

Greater Manchester Cancer Pathway Board Work Programme 2024.25



GM Cancer Pathway Board: Head and Neck		Clinical Lead: Prof David Thomson	Pathway Manager: Jennie Roche			Greater Manchester Cancer Alliance NHS	
Link to NHS Long Term Plan/Planning guidance	Deliverable SMART (describes what the PWB is going to deliver), please be specific and include 'innovation' and 'health inequalities' where appropriate	PWB developed EIA (n/a, yes or no) if yes, incl. expected completion date & add to EIA register	Measure SMART (the output/ evidence that the deliverable is completed/the measure for success in year - ie by 31/3/25, add a note if this is part of a deliverable spans across financial years). To note if addressing health inequalities, or is innovation	Planned Start Date (in year)	Planned End Date (in year)	Progress (keep in work programme once complete)	Comments/Innovation status is amber or red
Early Diagnosis including: Prevention/risk reducing, Screening, and Timely Presentation							
	Analyse the factors influencing access to dental care for individuals diagnosed with a Head and Neck cancer. Focus on oral cancer stage of presentation and explore links to areas of socio-economic status and areas of deprivation. Map this data against dental provision to inform enablers and barriers to dental services across GM.		PWB will support Dental Fellow gathering data on Dental Provision. Then work with BI Team, ED Team and inequalities team so that analysis can be completed to explore link between oral cancer stage of presentation and socio economic status.				
	Explore the introduction of Oral Cancer Check to the Targeted Lung Health Check (which is targeted at deprived areas)		PWB to link with areas that are already using this model of working to consider evaluation and impact. PWB to then work with TLHC Team to explore options for linking with Oral Cancer Check.				
	Vaccination Awareness Campaign for males – Patient and public facing communications for HPV		HPV for males campaign to created and implemented to a wide reaching audience, resulting in increased uptake in vaccine. Early discussions completed with Comms Team with key justification and aims for a campaign. Also discussed with Colorectal PWM as this campaign would aim to address oral cancers and anal cancers.				
	Review and promote Oral Cancer Guide for Dentists		Oral Cancer Guide updated as appropriate and promote with GDPs.				
	Treatment variation - Reduce the number of patients waiting more than 62 days from referral to curative treatment – Surgery mapping (Service Improvement Project Manager)						
	To develop accurate staging data that is able to provide accurate insights in to performance across GM		No staging data currently available for Head and Neck patients in GM. Work with ED Team to develop data that provides accurate insights into performance.				
Faster Diagnosis, including BPTP, Operational Improvement, Treatment Variation - GIRFT/SACT/ clinical audits							
	Mapping and optimising service provision for neck lump one stop clinics		Map current service provision to each hospital and against gold standard. Consider SQD and buddying up systems.				
	Streamline 24-day pathway Christie radiotherapy pathway		Proposal has been sent to relevant Mangers and Divisional Directors, awaiting feedback. Consider radiotherapy moulds scan to support 24/62 day pathway. Aim for moulds and scans to be completed the same day as new patient clinic at The Christie.				
	Support implementation of GIRFT recommendations		Pathway Board members reviewed recommendations from GIRFT report and created action plan as required				
Treatment and Care including: Personalised Care, PSFU, Psychosocial Support, Prehab & Physical activity, Genomics, LWBC							
	Review existing Treatment Summary templates, creating new templates where they are needed. Board members to support engagement internally within corresponding teams & Trusts with use of Treatment Summaries.		New Treatment Summary templates developed (if required), approved at Pathway Board and disseminated through appropriate Trust forums. Updates by exception provided by PC team around low utilisation.				
	Create health and wellbeing dietician content		Animation video created and dissemination across appropriate networks. Video accessible to all appropriate patients, carers and family members.				
	Share tailored head and neck specific GM Personalised Care KPIs (via dashboard on curator), by Trust for HNA, PCSP and TS performance on a quarterly basis for information with Pathway Board & CNS Forum. PWB to facilitate discussion if required i.e. issue to be addressed.		Pathway Board updates provided as 'papers for information' on quarterly basis - or listed on agenda for discussion if required.				
	Patient Stratified Follow Up: Work with GM Personalised Care team to develop, review & approve head and neck specific PSFU protocol pathway. Board members to help test PSFU pathway on Inflex.		Pathway Board to endorse final protocol pathway, inputting into the design review sessions and approve the final uploaded protocol on inflex. PSFU pathway tested on inflex by Board members and feedback shared with PC team.				
	Genomics: Implement solutions across each Trust to ultimately reduce the turnaround time for genomics testing.		Solutions implemented across all Trusts with agreed ongoing-monitoring of progress provided to the Pathway Board.				
	Patient Stratified Follow Up (PSFU): Once PSFU pathway developed and built on inflex Board to support with promoting use of system with clinical teams		Disseminate any comms produced by PC team within Trusts and CNS groups. Ensure representation at 1-2 learn & share sessions (post inflex go live) to be held with civica post go live for 'users' to feedback any issues/updates required				
Patient and Public Engagement and Involvement, Community Engagement and Experience of Care							
	To further engage with the head and neck small community and continue to recruit patient representatives		To further engage and develop relationships with the head and neck small community to inform future projects. Assess training needs. Possibility of Dental Fellow completing education for PC if they have capacity.				
Research							

	To discuss opportunities for relevant research trials for eligible patients at MDT meetings		Ensure MDT discussions include opportunities for research trials for patients. Ensure this is documented and reviewed.				
Workforce and Education							
	To review Specialist Speech and Language Therapy provision across GM		AHP Advisor to scope current provision and explore hub and spoke model of working.				
	Establish CNS and AHP forum		CNS and AHP Forum to be established and well attended by representatives from across GM				
	The Dental Cancer Fellow aims to comprehensively analyse the factors influencing access to dental care for individuals diagnosed with a Head and Neck cancer.		Dental Fellow to create database of oral cancer stage and areas of deprivation in GM. Database used to inform barriers to dental services across GM and create a plan on how to improve access.				