

# **Greater Manchester Early Cancer Diagnosis Strategy 2024-28**

## Contents

*To be completed in final edit*

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## **Vision Statement**

Our vision for the people of Greater Manchester is a future where everyone with cancer receives equitable and timely early diagnosis. By raising public awareness, reducing health inequalities, and fostering collaboration and innovation, we aim for continuous improvement to the proportion of cancers diagnosed at an early stage.

## **Foreword**

As clinical and director leads for this vital strategy, we are deeply committed to improving the lives of those affected by cancer in Greater Manchester. Cancer is an incredibly personal issue for many, and we both have seen firsthand the impact it has on individuals and families. Yet, we also know that early diagnosis offers the best opportunity for better outcomes, and this is the cornerstone of our vision.

Our vision for Greater Manchester is simple, yet profound: a future where everyone with cancer receives equitable and timely early diagnosis. We want to ensure that every person, regardless of their background or where they live, has access to the highest standard of care from the moment they first seek help. By raising public awareness, addressing health inequalities, and fostering a culture of collaboration and innovation, we believe we can achieve this vision and make a significant difference in the lives of many.

This strategy represents more than just our collective goals; it reflects our personal commitment to this cause. We've both worked alongside incredible colleagues in the clinical, operational management, commissioning, research, and public health fields, and we've seen how collaboration can break down barriers and create real change. This document is the result of that collaboration—of many voices coming together to drive change in a way that will make early diagnosis not just a possibility, but a reality in Greater Manchester.

We are proud to lead this initiative, but we know that its success depends on all of us—clinicians, community leaders, patients, researchers, and policymakers—working together. This is a shared mission, and we are here not just as leaders, but as passionate advocates for early diagnosis. We believe that, with sustained effort and determination, we can make Greater Manchester a place where cancer is detected early, when it is most treatable, and where outcomes for all are improved.

We have seen the difference that early diagnosis can make in the lives of our patients, and we are determined to ensure that this opportunity is available to everyone. We ask for your support in this journey—not just as part of a strategy, but as a movement to save lives and improve outcomes for those who need it most.

Together, we will make this vision a reality.

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## **Background & Introduction**

**Diagnosing cancer earlier is the single biggest action we can take to improve survival.** One in every two people will receive a cancer diagnosis at some point in their life. In Greater Manchester between August 2023 and July 2024 there were 8,983 cancers diagnosed. Whilst cancer survival is the highest it has ever been, only 58% of people are currently diagnosed at “early stage”, which refers to stages I and II (Rapid Cancer Registration Data July 2024). Early diagnosis is crucial as it leads to improved survival rates, better quality of life, and often less aggressive and more effective treatments. The impact of this is substantial: for example, 5-year survival for lung cancer diagnosed at stage I is 8 times higher than at stage IV.

**All 20 Cancer Alliances in England are tasked with executing strategies to drive earlier diagnosis of cancer.** Improvements in the rate of early diagnosis have been seen over the past 5 years, both at a Greater Manchester and England level. Greater Manchester has increased from 53.2% in August 2021 to 58.3% in July 2024 and the gap between GM and the England average is reducing. Seeing further progress in this rate is a core priority of NHS England, which has set an ambition of 75% of cancers being diagnosed at stages I and II.

**This report outlines an actionable strategy to improve rates of early diagnosis for the population of Greater Manchester over the next five years.** The Greater Manchester Cancer Alliance serves a population of nearly 3 million people. It is an area of great diversity, with a substantial range in socioeconomic status, population structure and demographics. This strategy explores the potential for earlier diagnosis of cancer across Greater Manchester and identifies priority areas and the next steps needed to achieve this goal.

## **How we developed this strategy**

The Greater Manchester Cancer Alliance commissioned a programme of work from Edge Health which over an 8-month period from April to November 2024, led to the development of this strategy. To build this strategy we reviewed a broad range of sources and data, including robust analytics on a combination of local and national datasets, internal and external benchmarking comparing localities and Greater Manchester to other Alliances in England, expertise from key stakeholders across Greater Manchester, VCFSE engagement and more. Detail is included in Appendix 1.

This project used qualitative and quantitative analysis to ensure a comprehensive data review, meaningful engagement of stakeholders, and alignment of findings with clinical and operational insights. The methodology was executed in five main stages: data analysis, stakeholder consultations, theme identification, VCFSE engagement, and compiling the report. This approach enabled a nuanced understanding of pathway performance and contributed to a report that provides actionable insights for improving early diagnosis pathways.

## **The foundations of the strategy**

At the heart of this strategy, there are five foundations upon which everything else relies. These are cross-cutting themes: things that need to happen across the Greater Manchester system without which the actions within the strategy cannot be delivered and will not have the desired impact.

These foundations are essential to sustained, impactful change. They describe the values, capabilities and teams that are required to deliver all aspects of the strategy.

## **Data and evidence**

**Data and evidence at the core of decision-making:** We will use the analytic capability and rich data within the system to ensure all decisions are based on data and evidence.

Implementing this strategy will require decision-making on how and where to focus effort and deliver new programmes and innovations between now and 2028, informed and shaped by robust and high quality data and evidence. This should include data on variation between places, providers and populations or the nuances of barriers to early diagnosis at a local level and within specific pathways.

Through developing this strategy, we have explored in detail much of the available data. This has been used to inform priority areas and proposed actions. But as we have seen through this analysis, the picture and priorities regarding early diagnosis continually change. By embedding data into the heart of all planning going forward, the strategy will remain live and respond to changes in challenges and opportunities.

The Greater Manchester Cancer Alliance has a Cancer Business Intelligence Team with access to patient-level data on pathways and outcomes, as well as expertise in analysis, data science and population health.

Substantial data also exists within Primary Care / General Practice. Primary Care teams will be supported by the Early Diagnosis team in the Cancer Alliance to use their own data to reflect on their practice and patients.

## **Health inequalities**

**Identifying and tackling health inequalities:** We will collaborate with the Greater Manchester system - including with the VCFSE sector - to effectively implement interventions and deliver key messages, with a focus on population cohorts with lower rates of early diagnosis.

Health inequalities are avoidable, unfair, and systematic differences in health between different groups of people. They exist as a result of systematic variation in the accessibility, quality and experience of health and care services, individual behaviours and, most importantly, the wider determinants of health, such as employment, education and income.

Core20PLUS5 is a national approach which defines a target population cohort (Core20PLUS) and '5' focus clinical areas requiring accelerated improvement to improve outcomes for the most deprived and disadvantaged groups. Early cancer diagnosis is one of the 5 focus clinical areas.

This strategy will be delivered in a way that creates equality of access, experience, and outcome for as many residents in GM as possible but also recognises that extra resources may be needed in tailoring for or targeting those with the greatest need.

### **Communication**

**Targeted, clear, and diverse communication:** We will design and deliver public facing campaigns for the people of Greater Manchester to encourage earlier presentation. We will amplify national messages and campaigns and enhance this with the production of materials specific to our population.

Clear, accurate and accessible communication is key to helping the people of Greater Manchester recognise signs and symptoms to support detecting cancer early, reduce fear and confusion and allow them to get the care they need when they need it most.

We will do this by engaging with communities and providing targeted messages in a range of formats to ensure everyone has the knowledge they need to inform their actions.

### **Collaboration**

**Collaboration and Co-Design:** We will provide strategic leadership and enable collaboration across the GM system through the Early Diagnosis Programme Board, designing local programmes of work and delivering on national priorities.

Improving early cancer diagnosis requires many parts of the health system and wider communities to collaborate and be involved in and responsible for different elements of the GM strategy.

Effective use of networks and teams allows for knowledge sharing, identification of best practice and challenges, identification of inequalities and inequities, and co-design of solutions.

The Cancer Alliance role in the GM system is to provide this co-ordination and leadership.

### **People and Teams**

**Empowered and enabled people and teams:** We will support the workforce, communities and organisations within Greater Manchester to deliver our shared vision for early diagnosis.

We will do this by ensuring access to tools, education and training, fostering collaboration and communication, to allow for rapid and effective adoption of innovative ideas between teams and communities.



This strategy is underpinned by the people and teams who will be responsible for its successful delivery. Supporting and developing these people and teams will facilitate sustained change, even as priorities, opportunities and challenges evolve.

## **Priorities**

### **Priority 1: Symptom Awareness**

#### **Introduction**

Increasing public understanding of cancer and building symptom awareness are essential components of our early diagnosis strategy. By educating individuals about the signs and symptoms of cancer, we empower them to seek timely medical advice, which can lead to earlier detection and better outcomes.

#### **Why is this important?**

People who have the knowledge, skills and confidence to manage their own health tend to have better health outcomes than those who have a more passive approach. Patients with high levels of self-activation understand their role in the care process and feel more capable of fulfilling that role.

The chance of detecting cancer early varies based on the route to diagnosis. As shown below the national cancer screening programmes are the most effective route to diagnosing cancer at an early stage, however, they are limited to specific tumours and groups of people.

The majority of patients will be diagnosed through a GP (62.7%) or hospital route. Primary care diagnoses result in higher rates of early diagnosis compared to other hospital routes such as outpatient clinics and emergency presentations. By increasing the public awareness of cancer symptoms and knowledge of how to access the services they need, we are confident we will see an increase in the proportion of patients diagnosed following a referral from primary care, contributing positively to our early diagnosis ambition.

#### **What have we done so far?**

We have already developed and implemented a range of successful community programmes and targeted campaigns intending to raise cancer awareness or help individuals understand their risk factors, including those affected by genetics, behaviours and protected characteristics.

We work closely with our colleagues in localities and the VCFSE sector to ensure people and organisations who know their communities best are the ones that support the development, design and dissemination of messages.

We have a Communications and Engagement team within the Cancer Alliance who are leading the public and patient facing work in Greater Manchester, working through and with the teams in localities and communities.

#### **What will we do?**

We have identified three main activities as key to the delivery of the strategy in this priority area.

**1a) Systematically improve, share and promote ‘always-on’ campaigns to build symptom awareness and address myths.**

Through research and data, we will develop ‘always-on’ messaging to ensure each message is clearly communicated with simple instructions for people experiencing signs and symptoms to follow, as well as addressing myths and stigmas in relation to cancer and access to healthcare. We will align messaging to national and awareness campaigns and collaborate, where possible, with other organisations and communities to widen our reach to target as many people as possible.

We will also share best practice and learn from other alliances, charities and organisations to further support improving outcomes.

To achieve this, we will:

- Create, share and promote successful “always-on” campaigns and align them with national awareness months and collaborate with other organisations and charities.

**1b) Build and optimise communication channels within localities and communities to extend reach and ensure our messaging reaches the people with the greatest need.**

Individuals who may be more likely to present late with their cancer symptoms may not access traditional methods of communication and may be overlooked when we consider early diagnosis from a Greater Manchester point of view. By establishing communication networks with our localities and communities, we can disseminate information to the people with the greatest need. This targeted approach helps to bridge the gap between our traditional methods of communication and our underserved populations, ultimately leading to a timelier presentation.

Our localities and community organisations are better placed to identify and reach these communities as they are experts and trusted voices within these communities. When people receive consistent, clear, and culturally sensitive messages from trusted sources within their own communities, they are more likely to act on the information provided.

By optimising these channels, we not only extend our reach but also ensure that our messaging is impactful and resonates with the people who are most at risk, thereby improving the overall effectiveness of our timely presentation work.

To achieve this, we will:

- Collaborate with GM communities and with local, regional, and national stakeholders to enhance the reach and effectiveness of our timely presentation activity. We will work with our communities and the VCFSE sector to:
  - help understand where and who the messages need to reach.
  - help us produce material, campaigns and messaging to ensure that style and language is appropriate for the communities we are trying to reach.

- o use and support trusted voice within the community to deliver messages to the people with the greatest need.

### **1c) Identify specific areas/communities that could benefit from more targeted campaigns.**

There is a recognition that the above two activities alone will not meet all the needs of our challenges with timely presentation and that targeted and/or tailored activity will be needed to address specific challenges. Targeting our messaging in this way will allow us to maximise impact by addressing unmet need, whether that be tumour specific or population specific.

This targeted work will be developed utilising the data and analytics capabilities within the Cancer Alliance and/or insight and intelligence from our localities, and communities, we can identify where targeted initiatives are needed and would have the biggest impact. Additionally, tumour-specific pathway boards have the responsibility and expertise, supported by data and engagement, to identify recurring topics that would benefit from dedicated resources.

To achieve this, we will:

- Use data and analytics capabilities within the Cancer Alliance and/or insight and intelligence from our localities and communities to identify where targeted initiatives are needed and would have the biggest impact. While pathway boards to use tumour-specific data and insight to identify priority challenges that need dedicated resources.
- Create and promote key “myth-buster” messages, targeting resources on tumour groups and populations where these perceptions are strongest.

### **Conclusion**

Increasing public understanding of cancer and building symptom awareness are critical steps in promoting timely presentation and improving cancer outcomes. We will focus on enhancing community engagement through systematic, always-on campaigns, optimising communication channels, and targeting specific areas and populations with tailored initiatives. By leveraging data, collaborating with localities and the VCFSE sector, and utilising trusted voices within communities, we aim to ensure that our messages are clear, culturally sensitive, and effectively reach those most at risk. This comprehensive approach will help bridge gaps in awareness and access, ultimately leading to earlier diagnosis and better cancer survival rates.

## **Priority 2: Reduce Variation**

### **Introduction**

Significant variation in early diagnosis rates exist across Greater Manchester. We recognise that this variation needs to be identified and further understood to mitigate its harmful effects. To do so, we need to use data and qualitative analysis to identify variation between the pathways, localities and patient groups; focus on bespoke solutions for those who have higher barriers to accessing traditional health routes and / or greater risk of cancer diagnoses; implement internal and external best practice throughout Greater Manchester.

### **Why is this important?**

Rates of early diagnosis vary depending on a range of factors, including place, age, gender, ethnicity, provider and deprivation.

Reducing demographic variation can make a significant improvement to the rate of early cancer diagnosis in Greater Manchester. The combination of diversity and deprivation presents both challenges and opportunities.

Some of this variation has an identifiable cause and all of it is impacted by complex and often overlapping factors of geography, culture, access, health literacy and in some cases pathologic reasons. Understanding this variation and identifying where it is unwarranted is key to developing interventions to remove it.

### **What have we done so far?**

We have numerous complete and active initiatives aimed at identifying, understanding and reducing unwarranted variation. Ongoing analysis is being undertaken by the Cancer Alliance BI team to investigate areas of variation and will act as a reference for future focus areas and programmes of work. Some examples of past/ongoing work are:

- Mobile Community Outreach projects – the prostate, lower GI, ovarian cancer and ‘capsule sponge’ projects are ways in which we can take public and patient facing messages and tests out into the communities where there is the greatest need and the highest levels of late-stage diagnoses.
- Embedded process for the completion of Equality Impact Assessments
- The Lung Aware collaborative project with MSD, which act as an entry point for those experiencing symptoms which COULD be indicative of lung cancer and who might have difficulty accessing traditional health routes [www.lungaware.co.uk](http://www.lungaware.co.uk).
- Pathway Boards’ development of Early Diagnosis programmes of work, particularly in those pathways identified as a priority for GM in 2024-5 (Head and Neck, Breast, Lung, Upper GI, Colorectal, Gynae, Urology).
- The Cancer Alliance fund a Cancer Strategic Lead role sitting in the 10GM team and have delivered a community grants programme during 2023-24/25.

- Self-referral chest X-rays, offered to people over 40 experiencing lung cancer symptoms in certain localities, to provide patients with direct access. Standard Operating Procedure developed for use by all providers in Greater Manchester.

## **What we will do**

Based on the findings of the data review and our work with the 10 GM Places, we have identified three main activities to improve early diagnosis and reduce unwarranted variation.

### **2a) Use data and qualitative analysis to identify at-risk characteristics across the pathways**

Utilising data is critical to understanding the factors contributing to late diagnoses in Greater Manchester. By identifying who, where, and why there are late diagnoses, we can pinpoint specific localities that need targeted interventions.

For example, RCRD data is now available within the Greater Manchester Cancer Alliance, and it should be used by the Place Based Cancer Leads to monitor and comprehend the variation in early diagnosis across different pathways. To do this, it is essential that they work together with the Alliance and the broader Greater Manchester system to understand their local needs and implement their local plans to drive and evaluate change.

To achieve this we will work with colleagues in 'Place' teams in GM to understand their localities' needs and develop a locality delivery plan in line with the content of this GM strategy.

### **2b) Focus on solutions for those who have higher barriers to accessing traditional health routes**

We need to design and implement a range of new approaches and learn from best practice. This could be achieved by, for example, expanding the use of Health Bots, which can inform patients of their risk for cancer, and which has proven to be an effective tool. Similarly, encouraging the use of self-referral chest X-rays provides another route for early detection without the need for a GP appointment. In addition, promoting patient-initiated referrals can help empower individuals to seek medical advice at the earliest signs of concern.

Developing targeted communication campaigns through local leaders and VCFSE organisations ensures that specific communities are reached more effectively. There is also a role for Public Health to engage in this effort by participating in educational outreach and promoting accessible resources. Our actions to achieve this will include:

- Explore and expand the targeted use of alternative routes to diagnosis, such as self-referral or digital risk checker tools where the greatest barriers to diagnosis exist

- Engagement between locality, Public Health and VCFSE organisations to participate in educational outreach and promote accessible resources.

## **2c) Identify, share and implement best practice**

Knowledge sharing can significantly reduce unwarranted variation. To achieve this, it is crucial to clearly define what constitutes best practice, as benchmarks vary between different cancer pathways. For instance, the nationally mandated 75% target across all cancers doesn't mean that the same is a good target for all pathways.

Variation also occurs at the locality level. Consistency in promoting symptom awareness, screening eligibility, and other informational resources across all localities should be ensured. Utilising Place Based Cancer Leads meetings to disseminate best practice and share learnings will foster a unified approach. Additionally, creating shared resources can amplify knowledge dissemination, ensuring that all localities benefit from collective expertise. Ensure all localities promote symptom awareness, screening eligibility and other informational materials equally, and use Place Based Cancer Leads meetings to share best practice.

The recent overall increase in lung cancer early diagnosis rates in Greater Manchester has been largely attributed to the success of the TLHC programme. The programme was initially rolled out in Manchester and Salford and is linked to a significant increase in early diagnosis rates in those localities between 2016 and 2021. However, in the same period, the largest increase in rates of early diagnosis was seen in Heywood, Middleton and Rochdale, which went from being the lowest-performing locality in terms of lung cancer early diagnosis to one of the highest, despite its population not yet being invited to TLHCs.

Actions:

- Pathway boards to clearly define ambitious, best practice rates of early diagnosis for their tumour group
- Place Based Cancer Leads to ensure that all localities promote symptom awareness, screening eligibility and other informational materials equally, and best practice during the dedicated Place Based Cancer Lead meetings.
- Public Health teams to support these initiatives by facilitating education, promoting best practices, and ensuring equitable access to critical information.

## **Conclusion**

Identifying and understanding the variation in the GM system in relation to early cancer diagnosis is a key step to achieving our vision. Doing this will involve understanding and removing the barriers faced by parts of the population in GM and using the expertise of our clinicians and communities to design and implement the solutions to overcome these barriers.

## **Priority 3: Collaborate with Primary Care**

### **Introduction**

Primary Care encompasses general practice, community pharmacy, dental, and optometry, and they collectively have a central role in detecting cancers early. By linking and integrating primary care with other health and care providers, the sector can offer ever increasing comprehensive, inclusive and targeted services. This section outlines how we aim to collaborate with primary care, focusing on education and support tools, network collaboration, communication, and the effective use of patient data.

### **Why is this important?**

The NHSE planning guidance for 2024-25 states that 'Urgent suspected cancer referrals from a GP are the optimal pathway for most symptomatic patients, but significant numbers of patients with cancer continue to be diagnosed via other routes, including emergency presentation and routine referral. Similarly, there can be delays in referral which can compromise patient experience and outcomes. Continued focus on improving referral practice will contribute to increasing the proportion of patients diagnosed promptly through from primary care'.

Primary Care serves as the first point of contact for most individuals within the healthcare system, with a significant proportion of cancer diagnoses originating from referrals by General Practice. Timely presentation to, and appropriate referral by primary care are vital for improving the proportion of cancers diagnosed at an early stage.

There is significant scope to continue to improve the use of existing resources made available through the Cancer Alliance to primary care — such as training, patient communications, and diagnostic tools — by tailoring them to the identified needs and wants of service providers. Furthermore, analysing patterns of patient presentation can identify areas for improvement in referral practice and guide the delivery of initiatives. However, addressing perceptions about the availability and accessibility of primary care held by the public is also essential to capitalise on these opportunities.

National planning guidance states that Cancer Alliances are responsible for working in collaboration with PCNs and other stakeholders to assess referral practice and make improvements where required, supporting the cancer early diagnosis elements in the PCN Direct Enhanced Service for Early Cancer Diagnosis, using available staging data and local intelligence to do so.

### **What have we done so far?**

The Cancer Alliance in Greater Manchester has supported the primary care system over a number of years. Some examples are provided below:



- **Primary Care Networks** and their general practice members are being supported by a team of Early Diagnosis Facilitators based with the Cancer Alliance. They are using the annual early diagnosis cancer plans developed with Primary Care Networks to guide the support they provide. Each of the 65 PCNs in Greater Manchester has a named 'Cancer Lead' who work alongside the Facilitators, forming a strong community of practice across GM.
- **'Think Cancer'** is a clinical decision support tool developed with partners and by us to support general practice and is triggered by clinicians entering trigger symptoms – it then aims to support diagnosis and points to a range of best practice resources. Work continues to monitor its use and develop content.
- We are fortunate to be linked with training and education providers GatewayC and the GM Cancer Academy both of whom provide an extensive range of education events and materials to support early diagnosis. Feedback from primary care is key to the development of the offer to ensure it meets needs and wants - this work continues - and learning will be applied to our work with primary care beyond what has been our core audience of general practitioners and associated clinicians.
- Through our collaborative work with primary care colleagues in GM we have seen significant improvement in the use of the Faecal Immunochemical Test in primary care, in line with NICE (National Institute for Health & Care Excellence) guidance issued in 2023.
- GM is taking part in a national pilot to assess the benefits of direct referral from community pharmacy for suspected cancers to secondary care. Working with pharmacy colleagues supports our vision as it will provide evidence to guide the development of alternative patient information and referral access points.
- The Cancer Alliance Workforce and Education team have enabled the early cancer diagnosis programme to benefit from the primary care 'fellows' programme – bringing expertise from all primary care disciplines to support our work.

## **What will we do?**

### **3a) Resources, tools, education and training**

Effective training and support tools are essential for primary care in supporting the identification and referral of patients with suspected cancers. These tools and linked resources, when consistently applied and evaluated, can greatly enhance the early detection of cancer. Key actions for us will be to:

- Collaborate with Key Partners: Work with tumour site pathway boards, our Cancer Academy, Gateway C, primary care, and system partners to guide the development of resources, tools, education, and referral mechanisms to improve patient care.
- Strengthen ways of working between primary and secondary care, including developing mechanisms which enable feedback on referrals and drive improvements in referral quality.

### **3b) Quality improvement**

There is a significant opportunity to expand the use of primary care data. Analysing patterns of patient presentation, and referral – together with patient management - can highlight variation and disparities and guide quality improvements. Key actions for us will be to:

- **Enhance Primary Care:** Equip primary care providers to fully utilise patient data for service improvements, while collaborating on training and support to deliver, evaluate, and implement quality improvement outcomes.
- Continue our programme of work with GM Primary Care Networks and the annual production of improvement plans to support delivery of the Primary Care Direct Enhanced Service.

### **3c) Leverage existing networks to drive initiatives**

Greater Manchester has extensive health and care networks that can support our vision. These networks will need to be supported by us and our system partners to drive forward early diagnosis initiatives. Key actions for us will be to:

- **Maximise Resources for Patient Access:** Utilise our resources and those of system partners to foster collaboration among providers and networks, while engaging them to develop diverse patient access points, information resources, referral pathways and patient-initiated investigations.

### **3d) Accessibility of Primary Care for cancer symptoms**

Patients often face barriers, both real and perceived, to accessing primary care for cancer symptoms. To address this, clear and consistent communication is essential. Key actions for us will be to:

- **Grow Patient Confidence:** Collaborate to develop and promote timely messages and community resources that boost patient confidence in seeking care and accessing services promptly.

## **Conclusion**

By working effectively with primary care, we can help drive improvements in early cancer diagnosis. This will require co-producing resources, enhancing data use, supporting training, and fostering collaboration across primary care and other networks. Improving communication and ensuring that patients understand they can and should access primary care for suspected cancer symptoms is crucial for early diagnoses. We will know that we are making progress towards our vision by reviewing our developing data and evidence base – one of five foundations for all the work we do, and which underpin this strategy.

## **Priority 4: Cancer Screening and NHS Wide Programmes**

### **Introduction**

A leading reason for later diagnoses is that, for many cancers, symptoms only present when the cancer is at an advanced stage, or the symptoms are non-specific. The objective of cancer screening, case finding programmes and other NHSE wide initiatives, is to enable early cancer detection by identifying cancers before symptoms start.

For some tumour groups, there are effective national screening programmes already in place, while for others, novel case finding efforts need to be used to identify those individuals to increase the likelihood of an earlier diagnosis. This section outlines how we will work across the system to improve uptake in the cancer screening programmes alongside developing innovative approaches to identify patients at an increased risk of specific cancers.

### **Why is this important?**

The breast, cervical and bowel screening programmes are evidence-based interventions which are highly successful in diagnosing cancers at an early stage. Around 90% of screen-detected cancers were diagnosed at stage I/II. They make a relatively small but significant contribution (7%) to the volume of cancers diagnosed at an early stage with around 1,000 people diagnosed via this route within Greater Manchester each year. Ensuring that eligible people access these programmes when invited will be contributing factor to increasing our rates of early diagnosis.

Furthermore, we know that some patients may experience limited or vague symptoms until their cancer has progressed to an advanced stage. Therefore, it is important that we design and pilot case finding programmes for high-risk populations to identify and diagnose people at an earlier stage.

Another way in which we can identify cancers at an earlier stage is by increasing the number of eligible people accessing and adhering to surveillance programmes for diseases which may be a risk factor for cancer such as cirrhosis or Barrett's oesophagus. These services ensure that high-risk individuals receive regular tests to allow for early intervention where necessary.

### **What have we done so far?**

We are already successfully delivering several NHS England specified programmes and realising the benefits of these for our population.

Unfortunately, uptake of cancer screening programmes is lower in Greater Manchester than elsewhere. Although there has been improvement in uptake for the bowel cancer screening programme following the introduction of FIT in 2019, we have seen a reduction in the proportion of eligible people participating in the breast and cervical screening programmes, both nationally and locally in Greater Manchester over the last 8 years.

There are several reasons behind this, some related to individuals' awareness of eligibility criteria while others related to perceived barriers. Understanding and tackling these barriers, as well as direct efforts towards improving people's understanding of screening programmes and eligibility criteria, will act as a key lever in improving early diagnosis rates for breast, bowel, and cervical cancer.

The NHS GM Screening & Immunisation Team is developing a focussed programme of interventions to improve the delivery and uptake of breast screening. Specifically, they have developed targeted interventions, such as text messaging reminders, collaborations with local GP practices, and community outreach initiatives, to increase screening uptake.

Additionally, the Screening & Immunisation Team are working with provider organisations to ensure that the bowel cancer screening programme is expanded to eventually invite people between 50 – 74 years.

The Lung Cancer Screening programme, formerly known as the Targeted Lung Health Check programme, is designed to detect early signs of lung cancer before symptoms occur. People aged 55 to 74 who are current or former smokers are invited for a free lung health check, typically based in supermarket car parks. At the time of writing this strategy, over 700 lung cancers have been diagnosed in Greater Manchester as a result of this programme, with almost 80% of these at an early stage.

We have also been actively involved in programmes which aim to find difficult-to-diagnose cancers earlier through case finding efforts or national surveillance programmes. For example, the alliance supports the EUROPAC programme which is researching genetic data to identify patients at a high risk of hereditary pancreatic cancer and offers surveillance for those who are.

Liver cancer is often difficult to diagnose, and there is currently no effective screening programme for it. The Greater Manchester Cancer Alliance is working with local NHS providers of liver surveillance services to ensure that individuals at high risk of liver cancer are being invited for tests at the appropriate intervals. The surveillance includes regular screening through diagnostic imaging and blood tests to detect the cancer earlier.

## **What will we do?**

### **4a) Encourage uptake in screening by informing on eligibility criteria and the importance of early diagnosis**

We will ensure that people are informed about what screening involves and why it is important. Where there are specific misconceptions or barriers to accessing screening, particularly for specific demographic groups, it is essential that these are understood and targeted through tailored initiatives. Key actions for us will be to:

- Work as a system to identify who is not attending screening, why they are not attending screening, and how these barriers can be overcome

- Raise awareness around the importance of screening, using targeted communications to reach populations with historically low rates of screening uptake.

#### **4b) Successfully implement NHS wide programmes**

NHS wide programmes continue to be rolled out across England to increase early diagnosis rates, particularly for tumour groups which tend to have limited symptoms in their early stage or where there is an increased genetic risk. Key actions for us will be to:

- Continue to support and promote NHS wide programmes, lung cancer screening, the use of FIT in symptomatic patients, liver surveillance and the EUROPAC programme.
- Reflect on learnings from recent national programmes and use these learnings to continue developing approaches to implementing NHS wide programmes in future as they become business as usual.

#### **4c) Scope, design, pilot and evaluate tumour specific case finding programmes for high risk populations where appropriate and feasible**

For certain cancers there are no screening programmes and symptoms often present late. We will utilise data to analyse patterns of patients presenting late stage in asymptomatic pathways to determine the high-risk population. Once identified, we will work with our clinical leads and pathway boards to develop novel interventions aimed at diagnosing cancers at an earlier stage. Key actions for us will be to:

- Use data to understand the characteristics of patients who are presenting at a late stage for pathways with no or non-specific early symptoms.
- Use data to understand which cancers are most likely to affect the same groups of people and consider combined case finding efforts for efficiency.

### **Conclusion**

As a system we will focus on foundations which can support the delivery of NHS wide programmes including screening and case finding. These include tackling health inequalities through community engagement to ensure that access to screening and case finding programmes is equitable across the population, using targeted, clear and diverse communication to reach groups of people who are less likely to attend, and utilising networks, leadership and collaboration to implement change to ensure that there is a clear and consistent approach across Greater Manchester.

## **Priority 5: Innovation**

### **Background**

Innovative practice is key to staying at the forefront of early cancer detection and is a vital element to our plans to achieve the 75% ambition. We need to identify and develop innovative ideas, establish Greater Manchester as the leading place for pilot programmes and innovation and ensure we have processes in place to identify and share learnings from best practice.

### **Why is this important?**

Advancements in medical technology and evolving practices have led to substantial progress in diagnosing cancers earlier and will continue to do so.

Innovative practice has been paramount to improving early diagnosis rates for cancer, especially for those cancers which consistently present late, asymptotically, or with non-specific symptoms. The continuation and expansion of these practices will be key to establishing Greater Manchester as a leader in early diagnosis and best practice nationally. We also recognise the need for improvement and expansion in this space, as detailed in the recommendations below.

Greater Manchester is in a strong position to support and benefit from research and innovation:

- We have a history of successfully innovating and a reputation and experience which we can draw upon.
- We have a large and diverse population for robust piloting of projects across different communities with different backgrounds, challenges and perspectives
- We have an established research and innovation community, with two large universities and other research institutions, with well-established links between research, academia, the health system and industry.
- We have opportunities to work jointly with Health Innovation Manchester on this agenda.

### **What have we achieved so far?**

We have engaged at a national level in the Small Business Research Initiative (SBRI) Healthcare process, engaging with potential providers of innovative early cancer diagnosis projects with a view to bringing these practices into the area. The SBRI process accelerates innovative technologies in the NHS and the wider health and social care system, tackling unmet health and care needs.

The programme is funded by the Accelerated Access Collaborative (AAC) which brings together industry, government, regulators, patients and the NHS, and is supported by the Health Innovation Network.

In 2023/24, The Greater Manchester Cancer Alliance invited 'expressions of interest' from the GM system and subsequently funded five innovation projects:

- **Lung Cancer Screening in Older People** – This project will invite patients that are outside the age range of the current programme and in the 75-80 years old age bracket. It will work alongside the current Target Lung Health Check (TLHC) programme in diagnosing more early-stage lung cancers. We are expecting the full evaluation to be complete by the end of July 2025.
- **Alternative cervical Screening in the Over-65** – This project uses urine samples to detect the presence of HPV in women over the age of 65. Using the TLHC as an established model patients are invited to do a sample when attending for their TLHC. This study aims to recruit over 3,000 women and we are expecting their evaluation to be completed by December 2025.
- **Cervical Screening for women with intellectual disabilities** – Through a series of dedicated films this programme aims to support the uptake of the screening programme. Rates have shown that attendance amongst patients with disabilities is at 30% and 70% for patients without intellectual disabilities. The evaluation will be available for end of June 2025.
- **Through the Front Door** – Mobilising communities and General Practice Trafford, this is a community led approach that will involve people with lived experience of cancer, General Practice patients and staff. This project will be producing a digital pack which will encourage other teams to pick up and implement the project if it is appropriate and should be evaluated by April 2025.
- **Peer education in addressing inequality of access to breast cancer care** – This project addresses the fact that help seeking behaviour by symptomatic ethnic minority women is influenced by factors including limited knowledge of early signs and symptoms of breast cancer. Sometimes the decision to not attend screening is influenced by previous poor experiences of care, all which can result in a poorer outcomes if symptoms are ignored. Through a series of focus groups educational literature/films will be developed to support women. This project also concludes at the end of June 25.

These programmes will continue to report findings and learnings. These will be captured and shared locally through pathway and locality networks and, where successful, rolled out more widely. The results from these innovation projects will be considered in the context of any future rounds of innovation funding.

Innovative practice forms one of the biggest opportunities for improving early diagnosis rates for cancer groups with historically high late diagnosis rates (such as colorectal, upper GI and lung cancer).

Greater Manchester has a strong track record of identifying, scaling and implementing innovation in early diagnosis. Over the next five years, we want to continue to build this reputation and experience, through strengthening the networks and infrastructure for research and innovation across Greater Manchester.

## **What will we do?**

We will continue to partner with Health Innovation Manchester to keep Greater Manchester at the forefront of early cancer diagnosis and care. The partnership between Greater Manchester and Health Innovation Manchester grants the Alliance more streamlined access to new tools and diagnostics, enhances data collection / analytics capabilities through combined data and tech expertise and drives forward advancements in cancer diagnosis through increased research and funding.

We will actively engage in nationally developed pilot programmes and promote participation in research studies for local patients, ensuring that we remain at the forefront of cancer research and innovation. We will also continue to collect and reflect on feedback across pathways and localities to further build a culture of quality improvement and self-reflection.

We will look beyond Greater Manchester at innovation projects between other Cancer Alliances and Academic Health Science Networks.

Key actions for us will be:

- Review the findings and learnings from the current tranche of innovation projects and roll them out more widely as appropriate.
- Stay at the cutting edge of innovation by learning from innovation outside of Manchester and piloting or adopting these where appropriate.
- Cancer Alliance to continue to work with Health Innovation Manchester to foster the environment and networks to accelerate innovation with a specific focus on early diagnosis.
- Cement Manchester as the leading place for innovation in cancer early diagnosis by supporting internal innovation, being willing to participate in pilot programmes and encourage participation in national research studies/clinical trials
- Continue to gather, reflect and act on feedback and new ideas to further build a culture of self-reflection and quality improvement.

## **Conclusion**

Only by identifying and harnessing innovation will we make the steps we need to towards the 75% early stage diagnosis ambition. With the collaboration and clinical expertise in Greater Manchester and within the Cancer Alliance we are in a strong position to move forward successfully in this field. We have a strong network of patient and carer representatives who can support and advise us through this work too and we will ensure this is a standing item for our early diagnosis plans going forward.



## **Ensuring the strategy lives on**

From its inception, this strategy has been designed to influence decision-making and behaviour. This approach has not only shaped its contents but also guided its collaborative development.

The strategy's creation involved in-depth discussions with partners across the system, fostering observations, reflections, and further dialogue. Only a small proportion of the insights gained can be described here. However, they have not only shaped the strategy but have strengthened relationships that will anchor the networks that will be fundamental in delivering this strategy. Furthermore, the engagement process has demonstrated widespread positivity, enthusiasm, and capability for improving early diagnosis.

We recognise that cancer diagnosis is an ever-evolving field - shaped by changing national and local priorities, organisational developments, emerging innovations, and dynamic population barriers – and we must ensure that the strategy and its implementation reflects this.

To ensure the strategy remains relevant and effective, it will undergo annual reviews led by the GM Cancer Alliance Early Diagnosis Programme Board. These reviews will assess progress, adapt to emerging trends, and address challenges. In addition, the review process will involve regular feedback from stakeholders, allowing for adjustments and maintaining its alignment with evolving priorities and innovations as we continue to strive forward to realise our vision.

Implementation of the strategy has begun, with specific local and pathway planning to bring priorities to life. These efforts will form part of the GM Cancer Alliance and ICB Early Cancer Diagnosis work plan, under the guidance and leadership of the Early Diagnosis Programme Board.

Together, we will ensure this strategy evolves and delivers lasting improvements in early cancer diagnosis to realise our future vision for the people of Greater Manchester, a future where everyone with cancer receives equitable and timely early diagnosis. By raising public awareness, reducing disparities, and fostering collaboration and innovation, we aim for continuous improvement to the proportion of cancers diagnosed at an early stage.

## **Appendix 1**

### **How we developed the strategy**

To build this strategy we reviewed a broad range of sources and data, including robust analytics on a combination of local and national datasets, internal and external benchmarking comparing localities and Greater Manchester to other Alliances in England, expertise from key stakeholders across Greater Manchester, VCFSE engagement and more. The following chapter summarises these sources and how they have been used.

This project used qualitative and quantitative analysis to ensure a comprehensive data review, meaningful engagement of stakeholders, and alignment of findings with clinical and operational insights. The methodology was executed in five main stages: data analysis, stakeholder consultations, theme identification, VCFSE engagement, and compiling the report. This approach enabled a nuanced understanding of pathway performance and contributed to a report that provides actionable insights for improving early diagnosis pathways.

### **Data Analysis**

We used a range of local and national publicly available data sources including NDRS 2013-2021, RCRD 2022-2023, and bespoke datasets such as the TLHC audit to understand the current opportunities and challenges for early diagnosis in Greater Manchester. Data was analysed to identify trends, key performance indicators, and areas where early diagnosis rates varied significantly between pathways. This quantitative analysis provided a foundation for insights into areas requiring further investigation and stakeholder input.

- **Data cleaning and preparation** to ensure accuracy, completeness and consistency across datasets.
- **Quantitative analysis** to calculate early diagnosis rates by pathway and demographic and compare these against national and peer benchmarks.
- **Identification of key insights** to flag significant variances in early diagnosis rates by cancer type to form the basis of initial findings.

A large part of this work focused on a data-driven deep dive into seven priority pathways. While many of the recommendations apply to all cancer pathways, these seven were chosen for closer analysis as they were identified as the pathways with the most opportunity for improvement in early diagnosis and, further, improving outcomes for large volumes of patients with these cancers. These pathways included: **breast, colorectal, head and neck, gynaecological, lung, upper GI and urologic**. When we refer to these pathways, we refer to all tumour sites within these groups.

For each of these seven priority pathways, we undertook a details analysis of a wide range of data about the diagnosis of that cancer, including for example: routes to diagnosis, demographic characteristics of those diagnosed and typical barriers to

being diagnosed early. This analysis allowed us to assess the performance of localities within Greater Manchester and, further, assess this performance against other Cancer Alliances in England.

### **Internal and External Benchmarking**

A key part of this strategy was assessing our performance internally and externally, specifically focusing on five chosen 'peer' Cancer Alliances across England for external benchmarking. The selection of peer alliances was guided by the RightCare methodology, which evaluates sub-Integrated Care Boards (ICBs) based on their: overall deprivation, health deprivation, population size, population density, age demographics, GP registration data, and ethnic diversity. These sub-ICBs were then mapped to their respective cancer alliances. According to this methodology, our peers were identified as West Midlands; South Yorkshire, Bassetlaw and North Derbyshire; West Yorkshire and Harrogate; Northeast London; Cheshire and Merseyside.

We recognise the need to identify and address unwarranted variation across GM. Thus, we consistently looked at locality-level variation within Greater Manchester and sought specific examples of best practice within each top-performing locality throughout our analysis.

Using National Disease Registry Service (NDRS) data, we were able to quantify the additional early diagnoses needed to reach the top-performing group within each tumour site. The highlighted column demonstrates that if all localities within Greater Manchester could reach the top-performing locality in terms of early diagnosis, a total of 639 individuals need to be diagnosed earlier. This would be sufficient for Greater Manchester would have the highest early diagnosis rate in England.

### **Stakeholder and VCFSE Engagement**

Key to the development of this strategy has been stakeholder and VCFSE engagement. Throughout the duration of the project, the team has met regularly with a wide range of stakeholders, including Place Based Cancer Leads, Pathway Managers, Pathway Clinical Leads, GP Cancer Leads, Primary Care Network representatives, alliance representatives with expertise in Health Inequalities, and more. This engagement has been paramount to developing actionable recommendations for the strategy and ensuring buy-in from across the system throughout the process. In parallel, we brought together a working group of local VCFSE organisations and people with a range of different lived experiences to advise on the development of the strategy.

### **Consultations with Pathway Managers and Clinical Leads**

After pulling together data packs, consultations with pathway managers and clinical leaders were conducted to contextualise the data. These discussions provided qualitative insights to help interpret data trends, identify possible factors influencing rates, and gather initial feedback on key findings.

- **Pathway Manager consultations** involved discussions around operation aspects and gathering insights on pathway-specific challenges.
- **Clinical Lead input** validated findings from a clinical perspective and assessed alignment with best practices in diagnosis.

### Thematic workshops

Workshops were conducted to explore emerging themes from the data analysis and preliminary consultations. These included engagement with the Cancer Alliance Senior Management team, patient reps, Place Based Cancer Leads, GP Cancer Leads, Primary Care Facilitators, academics, and the communication team. The workshops aimed to collaboratively identify and refine priority themes, discuss potential causal factors and consider implications for pathway improvements

- **Collaboration with stakeholders** facilitated the identification of the five key pillars and foundations of the strategy and the collection of qualitative feedback from a wide range of stakeholders on the identified themes.
- **Root cause analysis** enabled us to delve into potential reasons behind key themes.
- **Cross-disciplinary validation** ensured applicability and relevance in findings across different parts of the healthcare system.

### VCFSE engagement

We brought together a working group of local VCFSE organisations and people with a range of different lived experiences to advise on the development of the strategy.

Participating VCFSE organisations were commissioned to recruit a person with lived experience to bring with them to three workshops, creating a 'VCFSE+1' model whereby the VCFSE organisation and their lived experience partner helped shape the Early Diagnosis Strategy over the course of four months. The lived experience partners received a thank you payment as a recognition of their contribution to the process. The ambition was to get a sample of Greater Manchester's diverse population including groups at higher risk of experiencing health inequalities and also aiming for representation from across the 10 Greater Manchester boroughs. The lived experience partners in attendance were not required to have any experience of cancer diagnosis and care.

In total 11 VCFSE organisations took part, bringing the total number of participants for each workshop to approximately 22. The organisations were:

- **CanSurvive:** Cancer specific; work with black and minority ethnic groups across GM.
- **Manchester Deaf Centre:** Not cancer specific; works with the deaf community across GM.
- **Afrocats:** Not cancer specific; works with asylum seeker women across GM

- **Henshaws:** Not cancer specific; works with visually impaired people across GM but based in Salford.
- **Autizma:** Not cancer specific; works with people with autism and learning disabilities across GM.
- **Syngesis:** Not cancer specific; work with South Asian community; especially in Oldham.
- **Wai Yin Society:** Not cancer specific; work predominantly with the Chinese and Hong Konger community; across GM.
- **Black Beetle Health:** Works with LGBTQ+ people of colour across GM.
- **Mustard Tree:** Works with people experiencing socioeconomic inequality across GM.
- **Stockport County Community Trust:** Works with the local community in Stockport.
- **Irish Community Care Manchester:** Works with Irish and Irish Traveller community across GM.

Below is an overview of the content of the three workshops.

**Workshop 1** - The main objective of Workshop 1 was to bring VCFSE+1 participants together to introduce them to the project and to themselves. This workshop was delivered in person to build a sense of belonging and ownership. To help provide some real world examples of the importance of early diagnosis, people with lived experience of cancer diagnoses from the GM Patient and Carer Reps group shared their stories.

**Workshop 2** - The purpose of Workshop 2 was to collect feedback on various initiatives designed by the Alliance to increase rates of early diagnosis. National Voices colleagues presented case studies describing the various initiatives and the segments of the population they are targeting, and then guide participants VCFSE+1 participants through a facilitated conversation to capture their feedback.

**Workshop 3** - In Workshop 3 VCFSE+1 participants were asked to share previous examples of successful collaborative working and develop some draft working principles as a way of enhancing collaboration with the Alliance. Representatives from 10GM and the Alliance opened the session by describing the various ways in which the Alliance currently collaborates with the VCFSE sector.

### **Compiling the report**

The final stage involved synthesizing data analysis, stakeholder insights, and workshop findings into a comprehensive report. The report was structured to communicate both quantitative findings and qualitative insights, presenting a balanced and well-rounded perspective on early diagnosis pathways.

- **Data visualisation** was used to make complex patterns accessible to a broad audience.

- **Thematic narratives** were used to detail the identified themes, incorporating stakeholder insights and contextual factors.
- **Evidence-based recommendations** were formulated aimed at enhancing early diagnosis rates, improving pathway efficiency, and addressing any identified challenges.