HSJ Information

NHS Greater Manchester Cancer Alliance

Building a sustainable model of breast cancer care: *a system-level approach*

HSJ Information and Greater Manchester Cancer Alliance

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Introduction

Across the NHS, service providers are struggling with resource and financial pressures. The breast cancer pathway is likely to become more difficult to manage effectively for multiple reasons, including:

- more patients being diagnosed with breast cancer[1]
- increasing complexity of treatments and additional treatment options
- national workforce gaps and recruitment difficulties.

Healthcare organisations in Greater Manchester saw this as an opportunity to support clinical leadership and review the whole pathway to increase sustainability of the service and reduce variation by addressing five core elements of care:

- improving prevention efforts
- increasing early diagnosis
- achieving Faster Diagnosis Standard (FDS) targets[2]
- meeting 62-day treatment targets[3]
- ensuring patients live better.

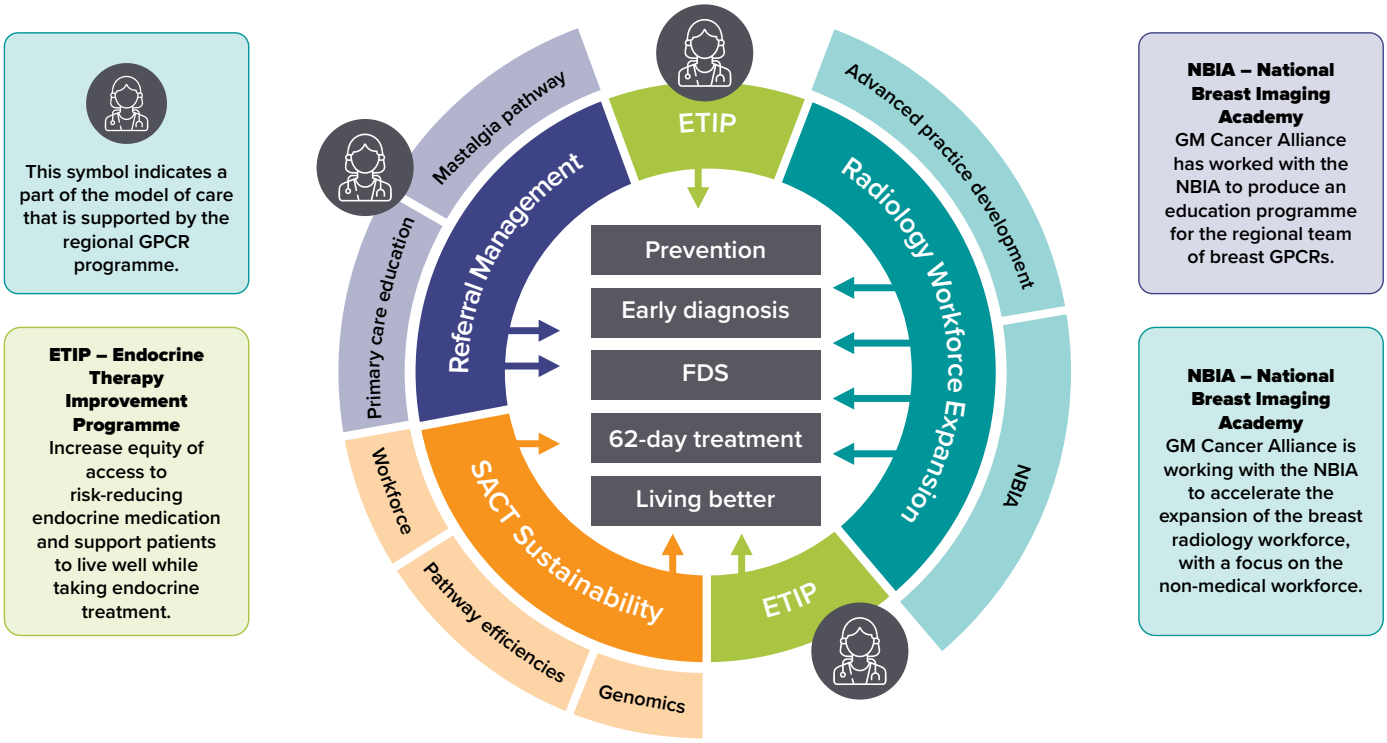
The Trust Provider Collaborative, which reports directly to Greater Manchester Integrated Care Board, tasked Greater Manchester Cancer Alliance with developing short-to-medium-term solutions to stabilise breast cancer services.

The breast team at Greater Manchester Cancer Alliance aimed to bridge the gap between localities and ensure there was a more uniform and sustainable response to breast cancer care across the whole population. They recognised that the drive to improve breast cancer services had to cover all parts of the breast cancer pathway – from referral and diagnosis to treatment.

The Cancer Alliance, with its bird's-eye view of the whole system, introduced a series of clinically-led short-to-medium-term solutions. Figure 1 illustrates how each of the solutions in the inner ring and their components in the outer ring address the five core elements of care at the centre, interacting to create a model of sustainable care covering the whole breast cancer patient pathway. The boxes outside the circle describe supportive elements of the model.

This report spotlights solutions, which can be implemented independently or as part of a broader transformation initiative. The following pages, which are colour coded in line with the solutions in the inner ring of Figure 1, describe the opportunities, actions and outcomes for each solution. The report demonstrates that struggling systems can transform their breast services by introducing a series of strategic interventions, to deliver incremental gains that result in a broader synergistic impact across the whole system.

Figure 1. Greater Manchester Cancer Alliance's model of sustainable care in breast cancer.[4]



ETIP, endocrine therapy improvement programme; FDS, Faster Diagnosis Standard; GM, Greater Manchester; GPCR, general practitioner with a cancer role; NBIA, National Breast Imaging Academy; SACT, systemic anti-cancer therapy.

Referral management

Opportunity

Prior to the COVID-19 pandemic, an audit showed that 20% of all breast referrals in Greater Manchester were for mastalgia (breast pain).[5] However, a 2021 prospective cohort study of 10,830 women in Manchester showed that mastalgia was associated with a very low risk of breast cancer (0.4%).[6]

Greater Manchester Cancer Alliance recognised an opportunity to release significant capacity from resource-intensive, triple assessment diagnostic clinics and provide a more appropriate pathway for women with mastalgia, avoiding unnecessary breast examination and imaging.[7]

Action

The referral management programme comprises two key components.[7]

Primary Care Education Programme

A comprehensive sustainable, three-year multimedia Primary Care Education Programme was developed to improve the quality of referrals into secondary care. This continuous programme, focused on:

- identification of red flag symptoms that require a suspected cancer referral
- primary care management of very low-risk breast symptoms, including mastalgia, physiological nipple discharge and gynaecomastia.
- incorporating management pathways for low risk symptoms into the primary care electronic information system via the 'Think Cancer' tool. This gives GPs access to the guidance during their consultations.

The aims were to:

- optimise primary care knowledge and confidence around managing mastalgia (as well as nipple discharge and gynaecomastia)
- support primary care to safely reduce unnecessary referrals and de-escalate the pathway for patients with very low-risk breast symptoms.

The Primary Care Education Programme was shared across Greater Manchester's 66 primary care networks (PCNs) and supported by aligned public-facing communication resources.

All resources in the education programme can be accessed online at: Breast Cancer Primary Care Resources and Education - Greater Manchester Cancer Alliance.

Mastalgia Telephone Clinics

A transformation project to implement a telephone mastalgia pathway in all breast services across Greater Manchester commenced in November 2022, supported by funding of £330,000 from NHS England.

The telephone pathway was designed to support the minority of women with mastalgia who cannot be managed in primary care in a way that complements the Primary Care Education Programme and does not undermine the message that mastalgia can usually be safely managed in primary care.

The telephone pathway avoids unnecessary intimate examination and diagnostics, avoids the need for travel and prolonged time off work, and saves capacity within stretched breast services.

Standardised documentation, including a standardised operating procedure, patient information leaflets and patient letters, are all available online at: Mastalgia – Greater Manchester Cancer Alliance.

> It was key to provide evidence-based education to upskill primary care colleagues to manage mastalgia confidently.

> The Primary Care Education Programme was a three-year project commitment, and now forms part of an ongoing programme of education, as you cannot expect to reach hundreds of GP practices with one or two education sessions. Education to change practice has to be persistent and consistent to be effective.

Outcomes

- Implementation of the regional Primary Care Education Programme safely reduced mastalgia referrals from 20% of all breast referrals to less than 5% in some localities.[8]
- Modelling demonstrates that a mastalgia referral rate of 5% of all breast referrals avoided 6,760 triple assessment clinic appointments per year in Greater Manchester in 2024/2025. This supports the achievement of the FDS for patients with suspected cancer symptoms.
- Through Cancer Alliance-led, system-wide implementation, all breast services in Greater Manchester and East Cheshire were offering a telephone-based mastalgia clinic by September 2024, 12 months ahead of the NHS planning guidance target.
- A patient survey found that 93% of patients in the initial pilot were satisfied with the care they received and 97% would recommend the service to a family member or friend.[10]
- Modelling demonstrates that the telephone-based mastalgia clinic resulted in the de-escalation of a further 1,537 secondary care appointments in Greater Manchester in 2024/25, releasing capacity in the resource intensive triple assessment clinic.

Endocrine therapy improvement programme

Opportunity

Endocrine therapy is used to treat hormone receptor-positive breast cancer, working by blocking oestrogen from reaching breast cancer cells or lowering the amount of oestrogen in the body.[11,12] It can reduce the risk of cancer occurrence or recurrence by up to 50%.[13,14] About 80% of individuals diagnosed with breast cancer will be advised to take endocrine therapy, with more than 45,000 people starting this treatment in the UK every year.[13]

Studies show that 20–50% of women do not complete endocrine therapy,[15] often due to the impact of challenging side-effects on their quality of life.[13] Data from Greater Manchester showed that 90% of patients experience troublesome side-effects and 35% consider stopping endocrine therapy as a result.[4]

Clinicians and cancer nurse specialists across Greater Manchester were raising concerns with the Cancer Alliance regarding misinformation in the press, media and social media about the safe use of hormone replacement therapy (HRT) in women with a personal history of breast cancer. Primary care and breast service staff members had reported increasing queries about HRT from patients with breast cancer.

Only one breast service in Greater Manchester was offering risk-reducing endocrine therapy (RRET).[4,13]

Action

Greater Manchester Cancer Alliance developed an Endocrine Therapy Improvement Programme (ETIP) with three objectives.[16]

Improve support for patients on endocrine therapy

A layered educational programme was designed to upskill the breast cancer workforce to better support patients to complete their endocrine therapy.[4,13] This included:

- cognitive behavioural therapy (CBT) training for specialist breast care nurses, supported by the British Menopause Society
- online education modules and infographics on management of side-effects from endocrine therapy, which included patient testimonials
- education masterclass attended by more than 350 delegates on management of side-effects
- development of a specialist multidisciplinary team (MDT) service to address complex endocrine therapy-related needs for patients who cannot be supported by their local breast services, using innovation funding from the Christie Charity and the Cancer Alliance Personalised Care team.

Provide evidence-based information on HRT

With support from clinical experts and service users, a patient information leaflet was developed to support informed decision-making for patients. This is available in the 20 most used languages in Greater Manchester.[13]

Increase uptake of RRET

The Cancer Alliance worked in collaboration with experts across Greater Manchester to develop a standardised toolkit to support family history clinicians to offer RRET for women at moderate to high risk of developing breast cancer in their lifetime, in line with National Institute for Health and Care Excellence (NICE) guidelines.[11] The toolkit included standardised assessment documents, decision-making algorithms, patient information leaflets, and prescription request documents. With the support of the system's PCNs, this helped non-prescribing family history specialist nurses to advise primary care about initiation of treatment.[4,13]

All ETIP resources can be accessed online at: Endocrine Therapy - Greater Manchester Cancer Alliance.

Outcomes

Supporting patients on endocrine therapy

- More than 350 delegates attended the education masterclass.
- More than 60 people have accessed the education modules.
- Infographics and education are available for primary care colleagues through GatewayC.
- A specialist MDT clinic is available for any breast service in Greater Manchester to refer into. It provides expert advice and support from a team of surgeons, oncologists and specialist nurses to support patients struggling with side-effects to continue on their RRET.

Provision of HRT information

- The HRT leaflet was shared with primary care across Greater Manchester and is combatting misinformation in the media.

Increasing uptake of RRET

- Following the introduction of the standardised toolkit for RRET across all breast services in Greater Manchester and East Cheshire, all six services are now offering eligible patients RRET, compared with one service prior to the toolkit being introduced.
- More patients at moderate to high risk of developing breast cancer now have access to treatment that can reduce their risk of recurrence by up to 50%.[13,14]
- Uptake and compliance will continue to be audited.

> This programme is about supporting patients to continue to take a very effective and inexpensive treatment which can reduce the risk of recurrence by up to 50%.

Stabilising systemic anti-cancer therapy (SACT) services

Opportunity

While more people are being diagnosed with breast cancer, effective treatments mean that people are living longer with the disease.[4] The increasing number and complexity of treatments puts pressure on healthcare systems to provide access to SACT for the growing population of patients living with primary and metastatic breast cancer.[4]

Greater Manchester Cancer Alliance worked with the Christie NHS Foundation Trust to develop a plan to sustain breast cancer oncology services in the delivery of high-quality patient care while meeting this increasing demand.

Action

A programme of work was agreed, including expanding the clinical workforce, streamlining pathways and embedding equitable access to genomic testing. Several pathway improvement initiatives are underway.[17]

Electronic Patient Reported Outcome Measures

Embedding electronic Patient Reported Outcome Measures (ePROMs) to stratify patients' side-effects to the appropriate healthcare professional or clinic. In some cases, clinic appointments can be avoided.

Collaborative Working Partnership

A Collaborative Working Partnership (CWP) with Novartis UK, with a grant of £350,000, has supported a two-year project to improve pathway efficiency. A team of cancer navigators has been embedded within Greater Manchester's breast oncology service to streamline the pathway, enhance the patient experience, and relieve oncologists from additional administrative duties, allowing them to work at the top of their skillset.

Embedding equitable access to genomic testing

Germline mutations are inherited gene alterations that increase an individual's risk of developing a cancer in their lifetime. National Genomic Test Directory inclusion criteria for germline mutation testing for patients diagnosed with breast cancer have broadened year-on-year.[4]

Greater Manchester Cancer Alliance was an early adopter of mainstreaming genomic testing in breast cancer services using a regional toolkit. This includes a decision-making algorithm, patient information and consent form, and educational videos for patients and clinical teams.

As additional targeted SACT has been licensed, including poly-adenosine diphosphate ribose polymerase (PARP) inhibitors, more patients require genomic testing. Since mainstream testing was already embedded in all breast services in Greater Manchester, services were open to expanding the inclusion criteria for local germline mutation testing by incorporating additional decision-making algorithms in the toolkit.[17]

Outcomes

Electronic Patient Reported Outcome Measures

- The ePROMs tool to monitor toxicity of SACT in patients was successfully embedded in the pathway.[17]
- Patients agreed that the tool was easy to use and understand, allowed them to express concerns, and led to an improved telephone review.[17]
- 90.3% of patients completed at least one ePROM form, with a mean proportion of forms completed of 79.2%.[17]
- Operational efficiency was improved, with significant reductions in clinical time, including consultant time.[17]

Collaborative Working Partnership

The CWP project is ongoing, and the Greater Manchester team are working to streamline the referral pathway, reducing the administrative burden on the clinical workforce and ensuring patients have a single point of contact to improve their experience.

Embedding equitable access to genomic testing

- Mainstream genomic testing is embedded in all breast services in Greater Manchester, with support of a Cancer Alliance-hosted pathway implementation toolkit.
- Clinical nurse specialists in breast surgical services consent patients for genomic testing using standardised patient information and consent forms, meaning patients don't need to go to the specialist genomics or oncology centre for consent.
- Patient pathways are streamlined, treatment delays are reduced, and capacity is released from tertiary genomics service and oncology clinics.

Diversifying the breast cancer workforce

Advanced practice in radiology

Opportunity

Radiology is central to breast cancer care, leading diagnosis and surveillance and supporting the treatment pathway. As breast cancer diagnosis and treatment become more sophisticated, pressure on radiology services increases.

However, the NHS is facing a national shortage of radiologists.[4] The Royal College of Radiologists' 2024 workforce census found that the radiology workforce overall grew by 4.7% (compared with 6.3% in 2023), but demand for computed tomography and magnetic resonance imaging grew by 8% (compared with 11% in 2023).[18,19] The overall shortfall in clinical radiology is forecast to rise from 29% in 2024 to 39% by 2029.[19]

In the 2024 workforce census, breast radiology:[19]

- had a 4.8% average annual attrition rate over the past five years, the highest among radiology specialties, compared with growth of 1.3% in 2023
- has a forecast retirement rate of 22% within the next five years, the third highest among clinical radiology specialties.

With breast radiologists leaving at a greater rate than they are being replaced, the workforce is at a net loss.

There is an urgent need to recruit, retrain and retain radiographers with enhanced, advanced and consultant roles within the NHS.[18] Planned, supportive upskilling of radiographers will promote continuous professional development (CPD), diversify the workforce, support the diminishing number of radiologists and allow individuals to work at the top of their skill set.

Action

Cancer Alliances are in an ideal position to work alongside imaging networks to support this vital workforce group.

Greater Manchester Cancer Alliance introduced initiatives aimed at helping the radiologist workforce by:

- increasing understanding of the roles and responsibilities for advanced practice in breast radiography and support consistency of levels of practice
- working with stakeholders to improve equity of access to continuing professional development for breast advanced practitioners
- supporting radiographer development to ensure they adhere with the four pillars of practice in line with the Aspirant Cancer Career and Education Development (ACCEND) programme.[20]

In 2024, the Greater Manchester Cancer Alliance held a series of workshops that identified significant variation in roles and responsibilities in radiology departments across the region.[4] This included inequalities between providers and disciplines – for example, reponsibilities and support for advanced nurse practitioners in breast services compared to advanced radiographer practitioners.[4] To address this variation, the team have developed a breast-specific roles and responsibilities specification for enhanced, advanced and consultant radiographer practice.

The specification aligns with national frameworks including the Multi-professional framework for advanced clinical practice in England, and the Education and Career Framework for the Radiography Workforce. Providers can use the speciality-specific specification to map their organisation's alignment with the national framework to identify opportunities to reduce role variation across the region.

Greater Manchester Cancer Alliance is developing a new breast cancer-specific radiography-specific CPD programme. This breast radiography CPD programme will cover all four pillars of advanced practice including clinical practice, leadership and educator roles, research, audit and advanced communication skills.

The National Breast Imaging Academy (NBIA) delivers high-quality training programmes for breast imaging staff and an innovative, online, technology-enhanced learning hub. The Cancer Alliance promotes the learning opportunities the academy offers and encourages Greater Manchester providers to engage with the academy's Mammography Associate Apprenticeship, the International Radiologist Fellowship Programme and the Breast Clinician Credential, all of which support the expansion of the breast radiology workforce.

Outcomes

- Development of a breast-specific roles and responsibilities specification for enhanced, advanced and consultant radiographer practice, which aligns with published national frameworks.
- Focus on advanced practice in radiology and workforce expansion aims to upskill the non-medical workforce within breast radiology departments and reduce role variation across the region.

> Workforce data shows that radiology is under-resourced and that breast radiology is the most under-resourced of all.

Diversifying the breast cancer workforce

General Practitioners with a Cancer Role (GPCRs)

Opportunity

Greater Manchester Cancer Alliance faced challenges in achieving targets for cancer waiting times due to workforce fragility.[4] One of the recommendations of the NHS Workforce Plan is to develop a flexible workforce with more generalist and core skills to work with specialists.[21]

General Practitioners (GPs) who do not wish to work full time in primary care may be open to increasing their NHS hours by developing a portfolio career. General Practitioner with Cancer Roles (GPCR) can strengthen the cancer workforce whilst providing job role variation for experienced primary care doctors.

Greater Manchester Cancer Alliance aimed to recruit and train a cohort of GPs to work within specialist breast multidisciplinary teams and increase job satisfaction within the GP cohort.[4]

This pilot was initially developed to support delivery of the mastalgia pathway (see page 3) and ETIP project (see page 4). The Cancer Alliance decided to expand the pilot, because it was so successful in these settings and as GPCRs can also support oncology clinics, for example, drug-specific ribociclib clinics.

Action

Greater Manchester Cancer Alliance received funding from NHS England in October 2022 to support the implementation of a mastalgia (breast pain) pathway across Greater Manchester and East Cheshire. Part of this funding was used to finance the recruitment of six GPs with Extended Roles (GPwER) – now referred to as GPCRs – at each of the region's six breast service providers to rapidly add capacity to the system.[22]

Recruitment was made as straightforward as possible, with standardised job descriptions, personal specifications and interview templates to reduce the administrative burden on managers and clinical leads. The positions were advertised through PCNs and localities, and GPCRs were recruited to all six services within a six month period.[22]

Developing GPCRs at a Cancer Alliance level is beneficial due to the education and peer support a Cancer Alliance can provide. System-wide support and education for the newly recruited GPCRs included:

- an induction programme
- competency framework
- online education programme
- peer support
- educational events.

The roles and responsibilities of the GPCRs in breast cancer services broadly cover:[22]

- delivery of the Greater Manchester mastalgia pathway telephone clinics
- delivery of triple-assessment one-stop diagnostic clinics
- working with existing family history colleagues to ensure equity of access to risk-reducing medication for women at increased risk of developing future breast cancer
- supporting diagnostic MDT meetings.

Outcomes

A GPCR was appointed at each breast service in Greater Manchester, with standardised job descriptions, training and a competency framework.[4] A robust education and peer support programme was also initiated.[4]

- GPCRs were able to work independently within 20 days of the programme launch:
  - delivering mastalgia telephone clinics
  - supporting equitable access to RRET
  - providing additional capacity for triple assessment clinics to meet the 28-day FDS national target.[2]
- Likert scales were used to evaluate GPs' opinions of their jobs at induction and six months into the role.[22] A positive shift was seen in all questions relating to job satisfaction, personal development and work/life balance. Fewer GPs were considering leaving their job, moving to a role outside healthcare, reducing hours (despite an overall increase in NHS working hours), career breaks or retirement.
- This pilot showed that GPCRs within breast cancer services can deliver:
  - a strengthened cancer workforce, delivering better cancer care
  - improved collaboration between primary and secondary cancer care
  - attractive, cancer-specific portfolio careers for GPs.
- An expansion of this pilot into breast oncology with further recruitment of GPCRs is ongoing, with six being appointed to work across oncology clinics in Greater Manchester, following the initial cohort in breast surgical services.

Communication and engagement

Opportunity

In recent years, the Greater Manchester Cancer Alliance Communications and Engagement Team has carried out an extensive programme of public and patient engagement awareness from both a symptomatic perspective and, working with colleagues at Greater Manchester Integrated Care Board (ICB), from a screening perspective for breast cancer.

The objective was to raise awareness among individuals in Greater Manchester about the value of breast screening, the signs and symptoms of breast cancer, how to check their breasts and what they should do if they spot any symptoms of concern.

Action

During 2024–2025, the Cancer Alliance used a multitude of communications assets and channels to spread engagement and awareness messages of signs and symptoms of breast cancer, how to check breasts and the importance of attending breast cancer screening, through:

- organic social media (Facebook, Instagram, X (Twitter), YouTube and LinkedIn
- paid social media advertising (Facebook and Instagram)
- paid advertorials and digital display adverts in local newspapers and websites.

Figure 2. Campaign materials.

Four case study stories involving women from Greater Manchester featured on the Cancer Alliance's website and social media channels, along with NHS England social media assets.

The Cancer Alliance created six new bespoke videos that were posted to YouTube and promoted on social media. These videos featured senior healthcare professionals (HCPs) working in Greater Manchester, and stressed both the importance of breast cancer symptom awareness and of attending screening. Six animations on 'how to check your breasts', which also included the importance of attending screening, were developed in English, Urdu and Arabic, and were also promoted on social media.

These assets were shared, along with wording for social media, on the Cancer Alliance's online campaigns resource centre. This goes out to more than 250 stakeholders in the Greater Manchester area who are interested in promoting health information on their channels, including voluntary, community and social enterprise (VCSE) organisations, charities, public health and council colleagues and other NHS organisations.

Outcomes

Communications from the Cancer Alliance reach a broad population in Greater Manchester. The team estimates that their content has been seen more than a million times during 2024-2025.
A selection of highlights include:

- An advertorial news story about a patient with metastatic breast cancer received 126,000 impressions, was read 1.3 million times on the Manchester Evening News website and was also published in print.[23]
- An advertorial in the Manchester Evening News featuring a woman in her 30s having been diagnosed with breast cancer and sharing the signs and symptoms of breast cancer received 177,000 impressions and was also shown in print.[24]
- A case study sharing the story of an African Caribbean woman's experience of having breast cancer and the importance of visiting a GP for any concerns received more than 250,000 impressions across different sites.
- Further digital display advertising generated more than 44,000 impressions.
- Animations in Urdu and Arabic have received nearly 3,800 views on YouTube.
- Organic social media content using the hashtag #GMBreastCancer received around 430,000 impressions; a further 20,700 impressions were generated via an Instagram advert and 6,400 on Google Adverts.
- Targeted messaging on local Manchester-based radio stations and social media accounts, engaging typically underserved communities.

Summary

Strong clinical leadership is key to improving patient pathways and creating a sustainable model of breast cancer care. Clinically-led healthcare systems ensure quality improvement is credible, realistic, acceptable and close to the service user.

The Greater Manchester Cancer Alliance provides senior clinicians with dedicated, remunerated programmed activity to prioritise development and delivery of cancer care improvement, and pairs this clinical leadership with raising up the patient voice, to ensure the patient view is heard throughout service development and change management.

Work undertaken by the Cancer Alliance highlights that over-stretched systems can make system-wide improvements by implementing a series of practical, achievable, but high-impact interventions, delivering incremental gains that, together, can stabilise a service during a period of financial challenge.

Cancer Alliances provide a link between national and local teams, with oversight of what is occurring at a national level combined with a granular view of what is happening locally. They can interpret national reports and recommendations and understand how these can be translated into local pathways.

Cancer Alliances can take a system-wide view across primary, secondary and tertiary care, including research institutions and voluntary, community and social enterprise sector organisations. Cancer Alliances are positioned to consider the whole cancer pathway, from prevention and early diagnosis to treatment, performance, personalised care and living with cancer. This can improve continuity of care for patients and ensure joined-up cancer pathways.

Cancer Alliances also support workforce and education planning across the cancer system, improving dissemination of information at a system-wide level, sharing good practice, improvements and innovations and avoiding duplication.

The Greater Manchester Cancer Alliance breast cancer model of care could only be successfully embedded with support from the whole system to translate strategy into operational delivery. Achieving this required engagement, collaboration and priority alignment across key stakeholders.

The Greater Manchester Cancer Alliance breast leadership team – headed by passionate clinical leads and a committed programme manager – spent several years working on improving engagement across key stakeholders. The leadership team had clinical credibility, described a strong case for change and developed a system-wide network which supported the introduction of the new model of care.

Partnership working between NHS organisations and industry was also valuable in developing the new model of care. Using the alliance structure, combined with industry support, gave clinicians the headspace to be innovative, the resource to prove concepts and pump-prime innovation, and the option to make decisions and implement change on a whole pathway, whole system basis.

By taking a bird's eye view of the whole system, the team at Greater Manchester Cancer Alliance was able to identify areas for improvement, recognise potential risks, and develop an actionable and impactful plan to achieve the goal of a holistic sustainable model for breast cancer care.

The Greater Manchester Cancer Alliance breast team are planning more work to build on the existing gains and further optimise breast cancer care in their region. We hope that this report will give other organisations confidence to use these innovations as inspiration, or develop their own, understanding that a series of incremental gains can result in significant benefits across a cancer system.

Top tips for organisations to improve local cancer pathways

- Consider a whole pathway approach to develop the care model, rather than considering individual projects in isolation.
- Identify a realistic number of service improvement opportunities that will deliver incremental gains and bring these together to describe a whole pathway model of care.
- Securing 'quick wins' in a model of care is important to maintain team engagement and build confidence in the care model.
- Clinical leadership, engagement and consensus are required throughout the consultation, development, delivery and sustainability processes.
- High-quality cancer care cannot be delivered without strong engagement with primary care – consider the value of generalists throughout the cancer pathway, including the potential of GPs with Cancer Roles (GPCR).
- Stakeholder engagement, co-development and co-ownership are imperative, remembering that the service user is the most important and valuable stakeholder.
- Communication is key. Provide regular updates to stakeholders to maintain their engagement and demonstrate what has been achieved.
- Persistence with education and communications is essential. Repeat the same messages in multiple modalities and ensure messaging is easy to access for as many target users as possible.
- Consider collaboration with the voluntary, community and social enterprise sector and industry partners to access their strengths and capabilities.

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