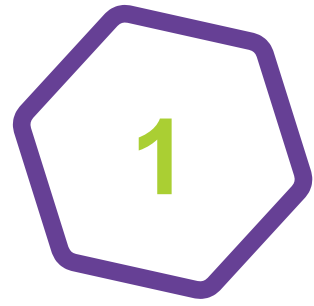


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Case Studies



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Early Diagnosis Innovation Fund

Theme: Understanding Need

Funding Leveraged: £1.7M

Duration of Support: 18 hours

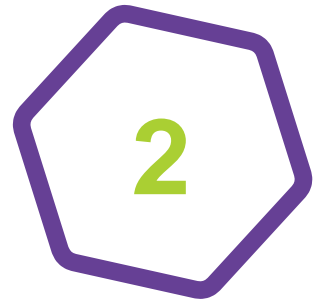


- £850k allocated in each year 2023/24 and 2024/25
- Process launched late April 2023 requesting Expressions of Interest (EOI)
- All proposals scored – ranged from 0 to 67 points from a possible total of 90
- Agreed threshold of ≥ 50 points
 - 56 EOIs received - total value £12.37m:
 - 8 **rejected** due to response to Q1 / Q2 scoring criterium
 - 48 rejected as below agreed minimum score (50) BUT
 - 3 identified as options for **alternative sources of funding**
 - 9 requiring **further discussion**
 - Some relate to delivery and / or update of the 3 **cancer screening programmes** – meeting arranged with screening and immunisation team for further discussion re GM wide offer
- 11 taken forward to **stage 2**
- 07/06/23 review and agreement for proposals to take to the next stage
- 21/06/23 'Dragons Den'
- 5 successful through **Dragons Den**:
 - Lung Cancer Screening in Older People: £283,762
 - Alternative Cervical Screening Over 65s: £199,025
 - Cervical cancer screening services for people with intellectual disabilities: £143,008
 - Through the Front Door – Mobilising Communities and General Practice: £48,600
 - Peer-education in addressing inequality of access to breast cancer care: £106,458

Needs presented for but not exclusive to; Research, Screening, Ovarian, Breast, Lung, Colorectal disease groups and Educational campaigns. Led by Professor Phil Crosbie, Dr Sarah Taylor and Director of Cancer Commissioning and Early Diagnosis Ali Jones.

Partnership support (18hrs). Competences provided (please view the appendices for the full detail of competencies): Managing Programme Portfolios, Project Planning, Reporting, Relationship building and liaison, People Management, Analysis, Communications.





Digital exercise prescription

Theme: Signposting & Support

Duration of Support: 7 hours

Outcome: Active



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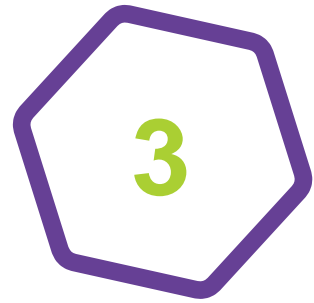
Regular exercise has been shown to improve exercise tolerance, improve mood, energy levels, immune function, and it can also decrease the side effects of the treatment. Increasing fitness levels before surgery have demonstrated reduced lengths of hospital stay, reduced post-op complications, less likely to require ITU admission, and faster return to function. Research has shown that regular exercise plays an important role in reducing the risk of up to 13 different types of cancer. It's thought this is due to the role of exercise in reducing inflammation, helping to keep weight under control and boosting the immune system.

This project looked to build on the work undertaken by the highly successful Prehab4Cancer team. The team looked at an automated mobile programme which analyses user health, fitness and disease status to build a physical and psychological health profile for the patients, which in turn produces a personalised physical-activity programme set at the right level for each patient to target their individual health goals. This app could specifically tailor the user's programme to any number of 23 long-term conditions.

The user would be presented with a specific exercise programme at their prescribed exercise intensity to conduct at home with their heart rate monitored via wearables, one to one coaching sessions, and clinical experts support this ensures risks are identified and managed for patient safety. A hybrid approach to care has been shown to be the most effective approach to increasing uptake and adherence to the programme. Adherence to a remotely delivered exercise programme, dramatically increases with the involvement of the patient's care team and the user being able to view and track their own progress via the app.

Prehab4Cancer has already shown benefit to the Colorectal, Upper GI and Lung patients under the current eligibility criteria, this app could help target other cancer cohorts that could also benefit from the prehab to rehab programme, moving closer to the goal of Prehab4All, with the Prehab4Cancer programme being embedded into all cancer pathways.

Partnership support (7hrs). Competences provided: Project Planning, Reporting and Programme Dissemination, Relationship building and liaison, Income Generation, Communications, Values and Behaviours.



HrC & All-Organ Biopsy (AOB)

Theme: Real World Evaluation

Funding Leveraged: £885,000*

Duration of Support: 22 hours



To conduct research in order to evidence within prospective non-clinical studies a test that can be used to detect the absence or presence of cancer. Existing evidence suggests this test can even detect cancer prior to symptoms and tumour development.

The HrC test is a simple blood test, which is based upon a combination of 8-10 biomarkers, targets key hallmarks of cancer initiation and only requires a 10ml sample of blood. Which will be collected in a non-invasive manner. Samples for the test could be obtained at Primary Care level, however within one study they will be collected within secondary care Lung clinics. With the potential for a very quick, accurate and reliable method for ruling in / out cancer as a cause of illness.

The HrC Test can detect cancer, but it cannot pinpoint the location of the cancer. For this there is a follow-on test, The AOB Test (All-Organ Biopsy), which involves the genome sequencing of blood samples using Next Generation Sequencing Technology (NGS). The AOB Test provides detailed information with regards to Cancer Type(s) & Sub-Type(s), Location of Tumour(s), Stage of Disease, Primary/Secondary Organ, Genetic – Mutations, Altered Expressions and Dysregulated Pathways.

We are aiming to provide real world evidence through NIHR funding for Lung, Breast and Ovarian research studies. *The later two studies have yet to be successfully awarded. Led by Professors Phil Crosbie, Emma Crosbie and Cliona Kirwan.

Partnership support (22hrs). Competences provided: Managing Programme Portfolios, Programme Delivery and Project Planning, Reporting and Programme Dissemination, Relationship building and liaison, Budget and value of projects, People Management, Analysis, R&D, Spread, roll-out & scalability, Communications.



The University of Manchester

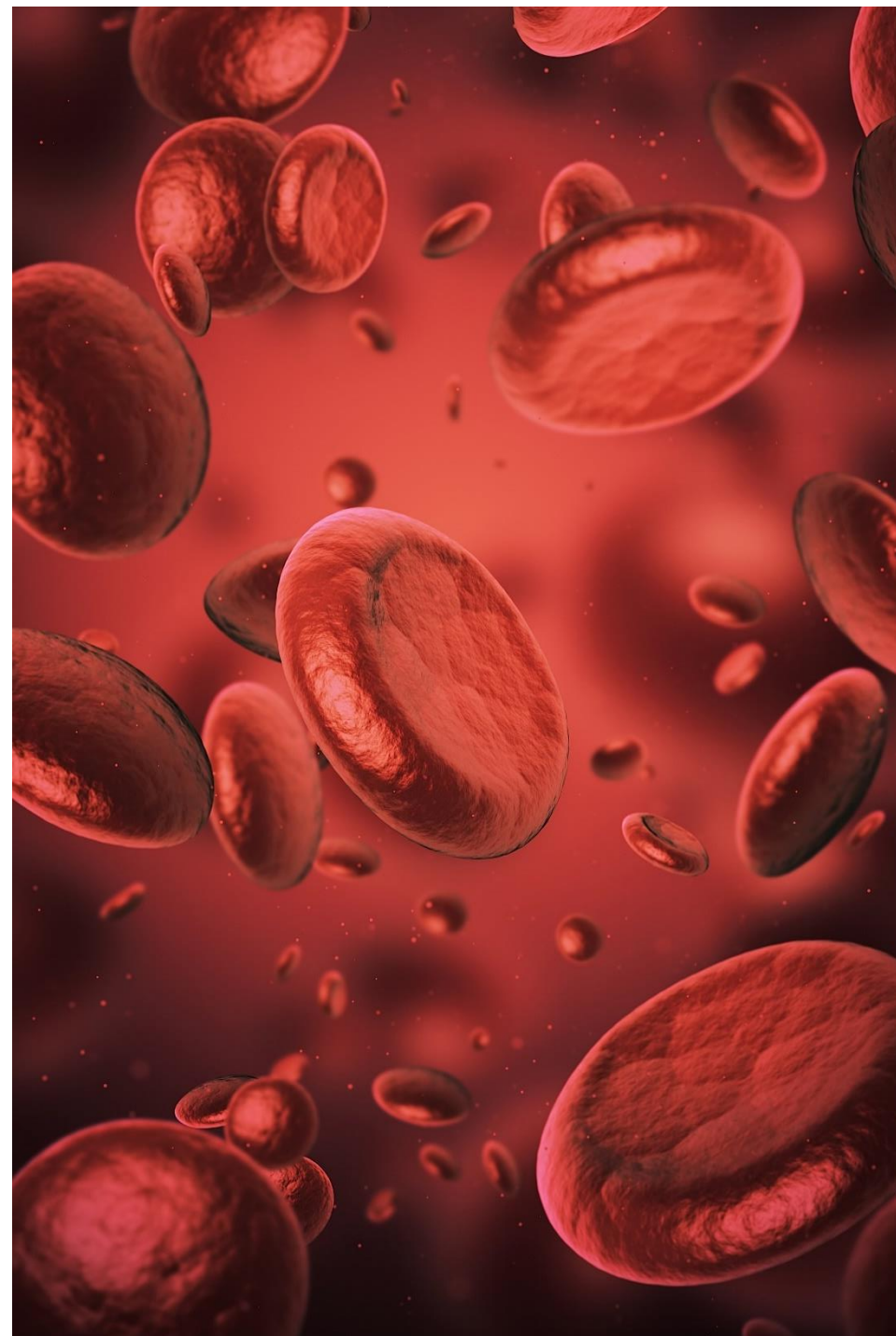


Real-world Elecsys® GAAD algorithm innovation and Validation to Improve Surveillance and Early detection of HepatoCellular Carcinoma (REVISE HCC)

Theme: Adoption & Spread

Funding Leveraged: £1m +

Duration of Support: 23 hours



Hepatocellular carcinoma (HCC) is the most common cancer affecting the liver. It is the third most common cause of cancer death. One of the risks for developing HCC is pre-existing liver disease and scarring of the liver, known as cirrhosis. Around 2 patients from 100 with cirrhosis will develop HCC every year. In early, curable stages, HCC can have no symptoms and so it is recommended that everyone with known cirrhosis is tested twice a year.

This 18-month project will explore the use of an innovative solution, called Elecsys®GAAD, to improve early HCC detection. Elecsys®GAAD is a fully regulated, accurate test that combines blood tests with gender and age. If raised, it can suggest the presence of HCC. It will be used alongside routine surveillance tests to see if it can help in finding HCC earlier so patients have the best chance of surviving this cancer.

Elecsys®GAAD is a CE marked in vitro diagnostic (IVD) multivariate index assay, intended as an aid in the diagnosis of early-stage HCC. It provides a semi quantitative result by combining in an algorithm the quantitative measurements of Elecsys®AFP and Elecsys®PIVKA-II levels in serum and plasma, with gender and age. Clinical evidence showed that Elecsys®GAAD had high performance in detecting HCC (sensitivity 86.5%), particularly early stage (sensitivity 78.9%), with 91.4% specificity for both early and all stages, out-performing current standard of care (Chan presentation, ISVHLD GHS 2021).

This project aims to evaluate the impact on the current surveillance programme by implementing Elecsys®GAAD at Manchester University NHS Foundation Trust (MFT). This project will be Led by Dr Varinder Athwal, Professor Karen Piper Hanley, Neil Hanley and Oliver Street.

Partnership support (23hrs). Competences provided: Reporting and Programme Dissemination, Relationship building and liaison, Analysis, Policy development / service improvements, Spread, roll-out & scalability, Information systems.



Manchester University
NHS Foundation Trust





Digital Strategy & Equality

Theme: Supporting Activities

Duration of Support: 16 hours

Output: Enhancing collaboration



Digital and Innovation Strategy

2023 - 2028



Version 2.1
Contact rhidian.bramley@nhs.net

As a Cancer Alliance we want more people than ever to reduce their risk of developing cancer. Within both primary and secondary care we want to improve survival outcomes, experiences through earlier diagnosis, access to better treatment and support people to live well with and beyond cancer. This can be influenced through empowering our workforce and providing personalised care for all our population.

In addition, digital technologies can be a catalyst to service and workforce improvement transforming the way we deliver cancer care. The aim of this strategy is to promote these innovations, supporting our teams and partners to evaluate and pilot potential solutions, providing leadership on key digital projects, and enhancing our use of data for research and clinical outcomes.

Our patients are central to our purpose and our patient representatives have highlighted the areas that are important to them throughout their care. As a Cancer Alliance we work closely with all delivery partners and help align and coordinate activities to join up our cancer care functions, consolidate our clinical systems where appropriate, and support primary care, community and trust initiatives to integrate the flow of information along the patient journey.

This strategy sets out our objectives through our vision, strategic aims, set of missions and priorities with enablement of digital and innovation throughout. Led Dr Rhidian Bramley MBChB MRCP FRCR, Clinical Lead for Diagnostics, Digital and Innovation, Greater Manchester Cancer and supported by GM Cancer Alliance Digital and Innovation Board.

Partnership support (16hrs). Competences provided: Managing Programme Portfolios, Programme Delivery and Project Planning, Reporting and Programme Dissemination, Relationship building and liaison Income Generation, Budget and value of projects, People Management, Analysis, Policy development / service improvements, Spread, roll-out & scalability, Information systems, R&D, Communications, Values and Behaviours.



Partners



Louise Lawrence,
Innovation
Programme
Manager.

I have enjoyed working in this partnership and believe the pilot so far to be a great success.

We have interlinked industry to NHS, Education, Workforce & Research.

Original organisational barriers are becoming more fluid to the potential of collaboration and sharing of best practice.



Rhidian Bramley,
Digital and
Innovation Clinical
Lead.

This partnership is helping our patients have accelerated access to innovations that can improve the efficiency of our NHS cancer services and enhance clinical outcomes. The collaboration provides a key gateway for clinical teams and industry innovators to evaluate new technologies, processes, coordinating engagement, project initiation and access to research funding. This exciting programme has the full backing of the cancer alliance with the programme manager working as an important and integral member of the cancer team.



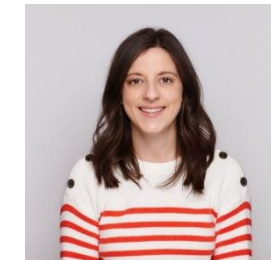
Richard Deed,
Associate
Commercial
Director - Industry

Working on this ground-breaking project with GM Cancer and Macmillan Cancer Support has been really inspirational and satisfying, as in its short time of operation already enabled synergies that will really impact on cancer patients locally and potentially nationally.



Tanya Humphreys,
Director of
Innovation and
Commercial
Partnerships

This is a fantastic partnership through which we are exploring exciting new ways of identifying cancer early and improving outcomes for people with cancer. The Innovation Programme Manager post is key to enable a collaborative approach to find and test innovations in cancer care across the system. What Louise has achieved so far is impressive and we believe the best is yet to come, which is why Macmillan committed to extend the funding for this post for a further 6 months from March 2023.



Kristen Foerster,
Senior Programme
Manager (Innovation) –
NHS Cancer Programme
NHS England.

This partnership in Greater Manchester is a successful example of how collaboration can drive innovation and impact. Significant time and expertise are required at a local level to implement and evaluate innovations and the Programme Manager role has demonstrated how having dedicated resource within the Alliance and AHSN is a great benefit. This role has brought together partners in Greater Manchester, as well as Cancer Alliances and AHSNs across England. Over 86 projects were triaged and assessed within Greater Manchester and over 20 projects were active in July 2023, which showcases the breadth and impact of this role. The NHS Cancer Programme acknowledges the value of this partnership in implementing cancer innovations.





Questions.

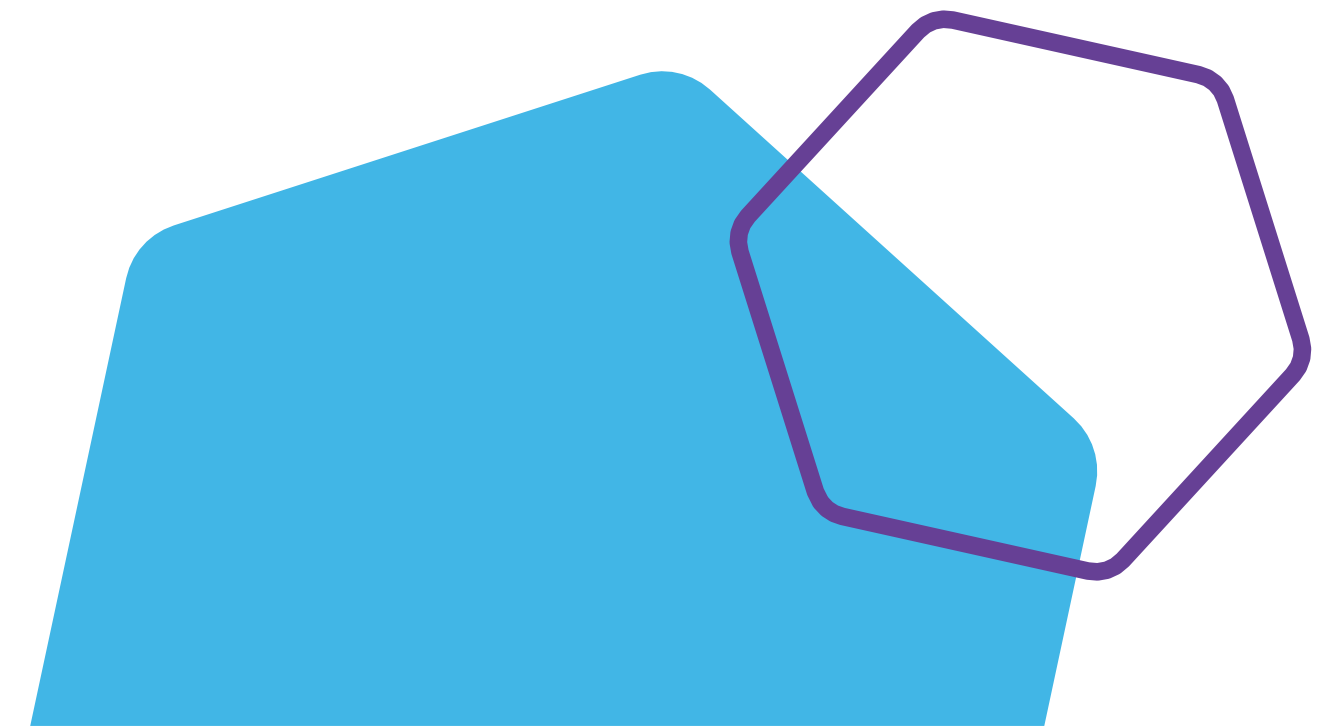
1. Does this partnership enhance the strategic direction of all partners?
2. Can / should the innovation programme management role act as a liaison / point of contact for more strategic requirements between each partner?
3. What is the appetite in the system for this partnership to continue?
4. How could this partnership be enhanced?





Greater Manchester
Cancer Alliance

Appendices



MACMILLAN
CANCER SUPPORT

NHS Cancer Programme: 2022/23 Plan on a Page

A. Prevention and whole population screening

Prevention
Reduce cancer incidence by implementing tobacco dependence treatment services, improving uptake of digital weight management services, and optimising specialist alcohol care teams in areas with high alcohol related admissions.

Preventing cervical cancer
NHS Cervical Screening: implementation of extended screening intervals. Begin in-house service evaluation of use of self-sampling as primary screen. Improve coverage as part of the cervical cancer elimination strategy.

Whole population cancer screening
Continue programme to extend starting age for bowel cancer screening to 50. Complete restoration of breast screening programme; undertake research into non-attenders to inform drive to increase take up; and, boost screening workforce through a network of practice educators. Continue development of digital screening/targeted screening platform.

B. Recovery and operational performance

Recovery and operational performance
Find, diagnose and treat the people who did not start treatment during the pandemic; reduce the number of people waiting longer than 62 days to start treatment following urgent referral to Feb 2020 level and improve performance against waiting times standards.

Faster diagnosis
Continue rollout of NSS pathways to achieve 75% population coverage by March 2024. Ensure at least 65% of all FDS referrals support implementation of timed pathways milestones. Clear focus on priority and locally defined pathway improvements. Ensure sufficient diagnostic capacity to deliver faster diagnosis ambitions and the Faster Diagnosis Standard.

Cancer Waiting Times system
Manage funding and delivery by NHS Digital of development and running of the CWT System, reducing the burden of data collection and reporting as part of the statutory responsibility to monitor Cancer Waiting Times.

C. Early diagnosis

Targeted case finding: Lung health checks
Ensure all 43 Targeted Lung Health Checks (TLHC) sites are live and maximising uptake of lung health checks. Send 450k LHC invites, and deliver 230k LHCs in year. Support Cancer Alliances to prepare for national rollout and invest in CT capacity.

Targeted case finding: Lynch, BRCA
Increase genomic testing and support systems to test all patients diagnosed with CRC and endometrial cancer for Lynch syndrome. Offer BRCA testing to the Ashkenazi Jewish population who are at increased risk of carrying a mutation.

Targeted case finding: Liver
Launch Community Liver Health Checks in 11 locations, to deliver 12k fibroskans to people at high risk of liver cancer. Identify more people at high risk of liver cancer via primary care data; and improve liver surveillance infrastructure nationally.

Bowel cancer diagnosis
Support systems to implement FIT for all appropriate lower GI urgent referrals. Deliver at least 6,000 colon capsule endoscopies (CCE) and evaluate CCE as a diagnostic tool for symptomatic and surveillance patients.

Early diagnosis pipeline
Establish a pipeline of programmes to deliver the LTP 75% ambition for cancer. Track and report on implementation and impact.

Timely presentation
Run five campaigns on overcoming fear/anxiety barriers to presentation, screening uptake, and symptom awareness.

Primary care
Harness the reach of general practice and community pharmacy to diagnose more cancers earlier through proactive case finding, ensuring effective referral, integrated decision-making tools and greater direct access to diagnostics

Innovation fund and pilots
Accelerate implementation of diagnostic innovations by delivering 4,000 cytosponges in secondary care pilots, monitoring delivery of the eight projects funded in the first innovation open call and running a second £15m open call.

GRAIL
Support delivery of 140,000 GRAIL tests in the early diagnosis demonstration projects and produce an implementation plan for the 2024 GRAIL interim screening project.

D. Treatment and care

Genomics and molecular diagnostics
Expand and embed the use of molecular diagnostics and whole genome sequencing to provide equitable access and enable more patients to benefit from receiving the right genomic test at the right time within cancer pathways, including achieving the NHS LTP commitment for 100,000 people a year accessing cancer genomic tests.

Radiotherapy
Working with the Operational Delivery Networks, complete the expansion of stereotactic ablative radiotherapy for the full range of indications including SABR for pancreatic cancer. Undertake a review of capacity and demand to support Radiotherapy ODNs, Cancer Alliances and local systems to undertake an assessment of equipment age, capacity and demand, opportunities to improve access.

Children and young people's services
Progress the implementation of Children, Teenage and Young Adult Operational Delivery Networks, using revised Specialised Services Quality Dashboards to support service improvements, as set out in the service specifications.

Quality of life
Increase take up of the QoL survey, and so build the evidence base to develop future interventions to improve long term quality of life for people with cancer.

Personalised care and follow up
Continue the roll out of personalised stratified follow up to six cancer types. Publish patient level personalised care data for the first time to improve access to care. Improve mental health through better access to support.

Experience of care
Secure continuous improvement building on results of previous National Cancer Patient Experience Survey (CPES). Deliver results of under-16 CPES in Q3. Celebrate best practice and promote the next phase of Cancer Improvement Collaboratives.

Reducing treatment variation
Commission five new cancer clinical audits and one GIRFT workstream. Establish a systematic approach to implementing audit findings, focussing on recommendations with the biggest impact on improving outcomes.

E. National leadership and local delivery support

Cancer Alliances
Ensure Cancer Alliances have the priorities, capability and resources to deliver cancer ambitions locally, through a clear planning, reporting and assurance framework and targeted support based on Alliance needs.

Workforce
Work with partners to grow, retain and upskill the cancer workforce. This includes delivering skill mix approaches, planning for future workforce needs, and identifying, sharing and scaling up best practice.

Health inequalities
Ensure interventions are in place to deliver against our national priorities, including increasing early stage diagnosis in deprived areas, and equip Alliances with local data on inequalities and equitable recovery.

Policy and strategy
Shape and maintain the overall strategy and narrative for the Programme, lead on cross-cutting priority projects, and provide support to DHSC on the development of the ten year plan.

Patient and public engagement
Maintain an effective, demographically and geographically representative PPV Forum and ensure patient and public perspectives shape NHS Cancer Programme delivery.

Comms and engagement
Engage and involve internal and external stakeholders in the work of the NHS Cancer Programme, and provide communications support for key LTP projects.

Data and evaluation: CADEAS
Deliver data, analysis and evaluation to ensure Cancer Alliances and the Programme take a data-driven and evidence-based approach to policy development and implementation.

Data and modelling: Analytical Services
Inform Programme decisions through data and evidence, modelling of post-pandemic demand and supply of cancer services, and analysis to support early diagnosis improvements.

Programme Management
Provide central programme management to the NHS Cancer Programme including business planning, reporting, staffing, governance and financial management.

- Delivery led by national NHS Cancer Programme team
- Delivery led by other parts of NHSE/I
- Delivery led by other parts of NHSE/I with some funding and/or delivery input from national NHS Cancer Programme team

Integrated Care Board (ICB)

[ICP Strategy | Greater Manchester Integrated Care Partnership \(gmintegratedcare.org.uk\)](https://gmintegratedcare.org.uk)

1. Strengthening our communities

We will help people, families and communities feel more confident in managing their own health...

2. Helping people get into – and stay in – good work

We will support wider social and economic benefits from NHS investment by expanding our Work and Health programmes...

3. Recovering core NHS and care services

We will work to improve ambulance response and A&E waiting times, reduce elective long waits and cancer backlogs, improve access to primary care services and core mental health services...

4. Helping people stay well and detecting illness earlier

We will collaborate to reduce smoking rates, increase physical activity, tackle obesity and alcohol dependency. We want to do more to identify and treat high blood pressure, high cholesterol, diabetes, and other conditions...

5. Supporting our workforce and our carers

We will promote integration, better partnership working and good employment practices, as well as supporting our workforce...

6. Achieving financial sustainability

Financial sustainability – ‘living within our means’ – requires an initial focus on financial recovery to achieve a balanced position. We will confirm, quantify and tackle the main reasons for financial challenges in Greater Manchester...

Joint Forward Plan – 2023-2028:

- ✓ Principle 1: Fully aligned with the wider system partnership’s ambitions
- ✓ Principle 2: Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments
- ✓ Principle 3: Delivery focused, including specific objectives



Health Innovation Manchester (HInM)



[Our strategy and plans - Health Innovation Manchester](#)

Accelerate innovation at pace and scale close alignment of innovation to addressing major health challenges...

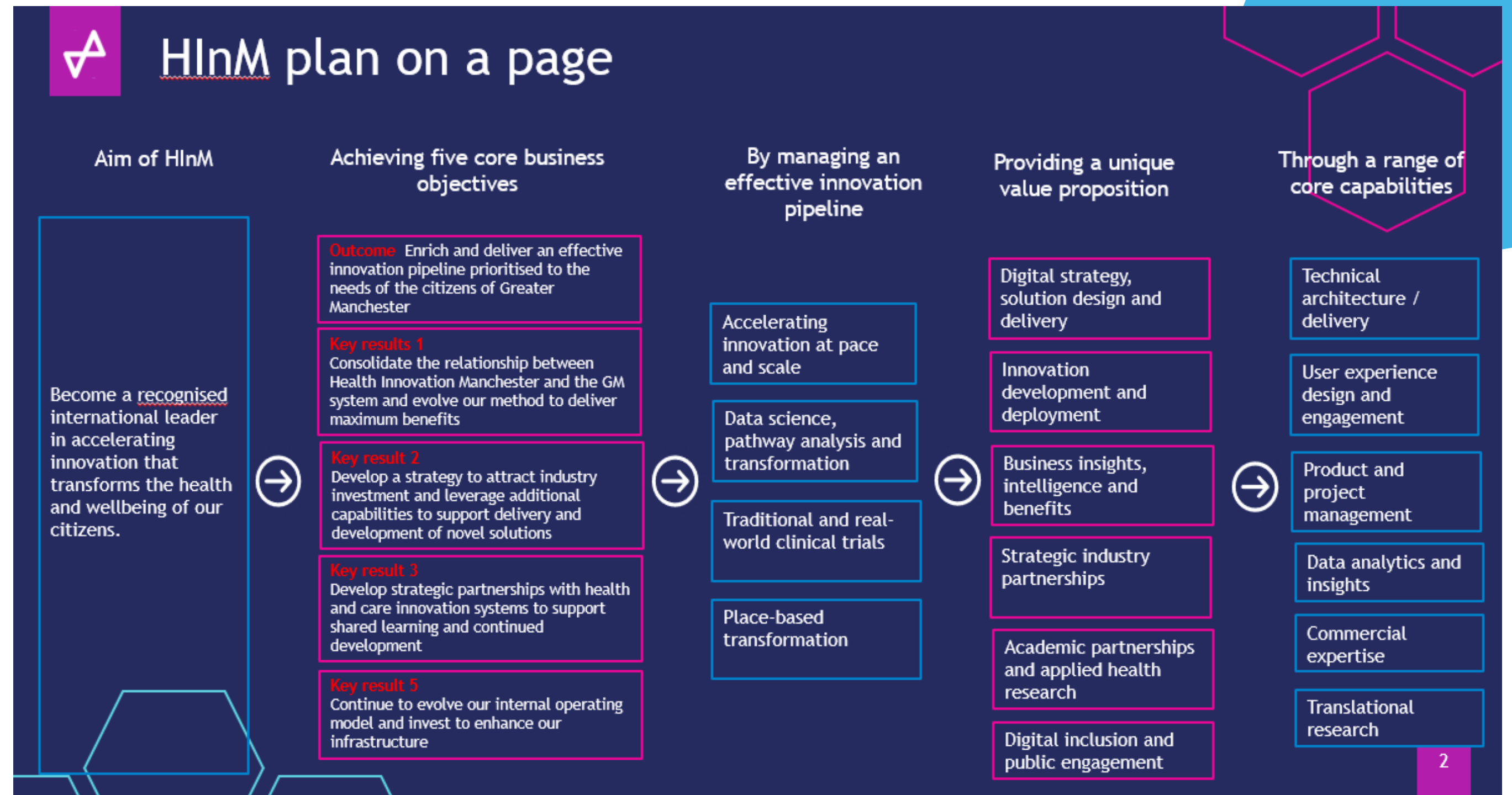
Data science, pathway analysis and transformation strong digital and data assets are now globally important for analysing existing pathways and supporting pathway redesign...

Conduct traditional trials and real-world studies continue to build on excellence in recruitment to clinical trials...

Place-based transformation – Support localities to harness the power of digital technology...

Office of Life Sciences (OLS) core functions:

1. Understanding Need
2. Signposting and Support
3. Real world evaluations
4. Adoption and Spread
5. Supporting Activities



Greater Manchester Cancer

[Our plans - Greater Manchester Cancer \(gmcancer.org.uk\)](http://gmcancer.org.uk)



Greater Manchester
Cancer Alliance


1. Early Diagnosis
2. Faster Diagnosis and Operational Performance
3. Personalised Care and Treatment
4. Structure and Governance
5. Cross Cutting Programmes
 - Workforce and Education
 - Identifying and addressing inequalities
 - Communication & Engagement
 - Data, Digital and Innovation
 - Research

2023/24: NHSE - Cancer Alliance Planning Pack

Programmes:

- Locally driven
- Innovation
- Delivered in partnership
- Targeting nationwide improvement in established services
- Nationally commissioned



 Clinically-led Delivery and Innovation All programmes of work to demonstrate clinically-led decision making, working collaboratively with the Greater Manchester Cancer Pathway Boards			
Target			
Increase Stage 1 & 2 Diagnosis to 75% by 2028	Achieve Cancer Waiting Times standards Deliver Backlog reduction	Increase survival, 2750 more patients in GM living with cancer beyond 5 years (2018 > 2028)	Be fully integrated with the NHS GM Integrated Care System (ICS)
Early Diagnosis	Faster Diagnosis and Operational Performance	Personalised Care and Treatment	Structure/Governance
Effective Primary Care Pathways (including pharmacy referral pilot, Primary Care Network (PCN) support, GP Direct Access Diagnostics)	Diagnostic Transformation (Single Queue, Shared Capacity and Reporting, Community Diagnostic Hub, Digital Pathology and others)	Embed quality offer of personalised care interventions – Holistic Needs Assessments (HNAs), Personalised Care Support Plans (PCSP), Treatment Summaries (TS) and Cancer Care Reviews (CCR)	Support Networks including Operational Delivery Networks (ODNs) in cancer - Teenage & Young Adults, Children's, Radiotherapy
Symptom Awareness, presentation and referral: patient and public facing communications	Best Practice Timed Pathway including Non-Site Specific	Delivery of Patient Stratified Follow-Up (PSFU) supported by a digital remote monitoring system	Models of Care (Breast, Lung, Colorectal & Others)
Targeted Case Finding (Lung Health Check, Liver, Prostate, Pancreatic)	Treatment transformation to achieve Cancer Waiting Time (CWT) targets incl. hubs and system capacity	Improve psychosocial support offer and provide better access to Health & Well Being services	Collaboration with PCNs & localities
Cancer Screening programme delivery and uptake (Bowel, Breast, Cervical)	Innovation to drive recovery (Mastalgia pathway, tele-dermatology etc)	Improve experience of care through piloting a Live Well with Cancer model	Integration with GM governance and decision making
Innovation to drive earlier cancer diagnosis	Effective secondary care pathways to reduce unwarranted variation in waiting time access	Embed genomic testing and targeted treatment	Assurance of financial scrutiny, evidencing value for money
	Systemwide re-design of pathway delivery	Treatment Variation	Engagement in GM system work on prevention and Population Health
	System re-focus on CWT	Reduced Variation in treatment (Lung Get It Right First Time (GIRFT) & Breast, Colorectal and Prostate audit recommendations)	
Cross Cutting Programmes	Workforce and Education Workforce Integration (One Workforce), Workforce Wellbeing, Growing and Developing our Workforce, Addressing Workforce Inequalities		
	Identifying and addressing inequalities: e.g. Data, PCN Leads/DES, Locality engagement, Inequalities Programme Board & Strategy, Equality Impact Assessments		
	Communications & Engagement: e.g. Patient and Public Involvement and Engagement (PPIE) programme, public campaigns, media, digital channels, GM Cancer Conference		
	Data, Digital and Innovation: e.g. Tableau & Curator Developments, Clinical Outcomes Data, Primary Care Dataset, Artificial Intelligence, Secure Data Environment.		
	Research: Research Framework, Activity and Inclusivity data, PWBs engagement, Charity-Industry Research Equity project, Annual report		



Macmillan Cancer Support

[Our strategy 2023 | Macmillan Cancer Support](#)

**MACMILLAN
CANCER SUPPORT**

Help more people with the cost-of-living crisis.

By investing more money into grants and welfare advice so people get the financial help they desperately need...

Make our services more inclusive.

By increasing our cancer champions in local communities, volunteers offering tailored help and guidance to people furthest from accessing cancer support...

Work closely with our 11,000 Macmillan professionals.

By supporting their development and making sure they have the right tools, skills, support and resources to deliver excellent personalised care...

Transform our cancer information services. By increasing their reach and improving the experience for people with cancer accessing these services.

Work with partners to deliver joined up health and care services.

By improving the Cancer Journey is a successful service in Scotland that gives people diagnosed with cancer access to a dedicated support worker who can connect them to emotional, practical and financial support that's right for them. This year we will pilot the model in England.

Our six objectives to reach and improve the lives of everyone living with cancer

- 1
Everyone with cancer will know that they can turn to Macmillan from the moment they are diagnosed, and how we can help them.
- 2
Everyone with cancer will have a conversation about all their needs and concerns, and get the support that's right for them.
- 3
Everyone with cancer will have their vital needs met by high quality services.
- 4
We will inspire more people to give to Macmillan so we can continue to be there for people when they need us the most.
- 5
We will improve the key processes which support Macmillan to do its work as efficiently and effectively as possible.
- 6
We will reflect and represent the communities we serve in everything we do to support everyone living with cancer.



With heart



With strength



With ambition



**MACMILLAN
CANCER SUPPORT**

Competencies Supported

Managing Programme Portfolios	<ul style="list-style-type: none"> - To have oversight of all Innovation projects - To provide programme management for a suite of Innovation projects - To introduce potential clients to the work of the Cancer Alliance, establish the value that the AHSN can bring, specify the work required and co-ordinate or directly manage the delivery of the work from design through to report writing - To co-ordinate the delivery team (that may include AHSN and Cancer Alliance Team members, external collaborators and key stakeholders working with the client) 	<ul style="list-style-type: none"> - To lead the evaluation of the impact and implementation of innovative service developments and technology solutions to improve health and care outcomes - To develop implementation models in collaboration with appropriate stakeholders, evaluating feasibility of local implementation by partners - To critically evaluate the outcomes, in particular any financial benefits, and the strengths and weaknesses of implementation model(s) - To provide advice and guidance to innovators
Programme Delivery and Project Planning	<ul style="list-style-type: none"> - To deliver the Programme Portfolio through ensuring the development and management of programme plans to ensure effective realisation of the Programmes outcomes - To act as senior liaison with the AHSN Industry and Innovation Team to identify innovators/NHS clients that require support with Real World Validation of innovations. - To ensure the completion of all project management documentation in accordance with the Cancer Alliance Standard Operating Procedure, and to take effective action to ensure that risks and mitigations to delivery are managed appropriately 	<ul style="list-style-type: none"> - To support the Innovation Clinical Lead in the delivery and performance assurance of the Innovation programme - To develop and manage a portfolio of programme evaluation plans within the Innovation programme - To support and co-ordinate internal and external funding applications for evaluation and/or implementation of programmes
Reporting and Programme Dissemination	<ul style="list-style-type: none"> - To provide regular programme reports, including monitoring data in accordance with the Cancer Alliance Standard Operating Procedure - To deliver formal programme output evaluation reports, which may include impact on future workforce development requirements 	<ul style="list-style-type: none"> - To prepare effective material for dissemination of learning and key outcomes, including updating and maintaining the relevant website pages on website and other knowledge exchange activities - To provide material in a range of appropriate media to support implementation at the end of the programme workstream
Relationship building and liaison Income Generation, Budget and value of projects	<ul style="list-style-type: none"> - To ensure effective communications with clients (internal and external to the Cancer Alliance and AHSN), external collaborators and AHSN members and effective communication with all stakeholders within Innovation Programmes - Responsible for identifying opportunities to diversify and expand its income sources in support of innovation by understanding stakeholder needs across industry, academia, the NHS, third sector both in UK and internationally; and shape commercially attractive value propositions for specific stakeholders 	<ul style="list-style-type: none"> - To create, develop and maintain effective relationships with key working partners - Management of programme budgets in accordance with financial rules and practices
People Management	<ul style="list-style-type: none"> - To manage the delivery of projects and programmes through good people management skills - To manage the relationships with clients 	<ul style="list-style-type: none"> - To ensure all staff work in accordance with organisational policies and procedures - To act as mentor/coach to Project Managers in order to support and develop their professional and personal effectiveness
Analysis	<ul style="list-style-type: none"> - Use of analytical information to influence programme strategic direction (e.g. capacity planning) - Interpreting quantitative and qualitative data on impact, implementation, quality and innovation improvement, and efficiency savings to understand the scaling up potential of proven innovations 	<ul style="list-style-type: none"> - Critically evaluating the outcomes, in particular any financial benefits and the strengths and weaknesses of implementation model(s)
Policy development/ service improvements	<ul style="list-style-type: none"> - Responsible for developing and sustaining a broad knowledge and understanding of the direction of national policy, and policy context shaping opportunities for innovation and for applying this knowledge to the shaping of local policies and frameworks for innovation support and adoption 	<ul style="list-style-type: none"> - Responsible for contributing to and delivering the Innovation strategy, to support the development of strategic plans nationally and across the region and link these to the opportunity for large scale change in innovation policy, processes and spread - Build strong links with Industry and identify gaps where AHSN could facilitate the development of marketable solutions
Spread, roll-out & scalability	<ul style="list-style-type: none"> - Develop models for the spread and roll-out of programmes 	<ul style="list-style-type: none"> - Prepare business cases including cost-benefit analysis and predictive models of potential scaling-up activities for programmes or projects
Information systems, R&D	<ul style="list-style-type: none"> - Utilising appropriate software and reporting tools to accurately produce programme outcomes/ monitoring / progress in line with mandatory national NHS England contract and AHSN Network metric reporting requirements. 	<ul style="list-style-type: none"> - Responsible for advising on evaluation models/research that will be appropriate for their work and overseeing the integrity of evaluation/research as it progresses
Communications	<ul style="list-style-type: none"> - Networking, influencing and persuading at a national and local level - To ensure effective communications between programme partners in the design and delivery of the programme; and effective communication with all stakeholders within the Innovation programmes 	<ul style="list-style-type: none"> - Working with communications function and partner communication functions to develop highly creative ways of engaging with the NHS, innovators and the public on the Innovation programme work
Values and Behaviours	<ul style="list-style-type: none"> - Comply with corporate policies and processes and model the values and behaviours, demonstrating a culture of collaborative, agile cross-team working and a commitment to delivering quality service and outcomes. Whilst staff are appointed to specific roles, there will be a need for all staff to be prepared to be deployed flexibly to reflect the needs and priorities of the AHSN, Cancer Alliance and Macmillan Cancer Support. 	

