

2022/23 Programme Overview

Sefton



Introduction



The outlook for cancer services, care and treatment across Cheshire and Merseyside (C&M) is very different from a year ago.

While COVID-19 has not gone away, thanks to the dedication of everyone who works in healthcare to deliver the coronavirus vaccines, the burden of its effects on our colleagues across the NHS has lessened considerably. For several months now, Cheshire & Merseyside Cancer Alliance (CMCA) has focused on the 'recovery' phase of the pandemic. We have been supporting primary, secondary and tertiary care in tackling cancer in many different ways to achieve the vision of the NHS Long Term Plan in saving thousands of lives each year by dramatically improving how we diagnose and treat cancer.

The main areas of our work include:

- **Reducing waiting times for diagnosis or treatment that some patients face in certain parts of the service**
- **Improving awareness of the symptoms of cancer so people are encouraged to come forward earlier with signs of disease**
- **Working with healthcare professionals to provide improved, personalised and faster treatments and care for patients and their families**
- **Creating new initiatives to prevent cancer developing in the first place**

This pack intends to provide an overview of our 2022/23 programmes of work, with a specific focus on projects and initiatives underway in Sefton.

All these initiatives are designed to enhance outcomes for people living with and beyond cancer in each area and community in C&M. To do this comprehensively in everything we do, we have concentrated on achieving equity of access to cancer care and treatment – by recognising and removing barriers that certain individuals and communities face in receiving it.

Our work would not be possible without the co-operation, support and partnership of not only the NHS and other healthcare organisations in C&M, but also of our dedicated colleagues in the charity, voluntary and public sectors who are keen to focus on cancer. By working together, we can return to the steady progress we were making before the pandemic in reducing the number of deaths due to cancer across C&M – and lessening the concern that people understandably feel when faced with a cancer diagnosis.

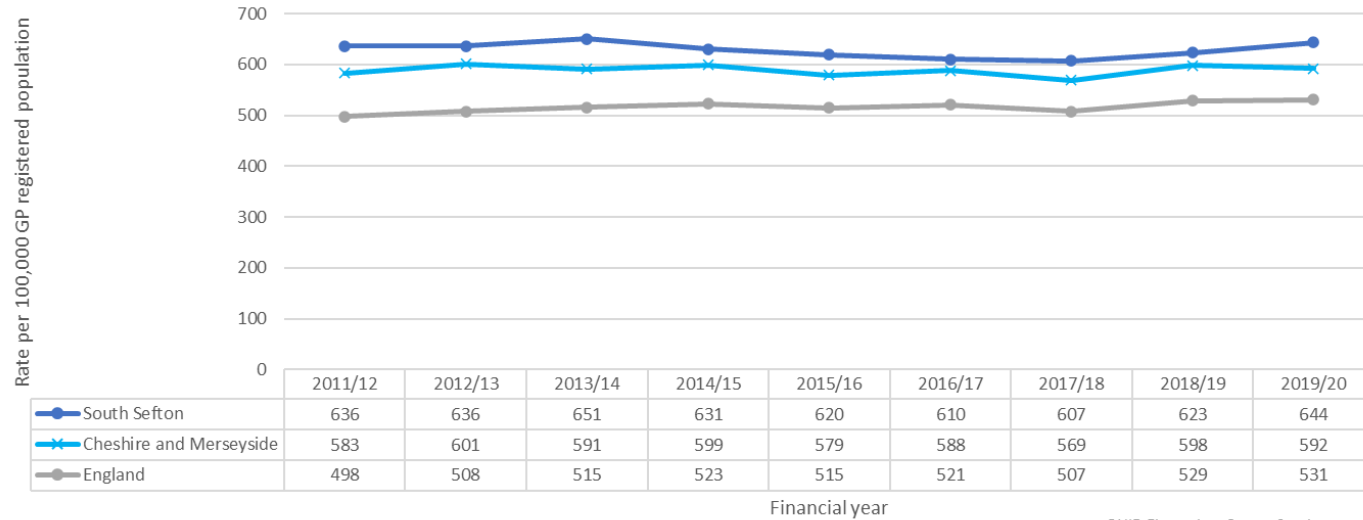
Ultimately, this means giving patients, their families and friends hope of a positive outcome that is cancer-free or having a full life while living with the disease. We hope this annual report outlines the many areas that cancer prevention, diagnosis, treatment and care is improving, to give hope to everyone touched by cancer across Cheshire and Merseyside – now and in the future.



Data: Cancer Incidence



**New cancer cases per 100,000 GP registered population
2011/12 – 2019/20**



The most recent cancer incidence data refers to 2019/20.

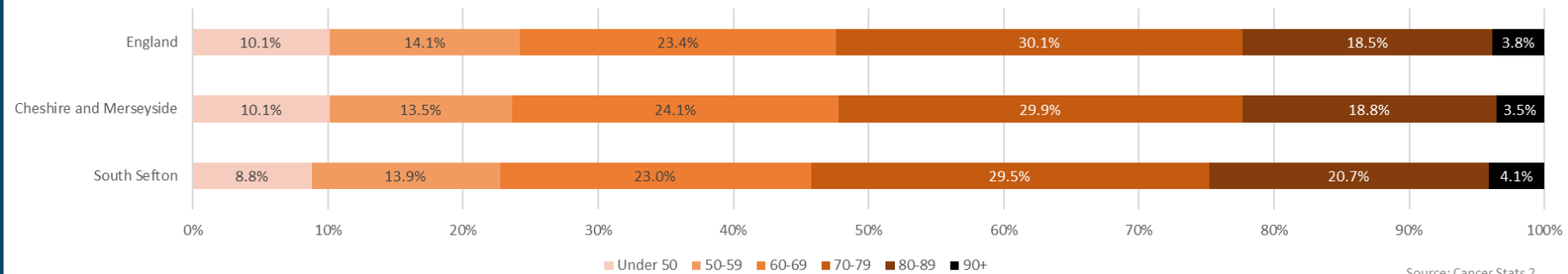
In South Sefton, **cancer incidence (rate per 100,000)** is higher than in Cheshire and Merseyside, and higher than in England as a whole.

For every 100,000 people registered with a GP practice in South Sefton, **644** were diagnosed with a new cancer in 2019/20 compared to 592 in Cheshire and Merseyside and 531 in England as a whole.

OHID Fingertips: Cancer Services

The proportion of new cancers in each age range was statistically similar in South Sefton to both Cheshire and Merseyside and England as a whole in 2019.

**Cancer incidence 2019
by age range**

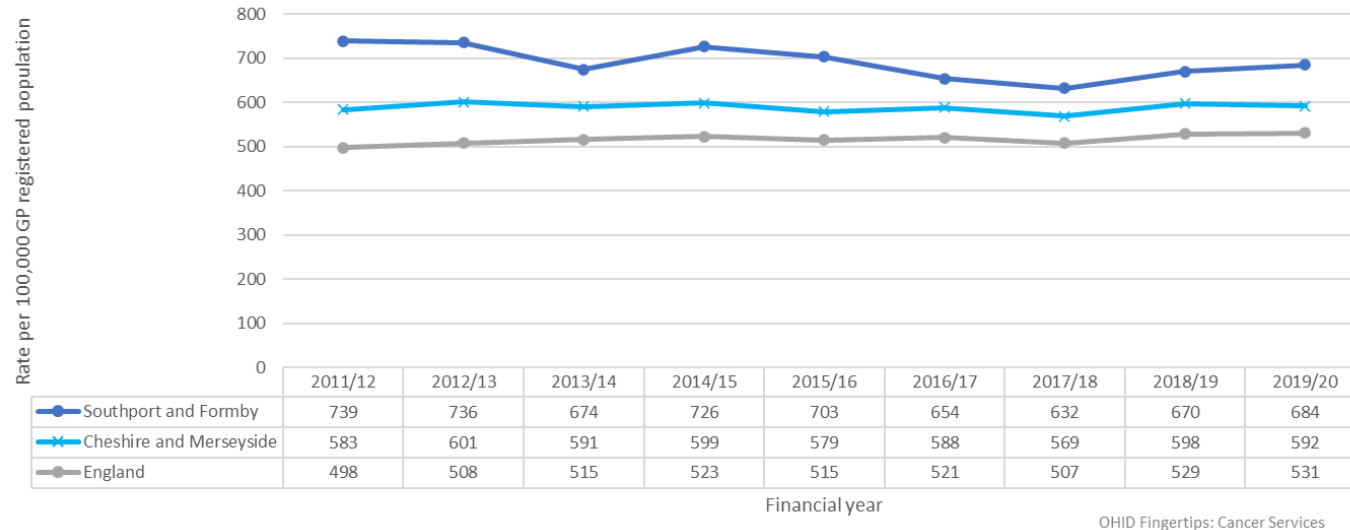


Source: Cancer Stats 2

Data: Cancer Incidence



**New cancer cases per 100,000 GP registered population
2011/12 – 2019/20**



The most recent cancer incidence data refers to 2019/20.

In Southport and Formby, **cancer incidence (rate per 100,000) is higher than in Cheshire and Merseyside**, and higher than in England as a whole.

This is in line with the relatively high proportion of people aged over 50 living in this area (49% vs 40% in Cheshire and Merseyside overall).

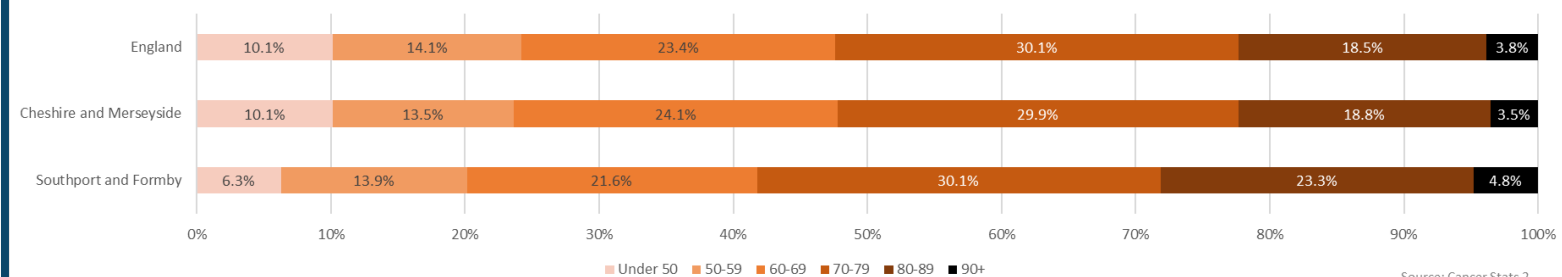
For every 100,000 people registered with a GP practice in Southport and Formby, 684 were diagnosed with a new cancer in 2019/20 compared to 592 in Cheshire and Merseyside and 531 in England as a whole.

In 2019, the proportion of new cancers in Southport and Formby in the 80-89 age range was significantly higher than the England average (23.3% vs 18.5%), and also significantly higher than the Cheshire and Merseyside average.

The proportion of new cancers in the under 50 age range was significantly lower than England (6.3% vs 10.1%), and also significantly lower than Cheshire and Merseyside.

The proportion of new cancers in the other age ranges were statistically similar to both Cheshire and Merseyside and England.

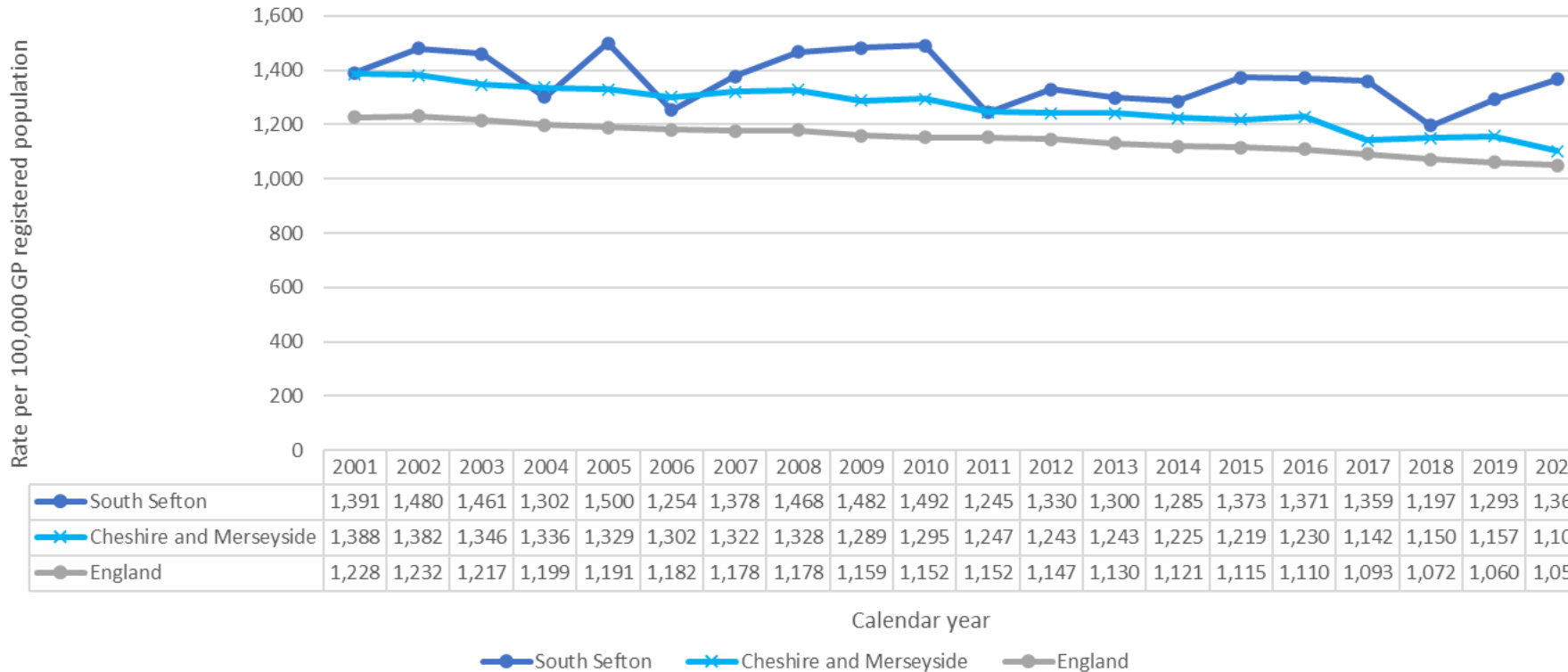
**Cancer incidence 2019
by age range**



Data: Cancer Mortality (65+)



Mortality rate from cancer, ages 65+ per 100,000 GP registered population
2001-2020



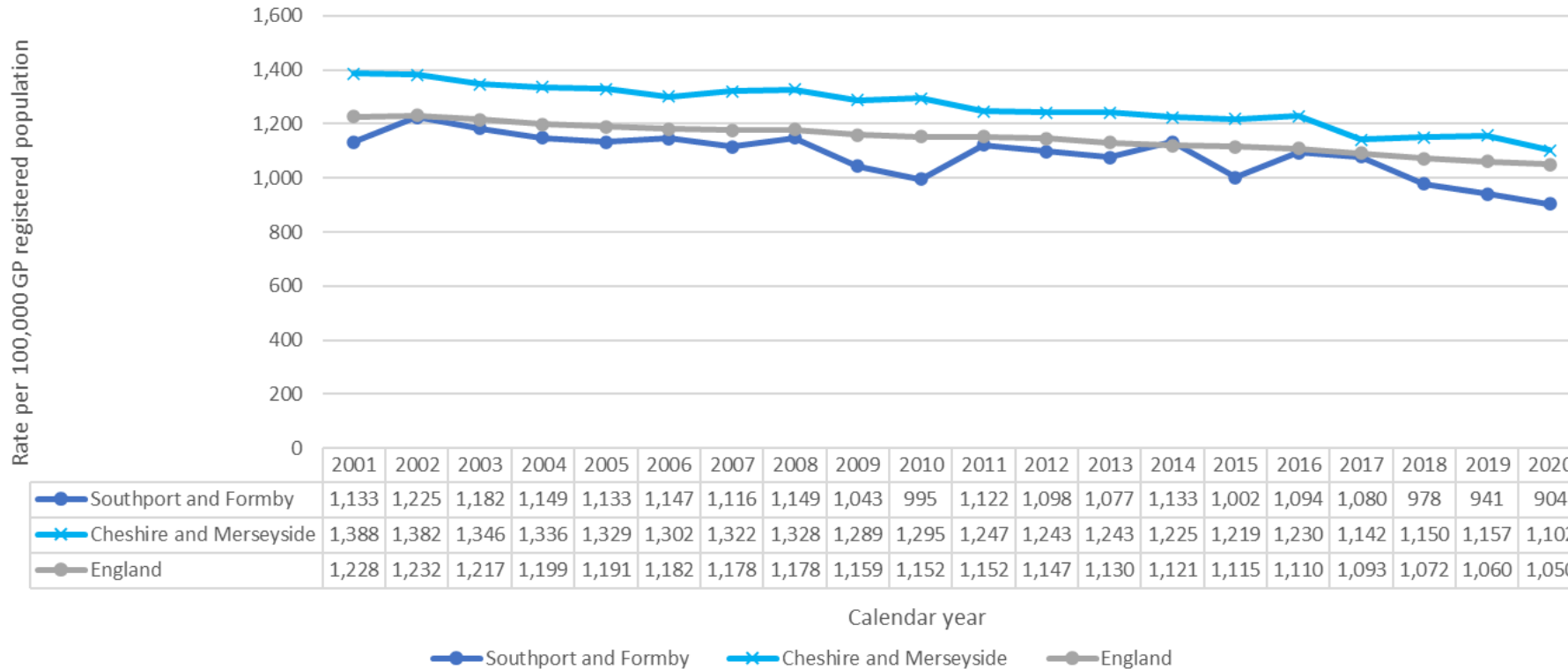
The most recent cancer mortality data refers to 2020.

In South Sefton, **cancer mortality in people aged 65 and over (rate per 100,000) is higher than in Cheshire and Merseyside, and higher than in England as a whole.**

Data: Cancer Mortality (65+)



Mortality rate from cancer, ages 65+ per 100,000 GP registered population
2001-2020



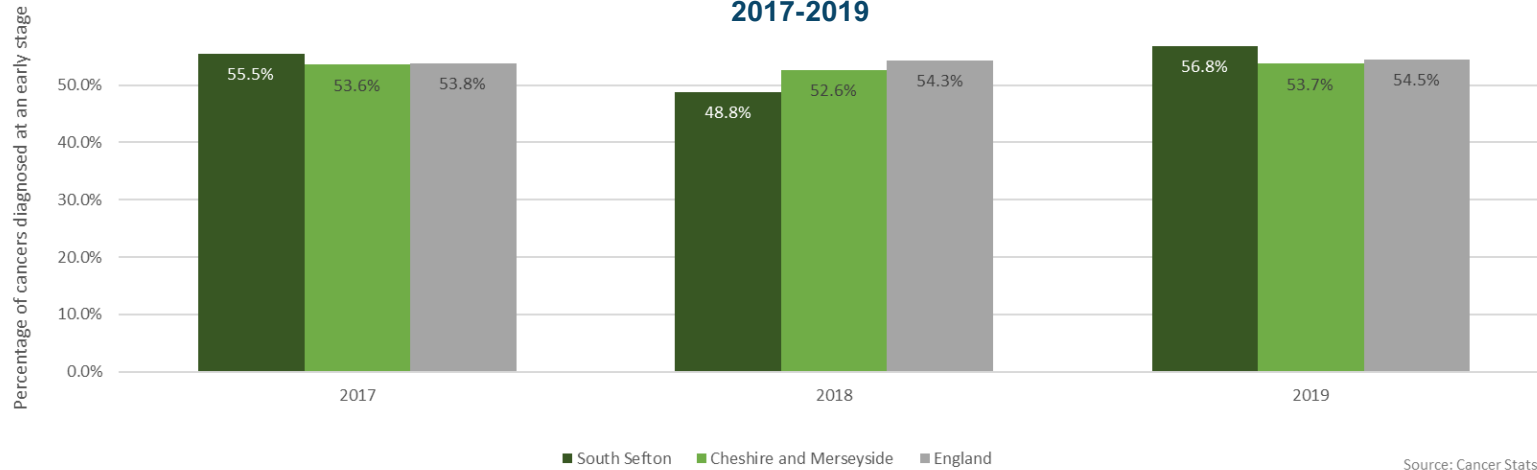
The most recent cancer mortality data refers to 2020.

In Southport and Formby, cancer mortality in people aged 65 and over (rate per 100,000) is lower than in Cheshire and Merseyside, and lower than in England as a whole.

Data: Early Diagnosis



Early diagnosis trend: cancers with a known stage
2017-2019



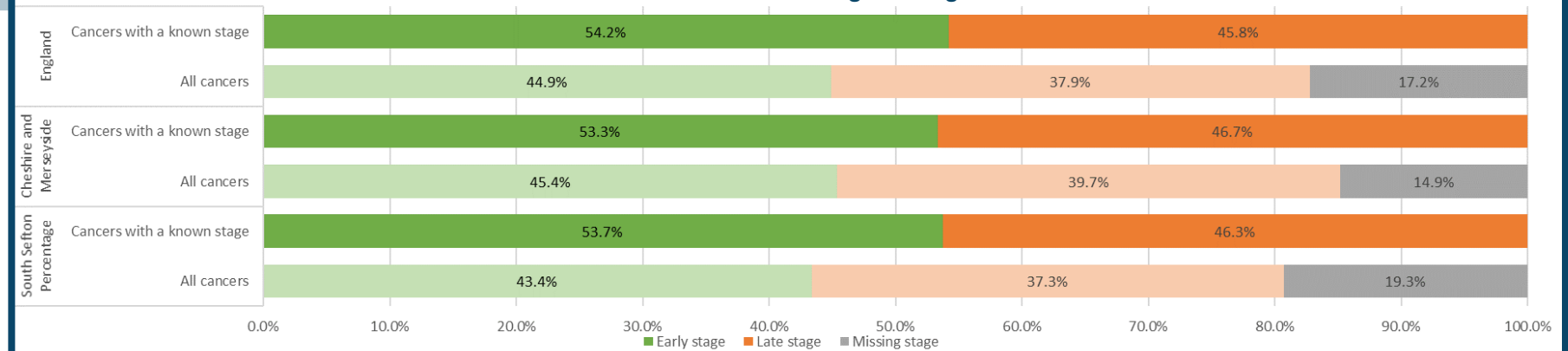
Early diagnosis in South Sefton increased between 2017 and 2019.

In Cheshire and Merseyside, early diagnosis rates increased slightly between 2017 and 2019, from 53.6% in 2017 to 53.7% in 2019. This is in line with England as a whole.

In South Sefton, 53.7% of cancer diagnoses with a known stage between 2017 and 2019 (three years pooled) were diagnosed at an early stage. This is higher than the proportion of early diagnoses in Cheshire and Merseyside as a whole (53.3%), and lower than the proportion of early diagnoses in England (54.2%).

80.7% of all cancer diagnoses in South Sefton (2017-2019) had a known stage, compared to 85.1% in Cheshire and Merseyside and 82.8% in England as a whole.

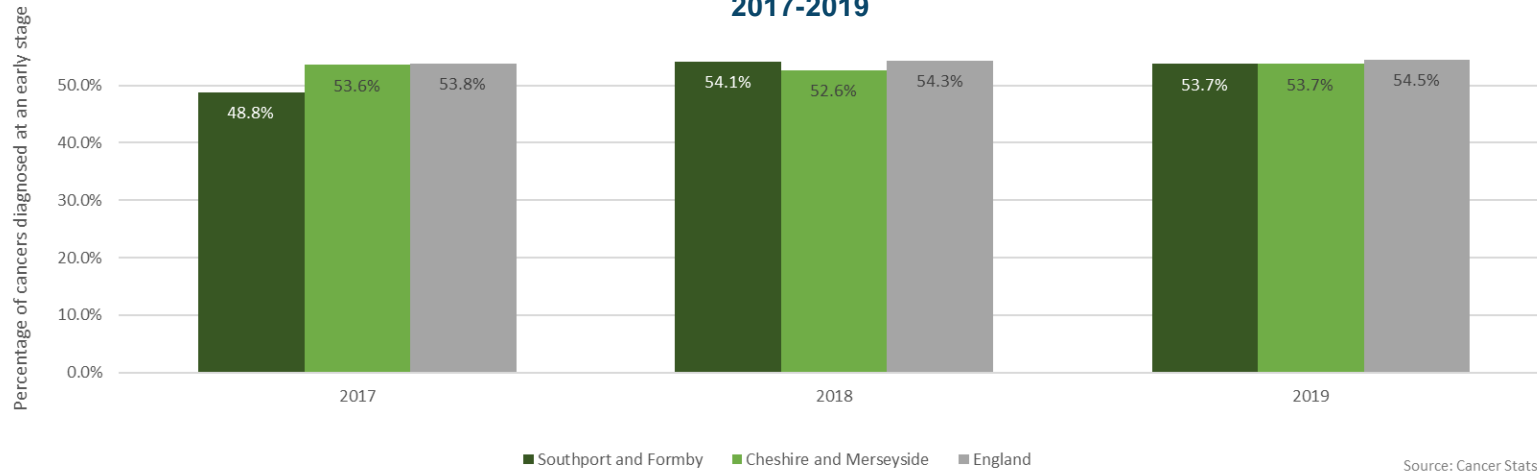
South Sefton - cancer stage at diagnosis



Data: Early Diagnosis



**Early diagnosis trend: cancers with a known stage
2017-2019**



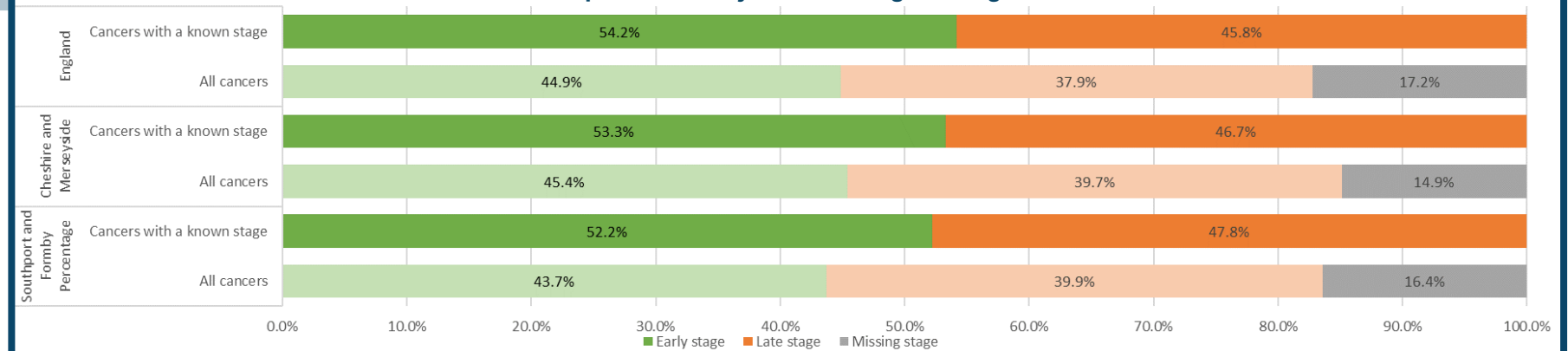
Early diagnosis in Southport and Formby increased between 2017 and 2019.

In Cheshire and Merseyside, early diagnosis rates increased slightly between 2017 and 2019, from 53.6% in 2017 to 53.7% in 2019. This is in line with England as a whole.

In Southport and Formby, 52.2% of cancer diagnoses with a known stage between 2017 and 2019 (three years pooled) were diagnosed at an early stage. This is lower than the proportion of early diagnoses in Cheshire and Merseyside as a whole (53.3%), and lower than the proportion of early diagnoses in England (54.2%).

83.6% of all cancer diagnoses in Southport and Formby (2017-2019) had a known stage, compared to 85.1% in Cheshire and Merseyside and 82.8% in England as a whole.

Southport & Formby - cancer stage at diagnosis

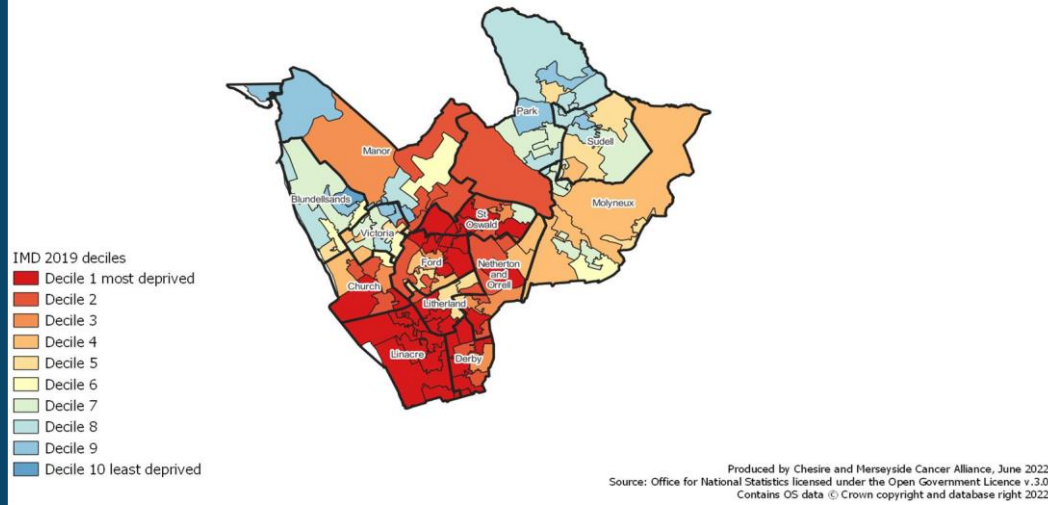


Data: Deprivation



Indices of Multiple Deprivation 2019 by neighbourhood (LSOA)

Overall levels of deprivation
South Sefton Clinical Commissioning Group
 Overlaid with Local Authority Ward Boundaries



Tackling health inequalities is a key priority of the Cancer Alliance. Part of the project initiation process includes consideration of the impact projects could have on health inequalities.

The Indices of Multiple Deprivation (IMD) rank neighbourhood areas called Lower Super Output Areas (LSOAs) in England based on seven domains of deprivation:

Income, Employment, Education, Health, Crime, Barriers to Housing and Living Environment.

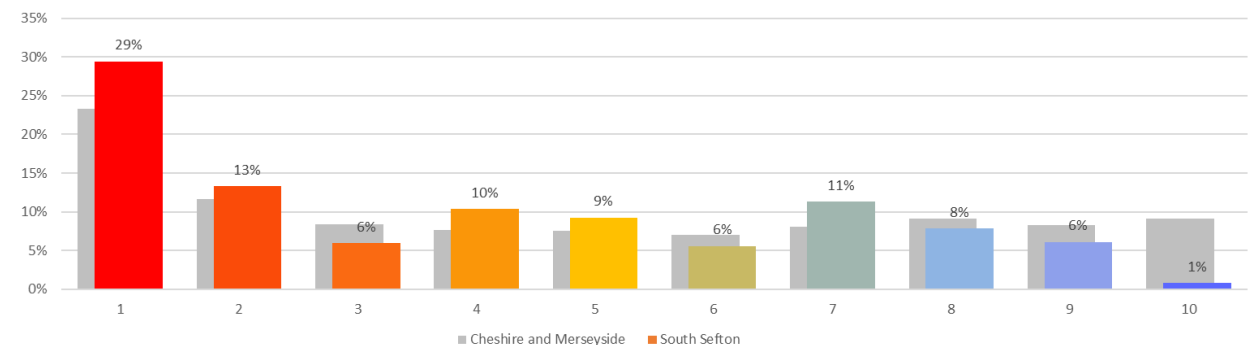
LSOAs are then grouped into Deciles, with Decile 1 being the top 10% most deprived areas in England and Decile 10 being the 10% least deprived areas in England.

Approximately 1,600 people live in each LSOA.

Of the 159,700* people living in South Sefton, **29% live in areas classed as the top 10% most deprived nationally. 43% live in areas classed as the top 20% most deprived nationally.**

*2020 Office for National Statistics Mid-Year Population Estimates

South Sefton Proportion of the population living in IMD deciles

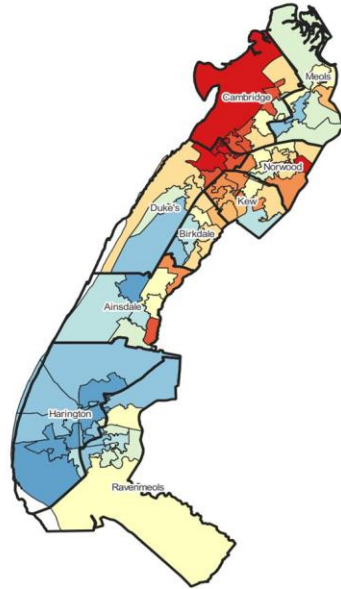


Data: Deprivation



Indices of Multiple Deprivation 2019 by neighbourhood (LSOA)

**Overall levels of deprivation
Southport & Formby
Clinical Commissioning Group**
Overlaid with Local Authority Ward Boundaries



IMD 2019 deciles
 Decile 1 most deprived
 Decile 2
 Decile 3
 Decile 4
 Decile 5
 Decile 6
 Decile 7
 Decile 8
 Decile 9
 Decile 10 least deprived

Produced by Cheshire and Merseyside Cancer Alliance, June 2022
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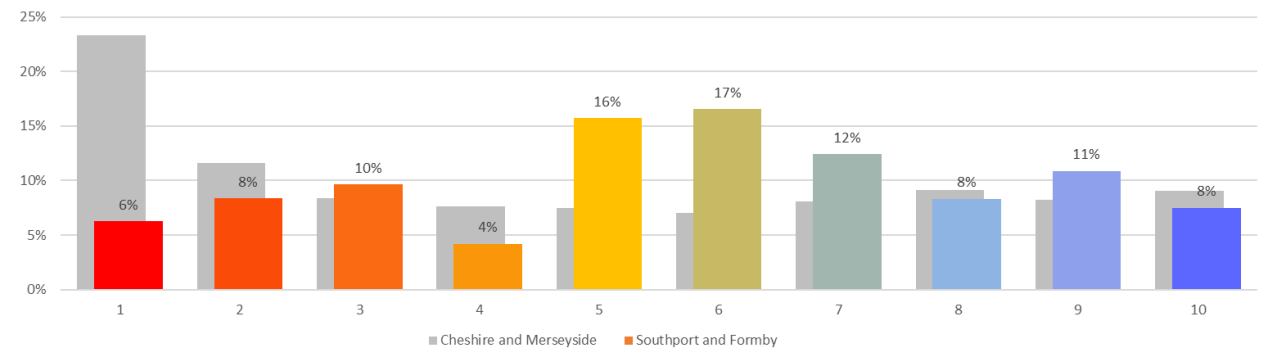
LSOAs are then grouped into Deciles, with Decile 1 being the top 10% most deprived areas in England and Decile 10 being the 10% least deprived areas in England.

Approximately 1,600 people live in each LSOA.

Of the 116,200* people living in Southport and Formby, **6% live in areas classed as the top 10% most deprived nationally. 15% live in areas classed as the top 20% most deprived nationally.**

*2020 Office for National Statistics Mid-Year Population Estimates

Southport & Formby Proportion of the population living in IMD deciles




Programme Objectives



The 2022/23 CMCA Programme

For further information and an overview of the aims and objectives of each programme area detailed below, please visit our website [here](#).

Faster Diagnosis	Health Inequalities & Patient Experience	Personalised Care	FIT	Prevention & Early Detection	Workforce	Gynaecology	Primary Care
Complete the rollout of Non-Specific Symptom pathways to achieve 100% population coverage by March 2024	Embed a focus on health inequalities and patient experience into the work of Cheshire & Merseyside Cancer Alliance	Promote personalised care for all people with cancer	Implement an agreed, consistent model for provision of FIT to patients	Promote, encourage, and empower people to have healthier lifestyles	Develop an Online Cancer Education Platform 	Establish a coherent gynaecological cancer programme	Provide primary care with practical support to implement early cancer diagnosis agenda
Implement the sequencing of pathways and achieve the maximum timeframes of all published FDS Best Practice Timed Pathways	Reduce, and remove, unfair and avoidable differences in access to, and quality of, care received by patients in Cheshire & Merseyside	Implementation of stratified follow-up for all appropriate people with cancer at the end of treatment and where appropriate for those with a long term condition where there is a high risk of cancer	Work with local pathology networks to ensure that sufficient lab capacity is available	Diagnose more cancers through cancer screening programmes before signs and symptoms of cancer appear	Supporting ICS and Clinical Network Workforce Development	Implement and deliver a first phase programme of work to deliver the future model of care	Provide primary care with clinical cancer expertise through GP lead roles
Implement a set of core improvements across all cancer pathways	Increase diversity amongst those consulted and involved	Understand quality of life data and develop improvement plans	Collect the FIT Minimum Dataset to ensure effective FIT uptake and effective use in clinical prioritisation	Empower patients to present early with possible signs and symptoms of cancer	Recruit, Retain and Upskill our Cancer Workforce	Identify required second phase projects to deliver the future model of care	Develop and deliver education for primary care to support with early cancer diagnosis
Define and deliver a locally agreed set of pathway innovations and improvements	Improve the patient experience of those living with and beyond cancer	Optimise patients who are suspected to have or have been diagnosed with cancer to improve their health, wellbeing and outcomes	Effective use of data on FIT uptake to ensure uptake is benefitting all patient groups	Modernising the tissue for genomics pathway(s) practice	Support New Ways of Working and Delivering Care	Work with partners to develop stronger working relationships across the system based on partnership	Support Primary Care to increasing participation in Cancer Screening Programmes
Work with ICSs and Providers to ensure that sufficient diagnostic capacity is available for use in cancer pathways	Sustainability of the HIPE programme	Reduce unwanted variation across the cancer treatment pathway	Engage with primary care to encourage provision of FIT kits, and with secondary care to ensure FIT results are informing decisions about onward investigation	Understand and start to tackle health inequalities and the impact of cancer		Work with ICSs and Providers to ensure that sufficient diagnostic capacity is available for use in gynaecological cancer pathways	Provide primary care with IT templates to improve patient experience and outcomes



Health Inequalities & Patient Experience (HIPE) Programme

CMCA is committed to ensuring that a focus on health inequalities and patient experience is embedded and sustained within each of our programmes. We have introduced a HIPE champion within each CMCA programme, to act as an advocate for health inequalities and patient experience within their own area of work. The following HIPE initiatives cut across all of our work, including our projects in Sefton.

Foundation for Engagement

The purpose of this project is to set out how CMCA engages with people in the planning, design, and delivery of projects. It enables CMCA to **proactively listen to the views of the local community**, and to address health inequalities by tailoring projects to meet a diverse range of needs.

The first stage of the project provides an initial step to involving patients, carers and public members in the planning, design and delivery of projects and enabling them to **make a real difference** to the services provided.

Stage two involves developing a menu of options for involvement in partnership with patients, carers, and public members. It will enable CMCA to work directly with communities to ensure that they are collaborated with in each aspect of a decision, or that a community-development approach to projects is taken, to allow **participation to become more meaningful**.

Diverse Patient & Carer Representatives

The purpose of this project is to recruit diverse patient and carer representatives to CMCA, and to create a patient and carer network. It will enable CMCA to proactively listen to the views of a wide range of people, and address health inequalities by tailoring projects to meet a diverse range of needs.

An efficient governance system for involving patients, carers, and public representatives has been developed, and we started to create a patient and carer network to provide assistance and support to new and existing representatives.

Surveys

This initiative will promote and act upon the results of national annual cancer surveys including the National Cancer Patient Experience Survey (CPES), Under 16 Cancer Patient Experience Survey and Quality of Life Survey.

Health Inequalities Staff Network

We will develop and establish a regional health inequalities staff network for NHS colleagues working in cancer services who have an interest in tackling health inequalities

CMCA Roadshow

CMCA travelled to **10 locations across Cheshire and Merseyside**, in partnership with Healthwatch and Macmillan Cancer Support, between May and July 2022. The purpose of this Roadshow was to listen to people's cancer experiences, and understand how people are feeling about cancer services in their local area. More than **300 interactions** were had with the public and with representatives from community organisations.

A secondary aim of the Roadshow was to recruit patient representatives from diverse backgrounds; and, a total of **29 people volunteered** to share their patient story/become a patient representative.

Findings from this pilot will be shared with stakeholders across Cheshire and Merseyside, and outcomes will continue to be monitored during 2023/24

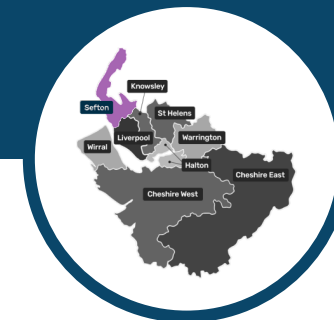


Deaf & Hard of Hearing Community Project

This project aims to work with the deaf and hard of hearing community to co-produce interventions that support and empower D/deaf people to recognise and act on the potential signs and symptoms of cancer. It will also empower CMCA to understand and act upon the needs of D/deaf people within all stages of project development. This will include:

- Engagement with the deaf and hard of hearing community
- Co-produce development and promotion of a British Sign Language Library
- Create a platform to embed two-way communication with the deaf and hard of hearing community and CMCA
- CMCA project managers trained in deaf awareness

Faster Diagnosis



Faster Diagnosis Programme

CMCA is working in partnership with **Liverpool University Hospitals NHS Foundation Trust** and **Southport and Ormskirk Hospital NHS Trust** to establish a comprehensive programme that will oversee the development and implementation of Faster Diagnosis services across all cancer pathways by 2024. Implementation is planned in a phased approach over two years, with plans expected to be approved in Q3 2022/23.

Faster Diagnosis implementation will help to ensure a timely and effective service provision to patients presenting with cancer symptoms and will help to provide the highest quality care to patients, whilst reducing variation in patient access to diagnostic and treatment options.

Faster Diagnosis Programme Objectives						
NSS Pathway rollout to 100% population coverage						
Best Practice Timed Pathways Implementation						
By March 2024, BPTPs will be published for all suspected cancer pathways, including for Non-Specific Symptoms			Teledermatology and Community Spot Clinics should be made available			
Priority Pathway Improvements						
Single point of contact and appointment reminders	Cancer Decision Support Tools	Electronic Referrals	Straight to test and clinically-led triage	Coordinated Testing	Optimal and appropriate onward referral	More effective feedback loops
Locally Defined Pathway Innovations e.g. self-referral, virtual triage hubs, combined pathway approaches, supporting accessibility and reducing health inequalities						
Work with ICS and Providers to ensure that sufficient diagnostic capacity is available						

Faster Diagnosis Key Principles		
<p>1. Early identification of patient where cancer is possible, including outreach to target existing health inequalities</p>	<p>2. Timely referral based on standardised referral criteria and appropriate filter function tests</p>	<p>3. Broad assessment of symptoms resulting in effective triage, determining whether and which tests should be carried out and in what order, based on individual patient need</p>
<p>4. Coordinated testing which happens in fewer visits and steps for the patient, with a significantly shorter time between referral and reaching a diagnosis</p>	<p>5. Timely diagnosis of patients' symptoms, cancer or otherwise, by a multi-disciplinary team where relevant, and communicated appropriately to the patient</p>	<p>6. Appropriate onward referral to the right service for further support, investigation, treatment and/or care</p>
<p>7. Excellent patient coordination and support with patients having a single point of contact throughout their diagnostic journey, alongside access to the right information, support and advice.</p>		
<p>8. The team will be aware of clinical trials and research opportunities available with their speciality and will support all eligible patients to access this.</p>		

Workforce



Workforce Programme

The CMCA Workforce programme aims to support our cancer workforce to reach their full potential through the delivery of training and education. We support the transformation of our workforce to respond to new challenges, deliver new ways of working and offer the best possible patient care. Our programme is delivered in partnership with Health Education England (HEE).

The Cancer Academy

The Cancer Academy is a **free online cancer education and resource platform** for health professionals, funded by CMCA. Launched in September 2022, the first phase of the project has focused on the provision of high-quality education, training and resources for **Cancer Support Workers** and **Primary Care** professionals.



The Cancer Academy is available for all healthcare professionals [here](#)

CMCA is committed to the long-term development of The Cancer Academy and further content and online training resources will be published in a phased approach over the next 2-3 years.

MDT Coordinator Training

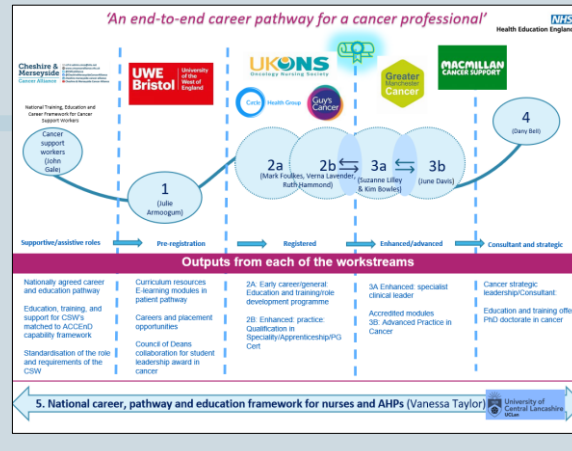
A key enabler of the MDT Optimisation work across C&M was recognition of the need for investment and support in the training and development of the MDT Workforce.

We are delivering an online e-Learning solution for MDT Coordinators at **Liverpool University Hospitals NHS Foundation Trust** and **Southport and Ormskirk Hospital NHS Trust**, to train and educate regarding the latest Cancer Waiting Times standards.

Cancer Support Worker Framework

CMCA is leading on a HEE-funded programme of work for England, Wales, Scotland and Northern Ireland, to develop a competency, education, and career framework for Cancer Support Workers (CSWs).

We have now joined the national HEE-led **ACCEnD programme** to collaborate on the development of a career and education development framework for the nursing and AHP cancer workforce.



Principles of Cancer Care Programme

CMCA offers a wide range of personalised education resources, including access to our **Principles in Cancer Care Programme (PCCP)**, which aims to help to standardise education and good practice amongst the cancer supportive workforce.

We will be offering over 100 training places this year, embedding expert knowledge of cancer, psychological and communication skills to ensure Cancer Support Workers can release their full potential and integration of the role within cancer services.

“The Cancer Academy provides a collaborative platform, working with healthcare, charities, social care and voluntary sectors to create high quality resource to improve knowledge and confidence around cancer related matters from prevention through to treatment.”

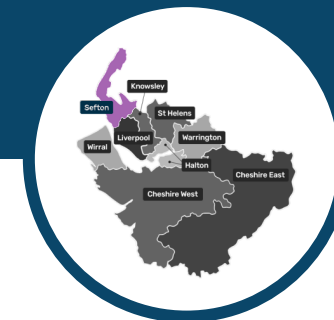


Dr Debbie Harvey
GP & Clinical Lead for The Cancer Academy

HEE Training & Development

CMCA continues to work in collaboration with the **HEE (North West) Cancer Workforce Programme** to increase the workforce and develop knowledge and skills in the priority specialisms identified in the HEE National Cancer Workforce Strategy.

Gynaecology & FIT



Gynaecology Programme

A new Gynaecology Programme has been established to take forward the recommendations from the **2022 Gynaecology Cancer Pathway Review** commissioned by CMCA and undertaken by the NHS Transformation Unit.

The review used a mixed methods approach to review data, guidance, service configuration, workforce, current practice, and transformational opportunities for cervical, ovarian, vulval and endometrial cancers both suspected and diagnosed. The review explored services from patient presentation in primary care through to diagnosis and first definitive treatment.

The outcome of the review was used to inform the collaborative development of a **vision and new model of care**, which supports standardised and consistent service delivery and best clinical practice across all sites.

It is expected that this programme will deliver significant early benefits in 2022/23 and will run over multiple years. The core aims of the programme for the next 12 months are:

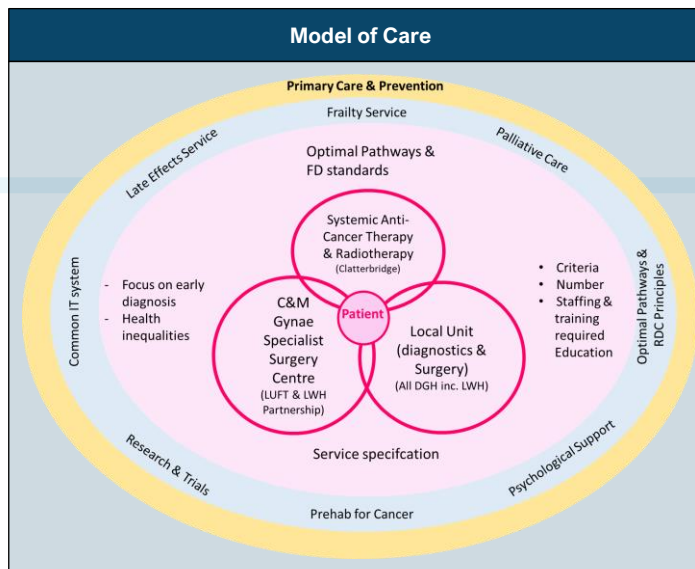
- 1 **Improving time to diagnosis and treatment decision making**
- 2 **Development of a C&M approach to follow up, including the use of digitally supported follow up tools**
- 3 **Establishment of Cancer Units at WHH and S&O**
- 4 **Improving cervical screening rates across C&M in collaboration with other programmes of work**

Vision

For all gynaecological cancer services in C&M to work as a partnership and collectively be recognised for excellence in patient care, teaching, education and research.

Mission

To provide patient centred, personalised, timely responsive, high quality, evidence-based care for patients with proven or suspected gynaecological cancer.



FIT Programme

The aim of the Faecal Immunochemical Testing (FIT) programme is to build on progress made from 2018 to 2022, ensuring that a consistent FIT model is in place, supported by an effective pathology model and that all patients with Lower GI (LGI) symptoms receive a FIT where clinically appropriate and in line with guidance and emerging evidence.

What is FIT?

FIT is a stool test that is designed to identify possible signs of bowel disease by detecting faecal occult blood (hidden blood).

In combination with clinical review, FIT testing provides a safe, minimally invasive, rapid and accurate way to determine a patient's risk of having a LGI cancer.

The test has a high negative predictive value of at least 97% which means that FIT is an effective diagnostic test and superior to symptoms in predicting pathology in patients with suspected cancer symptoms.

CMCA is supporting **Liverpool University Hospitals NHS Foundation Trust** and **Southport and Ormskirk Hospital NHS Trust** to implement the new symptomatic FIT pathway and secondary care negative pathway, in collaboration with primary care and pathology stakeholders. Furthermore, the programme aims to ensure that there is appropriate evaluation and closure of the backlog/surveillance FIT project that has supported endoscopy recovery.

CMCA is working with **NHS Cheshire & Merseyside ICB** to ensure FIT is sustained for 2022/23 and beyond, to provide sufficient commissioned capacity so that every urgent suspected LGI cancer referral is accompanied by a FIT result where clinically appropriate (Current national target 80%).

Working in partnership with:

Personalised Care

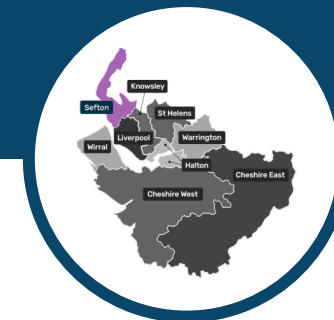


Personalised Care Programme

Cancer affects many residents of Cheshire and Merseyside all with their own specific needs. It is therefore essential that care received is personalised and tailored to ensure that experience of cancer care is as positive as possible and that best outcomes for patients are achieved. Our projects have a focus on personalised care, but critically on how this will empower cancer patients to take more control and responsibility for their holistic needs with necessary support provided closer to home utilising mainstream community provisions as much as possible.

Personalised Stratified Follow-Up (PSFU)	Holistic Needs Assessments (HNAs)	Patient Initiated Follow-Up (PIFU)	
<p>PSFU is a vital part of improving patient care and experience but also helps to address the serious challenges of demand and capacity throughout cancer pathways.</p> <p>There are now over 10,000 patients registered for PSFU across Cheshire & Merseyside and we estimate that over 27,500 outpatient appointments will have been released by patients moving to remote PSFU by the end of 2022/23.</p> <p>CMCA will continue work with Liverpool University Hospitals NHS Foundation Trust and Southport and Ormskirk Hospital NHS Trust to develop and implement successful PSFU pathways.</p>	<p>CMCA is collaborating with Macmillan to scope the current uptake and quality of HNAs across Cheshire & Merseyside.</p> <p>This information will identify local barriers to the use of HNA systems, support shared learning and the development of solutions, and inform HNA development.</p> <p>A report will be published in Q3 which includes recommendations for Sefton to take forward a plan which will help to improve the quality and patient experience of HNAs.</p>	<p>PIFU is supported self-managed follow-up for those with a wide range of health conditions, including those at high risk of cancer, utilising the principles of PSFU used for cancer patients.</p> <p>CMCA is working in partnership with Liverpool University Hospitals NHS Foundation Trust to implement a PIFU pre-prostate cancer pathway. We are developing surveillance and patient-initiated follow-up in non-cancerous conditions of the prostate to identify those who require clinical review, investigation and repeat MRI or biopsy, enabling improved patient safety and personalised care.</p>	
<h3>Prehabilitation</h3>		Cancer Care Map	Quality of Life Survey (QoL)
<p>In August 2021, a model of prehabilitation for onco-geriatric patients at Aintree Hospital was developed with the intention to expand the service across all Liverpool University Hospitals NHS Foundation Trust sites.</p> <p>We are offering prehabilitation to patients undergoing surgical interventions for upper gastro-intestinal (UGI), hepato-pancreato-biliary (HPB) and colorectal cancer, prioritising those patients with the greatest clinical need and providing a focus on improving the support for frail patients that are undergoing surgery. This project will continue until March 2023 with evaluation commencing in June 2022.</p>		<p>CMCA is collaborating with Cancer Care Map to develop an online, reliable source of regularly updated cancer services for patients, their families and friends.</p> <p>This resource will promote self-management through the identification of local support services, which can be accessed directly.</p> <p>We will promote this service to ensure cancer patients have access to vital services and support.</p>	<p>CMCA is proactively working to understand the needs and make improvements in the QoL survey for patients with cancer. We will be delivering communication and engagement activities to achieve a higher response rate to the QoL survey and increase uptake within under-represented groups.</p> <p>We are collaborating with key stakeholders to map psychosocial support services, pathways and training in C&M, and produce a development plan for their improvement</p>

Prevention & Early Detection



Prevention & Early Detection (PED) Programme

Earlier diagnosis of cancer will save or extend more lives and improve quality of life for people affected by cancer. CMCA's PED programme is supporting and empowering Cheshire and Merseyside communities to reduce their risk of developing preventable cancers and supporting cancer professionals to detect and refer cancers earlier.

Tobacco Control	Obesity	Genomics
<p>Smoking is the largest cause of preventable cancers linked with nearly 1 in 5. CMCA is working with partners throughout Cheshire & Merseyside to reduce smoking rates, leading on a number of targeted activities to promote, encourage and empower people to stop smoking, including:</p> <ul style="list-style-type: none">• A region-wide Maternity service driven smoking in pregnancy programme• A paediatric version of the national tobacco plan with Alder Hey Children's Hospital.	<p>Obesity is the second largest cause of preventable cancer. CMCA has committed to a five-year programme of funding to enable a long-term, sustainable approach to increase the overall volume and reach of initiatives designed to improve rates of overweight and obesity.</p> <p>We are also working with Health Equalities Group (HEG) on a region-wide, whole system approach, that aims to increase connectivity across the system, to bring a greater focus on overweight and obesity as an issue, and further facilitate activity and impact across the region.</p>	<p>NHS Galleri Trial The NHS-Galleri trial is investigating a new blood test to see if it can help the NHS detect cancer early when used alongside existing cancer screening. Early clinical trials have reported that the test can detect more than 50 types of cancer, often before symptoms occur.</p> <p>The trial is a partnership between NHS England and GRAIL (the company who developed the test) and is coordinated by The Cancer Research UK & King's College London Cancer Prevention Trials Unit. The trial launched in Cheshire and Merseyside in August 2021 and will return to Sefton this year for participants' second (12 month) appointments.</p> <p>Lynch Syndrome Testing Around half of all people with Lynch syndrome develop colorectal cancer. CMCA is working with the North West Genomic Medicine Service Alliance, Cheshire and Merseyside Pathology Network and Clinical Services to implement the Lynch syndrome pathway. We are ensuring that each colorectal and endometrial MDT is engaged, with active champions that are trained and supported to fully adopt Lynch syndrome testing as a mainstream practice. National data indicates that this change could improve overall early diagnosis rates by 0.9%, which is a significant gain in our aims.</p> <p>Improving the Molecular Pathway and Cancer Turnaround Times (IMPACTT) Project Early genomics pathway auditing work has shown that there can be significant variance across turnaround times. If the modernisation of these pathways is to happen in a systematic way, then dedicated resource needs to be applied to transform how processes, and systems, operate. CMCA will recruit a Project Manager to work with stakeholders and system leaders to sustainably modernise the tissue for genomics pathways.</p> <p>CMCA will work with each appropriate tumour pathway across the region to fully integrate genomic testing in cancer pathways, mitigating variance and ensuring adoption of best practice. This will include a focus on working with CQGs, MDT's, pathology departments, and links into the GLH, transforming current practice and working to achieve the outcomes set out in the NHS Long Term plan.</p>
<h3>Cancer Screening</h3>		
<p>Cancer screening provides an opportunity to diagnose cancer at an earlier stage before signs and symptoms have developed when treatment may be less complex and outcomes better. Improving screening uptake is a priority and given significant local variation in uptake, there is opportunity to reduce local variations in outcomes.</p> <p>CMCA is assisting with the new pilot NHS Targeted Lung Health Checks (TLHC) Programme. It aims to help diagnose lung cancer at an earlier stage when treatment may be more successful. The public aged between 55 and 74 who either smoke or used to smoke will get an invite for an assessment.</p> <p>CMCA is working in partnership with CHaMPs to deliver cancer screening projects across Cheshire & Merseyside to improve uptake and develop a cancer screening programme toolkit.</p>		

Primary Care



Primary Care Programme

CMCA is supporting primary care with the delivery of the early diagnosis components of their contracts, to enable patients to be diagnosed early and improve their short term and long-term health outcomes. By continuing to improve detection via Urgent GP referral, emergency presentation rates should drop and there will be a higher likelihood that cancers will be detected at an early stage, giving improved outcomes for patients.

Cancer Engagement Leads

Cancer engagement leads will **provide leadership, facilitation and engagement support to primary care** to enable system wide change to support delivery of CMCA objectives and priorities identified within NHS England's Long Term Plan, the local cancer delivery plan and primary care requirements for cancer within the contracts and specifications of the Direct Enhanced Service (DES) and Quality and Outcomes Framework (QOF).

Our cancer engagement leads are responsible for the **planning, development and implementation of key complex quality improvement projects** that supports primary care to improve the quality of their services in line with the DES/national requirements, and work towards achieving cancer-related objectives. A key part of this will be focused on education.

The cancer engagement leads will work as part of a team of three, each within a sector of C&M, prioritising support through a needs-based and inequalities focused approach, driven by available data and evidence and considering where resources already exist. The team of cancer engagement leads will work closely with the CMCA GP Cancer Leads in 'Place' and the CMCA primary care lead.

CMCA Cancer Engagement Lead for Sefton:
Edward Bourne (ccf-tr.cmcaprimerycareengagement@nhs.net)

Screening Support Roles

CMCA will commence the **recruitment of support roles with a specific focus on screening**, to support with increasing participation of the bowel and breast screening programmes, including restoration and enable the roll out of age extension for bowel screening.

Place-based GP Clinical Leads

Place-based GP clinical leads will provide CMCA with **primary care clinical leadership that facilitates engagement and relationships with a defined Place**.

GPs will, on behalf of CMCA, work with primary care to drive improvements in the agendas of prevention, screening, early detection and cancer pathways, as outlined in the PCN DES and QOF contracts, and personalised care.

GPs will work closely with their respective primary care engagement lead to provide key links to primary care and PCNs to gather soft intelligence, identify issues and share learning. Plus support with the formation of three large communities of practice across Cheshire & Merseyside.

CMCA Place-based GP Lead for Sefton:
Dr Octavia Stevens

Primary Care Education

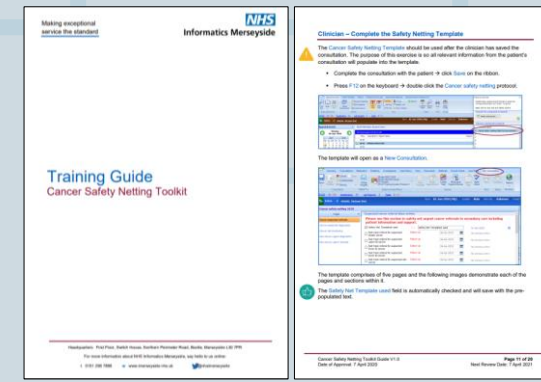
Cancer engagement leads and Place-based GP leads will **develop and deliver specific education for primary care**. Educational resources will support primary care educational requirements to deliver early cancer diagnosis agenda.

Primary Care Templates

CMCA is working with Informatics Merseyside to provide primary care with IT templates which will **improve patient experience and outcomes**.

We are further developing the safety netting template to provide primary care with an auditable and electronic template to safely track patients.

We will develop a suite of suspected cancer referral templates and educational tools for GP's to improve the quality of referrals, assist GP's in recognising early signs & symptoms and optimise suspected cancer referrals.



Cheshire & Merseyside

Cancer Alliance

Dr Liz Bishop

Senior Responsible Officer

liz.bishop1@nhs.net

Jon Hayes

Managing Director

jon.hayes1@nhs.net

Dr Chris Warburton

Medical Director

chris.warburton@liverpoolft.nhs.uk

Dr Debbie Harvey

Primary Care Lead

debbie.harvey1@nhs.net

Greg O'Mara

Associate Director

gregomara@nhs.net

- Faster Diagnosis
- Workforce
- FIT
- Health Inequalities & Pt. Experience
- Corporate Services

Tracey Wright

Associate Director

traceywright1@nhs.net

- Personalised Care
- Prevention & Early Detection
- Primary Care

David McKinlay

Associate Director

d.mckinlay@nhs.net

- Gynaecology
- Diagnostic Lead

