



Greater Manchester  
Cancer Alliance

# Greater Manchester Cancer Alliance Annual Report

2022 - 2023

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# Foreword

Welcome to Greater Manchester Cancer Alliance's Annual Report for 2022 - 2023.

Here you'll find a review of some of the key service developments, challenges and innovations in development across our cancer system throughout the year.

Although the dominating effect of COVID-19 began to ease in 2022, the year was not without its obstacles. The pandemic's impact continued to be widely felt and our teams have worked hard to recover our cancer services and performance.

The population has also been hit by a cost of living crisis and, with some of the most deprived populations in the country living in Greater Manchester, it is critical that we continue to make progress in reducing health inequalities in order for people to have the same experiences and survival chances no matter who they are or where they live.

Despite these hurdles, this year has many positives to report. We have seen improved ways of working, further development of existing key initiatives and some brand new innovations which all aim to improve outcomes and experiences for our patients and meet ambitious targets for early diagnosis, treatment and on-going care.

Our flagship conference held in October focussed on the themes of equality, innovation and collaboration – a fitting reflection of the Alliance team's focus for the year. We were delighted to be able to join together once again with hundreds of healthcare professionals, patient and carer representatives and colleagues from across our new Integrated Care System, to share learnings, motivate and recommit ourselves to working together in the coming months to do the best we can for people affected by cancer.

As we look ahead to the coming year, we know challenges remain but there are also many reasons to be hopeful – with promising results from many of our programmes and exciting new developments in service delivery, research and innovation.

As ever, we'd like to thank everybody who has worked in collaboration with us this year to do the best for our patients and we look forward to continuing this journey with you over the next 12 months.

**Dave Shackley and Claire O'Rourke**  
Director and Managing Director  
Greater Manchester Cancer Alliance



**Dave Shackley,**  
Director.



**Claire O'Rourke,**  
Managing Director.

# About Greater Manchester Cancer Alliance

Greater Manchester Cancer Alliance is one of 21 Cancer Alliances across NHS England, and the Cancer Programme of the Greater Manchester Integrated Care Partnership.

NHS England's National Cancer Programme sets out the high-level priorities for cancer services for all Cancer Alliances. We work in partnership with our local system and stakeholders to deliver these in the most appropriate way to meet our local population's needs.

In Greater Manchester, we want more people than ever to reduce their risk of developing cancer. For those who do go on to develop cancer, we want to improve survival outcomes and experiences at every stage of their individual cancer journey (or pathway): **by diagnosing cancer earlier, providing better treatment and supporting people to live well with and beyond cancer.**

Our Cancer Alliance brings together clinical and managerial leaders from hospital trusts and health and social care organisations from across the whole of Greater Manchester. We also work closely with people affected by cancer and other community partners to transform the diagnosis, treatment and care for cancer patients in our area. Working in partnership means we can effectively plan care across all parts of the cancer pathway.

We also collaborate with the thriving research bodies in Greater Manchester, including The Manchester Cancer Research Centre, Cancer Research UK Institute, The University of Manchester, The Christie NHS Foundation Trust and others. By bringing together world-class researchers, clinicians and operational delivery, we have a unique opportunity to improve the lives of people affected by cancer in our region.

Each cancer pathway in Greater Manchester has a nominated Clinical Lead, who, supported by their pathway board, works to make improvements in their specialist area.

Greater Manchester Cancer Alliance also delivers a number of transformational or cross-cutting programmes of work, designed to improve overall care and experiences. You'll find some examples of these throughout this report.

If you are interested in finding out more about our Alliance, or working with us in the future to improve the lives of people affected by cancer, you can find [contact details](#) for the team at the back of this report.

# Reducing Risk

There are many factors that can increase the risk of a cancer diagnosis.

In some cases, it may be possible to reduce some of these risks, by supporting our population to adopt or maintain a healthy lifestyle, or through considering where the role of things such as genomics and targeted therapies may offer some benefit.

Reducing risk is also important for those who have been diagnosed with primary cancer, to reduce their risk, where possible, of a future recurrence of disease.

In this section, we'll consider some of the interventions available to our population to reduce the risk of cancer developing, or recurring.

## Healthy populations

Our Cancer Alliance is part of the Greater Manchester Integrated Care Partnership (ICP) (formerly the Greater Manchester Health and Social Care Partnership). The ICP brings together all health and social care partners across Greater Manchester, as well as wider public sector and community organisations, to improve the health and wellbeing of the 2.8 million people who live in Greater Manchester.

It has a broad portfolio in order to achieve this, including programmes to reduce smoking rates, increase physical activity and tackle obesity and alcohol dependency. You can find more detail about these programmes and the wider work of the Greater Manchester ICP, including its new strategy (2023-2028), via its [website](#).

## Smoking

Tackling smoking rates is a critical part of Greater Manchester's strategy to improve our population's long-term health and wellbeing and reduce cancer risk.

In 2017, Greater Manchester ICP published its [Making Smoking History strategy](#) with the ambition of becoming a smokefree city region to give everyone a healthier, fairer future. Since then, smoking prevalence in Greater Manchester has fallen from 18.4% to 15.4% – meaning there are now 66,000 fewer smokers living in Greater Manchester. The programme has supported thousands of people to quit through a wide variety of means, including development and distribution of educational resources, access to free local support services and advisors, information and access to Nicotine Replacement Therapy (NRT) and a number of targeted support campaigns, such as developing plans for [Smoke Free Spaces](#) and [support for pregnant smokers](#).

Supporting someone to be tobacco-free is also part of the treatment plan for anyone diagnosed with cancer. Not only can it support patients to reduce their risk of complications during treatment and improve their outcomes, but it can also support them to reduce their risk of future recurrence.

The [CURE programme](#), a comprehensive secondary care treatment programme for tobacco addiction developed at the Cancer Alliance, is now offered across all Greater Manchester hospitals to admitted patients. It is also offered at other parts of care pathways, including when members of the public attend their [Targeted Lung Health Check](#).

**MAKE  
SMOKING  
HISTORY**

# TRAFFORD MUM AND LUNG CANCER SURVIVOR URGES OTHERS TO QUIT FOR WORLD CANCER DAY



## A former smoker who survived lung cancer is urging other smokers to quit for World Cancer Day

Leigh Webber, 60, from Trafford in Greater Manchester, underwent life-changing surgery in 2017 after a CT scan revealed that she had a 1.5cm tumour in her lung. Fortunately, it was caught early and following a lobectomy – to remove the tumour and lower half of her left lung, she made a full recovery.

Leigh has now been clear of cancer for more than five years and is sharing her story to warn other smokers of the risks of developing a smoking-related illness like cancer, and to urge them to quit before it's too late.

Leigh says: *"I had been smoking for 40 years, and after a persistent bad chest infection in 2016, I started thinking that it was time for me to seriously think about quitting to improve my health and wellbeing."*

*"So, I started running, doing something positive instead of reaching for a cigarette. I honestly felt great – the best I'd probably felt both physically and mentally."*

It wasn't until January 2017 that Leigh received the devastating diagnosis that she had lung cancer.

*"My chest had cleared up and I was feeling much better so when my CT scan came around, I was in two minds whether to go or not and considered cancelling my appointment. Thank goodness I didn't. The CT scan revealed a 1.5cm tumour in my lung. I never thought that I would get cancer from smoking. It was awful. I just thought: I've got lung cancer, oh my god, am I going to die?"*

*"We're coming up to six years since my diagnosis. I feel so lucky that it was caught at the early stages. The doctors told me, it was a slow growing cancer so could have continued for another ten years before being detected, which may have been too late to do anything."*

**//**  
**The earlier we find lung cancer, the more chance we have to treat it and to cure it – and many people are cured if we find it early enough."**

*"I was also fortunate that I'd already given up smoking before the diagnosis and my surgery as I couldn't have coped with quitting smoking and dealing with the operation. I'm so grateful I went ahead with my scan, and I would encourage anyone with persistent symptoms to get checked out."*

Leigh has now been in remission for over five years. She urges people who smoke to keep trying to quit to reduce their risk of developing a serious illness.

Dr Matt Evison, Respiratory Consultant at Wythenshawe Hospital and Clinical Lead for Greater Manchester's tobacco control programme Make Smoking History, was Leigh's consultant at the time.

He said: *"I remember Leigh's consultation well. It was a positive one because yes, we'd found something awful, but there was something we could do about it. Not least because of the dramatic changes and benefits to her life that had happened in the months leading up to that diagnosis."*

*"Stopping smoking reduces the risk of developing 16 different forms of cancer. There's no greater thing that someone can do for their health than stop smoking. So much so that helping someone to be tobacco-free is part of the treatment plan for anybody diagnosed with cancer."*

While not all cases of lung cancer are caused by smoking, it still remains the biggest risk factor for lung cancer – responsible for seven in ten cases.

There are a wide range of symptoms of lung cancer, including coughing, breathlessness, and unexplained weight loss. While many of these can be caused by other reasons, it's important that persistent symptoms are checked thoroughly.

Dr Evison added: *"The earlier we find lung cancer, the more chance we have to treat it and to cure it – and many people are cured if we find it early enough."*

*"So, if you've had a cough, a change in your breathing, or there is pain in the chest or shoulders for three weeks or more, it has to be investigated so please go and see your GP."*

## Sun Safety

The incidence of skin cancer continues to rise, however, there are some ways in which we can support our population to reduce their risk of developing the disease.

Many skin cancers are caused by exposure to ultraviolet radiation or sun damage. Raising public awareness of the risks of sun and UV exposure, along with enhancing understanding of how to protect skin in the sun, are important measures to reduce this risk.

Our Skin Pathway Board has worked on a number of initiatives to support this (in addition to supporting the early diagnosis of skin cancer), through education for both the public and healthcare professionals. This has included:

- Piloting the *NICE-recognised (Skin) 'Sun Safe Schools'* education resource in an Early Years Foundation Setting and a Primary School in Greater Manchester with increased sun safe behaviours evidenced (with a larger scale pilot planned for the next academic year)
- An online public awareness campaign, during Sun Awareness Week (May 2022) highlighting top tips for sun safety and detecting skin cancer, featuring our healthcare professionals and patient representatives

For primary care, a range of initiatives have been developed, including:

- A GatewayC webinar and [videos](#) supporting earlier and faster skin cancer diagnosis and dermoscopy education
- Provision of dermatoscopes, delivered with a supporting dermoscopy study day for all GPs in Greater Manchester (with over 280 GPs in attendance)
- Pathway board member enrolment in a [DECIDE – Dermatology education programme](#)



**SKIN CANCER**  
**THINK A-G**  
Supporting earlier & faster cancer diagnosis

GatewayC

**ASK ABOUT FAMILY HISTORY, SUN EXPOSURE & IMMUNOSUPPRESSION**

Family history of skin cancer and skin that burns easily in the sun increases risk of skin cancers.

Other associated risks include prolonged or repetitive high-intensity sun exposure, and immunosuppression.

**BE AWARE OF UNUSUAL PRESENTATIONS**

Including nail pigmentation and non-specific pink papular lesions.

**DERMOSCOPY**

Dermoscopy can help identify non-malignant conditions such as seborrheic keratosis. Refer patients using a suspected cancer pathway referral (for an appointment within 2 weeks) if dermoscopy suggests melanoma of the skin.

**ENCOURAGE SELF-MONITORING & SAFE SUN EXPOSURE**

The British Association of Dermatologists advise patients to follow the ABCDE aide memoire to encourage self-monitoring of pigmented lesions, and that health professionals provide sun safety resources.

**FULL SKIN CHECK**

Skin examinations can identify incidental and/or suspicious growths or moles. Be alert to patients reporting itching, bleeding, or soreness.

**COLOUR, SHAPE & SIZE**

- Lesions with multiple colours, or that have an irregular or change in shape or size should be investigated
- Refer patients using a suspected cancer pathway referral for melanoma if they have a suspicious pigmented skin lesion with a weighted 7-point checklist score of 3 or more
- Refer lesions suspicious of possible squamous cell carcinoma via the same cancer referral pathway
- Refer only high-risk basal cell carcinomas on the cancer referral pathway

**GREATER MANCHESTER REFERRAL PROFORMA**

Please refer all patients using the Greater Manchester form

Ensure the patient understands the reason for referral

Include frailty information as this helps direct patients to the most appropriate investigation or assessment

**REFERRAL PROCESS FOR GREATER MCR**

GM referral form

Examination

Medication history

The early cancer diagnosis resource  
gatewayc.org.uk/register  
© GatewayC, The Christie NHS Foundation Trust, 2023

Greater Manchester Integrated Care

## Risk reducing endocrine therapy

Anti-hormone medication, such as tamoxifen, anastrozole and raloxifene, has been shown to reduce the risk of breast cancer in women with a higher-than-average risk. Women may have an increased risk of breast cancer due to an error in one of their genes, a strong family history of breast cancer or due to increased density of the breast tissue. NICE recommends:

- The use of risk-reducing endocrine medication in women with a high risk (over 30% lifetime risk) of future breast cancer.
- Discussing endocrine medication in women with a moderate risk (17-30% lifetime risk) of future breast cancer.

Risk reducing endocrine therapy can reduce the risk of future breast cancer by up to 50%:

- Anastrozole reduces the risk of future breast cancer by 50%
- Tamoxifen reduces the risk of future breast cancer by 35%
- Raloxifene reduces the risk of future breast cancer by 30%

An online toolkit is being developed by the Breast Pathway Board to improve access to risk-reducing endocrine medication, including:

- A risk assessment document for use in secondary care with embedded assessment of eligibility for risk-reducing medication
- A prescribing document to provide primary care clinicians with adequate information to initiate or continue risk-reducing medication
- Patient information describing the benefits and side effects of taking risk-reducing medication
- Online education resources for prescribing clinicians
- Decision-making algorithms to ensure safe prescribing of risk-reducing medication in secondary care

We are also supporting breast clinical leads from The Christie NHS Foundation Trust and Manchester University NHS Foundation Trust to develop education materials that will support clinicians in Primary and Secondary Care to help patients manage their side effects from endocrine therapy treatment and improve their quality of life.

## Screening and immunisation

The risk of some cancers, such as cervical cancer, can be reduced through cervical screening, which aims to identify and treat high-risk cells before they develop into cancer.

The human papillomavirus (HPV) is also linked to several types of cancers. A vaccine is now offered to children (both girls and boys) in secondary school to reduce their risk of developing the virus, in turn also reducing their future risk of developing cancer.

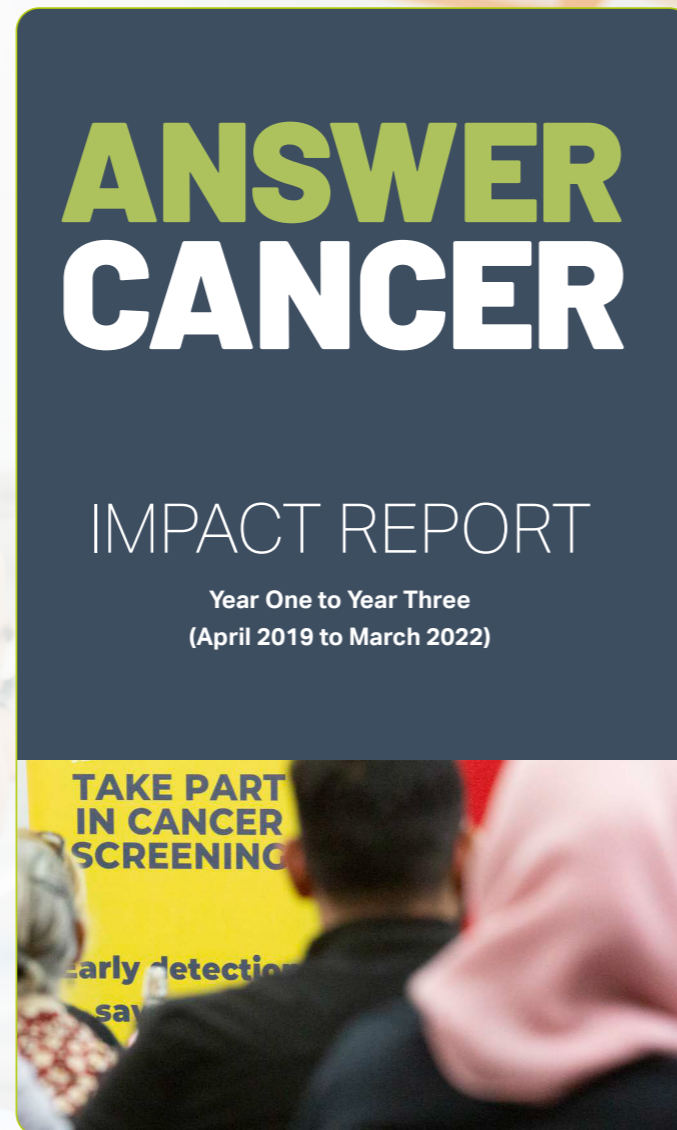
Screening also plays a critical role in the early detection of cancer. The NHS offers three national screening programmes for cervical cancer (cervical screening), breast cancer (mammogram) and bowel cancer (FIT – Faecal Immunochemical Test).

Greater Manchester's Screening and Immunisation Team works with **Answer Cancer**, a voluntary sector partnership working to improve cancer awareness and increase uptake of cancer screening across Greater Manchester.

Answer Cancer works with the Voluntary, Community and Social Enterprise sector organisations (VCSE), alongside other stakeholders including local residents, workplaces and services to raise awareness of cancer and screening, supporting increased screening uptake across Greater Manchester.

Answer Cancer has recently published its latest Impact Report, showcasing the progress made in the last 3 years and highlighting key initiatives such as Answer Cancer Champions, its community grants scheme and the 'Bee seen, get screened' workplace pledge. [You can read the full Impact Report here.](#)

Further information about new screening programmes such as Targeted Lung Health Checks and the NHS-Galleri trial can be found in the [Earlier and Faster Diagnosis](#) section of this report.



# Earlier and Faster Diagnosis

## The role of the Early Diagnosis Programme Board in improving outcomes

Early diagnosis remains a crucial factor in improving patient outcomes and experiences and significant work has taken place in this area in 2022.

The NHS Long Term Plan set out that the ambition for 75% of patients to be diagnosed at an early stage (stage 1 or stage 2) by 2028. In order to meet this ambition, our Early Diagnosis Programme Board was formed, with representation from across the Greater Manchester system, to lead and coordinate these efforts.

Data released in December 2022 shows that whilst the Covid-19 pandemic impacted Greater Manchester's position in this area, along with many other areas of the NHS, by December 2020 the position had returned to the levels reported in December 2019. The Programme Board will continue to support design and delivery of a range of projects to continue this improvement work, some of which will be detailed throughout the rest of this chapter.

The next parts of this chapter will consider the role of the following areas:

- Screening
- Primary care
- Faster diagnosis

## Screening

In addition to the three core national NHS programmes for breast, bowel and cervical screening, the Alliance is also working on a number of other programmes with the aim to detect cancer sooner.

## Targeted Lung Health Checks (TLHC)

We have previously highlighted the work being carried out to establish Targeted Lung Health Check (TLHC) projects across Greater Manchester. Since 2019, there have been TLHC projects in North Manchester and Salford with Tameside and Glossop residents being invited from July 2021.

Ever-smokers (smoked more than 100 cigarettes in their lifetime) between the ages of 55 – 74 are eligible for a lung health check with a specialist nurse. Since the start of the project in 2019, **over 32,000 people** have attended a lung health check. During this appointment, participants are asked some questions to calculate their risk for lung cancer.

**375 lung cancers** have been identified through the programme with 79% of these cancers being identified at stage 1 or 2 (compared to a usual standard of 30%). By diagnosing lung cancers earlier, a greater number of patients will be able to receive curative treatment such as surgery or radiotherapy, providing them with better outcomes.

If eligible, they are referred for a low-dose CT scan of their chest to look for signs of lung cancer. Participants who are current smokers are offered smoking cessation advice and support to help them quit.

### Future expansion

NHS England has asked that Cancer Alliances develop plans to invite all eligible participants for a lung health check over the next 4 – 6 years. Furthermore, the UK National Screening Committee recently gave a positive recommendation in support of the first national targeted cancer screening programme. In response to this, the Cancer Alliance has established a programme board to coordinate programme expansion across Greater Manchester and develop a single TLHC service for all eligible participants.

The programme will expand into those areas with the greatest clinical need first with the order being determined by using data

related to smoking prevalence, socioeconomic deprivation, and lung cancer incidence and mortality. This approach ensures that we are tackling health inequalities and reaching those patients most likely to have lung cancer first.

Lung health checks will be delivered using a mobile fleet of CT scanners and clinic rooms that will be able to move around Greater Manchester, delivering this service in the heart of local communities.

### NHS-Galleri

NHS-Galleri is a national screening trial that aims to diagnose up to 50 cancer types at an early stage. The trial is currently in its second year, having started in Greater Manchester in October 2021.

The trial is a collaboration between Cancer Research UK, King's College London Cancer Prevention Trials Unit, and healthcare provider GRAIL, who have developed the Galleri™ test. The test works by finding chemical changes in fragments of genetic code – cell-free DNA (cfDNA) – that leak from tumours into the bloodstream. Previous research has shown that this test is particularly effective at finding cancers that are difficult to identify early, such as head and neck, bowel, lung, pancreatic and throat cancers.

In the first year of the trial, 20,049 participants were recruited across all 10 localities in Greater Manchester. Participants had to be aged between 50 and 77 years, and have had no diagnosis or treatment for cancer in the last 3 years, to be able to take part in the trial. Participants from diverse backgrounds were enrolled to ensure trial outcomes represent the population of England.

The most common cancer diagnoses so far have been lung, oesophageal, multiple myeloma, colorectal, breast and prostate.

Now in the second year of the trial, participants with no cancer diagnosis in the first year are invited back to give another blood sample for repeat testing. There is no opportunity for new participants to enrol in the trial. The mobile unit has already visited Salford, Oldham, Manchester, Trafford and Rochdale in the second year, and uptake has been strong throughout. We hope to maintain the high retention of participants throughout the year, and are doing so by releasing participant communications through various routes, including social media posts, local newspapers and radio coverage.

Participants will be invited to return for a third time in late 2023 and 2024 to give a final blood sample as part of the trial. An interim analysis will be performed in 2023, and if successful, NHS England plans to extend the rollout to a further one million people in 2024 and 2025. More information is available at [nhs-galleri.org](https://nhs-galleri.org).

## David McLenachan, aged 66, from Ainsworth, in Bury

signed up to take part in the NHS Galleri trial and gave his first blood sample in 2022.

David said: *"I wanted to get involved in this trial as it is investigating the possibility of finding cancer earlier in people."*

*"As someone who has had bowel cancer previously and been successfully treated, I know how important it is to be diagnosed with cancer at an early stage when the treatment is more likely to be successful."*

*"If this trial is successful then having a blood test to detect cancer could be a really useful part of screening in the future and outcomes for patients could be drastically improved."*

**NHS**  
Galleri Trial



## Primary Care

### Working with PCNs and Pathway Boards

Our work with Primary Care continues predominantly through the engagement with the Primary Care Networks (PCNs) in Greater Manchester. Each PCN has a named Cancer Lead working with us to deliver the Early Cancer Diagnosis Directed Enhanced Service.

The Cancer Alliance continues to promote the importance of early cancer diagnosis through our Pathway Boards, working alongside our Pathway Board Clinical Leads to do so. A new Secondary Care Clinical Lead for Early Diagnosis was also recruited in late 2022 to support this.

In 2022 the team were successful in winning a Greater Manchester Cancer Alliance Award for the work with PCNs for collaborative working.



**I have been impressed with the Greater Manchester Cancer support to Primary Care Networks to deliver the Direct Enhanced Services locally to our patients. The regular meetings and Primary Care education has enabled a wealth of knowledge sharing that has enabled GP surgeries at the grassroots to evaluate and improve our effectiveness in the prevention and early identification of cancers, and so improving the lives of our patients. I'm excited for how this collaboration will grow and develop our vision for providing patient care to the highest standards."**

**Andrew Steele, PCN Lead for Gorton and Levenshulme PCN**



**I have been involved with The Early Diagnosis Steering Group for some time now and have been very proud to be involved in the work done by this group. It is great to see and help the endeavours to reduce Cancer Diagnostic times and to ensure the benefits are shared across the Greater Manchester NHS Trusts. The dedication shown by everyone involved is reflected in the results that have been implemented."**

**John Tattum, Patient and Carer Representative for the Early Diagnosis Programme Board**



**By providing excellent resources and regular clinical updates, as well as the platform to share and learn from regional colleagues, the Greater Manchester Cancer team have been a huge help in our ability to fulfil the Cancer requirements of the PCN DES."**

**Steven Churchill, PCN Cancer Lead for Sale Central PCN**

## Place Engagement

In line with national guidance, the 10 Clinical Commissioning Groups (CCGs) in Greater Manchester closed down on 30th June 2022. NHS Greater Manchester Integrated Care (IC) was launched on 1st July 2022. The Greater Manchester Cancer Alliance has been confirmed as the 'cancer arm' of NHS Greater Manchester Integrated Care, leading the design, delivery and oversight of cancer care in Greater Manchester.

Whilst the CCGs no longer exist as statutory organisations, NHS Greater Manchester IC are maintaining a place-based structure based on the geography and resident population of the 10 localities.

Greater Manchester Cancer Alliance has a long-standing history of working closely with Clinical Commissioning Groups, Primary Care and provider organisations in the 10 localities. A proposal as to how this will continue under the

new organisational structure has received widespread support and will be taken through discussions with the 10 Greater Manchester Place Leads in early 2023 with a view to formalising the relationship between Greater Manchester Cancer Alliance and the locality / place teams.

The 10 CCGs have had GP clinical leads in post for Cancer in the form of Macmillan GPs. The Cancer Alliance is working with the Medical Director of NHS Greater Manchester IC to develop 10 place-based cancer clinical lead roles to continue the invaluable work they do.

### Self-referral chest x-ray (CXR) pilot

The COVID pandemic had a prolonged detrimental impact on suspected lung cancer patient referrals to secondary care, with less patients coming forward with symptoms coming forward to secondary care and an associated reduction in the number of chest x-rays being requested for these patients. Patients with a late stage diagnosis of lung cancer have more detrimental outcomes so it is imperative to address this issue.

In response to this, the self-referral chest x-ray pilot project began on 11th July 2022 with the aim to test a new pathway allowing patients to access first line diagnostics in the lung cancer pathway. By offering this service, it was hoped that it would lead to a significant increase in the number of people accessing chest x-ray that that would not have previously undergone investigation, potentially leading to some earlier stage diagnoses of lung cancer. It was also hoped that the service would help to reduce barriers for communities facing the worst socio-economic hardships in accessing chest x-ray and lung cancer investigations.

At a large scale, a successful self-referral chest x-ray service has the potential to improve the one and five year survival rates from lung cancer across Greater Manchester, by increasing (i) the number of lung cancer diagnoses, and (ii) the number being diagnosed at an earlier stage.

This will also help contribute to the attainment of the NHS long term plan where 75% of all cancers are to be diagnosed at an early stage by 2028 and 55000 people survive cancer for five years or more year on year.

To support primary care workloads, patients with a CXR suspicious for lung cancer are referred appropriately, and guidance on management of patients with abnormal, non-cancer results is provided to GPs.

**Greater Manchester Cancer**

**NHS Greater Manchester Integrated Care**

**DRY TICKLY HACKING**

**Cough for over 3 weeks?**

Put your mind at rest. Get a chest x-ray. Available for over 40s with no appointment necessary.

Visit [www.gmcancer.org.uk/chestxray](http://www.gmcancer.org.uk/chestxray) for more information

Members of the public can attend one of the three pilot centres for a chest x-ray, without the need for a primary care appointment and referral first, if they have had any of the following set of criteria for longer than three weeks and are registered with a GP within either Bury or Heywood, Middleton and Rochdale locality:

- 40 years of age
- No chest x-ray or CT scan in the last three months
- Fatigue
- Cough
- Chest pain
- Shortness of breath
- Appetite loss
- Weight loss

Over 1,000 patients have self-referred into the service since its launch, with numbers continuing to increase.

The pilot has shown very promising initial results with significant numbers of patients with symptoms attending for chest x-ray. Engagement has been good across all eligible age groups and within deprived areas.

The below data shows the first 6 months outcome of the pilot (to end of Jan 2023):

Number of patients attended:

**1045**

Average age: **66**

**54%** actively or previously smoked

**31%** of patients were from the lowest deprivation quintile

**54%** of patients attending completed a survey. Of this, 33% (186) of patients surveyed had not made any contact with their GP about their symptoms

**15%** of those surveyed were unlikely or very unlikely to ever contact their GP



All patients were seen on the same day, with

**95%** of CXRs are reported as normal and returned to the care of the GP

**3.3%** of CXRs are abnormal non-cancer such as heart failure or interstitial lung disease

**99%** of x-rays reported within 72 hours

**5%** cancers identified



Feedback from patients:

**Fantastic, exceeded my expectations, so fast, so efficient and got results so quickly."**

**Really pleased with the service, couldn't fault it. Excellent service and it should continue."**

**It was a walk in, you know, I didn't have to do any finding, foraging, it was well done."**

The project pilot has been designed and delivered by the Greater Manchester Cancer Alliance in collaboration with the Northern Care Alliance, and primary care colleagues in both localities, and through a joint working agreement with AstraZeneca.

## FIT in primary care

There have been changes in national guidance which relate to the Lower Gastrointestinal / Colorectal pathway which have led to a significant change in the actions required in primary care. GPs are now required to undertake the FIT (faecal immunochemical test) and include the result in their referral to secondary care.

Previously this test was undertaken by secondary care teams on receipt of a referral from primary care. The Cancer Alliance early diagnosis team, supported by the Colorectal Pathway Board, have undertaken a significant amount of work with

primary care – directly and via the PCN Cancer Leads – to inform, educate and change the practices of general practice to support this.

**"Personally as a GP, I really value the ability to get more information about someone's chances of an invasive colonoscopy test being valuable before I refer on.**

**"It helps get patients who aren't keen on colonoscopy on board if necessary, and equally, not put patients through a colonoscopy if it's likely to yield little benefit."** - Dr. Helen Wall, GP Partner & Trainer and Clinical Director of Population Health Greater Manchester (Immunisations and Screening).

**FIT (FAECAL IMMUNOCHEMICAL TEST) THINK A-G**  
Supporting earlier & faster cancer diagnosis

**FAST FACTS**

- A ALWAYS USE THE CORRECT CONTAINER**  
Approximately 10% of faecal immunochemical tests (FIT) are rejected due to incorrect containers and labelling.
- B BLEEDING**  
New research suggests that FIT can be used to rule out colorectal cancer in patients with rectal bleeding and other suspicious symptoms.
- C COLORECTAL CANCER RISK**  
Patients should only be referred on a suspected colorectal pathway if they have a positive FIT or anal/rectal mass or anal ulceration.
- D DON'T FORGET SCREENING LEVELS**  
The threshold for FIT in screening is 120 micrograms of haemoglobin per gram of faeces (µg/g) in England, compared to using a threshold of 10 µg/g for symptomatic patients.
- E ENDOSCOPY**  
FIT helps prioritise patients for endoscopy. Patients with a negative FIT may need a different initial investigation.
- F FIT**  
Patients with negative FIT and persistent concerning symptoms should be referred on non-site specific suspected cancer pathway.
- G GREATER MANCHESTER REFERRAL PROFORMA**  
Please refer all patients using the Greater Manchester form. Ensure the patient understands the reason for referral. Include frailty information as this helps direct patients to the most appropriate investigation or assessment.

**REFERRAL PROCESS FOR GREATER MCR**  
GM referral form  
Bloods  
FIT value

Online cancer education for healthcare professionals  
Register here: [www.gatewayc.org.uk/register](http://www.gatewayc.org.uk/register)  
© GatewayC, The Christie NHS Foundation Trust, 2023

**LOWER GI CANCERS THINK A-G**  
Supporting earlier & faster cancer diagnosis

**FAST FACTS**

- A ANY CHANGE IN BOWEL HABIT OR UNEXPLAINED SYMPTOMS?**  
Check for any change in bowel habit, either diarrhoea or constipation, which persists or other associated symptoms including abdominal pain, abdominal/rectal mass, unexplained weight loss, or anaemia. Be aware of symptoms in both older and younger patients.
- B BLEEDING**  
If patients report rectal bleeding, whether it is bright red blood noticed in the toilet or stools containing altered blood, it is important to investigate this.
- C CHECK BLOODS**  
Anaemia, raised platelets or abnormal liver function increase the suspicion of lower GI cancer, but normal results do not exclude it. It is important to check specifically for iron-deficiency anaemia and include renal function to enable the patient to have a colonoscopy.
- D DON'T FORGET FAMILY HISTORY**  
If a patient has a family history of cancer or polyps this will raise the index of suspicion.
- E EXAMINATION**  
Examine the abdomen and rectum. If you notice an abdominal or rectal mass this should raise suspicion.
- F FAECAL IMMUNOCHEMICAL TEST (FIT)**  
Patients should only be referred on a suspected colorectal pathway if they have a positive FIT or anal/rectal mass or anal ulceration. Remember cut-offs used in FIT screening are higher, therefore a negative screening test should not be used to assess a symptomatic patient. Always use the correct container.
- G GREATER MANCHESTER REFERRAL PROFORMA**  
Please refer all patients using the Greater Manchester form. Ensure the patient understands the reason for referral. Include frailty information as this helps direct patients to the most appropriate investigation or assessment.

**REFERRAL PROCESS FOR GREATER MCR**  
FIT  
Blood tests

Online cancer education for healthcare professionals  
Register here: [www.gatewayc.org.uk/register](http://www.gatewayc.org.uk/register)  
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## Primary Care Breast Education Programme

In 2022, the breast cancer pathway board produced and delivered an online education webinar series for General Practitioners (GP) which focused on common issues that patients present with in Primary Care.

The webinar consisted of six presentations on **'hot topics'**:

- [Breast Cancer Screening](#)
- [Breast Lumps and Triple Assessment Clinics](#)
- [Breast Pain \(Mastalgia\)](#)
- [Nipple Discharge](#)
- [Gynaecomastia](#)
- [Secondary Breast Cancer](#)

The webinars were very successful and were attended by over 500 GPs over 3 months. The hot topic videos are also available on the Greater Manchester Cancer Alliance website and have been viewed over 1000 times so far. GPs said their confidence had increased after taking part and gave our speakers a 5\* rating. The videos are supported by clinical decision making algorithms that sit on the electronic Primary Care system, which support GPs to manage many patients with breast pain and nipple discharge in primary care.

An audit at Bolton Hospital Foundation Trust has shown that referrals for breast pain which, without red flag symptoms, is not a sign of breast cancer, have reduced from 20% to 6%. A further multicentre audit is planned to ensure the education programme is having the same impact across Greater Manchester. In 2023, our breast pathway board will continue to develop further education materials focusing on appropriate referring practice for aesthetic breast surgery. If we can reduce inappropriate aesthetic referrals, this too will release capacity in the system, which can be redirected to breast cancer services.

## Innovative breast pathways supported by innovative workforce plans

Breast pain, without red flags symptoms (breast or axillary lump, skin changes, new nipple inversion, unilateral clear or bloody nipple discharge) is not a symptom of breast cancer, but historically, national guidance recommended that patients with breast pain were referred on a symptomatic referral pathway. Every year, this caused thousands of women in Greater Manchester a great deal of unnecessary anxiety and distress. During the COVID-19 pandemic, two breast services in Greater Manchester, Wythenshawe Hospital (part of Manchester University Foundation Trust) and Bolton NHS Foundation Trust, developed successful pathways for patients with breast pain (mastalgia), that differed from anything that had been available previously. Women with breast pain, whose symptoms had not improved following standard advice delivered by primary care, were offered a telephone clinic appointment with a specialist breast nurse. This completely avoided an unnecessary attendance at hospital, unnecessary breast examination and unnecessary breast imaging. The results of the pilot pathway within Wythenshawe Hospital have been published and the team won a Nursing Times Award for their work.

At Greater Manchester Cancer, we could see that this work had great potential for the long term, and that a return to pre-pandemic breast pain pathways was not in patients' best interests. We decided to develop a regional breast pain telephone service. More recently this pathway has gained the support of NHS England, GIRFT and the Association of Breast Surgeons. Greater Manchester is in a strong position to be one of the first regions in the country to deliver a standardised, system-wide, telephone service for women with mastalgia.

In November 2022 we secured funding from Health Education England for a Project Manager to support all of our 6 breast services to set-up and deliver a telephone mastalgia service. As some breast services in Greater Manchester do not have the workforce resources to deliver a telephone mastalgia clinic, Greater Manchester Cancer Alliance also secured funding from Health Education England to pilot an innovative workforce expansion pilot.

GPERs (General Practitioners with Extended Role) in breast disease have been funded for 12 months for every breast service provider in the region. All six breast services have appointed their GPERs and the pilot will run until April 2024.

This team of GPERs will be trained in a number of areas of breast care, including delivery of breast pain telephone clinics. In combination with our Primary Care Education Programme, the new nurse and GPER-led breast pain pathway will redirect 20% of all referrals out of resource intensive triple assessment clinics, delivering better care for women with breast pain and freeing-up resources for cancer patients.

In addition to supporting the breast pain telephone clinics, our GPERs will provide extra capacity in breast Rapid Diagnostic Clinics, for patients referred to secondary care with a suspected cancer. This will allow more patients to be seen within the national targets for the Best Practice Timed Pathway and Cancer Waiting Time Standards.

The third area of specialist training for the breast GPERs will be in assessing family history and breast cancer risk, so that they can provide additional capacity in breast family history clinics. This new addition to the breast workforce will add capacity throughout the region to ensure more women at higher risk of future breast cancer can get access

to the information, imaging and risk-reducing treatment that will help them to manage their risk.

Greater Manchester Cancer has worked with the National Breast Imaging Academy to develop a 6 month online education programme for our GPERs, which will be supported with quarterly face-to-face teaching and peer-support sessions.

We hope the pilot will not only show that the GPERs support our breast system to deliver better care to patients, but also that the combination of working in primary care together with a GPER role, enhances our GPs' job plans and encourages more NHS GPs to stay in NHS jobs for longer and with more job satisfaction.

Following the 12-month pilot, we hope that the GPERs will become permanent members of our six breast teams and that in their new roles, straddling primary and secondary care, they will share their specialist breast knowledge with primary care colleagues, to further enhance the whole system knowledge of breast disease management.

Greater Manchester Cancer Alliance has agreed with NHS England that where NSS services are called RDCs, this will continue. We have agreed with all RDC trust sites that the branding RDC will remain and be considered the vehicle for receiving the NSS pathway.

Between January and March 2022, the RDCs at Northern Care Alliance (NCA) and Manchester Foundation Trust (MFT) continued to receive increasing number of NSS referrals from primary care and at NCA the number of patients re-directed from the lower gastrointestinal pathway also continued to increase, with excellent feedback from both patients and staff.

During this time, the alliance RDC programme team worked alongside the 4 remaining localities to facilitate the development and implementation of RDCs and the NSS pathway at Stockport Foundation Trust, Tameside Integrated Care Foundation Trust, Bolton Foundation Trust and Wrightington, Wigan and Leigh Foundation Trust.

Since the 1st of April 2022, all GPs in all 10 localities have access to the NSS pathway and RDC services in the 6 secondary care provider trusts. We have therefore achieved 100% population coverage of the NSS pathway two years ahead of the national target.

Our Cancer Alliance is one of three in the country receiving the highest number of NSS referrals. The number of referrals from primary care has increased considerably over the past 12 months, with a total of approximately 5,000 referrals seen since the first site went live in June 2022.

RDC clinical personnel have worked collaboratively with the early diagnosis and primary care programme in the development of a NSS webinar

and primary care infographics, which have proved extremely beneficial for raising the profile of the pathway and ensuring primary care colleagues are aware of how and who to refer on the pathway.

The cancers most frequently diagnosed through the NSS pathway are lung, colorectal, Hepato-pancreato-biliary and haematological cancers. Overall, the RDC sites have a cancer conversion rate of between 2.5 and 4.5%.

## Faster Diagnosis

### Rapid Diagnostic Centres and Non-Specific Symptoms (NSS) pathway

Rapid Diagnostic Centres have continued to develop along with the Non-Specific Symptoms pathway over the last year.

Since February 2022, the RDC programme is now part of the National Faster Diagnosis programme. As such, the National Faster Diagnosis framework (February 2022) is the NHS Cancer Programme strategic approach to Faster Diagnosis of Cancer.

The Faster Diagnosis programme brings together previously separate objectives relating to RDCs and Faster Diagnosis Standard (FDS) Best Practice Timed Pathways. NHS England uses the umbrella term of *'Faster Diagnostic Pathways'* to describe all cancer pathways following an urgent suspected cancer referral, including the Non-Specific Symptoms (NSS) pathway.

## Integrated AI chest x-ray reporting

To respond to the rise in radiology services in NHS Trusts facing backlogs of unreported chest x-rays (CXR), a joint pilot project using artificial intelligence (AI) to aid in clinical decision making is currently being progressed and implemented as a collaborative approach between Greater Manchester Cancer, AstraZeneca and Qure AI.

Qure AI's qXR solution uses AI triage for early and faster detection of lung cancer. The project forms part of the Greater Manchester strategy for earlier diagnosis of symptomatic lung cancer: getting the front end of the pathway right and part of the Greater Manchester response to the National Lung Cancer GIRFT report.

Potential advantages of the qXR solution are as follows:

- **An automated, pre-populated CXR report to speed up reporting process**
- **Editable, generic safety netting statements added to normal CXR reports**
- **Identification of abnormal CXRs and prioritisation for radiologist / radiographer reporting to accelerate the lung cancer pathway**
- **Enhanced diagnostic accuracy through a double-read CXR reporting pathway, helping to mitigate any machine or human error**

The objectives of the project are as follows:

- **Demonstrate the feasibility of deploying an AI software across a regional imaging network of multiple acute care trusts in Greater Manchester**
- **Improve CXR reporting efficiency**

- **Reduce the time from CXR capture to final report across the entire Greater Manchester CXR service**
- **Improve the time from CXR capture to final report in patients with a CXR suspicious for lung cancer**
- **Improve the time from CXR capture to CT imaging in patients with a CXR suspicious for lung cancer**
- **Implement a system-wide safety net for patients with a normal CXR but high clinical suspicion of lung cancer**
- **Reduce the potential for missed diagnoses of lung cancer of CXR double-read reporting (both AI and radiologist / radiographer)**

The AI technology undertakes a 'first read' of chest x-rays to prioritise, followed by a radiologist / radiographer 'second read', with the intention being the scans that are most suspected of cancer will get quicker results and speed up the lung cancer pathway for these patients. Greater Manchester Cancer is working with all trusts to rollout the pilot project in 3 stages:

1. **Shadow Mode: Background processing of chest x-rays**
2. **Decision Support: Additional AI generated image showing findings**
3. **Worklist Prioritisation: Using priority buckets to report most urgent scans first**

Once the pilot has come to an end, a thorough evaluation will be produced to highlight outcomes and benefits. If successful, a procurement process will then take place for a provider to implement the AI software as standard in the lung cancer pathway across Greater Manchester.

## Innovation in cancer waits analysis

As a response to the COVID-19 pandemic, the Greater Manchester Cancer informatics team established a Greater Manchester-wide, live Patient Tracking List. Data was taken from Hospital Trust systems, daily, for central reporting to enable accountability for patient wait times.

With this data, the informatics team were able to push the boundaries of cancer waits reporting by beginning to look at key milestones within a pathway, for example the wait time between referral and diagnosis or between referral and a key investigation. This allowed wait times to be examined incrementally as well as holistically, leading to the identification of key challenges within pathways.

Reports utilising this milestone waits methodology have been made available to all cancer site specific pathway boards within Greater Manchester Cancer and are currently being

shared nationally as an example of what can be achieved using cancer data, with Greater Manchester at the leading edge of Cancer Alliance Business Intelligence (BI) and analytics.

There is now a comprehensive suite of reports at pathway and sub-type level, to aid clinical teams to forensically understand their pathway, variation across pathways and organisations, opportunities for improvement and for sharing best practice. The detailed reporting available allows pathway assessment across multiple providers and enable decisions on investment to be based through a data-focussed lens.

As well as performance data, the Cancer Alliance Business Intelligence function brings together data from a number of different sources, supporting Early Diagnosis, Health Inequalities, localities and PCNs, Lung GIRFT (Getting It Right First Time programme), evaluation of pathway interventions, and is embarking on exciting work in clinical outcomes data and health economics.



 HM Government

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# Better Treatment

The following section of our report provides a selection of innovative projects designed to improve patient experiences and outcomes during treatment. These include highlights such as new clinic models, new surgical techniques, new access to data and more.

## One Stop Lung Cancer Clinic

The One Stop Lung Cancer Clinic is a new initiative, launched in June 2022, at Wythenshawe Hospital. The clinic is for patients diagnosed with lung cancer suitable for curative intent treatment with either surgery or radiotherapy, but when it is not clear what the best option is.

- Support patients to make decisions about their treatment that are right for them
- Reduce the number of appointments (which can often be numerous for this patient cohort), travel to different sites and length of time needed by providing access to support and all specialities under one roof (where possible)
- Ultimately improve the patient's experience and outcomes

The project represents a collaborative approach between Greater Manchester Cancer Alliance, Manchester University Foundation Trust (MFT) and The Christie NHS Foundation Trust. The project has also been supported by two Patient Representatives who have provided valuable insight and input into the design and delivery of the service.

The One Stop Lung Clinic provides a multidisciplinary approach to shared decision making and the opportunity for patients to meet with different treatment specialists including oncologists,

surgeons, physicians, oncogeriatrician and cancer nurse specialist to make the treatment decision that is best for them, **on the day of clinic where possible**. Other teams present to support patients include CURE (stop smoking service), Prehab4Cancer and St Ann's Hospice.

Patients also receive pre-clinic information, co-designed by user involvement representatives, including leaflets and information videos.

**NHS**  
in Greater Manchester

 One-Stop Lung Cancer Clinic



**One-Stop Lung Cancer Clinic**

PATIENT INFORMATION LEAFLET

The One-stop Lung Cancer Clinic provides an opportunity for you and those closest to you, together with the doctors and nurses involved in your care, to consider what form of treatment will suit you best.

## Benefits to date

There have been a range of benefits demonstrated to date, both through clinical data and positive patient feedback of the service.

Data from the first 3 months of the clinic (July – Sep 2022) suggests:

- All patients attending the One Stop Clinic have a referral accepted to decision to treat (DTT) time of less than 30 days (with over half making their decision within 7 days). This represents a significant reduction compared to a non-One Stop comparison cohort of post-clinic patients, who would have been eligible to attend the One Stop if it were available at the time of their referral (indicated in **Figure 1**).
- On average, patients coming through the One Stop Lung Cancer Clinic are saving 28 days in the pathway (indicated in **Figure 2**). This is a huge benefit to this cohort of patients, who can deteriorate quickly once diagnosed. Not only may this prolong patients' lives, they also receive an improved experience in the clinic. All care is under one team, enhancing overall communication between staff and patients.

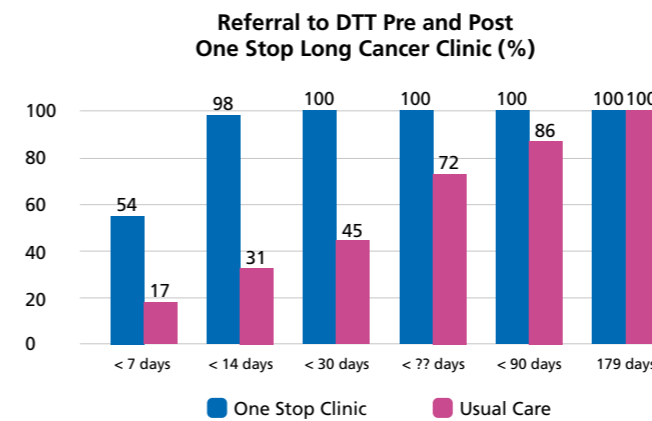


Figure 1

- So far, results show that patients attending this clinic are experiencing an overall saving of 14.5 days in their pathway, from having a referral accepted to starting their chosen treatment.

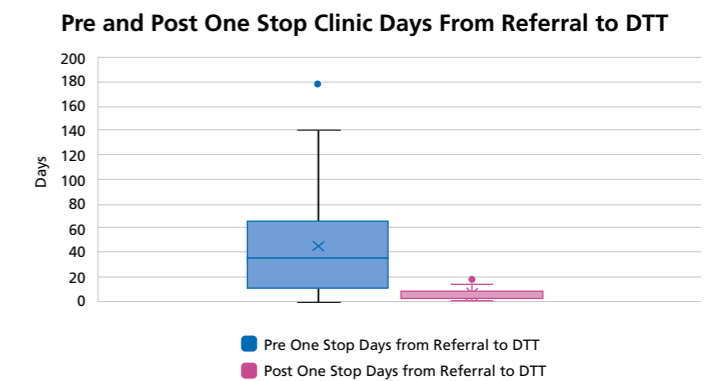


Figure 2

- 100% of post clinic patients said they felt 'very supported' by the team involved in their care to make the decision about their treatment (compared to 75% of pre clinic patients).

## Feedback from patients attending the One Stop Lung Clinic:

From the very beginning I have had excellent support from everyone, information and discussions have been open and frank which I think is important and helpful. The initial shock of being told I had lung cancer was dealt with understanding and compassion. I cannot fault the NHS, its Consultants, Doctors and Nurses and thank them all for their compassion and care. I think to One Stop Clinic is an excellent idea and would strongly recommend it."

Treated with absolute respect and care VERY informed and was able to understand everything. You made me feel like "me" not just another patient. Thank you!!!"

The care received has been efficient, all within a timely manner. We have felt supported and the members of staff with we have interacted with have all been lovely. Seeing all the relevant specialists within one appointment, albeit a long one, is much better than going back and forward to different places on separate days."

In December 2022, the success of the service resulted in its expansion, running for two days per week. This means that more eligible patients are now able to come through the One Stop pathway to get the right treatment for them sooner.

The One Stop Lung Cancer Clinic team were commended widely for the initiative and were successful in winning the 'Patient Choice Award' category at the 2022 Greater Manchester Cancer Awards. You can read more about the winners on page xx of this report.

## Transurethral Laser Ablation Service (TULA) for bladder cancer patients

Bladder cancer patients are prone to disease recurrence and require long term follow-up. Patients typically have a flexi-cystoscopy with biopsy of any suspicious growths at regular intervals, with follow-up starting 3 months after initial diagnosis / treatment. These patients can be scoped as frequently as every 3 months for many years.

Solitary or multifocal low volume superficial bladder cancer recurrence is typically treated with transurethral resection of bladder tumour (TURBT) under general or regional anaesthesia or by diathermy under general anaesthetic, regional or local anaesthesia. A novel alternative to this is local anaesthetic transurethral laser ablation (TULA). TULA minimises the inconvenience and anaesthetic burden on a typically comorbid cohort of patients and is well tolerated by patients.

Small single (< 1 cm) or multifocal (<5 tumours) recurrent bladder tumours can successfully be treated with TULA, using a diode laser, instead of TURBT or diathermy.

TULA is performed in either a laser-safe outpatient procedure room or in a day case theatre by urological surgeons/appropriately trained non-medical clinicians such as advanced clinical practitioners or CNSs.

Estimates based on current data suggest that out of 2000 expected patients across Greater Manchester each year, approximately 20% could be suitable for TULA, meaning 400 TULA procedures could be performed each year across Greater Manchester once all trusts have the appropriate equipment, training, and processes in place.

## Benefits of TULA:

- Well tolerated by patients, many of whom are frail/vulnerable, using local anaesthesia only. From the first pilot site (Salford), TULA patient experience responses (n = 36), **94% would recommend TULA to other patients, and 83% had no or minimal pain with the remaining 17% experiencing a moderate amount of pain.**
- Supports reduction of health inequalities – available to patient cohorts who may not be able to tolerate other methods
- Can replace the need for repeated surgery (TURBT) for small non-muscle invasive bladder cancer
- Performed under local anaesthesia, removing the associated risks with general anaesthesia, reducing the number of staff required and reducing time required in theatre
- Single appointment for follow-up, biopsy and treatment, convenient for patients and efficiently using NHS resource. Supports personalised care and reducing numbers of outpatient appointments
- Marked reduction in significant complications (bleeding, perforation, infection, catheterisation). TURBT has a 5% significant complication rate that may result in an overnight hospital stay, whereas TULA procedures performed in the first 6 months of this pilot at Salford (n = 49) record **no complications**
- Patient can go home immediately following procedure, in comparison with the minimum 4-hour post procedure wait after TURBT / diathermy. Estimates using GIRFT data compared to current local TULA data suggest that **between 68 and 119 inpatient bed days have been saved (Harrison S 2018, GIRFT – Urology, p25).**
- Cost comparisons between TULA and TURBT procedures in consumables and workforce time demonstrates a saving of **£658.09 per procedure.**

## Achievements to date include:

- TULA service established at all secondary care providers, following the same guidelines
- 308 TULA procedures performed (between September 21-December 22)
- Development of a training/clinical skills package (via our Cancer Academy)
- Development of an online SharePoint urology triaging and tracking process at NCA.
- All trusts provided with supporting documentation including SOPs, patient information and auditing documentation
- 7 diode lasers and 90 boxes of laser fibres have been purchased for Salford Royal Hospital, Fairfield General Hospital, Rochdale Infirmary, Royal Bolton Hospital, Manchester Royal Infirmary, Wythenshawe Hospital and Tameside General Hospital meaning **Greater Manchester will be one of the first Cancer Alliances to offer TULA equitably for its population.**

## Lessons learnt:

It has been established that the best model for TULA is a one stop clinic offering the patient a follow up appointment, flexible cystoscopy, TULA procedure with biopsies and treatment in one sitting. This benefits both the trust and the patient. It lessens hospital footfall, is more time efficient, saves slot capacity and provides the patients with the option to be seen, tested and treated in one setting. This also makes it more cost effective and 'greener' for the patient.

Next steps for the project include providing any additional support to secondary care to ensure full utilisation of their TULA lists, facilitate any additional training and to provide a full evaluation.

## Neuro-oncology pathway enhancements

In 2022 the Greater Manchester Neuro-Oncology team appointed to 3 new posts (2 consultants and a Clinical Nurse Specialist) to improve the pathways, treatment times, experience and support of patients with brain metastases.

Working closely with the Neuro-Oncology, Lung Cancer and Acute Oncology MDTs, as well as with other disease groups, the enhanced service aims to facilitate joined-up, optimal care for patients from across Greater Manchester. They will play major roles in education initiatives and in the launch of the new neuro-oncology MDT referral and outcomes systems, as well as in clinical and translational research seeking to improve outcomes brain metastases patients.

The Greater Manchester Neuro-Oncology service is now a Tessa Jowell Brain Cancer Mission Centre of Excellence and this new service will ensure those patients with complex holistic needs are supported even further to live well with cancer.

## Physician Associates in skin cancer

There is a national shortage of Dermatologists and the incidence of skin cancer is increasing. There is therefore there is a need to work innovatively to provide timely and quality care for patients.

Physician Associates (PA) are medically trained, generalist healthcare professionals, who work alongside doctors and provide medical care as an integral part of the multidisciplinary team.

In 2022, funding was awarded to employ a PA to work in the dermatology department at the Northern Care Alliance, supporting the skin cancer service. A specific PA curriculum was developed by the team, which focuses on lesion recognition and management and subsequently an intensive, in-house PA training programme was established to assure competency in skin surgery, two-week wait skin cancer clinic and skin cancer follow-up. Progress of delivery against the curriculum was evaluated through workplace-based assessments and maintenance of a log-book.

Key achievements of our PA to date include:

- Trained in skin surgery able to operate independently to diagnose/remove skin cancers
- Managing their own two-week wait skin cancer clinic list (with consultant supervision)
- Managing follow-up patients previously diagnosed with skin cancer (with consultant supervision)

**Physician Associate in Skin Cancer**  
S Ogden, D Harnett, J Newsham

**Background**

There is a national shortage of Dermatologists and the incidence of skin cancer is increasing therefore there is a need to work innovatively to provide timely and quality care for patients.

Physician Associates (PA) are medically trained, generalist healthcare professionals, who work alongside doctors and provide medical care as an integral part of the multidisciplinary team.

We report our experience of developing a PA role in Dermatology, a first for GM, with a focus on the diagnosis and management of patients with skin lesions and skin cancer.

**Supervision and assessment**

We developed a specific PA curriculum focussed on lesion recognition and management.

To facilitate achievement of curriculum goals we established an intensive in-house PA training programme.

This assured competency in skin surgery, two-week wait skin cancer clinic and skin cancer follow-up.

We assessed progress against curriculum goals through workplace-based assessments and maintenance of a log-book.

**Supporting the skin cancer service**

Key achievements to date:

- Trained in skin surgery able to operate independently to diagnose/remove skin cancers
- Able to undertake own two-week wait skin cancer list with consultant supervision
- Able to follow-up patients previously diagnosed with skin cancer with consultant supervision

**Sharing experience**

We have been able to share our positive experience of the benefits that a PA can bring to Dermatology. Our PA has presented to student PAs, created a podcast on the role of a PA in Dermatology and shared his experience with other Dermatology colleagues across the country.

Stephanie.ogden@nca.nhs.uk David.Harnett@nca.nhs.uk John.newsham@nca.nhs.uk

## Head and neck pathway enhancements

During 2022, the Pathway Board also developed a live data dashboard within the Tableau platform to view disaggregated data for the whole patient pathway from referral to treatment. In July 2022, a workshop was held to facilitate regional discussion bringing together patient representatives, locality representatives, commissioning representatives, Trust clinical leads and operational leads to identify barriers to compliance and develop regional solutions to improve performance. From the session, a plan of action was established including a suite of interventions to improve head and neck path-

way performance across the region. Funding has since been secured for neck ultrasonography and u/s guided Fine Needle Aspiration Cytology training for ENT/Head and Neck Surgeons, radiologists and sonographers in Greater Manchester which will take place in 2023 as a key feature of one stop clinics.

**Every patient wants to be seen, evaluated, treated and discharged yesterday so having access to performance data dashboards via Tableau is transformational for improving wait times for cancer patients in Greater Manchester. For the first time, we can shine a light on every element of the pathway for each trust to identify, address and optimise the pathway, focusing our efforts that will yield the maximum benefit in reducing waiting times for patients and be able to monitor delivery."**

**Steve Sweeney, User Involvement Representative**

## Prehab4Cancer

The Prehab4Cancer (P4C) and recovery programme has continuously proved the importance of optimising patients through 'prehabilitation' and active recovery through their cancer pathway.

The programme has now been awarded recurrent funding to continue supporting people living in Greater Manchester who are newly diagnosed with cancer, to engage in exercise, nutritional screening and improved emotional well-being.

Since inception in 2019, over 3000 referrals have been made with an engagement rate of 77%. Patients from the three current cancer pathways (colorectal, lung and oesophago-gastric) access the service, which continues to demonstrate consistent improvements in physiological, nutritional and quality of life outcomes.

## Local and national recognition

In 2022, the Prehab4Cancer programme has been recognised for excellence on both a local and national scale.

The programme won a 2022 HSJ Award and also picked up the 'Patients' choice award' at the first ever Greater Manchester Cancer Awards.

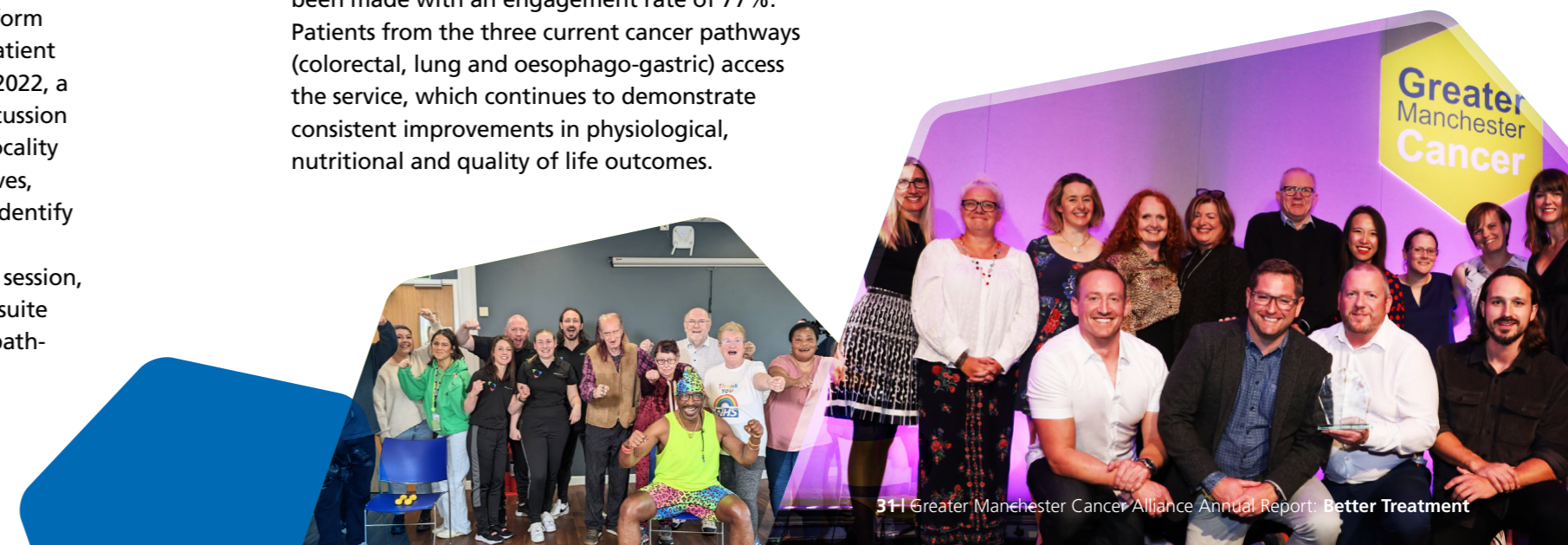
The service was also featured on national television on BBC Morning Live, with P4C participants and staff interviewed about the project by TV personality Mr Motivator, advocating exercise, improved nutrition and wellbeing for people affected by cancer.

Prehab4Cancer has recently expanded eligibility criteria to include any patients with lung cancer offered active treatment, including those with stage III and IV disease. This project is currently funded until March 2024 and at the time of reporting has already seen 27 patients referred in its first two months. This expansion aims to improve the quality of life of patients within a palliative pathway. A robust evaluation will be completed to understand the impact for patients who accessed this service and how this could be translated to other cohorts.

- 'Nutritional screening in a cancer prehabilitation programme: A cohort study'
- 'Feasibility and outcomes of a real-world regional lung cancer prehabilitation programme in the UK'

Both papers can be found on the [Prehab4Cancer website](#).

Finally, Prehab4Cancer is now embedded within the One-Stop Lung Cancer Clinic at Wythenshawe, contributing to the enhanced quality of care patients who access the clinic are receiving.





# Personalised Care

- The Personalised Care Programme
- Health and wellbeing and supportive care in cancer
- Supporting breast cancer patients with menopausal symptoms: Endocrine therapy improvement plan
- Assessing psychological needs of patients: Psychological level 2 training

## The Personalised Care Programme

Cancer affects many residents of Greater Manchester, all with their own specific needs. It is therefore essential that the care received is personalised, or tailored, to ensure that experience of cancer care is as positive as possible and that best outcomes for patients are achieved.

The number of people living with cancer is set to rise to 5.3 million by 2040. Changes in treatment options and delivery models mean people may have continuing treatment for longer periods and more complex side effects, along with newer treatments such as immunotherapy.

However, whilst many people make a full recovery from cancer, 1 in 4 people will go on to suffer ill health or disability following treatment. In addition, many people diagnosed with cancer will experience wider impacts from their diagnosis and treatment.

Personalised care is fundamental to delivering better quality, integrated care that is meaningful to the individual, supporting improvements in health and wellbeing. This will also help to empower people to manage their care and the impact of their cancer.

Our Alliance has therefore re-invigorated its Personalised Care Programme which will support delivery of the current NHS Long Term Plan ambitions of:

- Providing access to every person diagnosed with cancer, where appropriate, to personalised care, including a needs assessment, a care plan and health and wellbeing information and support
- Putting stratified follow-up pathways in place for people who are worried their cancer may have recurred.

We want to go beyond this, by considering personalisation of care from point of diagnosis to treatment, follow-up and beyond. We also aim to embed genomic testing within pathways and also establishing what additional support is available to patients within both primary care and out in the community.



A cancer diagnosis brings a time of fear and uncertainty to people's lives, and often results in challenging and potentially lifechanging treatments, decisions they have little control over or understanding of. However, what can be controlled is how they feel during that experience, how well we support them, how much we endeavour to give them back their autonomy and keep them informed about everything they are experiencing. Personalised care is central to this, and the key focus on quality in delivering this across Greater Manchester is how we will make such a profound difference to people going through our services. We understand the challenges and pressures on our NHS Trusts, and our approach to personalised care is consistently innovative and collaborative, working with our clinical leaders to ensure we achieve the best for our patients."

Lydia Briggs, Clinical Lead for Personalised Care Representative

## By the end of 2023/24, our ambition is that:

- All patients will be offered a quality holistic needs assessment
- All patients will receive a written, individualised care and support plan
- All appropriate patients will receive treatment summaries that are also shared with their GP, to help inform supportive conversations and cancer care reviews in primary care
- All breast, colorectal, prostate and endometrial patients, at the end of their cancer treatment, will be risk-stratified and have clear and appropriate follow-up plans in place



With the ongoing improvements in cancer diagnosis and treatments, more and more patients are living beyond this path of their lives, but often with lasting effects. As part of the Personalised Care Programme, we have formed an energised primary care group encompassing a diverse range of healthcare professionals, third sector colleagues and patient representatives from all parts of

Greater Manchester. By developing primary care standards, we hope to support GP practices across the region to provide holistic and lifelong care for all people who are living with and after cancer.”

Steven Churchill, Primary Care Clinical Lead for Personalised Care

Working with healthcare professionals and patients/carers, we want to focus on the quality of our personalised care offers in Greater Manchester. Therefore, over the next 2 years we will be working towards:

- All patients receiving healthy lifestyle advice and, where appropriate, sign-posted to health and wellbeing services
- All patients being made aware of the support offers available to them throughout their cancer pathway, whether for clinical or non-clinical needs, identified through quality holistic needs assessments
- All appropriate patients being risk-stratified at the end of their cancer treatment, with clear and appropriate follow-up plans in place
- All patients being made aware of short and long-term consequences of their treatment in addition to signs of recurrence, to better inform their recovery

## Health and wellbeing and supportive care in cancer

NICE guidelines, Improving Supportive and Palliative Care for Adults with Cancer, outline key recommendations for supportive care for cancer patients, representing a holistic approach to patient care which sits seamlessly alongside, and supports, clinical care. These broadly fall under the following headings:

Coordination of care

User involvement

Communication

Information

Psychological support

Social Support

Spiritual support

Rehabilitation

Complementary therapies

Family and carer support including bereavement support

As a first step towards achieving these ambitious aims, two comprehensive scoping exercises are underway to establish what is currently already on offer to patients in Greater Manchester.

The first, working with Mersey Internal Audit Agency (MIAA), involves commissioners and focuses on operational areas such as:

Staffing

Capacity

Funding sources

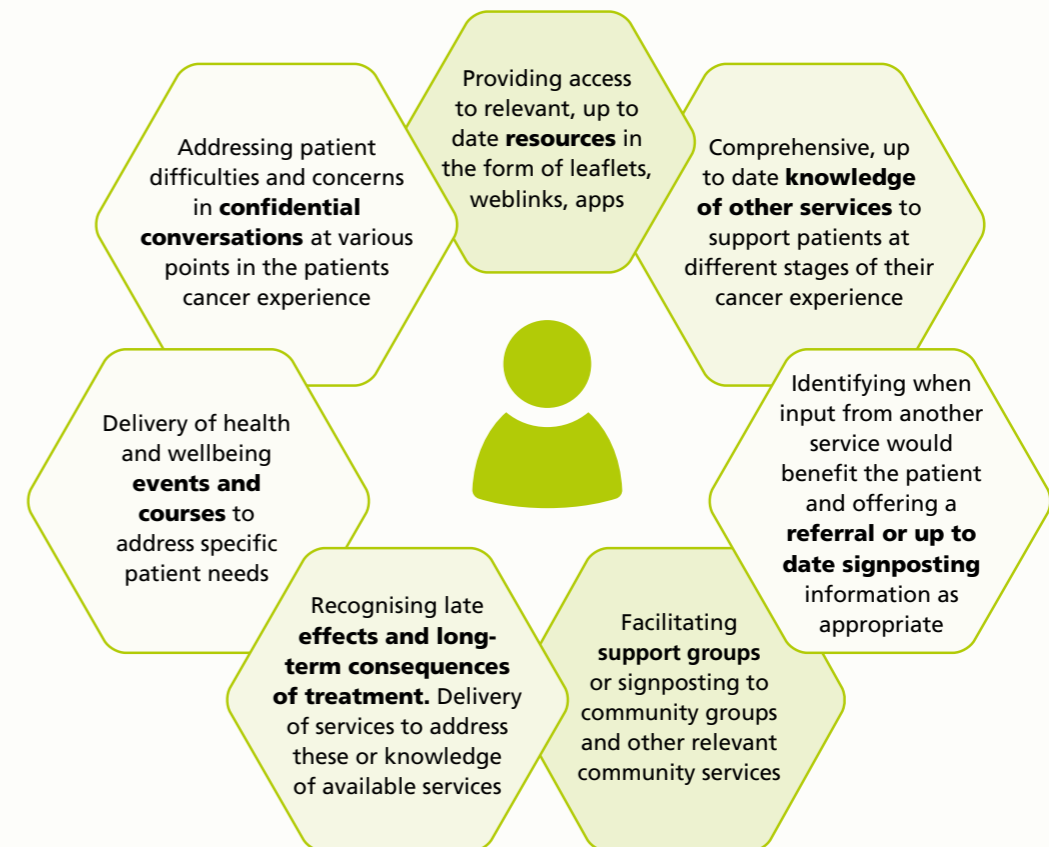
Longevity of services

Waiting lists



The second is a self-assessment survey which aims to identify existing types of health and wellbeing support and information being offered to patients at various points along the cancer pathway. It also encourages services to identify any gaps they may have in their provision.

An effective health and wellbeing offer looks like this:



The data collected will:

- Provide us with a snapshot of the nature of the supportive care offer in Greater Manchester
- Identify any unique services that may be delivered in some localities
- Enable the development of a health and wellbeing map of the area, alongside a database of services and resources which will be made available to patients and clinicians
- Identify gaps, leading to the development of action plans with providers, to ensure that all patients in Greater Manchester have access to a comprehensive holistic offer to support them throughout their cancer experience

## Supporting breast cancer patients with menopausal symptoms: Endocrine therapy improvement plan

Supporting patients with the side effects of treatment is an important factor in supporting them to live well. One example of this is the symptoms some breast cancer patients may experience if taking endocrine therapy.

As many as 80% of women with breast cancer will be advised to take endocrine therapy (anti-hormone therapy) which can cause menopausal type symptoms such as hot flushes, night sweats, mood swings, vaginal discomfort and loss of libido. As a result, our Alliance has committed to a programme of work that will specifically target the management of menopausal symptoms in women affected by breast cancer.

This is a complex and wide-reaching area but, in the first instance, the Alliance is focusing on improving care for the following groups of women:

- Women who have a personal history of breast cancer, who may not wish to take Hormone Replacement Therapy due to the increased risk of breast cancer recurrence
- Women who have menopausal side effect from endocrine therapy, following a personal diagnosis of primary or secondary breast cancer
- Women at higher risk of developing breast cancer in the future (for example those women with a strong family history or a gene error) who may wish to consider taking endocrine therapy to reduce that risk ([read more about this in reducing risk section](#))

So far, we have developed a leaflet that provides information on the risks of taking Hormone Replacement Therapy after a breast cancer diagnosis and this work will continue. ([Greater Manchester-Cancer-Hormone-Replacement-Therapy-after-Breast-Cancer-Leaflet-V1.0-05Jan2023.pdf](#) ([Greater Manchester cancer.org.uk](#)).

## Assessing psychological needs of patients: Psychological level 2 training

The Psychological and Mental Health Pathway Board has developed a project focussing on the delivery of Level 2 skills in psychological assessment of patients, as part of the NHS People Plan and the Improving Supportive and Palliative Care for Adults with Cancer (NICE Guidelines, 2004).

NICE Guidelines state: *“There is fairly strong evidence that health care professionals have limited abilities in detecting the psychological needs of people with cancer. Such abilities can be developed through training focusing on the structure and coverage of individual assessments”* (NICE Guidelines: Improving Supportive and Palliative Care for Adults with Cancer, 2004)

The training developed is based on a four-level model of psychological assessment and intervention for health professionals who have direct responsibility for the care of patients affected by cancer such as Cancer Nurse Specialists (CNSs) and Allied Health Professionals (AHPs).

The availability of current training courses is limited by the capacity of the trainers in their clinical roles. Therefore, this project has produced virtual, e-learning modules to address the knowledge aspects of the training, to be undertaken independently by learners and then followed and reinforced by a one-day, face-to-face group skills session. This will enable more professionals to access the training and will increase the standard of care across our workforce.

Psycho-oncology clinicians have collaborated to produce five e-learning modules, together with an external production company (funded by Health Education England). These are hosted by the Greater Manchester Cancer Academy. Modules consist of:

Module 1	Assessing psychological distress and anxiety
Module 2	Assessing low mood and depression
Module 3	Implementing basic psychological interventions for anxiety
Module 4	Implementing basic psychological interventions for low mood and depression
Module 5	Sources of support/ signposting/ onward referral
Module 6	One-day face to face group skills session

The project is on-course for a pilot group of learners to have completed the training by end March 2023.



# Cross Cutting Programmes

## PATIENT AND PUBLIC INVOLVEMENT AND ENGAGEMENT (PPIE)

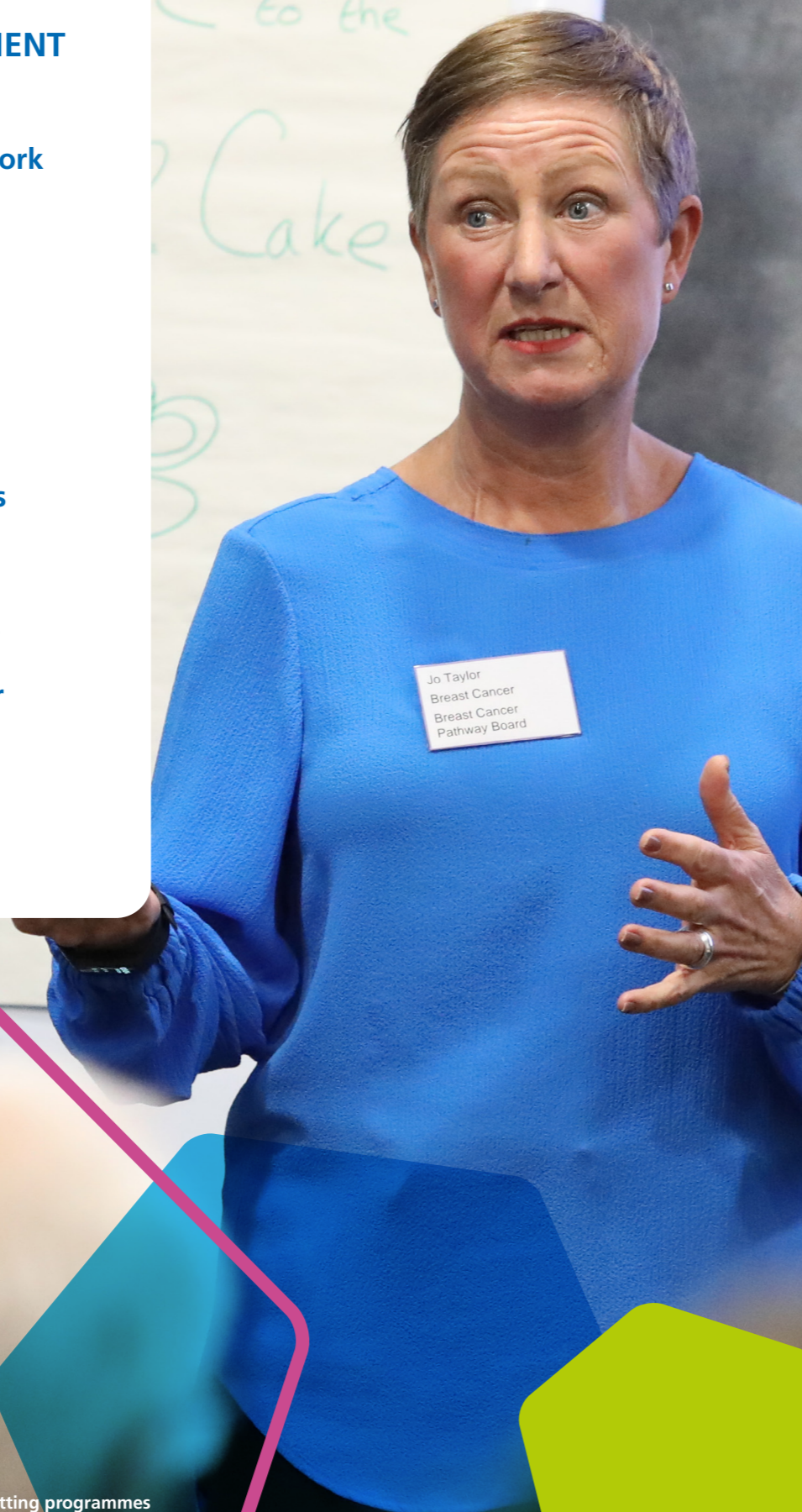
- Your Voice: Shaping the way we work
- Connecting with coffee and cake
- Made by mortals: Doing involvement differently

## INEQUALITIES IN CANCER CARE

- 'Commitment to equality' at the Greater Manchester Cancer Awards

## DIGITAL AND INNOVATION COLLABORATIVE PARTNERSHIPS

- Artificial Intelligence and computer assisted technology
- Virtual and Mixed Reality
- Wearable technology



## Patient and Public Involvement and Engagement (PPIE)

We're committed to ensuring that the voices of people affected by cancer are at the heart of service improvements. In Greater Manchester, we are lucky to benefit from our User Involvement programme, with many people affected by cancer giving up their time and sharing their experiences to help us make things better for patients in the future. You will find examples of this across multiple programmes and pathways within this report.

In 2022, we further built on this work by reviewing how we can make our User Involvement programme more effective for everyone and how we can continue to work with our population to ensure patient and public voices are at the heart of our work.

## Your Voice: Shaping the way we work

In 2022, we ran a review of our user involvement programme to help us ensure that patient and public voices remain at the centre of shaping our work.

We wanted to ensure that we continue to deliver a programme which is effective, meaningful and works for everyone – from user involvement representatives to healthcare professionals and community sector organisations. We also wanted to consider how the programme could be more diverse.

We commissioned independent market research agency [Mustard](#) to conduct a fair, transparent and accessible review of the programme. Mustard gathered both qualitative and quantitative data by conducting a range of research activities, including literature reviews, focus groups, telephone interviews, surveys and online community discussions and gathering feedback from a diverse range of stakeholders.



**68**

68 people took part in the qualitative research phase: telephone interviews focus groups and an online community



**138**

138 people took part in the quantitative phase: online survey



**137**

137 hours was the total time Mustard spent engaging with Current Members, Potential Members and Stakeholders.

In total, 206 people took part in the review. This included current UI programme members, healthcare professionals, community sector organisations, national organisations and people affected by cancer who are not currently registered with our UI programme.

Quotas were set to ensure a diverse range of opinions were collected.

We engaged with a range of:

- Ages (16+) (39% aged 44 and under, 61% aged 45 or above)
- Socio-demographic classifications (69% UK social grade ABC1, 27% C2DE, 4% preferred not to say)
- People from different ethnic groups, broadly mirroring the 2011 Greater Manchester Census (80% White, 10% Asian or Asian British, 6% Mixed or Multiple ethnic background and 4% Black, African, Caribbean, or Black British)

The review identified many successes with the current UI programme, with participants vocalising a number of strengths. These included opportunities to collaborate, co-design and co-produce content, services, pathways, treatment information, to ultimately improve the experiences of people affected by cancer.

The review also recognised that lots had changed since the creation of the programme in 2015, including the scope of the Alliance's work and the new ways of working following the COVID-19 pandemic.

Areas to improve upon were identified, including general awareness of the programme, particularly in order to encourage involvement from diverse backgrounds to make the programme more representative of our population.

The evaluation identified four main themes of recommendations to move the programme forwards which the team will now address. These recommendations include (but are not limited to):

#### Design:

- Refreshing the programme's mission and values
- Creating a formalised induction and review process for new and current members
- Helping to build the confidence of potential and current members

#### Delivery:

- Rebranding the UI programme with accessible and appropriate names for the programme and its volunteers
- Ensuring the programme is accessible including reviewing web materials, continuing to provide hybrid meetings and support for those on lower incomes
- Offering a central location for involvement opportunities

#### Relationships:

- Strengthening relationships across a wide range of stakeholders and organisations, reaching out into the community to create a wider positive impact on the lives of people affected by cancer across under-represented communities and cancer types
- Creating focused space for meetings by having separate social events for people to meet and get to know each other

#### Communication:

- Increasing awareness of the UI programme, sharing appropriate knowledge across pathway boards, hospitals and other Alliances
- Sharing programme successes more widely

Work has started to implement these recommendations which will continue throughout 2023.

The review was coproduced with a user involvement representative from outside of our Cancer Alliance. They said:



**I was involved in the process right from the beginning and was consulted and kept up to date throughout. Following the first inception meeting, we met weekly on Teams and it was a truly coproduced process. All ideas and comments were talked through and considered. I felt part of both the Greater Manchester Cancer and Mustard teams. The work both teams did to engage, involve and take into account the views of the many people they reached in the time was just fantastic and amazing.**

**From my perspective, the result is a very thorough review and a lot of insight and understanding about what patients think and want to happen. I was very pleased that I was involved in it and missed our weekly meetings when they ended. I didn't get to meet anyone involved face-to-face, but it didn't matter. I didn't feel disadvantaged for that.**

**And it wasn't all one way, I learned a lot about the benefits of commissioning an independent expert organisation to focus on the process and make things happen quickly. And the result of this consultation, and the valuable insight that it gives us, is generic across alliances. I can use it, and I do, in my role of ensuring the patient voice is embedded in the work of my alliance."**

**Thank you** to everyone that took the time to engage with this review and share your feedback.

Find out more about the final recommendations from the review:

- [Executive summary](#)
- [Full report](#)
- [Plain text version of full report](#)

## Connecting with coffee and cake

To bring the members of the User Involvement programme back together after the pandemic, to add value to their experience as members and to offer social networking as recommended in the Your Voice Review; the User Involvement team relaunched a series of quarterly Coffee and Cake events. Members were surveyed to understand what they'd like get from these events, and the responses were used to guide the content and objectives.

The first event's agenda was fully coproduced with John and Dave, two of our UI representatives. Their input created an agenda which included key updates about the programme and about Greater

Manchester Cancer, an interactive networking activity, and a UI showcase – a space for users to present on work they'd been involved in and to field questions from attendees.

Open to all UI members and Greater Manchester Cancer staff, two duplicate events were planned: an in-person option and a virtual option, to increase accessibility.

The first in-person event, which took place in December 2022 at the Hilton DoubleTree in Manchester, was attended by 37 people (23 UI, 14 staff). The virtual event was attended by 20 people (9 UI, 11 staff).



**45%** of attendees answered a feedback survey after the event, which showed:

**100%**  
enjoyed the event

**69%**  
of UI respondents felt more connected to Greater Manchester Cancer than before

**80%**  
of staff surveyed said they felt more connected to the UI programme than before



UI reps had previously identified they'd also like to know more about how to get involved. In the feedback survey after the event:

**81%** of UI responses said they knew more about how to get involved

**88%**  
of UI respondents said they knew more about the work of Greater Manchester Cancer as a result of the event

Staff respondents to the survey reported they knew more about the UI programme and its members

**100%**  
of staff respondents said they knew more about the UI programme and its members



Feedback will be used to coproduce future events, including allowing more time for informal networking. We're looking forward to continuing to host quarterly events for members and staff throughout 2023.

I presented my secondary breast cancer red flag signs and symptoms infographic at the coffee and cake event. The piece was very well received and it was good to see staff and UI members in person.

I even had comments after the event how this would have been helpful for a patient who was present at the event. It just shows how much this information is needed and patients shouldn't be sent away without knowing what to look for if they have a local or distant recurrence."

Jo Taylor, User Involvement Representative

### Made by Mortals: Doing involvement differently

This year, the User Involvement Team commissioned immersive theatre company [Made by Mortals](#) to develop clinicians' understanding of the benefits of coproduction and to support greater involvement and inclusivity on Greater Manchester Cancer Pathway Boards. We asked Made by Mortals to work with a group of User Involvement representatives to gather insight into the barriers reps might face around being involved in pathway boards, and to present this insight in a creative, innovative way at the Greater Manchester Cancer Clinical Leads Education Day in May.

To gather insights, Made by Mortals used an episode from their [Hidden](#) podcasts as a catalyst for discussion and debate. Our group of User Involvement representatives listened to the podcast of 'Richard's Story', immersing themselves into the fictional character's life. Then they used his character to discuss key questions relating to Richard's feelings, potential barriers and personal benefits if he were to attend a Pathway Board.

Our User Involvement representative Dr Farida Anderson MBE, who took part in the Made by Mortals workshop, said:

What an excellent opportunity to share your experience in a fun way by working alongside Made by Mortals. The ability to contribute with others, share their experiences of the cancer journey and be educated... what more can I say? A fantastic User Involvement opportunity and I am so pleased I said yes! Listening to the final edit was brilliant. I could see how the contributions of users could influence those working on pathway boards. I loved it, thanks."

The discussion along with 'Richard's story' was then presented at the Clinical Leads Education Day, where Made by Mortals ran a [workshop](#) and discussion to enable clinicians to understand what it's like to walk in the shoes of a non-clinician on a Pathway Board.

As a result of this, clinicians made pledges on the day to:

- Ensure user representation at every level of cancer decision making in Greater Manchester
- Close the loop, incorporate and acknowledge feedback on outcomes
- Check in directly with service users before and after meetings

Feedback from attendees of the Clinical Leads education day:

It's very different from other training I've done. I've not done anything like it before and it was really refreshing. Certainly engaging."

It makes you think differently by changing the conversation to a different format."



## Inequalities in Cancer Care

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. In cancer this refers to avoidable differences in incidence, access, outcomes and experience. You can read more about this via our Health Inequalities website page.

The Alliance has established a Health Inequalities Working Group which is working in collaboration with health and social care partners, in addition to voluntary, community, faith and social enterprise (VCFSE) organisations across Greater Manchester, to tackle the inequalities that exist within cancer care.

In 2022, the Alliance commissioned the Greater Manchester Centre for Voluntary Organisation (GMCVO) to update the 2017 Greater Manchester Cancer Equality and Health Inequalities Assessment. The report set out several principles and areas for action as well as being a repository of all the challenges and inequalities faced by different groups within the cancer system.

The team plans to appoint in a VCFSE strategic lead to support with this work in 2023.

**The work to create the cancer inequalities resource enabled us to highlight some of the great work going on in the voluntary, community and social enterprise sector (VCSE) to Greater Manchester Cancer Alliance. It's great to see [the Alliance] investing in a VCSE strategic lead to continue to develop the strategic relationship and build the role the VCSE sector plays in tackling cancer inequalities, particularly in relation to [Greater Manchester]'s most marginalised communities."**

**Beth Sharratt, Policy and Research Manager, GMCVO**

The Alliance has introduced Equality Impact Assessments (and associated training) for all new projects, ensuring that health inequalities are considered, and addressed, in all of our work.

Examples of this include the Targeted Lung Health Check programme, where its continued roll-out is planned to be delivered in our most deprived areas first - where the largest inequalities in cancer incidence and mortality exist. There are many other examples of projects like this throughout this wider report – reducing health inequalities is a shared responsibility across our Alliance.

## 'Commitment to Equality' at the Greater Manchester Cancer Awards

In October 2022, our Greater Manchester Cancer Awards included a 'Commitment to Equality' award category, designed to share best practice across the Greater Manchester system.

The winning project was 'Encouraging Inclusivity in Clinical Trials': a collaboration from digital Experimental Cancer Medicine Team (dECMT), Cancer Research UK Manchester Institute and The Christie NHS Foundation Trust.

The aim of this project was to develop inclusivity guidance for future development of technology clinical trials, to reduce barriers for participation. The dECMT partnered with Vocal, a not-for-profit organisation which creates opportunities for people to learn about and have a voice in health research in Greater Manchester.

Patients, patient representatives, as well as academic researchers in digital health inequities and the Chair of The Christie's Ethnic Diversity Group attended three half-day online workshops. They worked together to help form five key inclusivity principles to guide all current and future work. They also developed an interactive checklist for researchers to use when developing research in future to make sure it is as inclusive as possible. There is a plan to share these widely and internationally.

## Digital and Innovation Collaborative Partnerships

In February 2022, Greater Manchester Cancer Alliance partnered with Health Innovation Manchester our (Academic Health Science Network (AHSN)) and Macmillan Cancer Support. This innovative collaboration created:

- **Strategic alignment** with Greater Manchester NHS and industrial partners
- **Transparency** across the system, interconnecting silo ways of working
- Co-ordinated support to **influence innovative working** within:
  - NHS and Primary Care
  - Artificial Intelligence
  - Research / Patient Trials
  - Education and Workforce

- **Enhanced links** between other Cancer Alliances, AHSNs, the Greater Manchester Care Record (GMCR), NHS England Innovation, National Institute Health and Care Research (NIHR) and Health Education England (HEE).

The collaboration also enabled transformation in primary care with clinical decision support tools, digital and artificial intelligence, patient safety, diversity and inclusion, health inequalities, patient and public involvement and personalised care.

To date, this unique partnership has enabled over 60 industry and commercial partners to be supported in demonstrating their positive impact to the NHS. This equates to over £2million of actual and in-kind investment leveraged for the system.

All innovation requests are focused on the patient, carer and system needs. Once programmes, with their appointed partners, are successfully triaged; they enter a robust governance process for management, accountability and responsibility.



Patients want the best: the best experience, the best care and the best outcome. Our leading-edge partnership is the key enabler for delivering “the best” shaping the future direction of cancer care in Greater Manchester. By leveraging digital and innovation-led change, we can truly deliver on the expectations of our patients by constantly improving experiences and outcomes.”

Steve Sweeney, User Involvement Representative

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, coordinate engagement, project initiation and access to research funding.”

Rhidian Bramley, Digital and Innovation Clinical Lead

- **Wearable technology:** There is growing momentum in Greater Manchester for digital innovation designed to personalise patients’ experiences of cancer care. This is epitomised by the **EMBRACE–GM** study, which brings together experts in cancer care and digital research. The study aims to combine continuous vital signs from wearable technology with patient-reported outcome measures (PROMS) to better understand how patients respond to cancer treatment. It is also working towards offering patients a tool to help self-manage their cancer experience. This study is a collaboration with **Manchester University NHS Foundation Trust** (trial sponsor), The University of Manchester (PRECISE group), **The Christie and Greater Manchester Cancer**.

£80,000 funding was awarded to create an Electronic Case Report Form database (ECRF) that will serve as a single platform to study wearable technology research in cohorts of patients receiving cancer treatment across Greater Manchester. The ECRF will capture demographics, diagnosis, treatments, physiological data and PROMS. To date, 62 patients have been recruited in three cohorts (lung, colorectal and CAR-T cell therapy) and a further cohort of head and neck cancer patients are due to be recruited in 2023.

For further information on current initiatives such as liquid biopsies, teledermatology, patient trials and research, liver pilots and more, contact [louise.lawrence1@nhs.net](mailto:louise.lawrence1@nhs.net)

At each stage in the process we strive to determine the real beneficial impact to our patients’ experience and as user representatives we will not deviate from that obligation. The quality of innovation submitted for our appraisal is of consistent high standard which means our selection process has to be particularly rigorous and methodical.” – David McLenachan, User Involvement Representative

Beth Sharratt, Policy and Research Manager, GMCVO

Working on this ground-breaking project with Greater Manchester 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.”

Richard Deed, Associate Commercial Director – Health Innovation Manchester

#### Some examples of opportunities currently being evaluated in our Greater Manchester system:

- **Artificial Intelligence and computer-assisted technology** for staging breast and colorectal carcinoma: real-life validation to resolve the challenges of translating research into a safe and efficient diagnostic service provision. This project aims to carry out a real-life validation of the market ready **Visiopharm 90159** Metastasis Detection Application to recognise cancer spread to lymphatic nodes. The assessment of lymph nodes is essential to understand where cancer cells spread to and how they can be treated, but it is challenging and time consuming. This application has the potential to support histopathology consultants on the histological assessment of lymph nodes and reduce the pressure on pathology services to deliver timely and accurate cancer diagnoses.

#### Why is this a priority?

AI and image analysis can support diagnostic interpretation and workforce capacity. This project supports the workforce by providing consultants with an extra reading of the slides, to enhance their decision-making process and minimise the risk of false negative and false positive results.

We are also working with **Qure.AI**, through a partnership with **AstraZeneca** and **Sectra**, with Artificial Intelligence for integrated AI chest x-ray reporting. You can read more about this in the [Earlier and Faster Diagnosis section of this report.](#)

- **Virtual and Mixed Reality** The Christie has partnered with **Visible Patient** through a **Johnson and Johnson** initiative to evaluate surgical planning software for patients with advanced cancer. Patients will have their imaging built into a 3D, easily manipulated model. This will help with planning surgical procedures, education, upskilling clinical partners and with patient consultations. Reconstruction of a patient’s key anatomical structures from a CT scan is assumed to massively improve the patient experience. It allows demonstration back to the patient, so they can see and understand where their tumour sits in the body.

Greater Manchester Cancer has partnered with HEE to provide two Clinical HoloLens devices (Virtual Reality Headsets) and Cleanbox (cleaning device) so that this technology can be integrated within a Virtual and Mixed Reality environment.

#### Why is this a priority?

This programme will provide evaluation of new technologies to support clinical case load, efficiencies within the pathways and patient consultation. We anticipate it will have a direct impact on patients, workforce and education / upskilling. It will also provide evidence for the benefit of Virtual and Mixed Reality within surgical and clinical NHS settings. In addition it will enhance patient understanding of what is happening within their bodies to support their understanding.

This is a fantastic partnership through which we are exploring exciting new ways of identifying cancer early and improving outcomes for people with cancer.”

Tanya Humphreys, Head of Innovation Partnerships – Macmillan Cancer Support



## Workforce and Education

The Greater Manchester Cancer Workforce and Education Team has continued to deliver activity within the five-year regional cancer workforce strategy.

This strategy is designed to support the development and growth of the cancer workforce in Greater Manchester, to respond to the needs of people affected by cancer, adapt to new, improved ways of working, continue to modernise the way we work and embrace technology in order to deliver the best quality healthcare.

In 2022, the team delivered approximately half of the activity in the strategy.

In this section of our report, you will find some examples of initiatives that aim to attract, recruit, and retain our people in line with the [NHS People Plan](#) priorities, in addition to other educational events and training facilitated by wider Cancer Alliance teams throughout 2022.

## Looking after our People

### National Cancer CNS Day – 15th March 2022

To raise awareness of the role of the Cancer Clinical Nurse Specialist (CNS), the Greater Manchester

Cancer CNS workforce group proposed to run a small social media campaign to myth-bust preconceptions around the role and working in cancer, whilst also shining a spotlight on the incredible work CNSs do and the impact they have on patients.

Addressing issues surrounding ‘recruitment and retention’ into the CNS role was highlighted as a priority area in the NHS People Plan, however, we were still pleasantly surprised by how quickly this snowballed into a national campaign of great magnitude.

All 21 Cancer Alliances joined together alongside key national partners HEE, Macmillan, UKONS and the Royal College of Nursing for the launch of National Cancer CNS Day, hosting webinars and participating in the social media campaign.

The campaign was a huge success with content containing #NationalCancerCNSDay seen by over 33 million people, with an international footprint.

Over 12 million people directly interacted with the campaign by sharing content or engaging with the likes of video content produced and 8,200 people wrote organic content including our campaign hashtag.

The Greater Manchester team also created a suite of videos to support the day, highlighting the role of the CNS, which can be found on our [YouTube Channel](#).

The campaign was also featured in the [Nursing Times](#).

## New ways of working and delivering care

### NHSE/I Digital Staff Passport (DSP)

The Greater Manchester Cancer Alliance was the first Alliance to pilot the NHSE/I Digital Staff Passport (DSP). The aim of this passport is to enable mobilisation of the cancer workforce, responding to workforce need and supporting educational / upskilling opportunities.

This pilot has demonstrated a proof of concept and evidenced that the passport has many benefits including workforce development, financial benefits for organisations, and most importantly benefits to our patients.

You can read more about the benefits via the [NHS Staff Passports website](#), including a [case study from Greater Manchester](#).

In 2022:

- All Trusts in Greater Manchester and East Cheshire registered for the DSP, completed the relevant HR training, and put Electronic Staff Record processes in place
- Passports were issued and verified by HR teams across the system
- Nine passports were issued and verified across four different professional groups
- A dedicated [Greater Manchester digital staff passport webpage](#) was developed for HR and clinical teams to increase the use of the passport and support its sustainability, including a full evaluation report.

The DSP enabled a quick and efficient response to service need, and access to education and development opportunities across the network.



The process of getting my Digital Staff Passport was really quick and simple and great that it is all stored on my smart phone. I have previously provided support to services in Greater Manchester and London and knowing I can now do this so easily using the Digital Staff Passport makes the process much more efficient.”

Urology Consultant Surgeon



I wanted to experience clinical practice outside of my Trust, so I utilised the Digital Staff Passport to ...experience the acute setting and focus on patient assessment and management to build my portfolio during my non-medical prescribing course.”

Trainee Advanced Clinical Practitioner

## Multi-Disciplinary Team (MDT) reform

In response to national publications supporting a case for change in MDT (multi-disciplinary team) working, we delivered an 18-month MDT reform project which concluded in March 2022.

The project team and Clinical Lead worked closely with pathway Clinical Leads, healthcare professionals and user involvement representatives, with aims to deliver improved effectiveness, improved patient outcomes, and inclusive MDT membership, allowing for comprehensive discussion and decision making.

### Key outputs:

- Co-produced a patient infographic and animation with service users to increase understanding of MDT meetings, in response to patient feedback
- Implemented a patient impact statement to formally capture the patient voice within clinical discussions, to inform treatment decisions
- Piloted pre-MDT triage meetings, using new standards of care pathways, to streamline the number of cases requiring MDT discussion whilst ensuring the appropriate patients are formally discussed at MDT
- Standardised referral routes into MDT meetings with agreed minimum data sets to inform good quality discussions
- Agreed GM MDT standards containing 10 core principles

- Held an MDT Reform Summit, attended by 80 stakeholders which showcased the outcomes of the project.

95% of survey respondents said the Greater Manchester MDT standards and MDT toolkit would be useful in the future to support MDT reform.

Further work continues in 2023 and more information can be found on our MDT website page.

## Diagnostic Workforce Review: Imaging and endoscopy

A review of the imaging and endoscopy workforce across Greater Manchester was conducted to get a better understanding of the Greater Manchester-specific complexities for our imaging and endoscopy workforce. We directly connected with those delivering these services to understand their challenges and performance successes. Consideration was also given to how staff view their role and understanding how to best support, retain and recruit in the present and future.

Two reports have now been published inclusive of findings and recommendations. The reports have been shared with the North West Imaging and Endoscopy Networks to support implementation of the North West Imaging and Endoscopy Workforce Strategy at a local level by utilising the recommendations to inform priority areas for Greater Manchester.

Read the full reports here: [Diagnostic workforce developments - Greater Manchester Cancer\(gmcancer.org.uk\)](#)

# NATIONAL CANCER Clinical Nurse Specialist Day

15 March #NationalCancerCNSDay



**NHS**  
COVID-19 Digital Staff Passport

**Case Study...**

**Enhancing patient care & staff skills via digital identity technology**

**Greater Manchester Cancer**

The Greater Manchester Cancer network are keen to encourage workforce best practice in the delivery of cancer care. Alongside their temporary deployment of staff to support elective care, they are creating shadowing/training opportunities for staff, by using the NHS COVID-19 Digital Staff Passport.

**Background**

The Greater Manchester Health and Social Care Partnership is a key player in the utilisation of the COVID-19 Digital Staff Passport (C-19 DSP), with areas of demand operating within Greater Manchester and neighbouring East and Mid Cheshire.

Leading the way is Greater Manchester Cancer Alliance, who initiated a pilot to align the C-19 DSP capabilities with the needs of their cancer pathways.

Jess Docksey, GM Cancer Workforce & Education Project Manager, explains their approach. "We requested expressions of interest from our teams, which quickly highlighted Acute Oncology as best placed to be our initial pilot pathway and deliver a proof of concept."

"Ultimately, our aim is to understand how GM Cancer services can benefit from using the C-19 DSP to promote learning across all cancer pathways. We believe the product not only allows us to move staff seamlessly to support current elective pressure, but it also lends itself to helping us to develop and upskill teams, ensure equitable service provision and support staff retention."

**Launching the pilot**

Jess engaged the nursing workforce and other supporting roles from the very start of the project. Considering the pressures on the workforce over the past 18 months, the teams needed reassurance that service delivery would be protected throughout.

A six-week survey was launched to gather the views of the Acute Oncology team. With an open remit, the nurses were encouraged to share their ideas, needs, concerns and queries about the potential use of the product. The team were actively engaged and the survey response rate was high.

The survey results were positive with support for a pilot to be undertaken, focusing on the opportunity to strategically strengthen service delivery, improving quality of care and developing the workforce, by upskilling staff and sharing best practice.

Jess was delighted with the survey outcome. "Our pilot will be the first of its kind for the C-19 DSP, with the model offering mentoring and experience opportunities, better understanding of service improvement, plus management and leadership development".

January 2022

This course is now live (having launched in January 2023) and will run exclusively online, offering live events and recorded sessions as well as useful resources and wider reading until September 2023.



## Launch of the Greater Manchester Cancer Academy

2022 saw the launch of the [Greater Manchester Cancer Academy – the hive for cancer education](#).

The Academy aims to create a sustainable lifelong learning model for the workforce across all care settings to ensure they are equipped with the skills and tools necessary to deliver best cancer care for patients. Since going live in September, the website has already seen over 2000 users and 300 subscribers across various professionalisms and care sectors.

The past 12 months have been about testing the model from the urology proof of concept to other specialties to see how nimble it is. After successful implementation the model has been transferred to 18 newly identified academies, with education in development or being scoped for over 80% of the new academies – completely driven by the needs of our workforce.

Education has been delivered in a variety of forms from e-learning and webinars to events and workshops, across numerous pathways and specialties. So far, more than 1,500 colleagues have accessed opportunities.

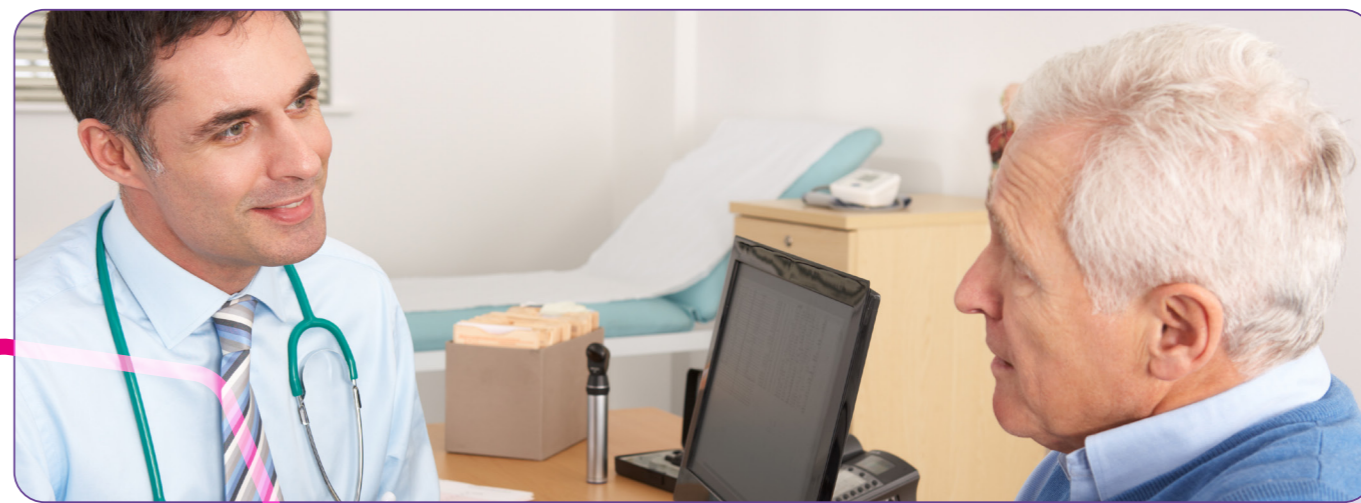
Ensuring the workforce across all care settings has a single point of access to cancer education will reduce inequity of access, reduce duplication and ensure better use of resources. Alongside the Manchester Academic Health and Science Centre, The Christie School of Oncology and GatewayC, a

set of education principles has been agreed which will inform a system-wide, collegiate approach to education. As part of this, an Education Collaborative has been established with the Academy selected as the independent digital hub for cancer education.

The Academy is underpinned by instilling a culture of lifelong learning. Empowering staff to take control of their own career trajectory, embedding professional development and appraisal is key to implementing this culture shift and improving retention. To align with the national [ACCEND](#) capability framework (launched in January 2023), the Cancer Academy has created a Urology variation which will sit within our e-Portfolio to support learning opportunities and enhance development. The e-Portfolio is currently being piloted for urology nurses with a view to rolling out to other pathways in 2023.



April – May 2022	Cancer Support Training: 84 navigators and coordinators
July 2022	Cancer Care Coordinators in PCN training
September 2022	Launch of the Cancer Academy and Urology modules (60 registrants)
October 2022	Greater Manchester Cancer Conference (1000+ attendees)
November 2022	Skin CNS Away Day and Colorectal CNS Away Day
December 2022	Clinical Leads Education Day, Bladder Cancer Webinar (70+ attendees)



## Growing for the Future

### North West Allied Health Professionals Survey - Allies in Cancer Care

The Greater Manchester Cancer Alliance led the North West Allied Health Professional (AHP) Cancer Survey to understand the role AHPs have in supporting people affected by cancer. Several recommendations were identified, including a comprehensive training programme to address the gaps in provision, confidence, and competence.

In turn, a bespoke Cancer AHP training programme named 'Allies in Cancer Care' has been developed by the University of Salford in collaboration with The Christie School of Oncology and supported by the Cancer Alliance.

## Making Every Contact Count (MECC) for Cancer

A collaboration with the Royal Society for Public Health (RSPH) saw the delivery of a pilot for a MECC model for cancer patients. This model addresses training needs of the non-clinical workforce to support patients to feel heard and appropriately directed to the right psychological support.

As part of the pilot, three trainers were recruited, delivering training to 46 participants.

### Feedback:

**30%**

of respondents felt that prior to the course they didn't have the skills necessary to speak to cancer patients about their mental well being, reducing to 9% post-training.

**95%**

of participants said they felt more motivated and had the desire to have conversations with cancer patients about their mental wellbeing (vs. 78% prior)

**Only 59%**

of delegates said having conversations with patients about their mental wellbeing is something they would automatically do pre-training, vs. 86% post-course.

Due to the success of the pilot and the demand for this training, further funding has been secured to train up to 300 more healthcare professionals in 2023.

## Other educational events and training

Our Pathway Boards and Early Diagnosis teams continue to develop and run speciality-based training and events. Below is a selection of events which took place during 2022:

March 2022	Oesophago-gastric improvement event	70+ attendees from all Greater Manchester providers came together to share best practice, evaluate projects, listen to lessons learnt and develop an action plan for 23/24. Topics included MDT reform, best timed pathway, assessment clinics, dietetics services, surgical outcomes, biomarker testing, education, and research.
November 2022	Head and neck symposium	120 delegates including oncologists, surgeons, radiologists, pathologists, nurses, people affected by cancer, researchers and the wider multidisciplinary teams joined together to share cutting-edge research, innovation, best practice and developments in head and neck oncology.
December 2022	Gynaecology cervix visual assessment education event	50+ attendees from all GM providers joined forces to review and learn from a new cervix visual assessment guide, which will be distributed to all primary care settings to support cervical examinations. Due to the event's success, the Pathway Board are looking to hold an additional practical workshop to develop further skills.



## Greater Manchester Cancer Conference 2022

The Greater Manchester Cancer Alliance held its Conference on 18 and 19 October 2022 at the Hilton, Deansgate.

For the first time since the pandemic, it offered a hybrid event and welcomed attendees from across the healthcare system to join both in person and online. The conference attracted a range of

professionals from across our system, including representatives from primary care and secondary care (both clinical and non-clinical roles), researchers, voluntary and community sector organisations and patient representatives.

Our chosen conference themes for 2022 were **equality, innovation and collaboration**. Sessions and speakers considered these elements throughout the programme.

The conference is fully funded for attendees by the Alliance and was supported by additional funding from Exact Sciences, Manchester Academic Health Science Centre (MAHSC) and Novartis.

### GMCC22 in figures:

- 4 prehab movement sessions
- 6 breakout sessions
- 8 keynote sessions with panel discussion
- 15 hosts and chairpersons
- 40+ speakers
- 90+ posters submitted
- 524 in-person attendees
- 550+ virtual attendees

Speakers were rated 5 stars, with 98% of delegates reporting they would recommend the conference to a colleague.

### Attendee feedback:

It is a nice opportunity for a change in setting, to meet other professionals and to have time to gain insight into what is happening across Manchester."

There were insights on topics not often discussed elsewhere."

The use of video clips, video messaging and different styles of presentation and discussion made for a great conference experience."

It's a must. The amount of knowledge you accrue is [unmatched]."

### User Involvement at the Greater Manchester Cancer Conference

**2 Representatives** co-produced the agenda



**3 Representatives** presented on stage



**8 Representatives** spoke on panel sessions and in breakouts



**7 Representatives** pre-filmed videos to display



**16 Representatives** attended in-person with more joining online



**27 Representatives** co-produced display banners on our conference themes



**2 Representatives** hosted exhibition stalls



**2 Representatives** presented posters



## Greater Manchester Cancer Awards 2022

In October 2022, as part of the Cancer Conference, the Alliance held its first ever Cancer Awards. The awards have been designed to honour the outstanding work being done across Greater Manchester to improve lives and treatment for people affected by cancer.

It also represented an opportunity to share and learn from best practice across the Greater Manchester system, increase awareness of the Alliance's work and develop future opportunities for collaboration.

### Our first awards in figures:

- 50+ entries system-wide
- 18 shortlisted teams
- 7 categories
- 8 winning teams
- 6 highly commended entries
- 6 celebrity 'thank you' videos
- ~140 attendees including Greater Manchester Mayor Andy Burnham

**Dr Julie Wray, Patient and Judge, helped to hand out the awards at a ceremony at the Hilton, Deansgate on Tuesday 18 October. She said:**

**I found reading the entries heart-warming and comforting in that so many healthcare staff are deeply passionate to improving cancer care in Greater Manchester.**

**"As a patient you are not always aware of what's going on behind the scenes to improve and advance cancer care, these entries revealed that patients and their family carers are at the heart of Greater Manchester cancer care services."**

### Outstanding care award:

Winner: Teaching Patients and Carers to Inject Chemotherapeutic Drugs at Home (Northern Care Alliance)

Highly commended: One Stop Lung Cancer Clinic Team and Targeted Lung Health Checks programme

### Commitment to equality award:

Winner: Encouraging Inclusivity in Technology Clinical Trials Project (digital Experimental Cancer Medicine Team, (dECMT) Cancer Research UK

Manchester Institute, The Christie NHS Foundation Trust)

Highly commended: Learning Disability

Flagging Project

### Greater Manchester collaboration award:

Winner: Primary Care Network Collaboration in Greater Manchester (Greater Manchester Cancer Alliance and Greater Manchester Primary Care Networks)

Highly commended: National Cancer Clinical Nurse Specialist Day

### Research award:

Winner: Testing womb cancer for Lynch syndrome: How Manchester-led research changed UK clinical practice (The University of Manchester and Manchester University NHS Foundation Trust)

### Educational impact award:

Winner: Making Smoking History in Greater Manchester (Greater Manchester Integrated Care Partnership)

Highly commended – Cancer Awareness for Teens & Twenties – Youth Empowerment Workshops

### Innovation award:

Winner: MyChristie-MyHealth – The Christies ePROMs project (The Christie NHS Foundation Trust)

Highly commended: Bloods Closer to Home (The Christie NHS Foundation Trust)

### Patient choice award (voted exclusively by our User Involvement Programme Members):

(Joint winners): Prehab4Cancer (Greater Manchester Cancer & Greater Manchester Active), One Stop Lung Cancer Clinic Team (Greater Manchester Cancer Alliance / Manchester University NHS Foundation Trust / The Christie NHS Foundation Trust)

To find out more about the Awards and the shortlisted and winning entries, visit our Greater Manchester Cancer Awards webpage.

# Reflections

After two difficult years in 2020 and 2021, it has been promising to see the progress made across our cancer services in 2022 – not only in reducing the impact of pressure on our services from the pandemic, but also the introduction of new, innovative services to support our patients.

As presented through this report, significant work has taken place across multiple programmes to deliver national priorities whilst striving to go even further – with innovative new data systems and pilot programmes in place. It has also been pleasing to see how previous Greater Manchester pilot schemes, such as the Targeted Lung Health Check Programme, are now being recognised and recommended at a national level to improve the lives of people across the country.

In October, we held our first ever Cancer Awards in addition to our flagship conference. It was fantastic to see the work of teams across our city region shared and recognised in this way, with over 50 teams nominated in categories

including everything from educational impact, to research, to our commitment to equality. Despite the many challenges and pressures of the last 12 months, we were delighted to be able to shine a light on the continued commitment from all of our staff to improve the lives of our patients in Greater Manchester.

Despite the progress made, we recognise we still have a long way to go – with particular focus on improving our cancer performance and reducing health inequalities. These are complex areas, but we are confident with the continued collaboration and determination from our cancer system that we will continue to make strong advancements in these areas over the coming year.

On behalf of the Greater Manchester Cancer Board, we wish to thank all of our healthcare teams, patient and carer representatives and other organisations across the Greater Manchester system that have supported us in making continued progress in 2022.



# Keep in touch

We always welcome comments, feedback and opportunities to collaborate with partners to improve cancer services and the experiences of our patients.

**You can find us in the following places:**

Website: [gmcancer.org.uk](http://gmcancer.org.uk)

Email us: [gmcancer.admin@nhs.net](mailto:gmcancer.admin@nhs.net)

**Connect with us on social media:**

Twitter: [@GM\\_Cancer](https://twitter.com/GM_Cancer)

Facebook: [Greater Manchester Cancer](https://www.facebook.com/GreaterManchesterCancer)

Instagram: [GreaterManchesterCancer](https://www.instagram.com/GreaterManchesterCancer)

LinkedIn: [Greater Manchester Cancer](https://www.linkedin.com/company/GreaterManchesterCancer)

**Watch our latest videos:**

YouTube: [Greater Manchester Cancer](https://www.youtube.com/GreaterManchesterCancer)

**Listen to our latest podcast episodes:**

The Greater Manchester Cancer Podcast [Spotify](#) | [Apple](#) | [website page](#)

**Check out our Greater Manchester Cancer Academy:**

[Academy Homepage](#)

**Learn more from some of our research partners in Greater Manchester:**

[Latest Reports – Manchester Cancer Research Centre](#)

[One in Two – A Manchester Cancer Research Podcast](#)

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