Cheshire and Merseyside Cancer Alliance

Place Plan 2023/24

Sefton

NHS

v1.0 15.09.23

Contents

Cheshire and Merseyside Cancer Alliance

Introduction

The challenges we face in achieving our vision of better cancer services, better cancer care and better cancer outcomes for the people we serve in Merseyside, Cheshire and the Isle of Man have grown over recent years – but are far from insurmountable.

The focus of Cheshire and Merseyside Cancer Alliance (CMCA) is on improving NHS cancer services in our sub-region – but we are also working to ensure that all people are able to access those services equitably and striving to educate and empower our population in a way that reduces the incidence of cancer in the first place.

Over the past year, we have been able to grow our team so we can enhance our work in achieving the vision of the NHS's Long Term Plan to save many thousands of lives each year by dramatically improving how we diagnose and treat cancer.

We now have the organisational structure to realise our passion and energy to enhance outcomes for people living with and beyond cancer in all parts of Cheshire and Merseyside.

With new colleagues have come new ideas, and we are excited by the broad range of projects our team is now devising, delivering and evaluating across a range of geographies and communities. This work has already been recognised in a number of our teams being shortlisted for prestigious healthcare awards.

But CMCA does not do this alone. We collaborate with many organisations inside and outside the NHS which have cancer as a focus. We continue to work with our Place-based colleagues across Cheshire and Merseyside to build up strong and supportive relationships.

It is clear that both a sub-regional, system-wide approach, and a grassroots and community-based focus are necessary to effectively align cancer services to be most effective for all our population – and give everyone touched by cancer the very best outcome that can be achieved.

We look forward to working with you over the next 12 months to deliver positive change in cancer care for Cheshire and Merseyside.

Dr Liz Bishop
Senior Responsible Officer

Jon Hayes
Managing Director

Dr Chris Warburton
Medical Director

Meet the board

Liz Bishop **Chair** Senior Responsible Officer	**Jon Hayes** Managing Director	**Chris Warburton** **Deputy Chair** Medical Director	**Debbie Harvey** Primary Care Lead	
Mark Bakewell **Finance Lead** Liverpool Place Director, C&M ICS	**Sarah Barr** **Digital Lead** Chief Information Officer, CCC	**Andrew Bibby** Assistant Regional Director, NHS Specialised Commissioning Team	**Sinead Clarke** Associate Medical Director for System Quality and Improvement, C&M ICS	**Ann Coffey** **User Representative**
Tracey Cole Diagnostics Programme Director, C&M ICS	**Rob Cooper** **Operational Lead** Managing Director (Operations), MWL	**Teresa Cope** Chief Executive, Manx Care	**Andrew Crawshaw** **Assurance Lead** NW Regional Director of Performance and Delivery, NHSE	**Steve Fenwick** **North Mersey Clinical Lead** Consultant Hepatobiliary Surgeon, LUHFT
Sarah Johnson-Griffiths **Prevention & Public Health Lead** Consultant in Public Health, Halton Borough Council	**Terry Jones** **Research and Innovation Lead** Director of Research and Innovation, LUHFT	**Sheena Khanduri** **Oncologist** Medical Director, CCC	**Karen Mason** **Nurse Lead** Cancer Nurse Transformation Manager, WHH	**Ray Murphy** **User Representative**
Lesley Neary Chief Operating Officer, MWL	**Emer Scott** **Communications Lead** Associate Director of Communications, CCC	**Nikki Stevenson** **Wirral Lead** Medical Director, WUTH	**Andrew Wilson** **Cheshire Lead** Clinical Director, Cheshire East, C&M ICS	
Greg O'Mara Associate Director	**Tracey Wright** Associate Director	**Sarah Grice** Associate Director	**David McKinlay** Associate Director	

Meet the team

Liz Bishop
Senior Responsible Officer

Jon Hayes
Managing Director

Chris Warburton
Medical Director

Debbie Harvey
Primary Care Lead

Greg O'Mara
Associate Director

Tracey Wright
Associate Director

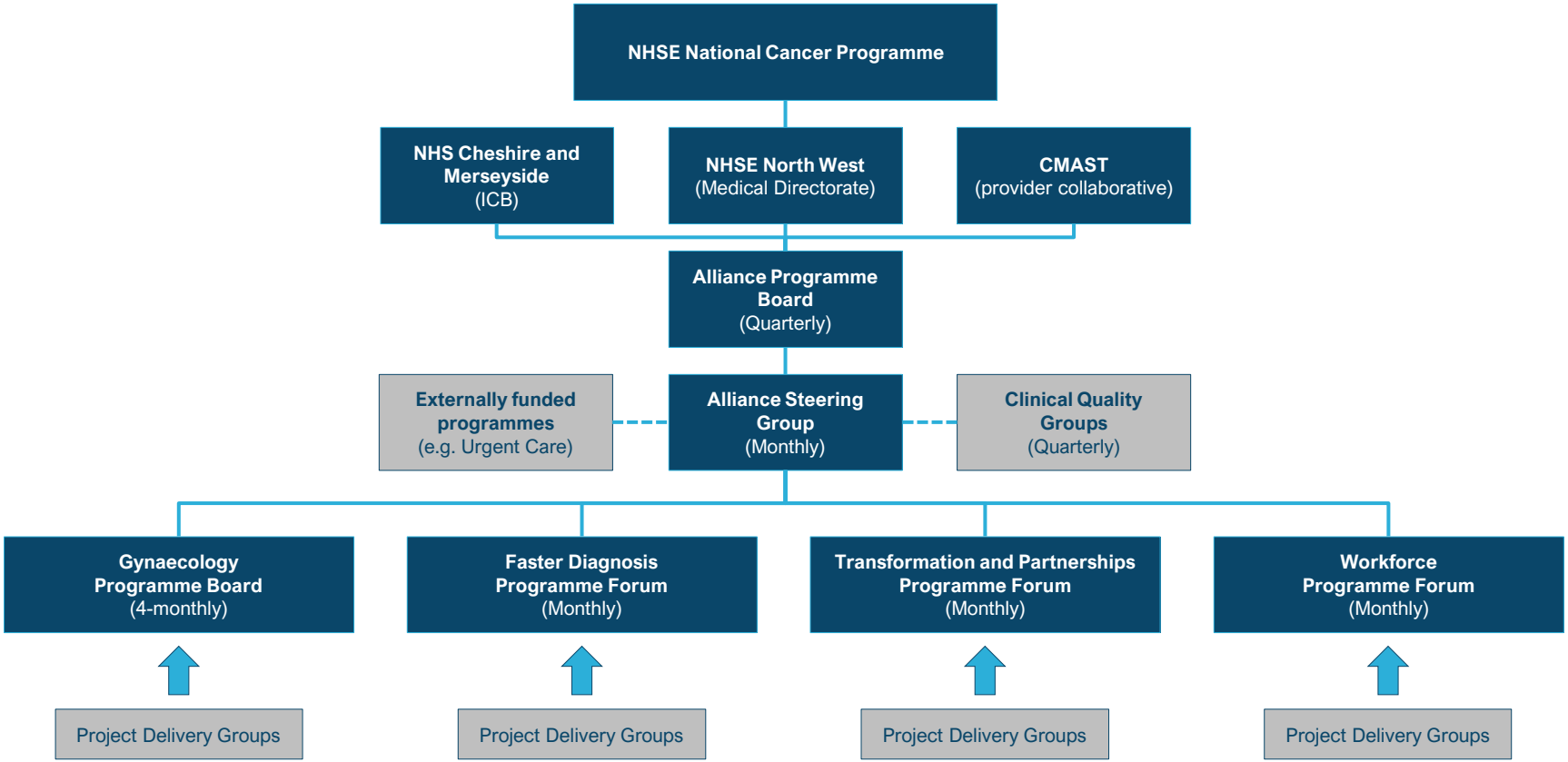
Gemma Hockenhull Senior Programme Manager	**Anna Murray** Senior Programme Manager	**John Gale** Senior Programme Manager	**Sarah Houghton** Senior Programme Manager	**Liam Connolly** Senior Programme Manager	**Steve Jones** Senior Programme Manager
Faster Diagnosis Teledermatology Liver Surveillance	Faster Diagnosis FIT	NHS ACCEND Programme	Personalised Care Psychosocial Support Treatment Variation	Primary Care Targeted Lung Health Checks	Genomics Timely Presentation

Sarah Grice
Associate Director

David McKinlay
Associate Director

Lynn Young Senior Programme Manager	**Sam Cross** Head of Performance	**Katie Lawson** Senior PMO Lead	**Paul Ogden** Communications Manager	**Jo Trask** Patient Experience and Health Inequalities Manager	**Jen Burgess** Senior Project Manager
Workforce	Business Intelligence Cancer Performance	PMO Administrative Support	Communications	Health Inequalities Patient Experience	Gynaecology

Governance


NHSE National Cancer Programme
NHS Cheshire and Merseyside (ICB)
NHSE North West (Medical Directorate)
CMAST (provider collaborative)
Alliance Programme Board (Quarterly)
Externally funded programmes (e.g. Urgent Care)
Alliance Steering Group (Monthly)
Clinical Quality Groups (Quarterly)
Gynaecology Programme Board (4-monthly)
Faster Diagnosis Programme Forum (Monthly)
Transformation and Partnerships Programme Forum (Monthly)
Workforce Programme Forum (Monthly)
Project Delivery Groups
Project Delivery Groups
Project Delivery Groups
Project Delivery Groups

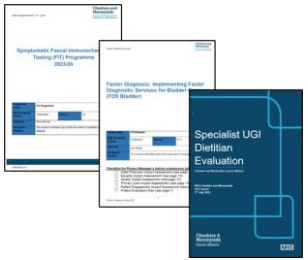
Corporate services

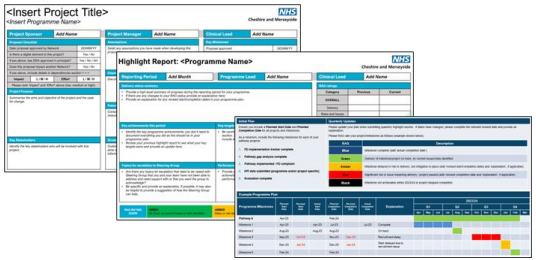
CMCA has an established corporate services division that provides a range of functions which support the day-to-day management of the organisation. It provides expertise and guidance for all CMCA transformation programmes, ensuring consistent and effective project delivery.

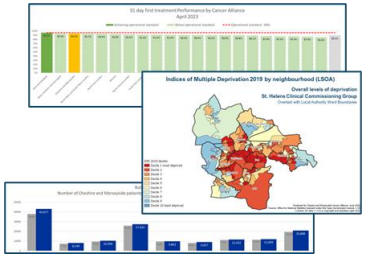
CMCA is also supporting the development and implementation of new PMO functions for the Cheshire and Merseyside Diagnostics and Community Diagnostic Centres programmes.

The corporate services division provides the following functions:

- **Business intelligence and performance**
- **Programme management office (PMO)**
- **Communications, engagement and event planning**
- **Programme and project evaluation**
- **Administrative support**
- **Organisational development**
- **Health inequalities and patient engagement**
- **Workforce education and training**
- **Finance and budget management**
- **Governance and assurance reporting**







Working in partnership

People and communities are at the heart of **everything we do**. At CMCA, we **build partnerships** with local and national organisations to deliver transformational change.

Cheshire and Merseyside Cancer Alliance

Innovation and sustainability

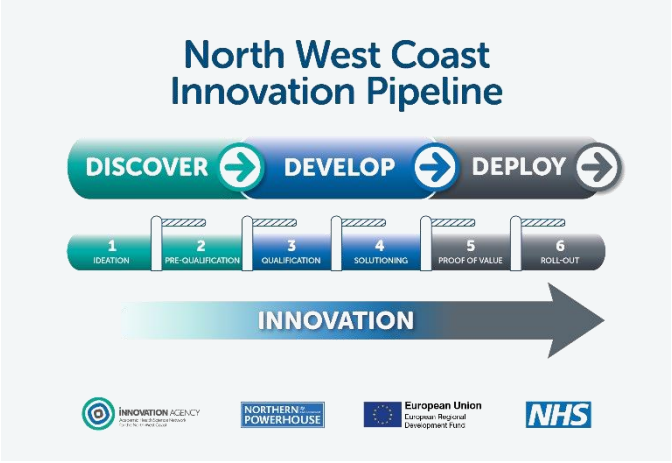
The NHS Innovation Agency and CMCA has formed a strategic partnership to deliver access to the latest innovations, and improve sustainability of cancer services.

The partnership will be supported by joint managerial and clinical posts, hosted by CMCA. The Innovation Agency will provide access to the national innovation pipeline and expertise in innovation evaluation and deployment.

The programme will focus on ensuring that services can be delivered sustainably, through innovation and will connect directly to the Cheshire and Merseyside digital community.

The team will have access to innovation funding to deploy and scale evaluated innovations and will coordinate system proposals for national funding opportunities to bring additional resource to Cheshire and Merseyside.

The programme team is in place and the programme will be fully established in Q3 2023/24.



Cheshire and Merseyside Cancer Alliance

INNOVATION AGENCY
Academic Health Science Network for the North West Coast

Programme aims

- Connect CMCA systematically to the latest innovations for cancer
- Maintain and build Cheshire and Merseyside's reputation as the place to test and scale innovations
- Ensure Cheshire and Merseyside is best placed to respond to innovation funding opportunities
- Support whole pathway transformation in cancer care and service provision
- Ensure those innovations with the highest benefit are identified, tested and scaled
- Create the conditions for a consistent and coordinated focus on innovation
- Open more routes for frontline teams to identify, test and scale innovations

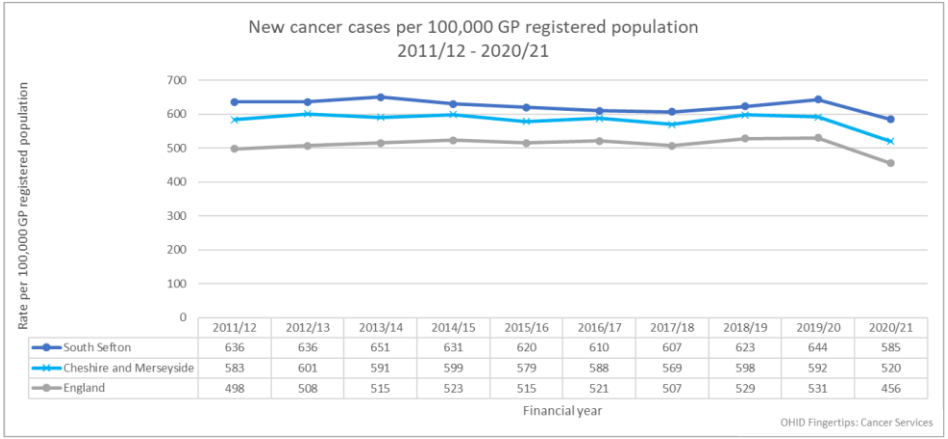
Cheshire and Merseyside Cancer Alliance

Data overview

Sefton

NHS

Cancer incidence



	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
South Sefton	636	636	651	631	620	610	607	623	644	585
Cheshire and Merseyside	583	601	591	599	579	588	569	598	592	520
England	498	508	515	523	515	521	507	529	531	456

The most recent cancer incidence data refers to 2020/21.

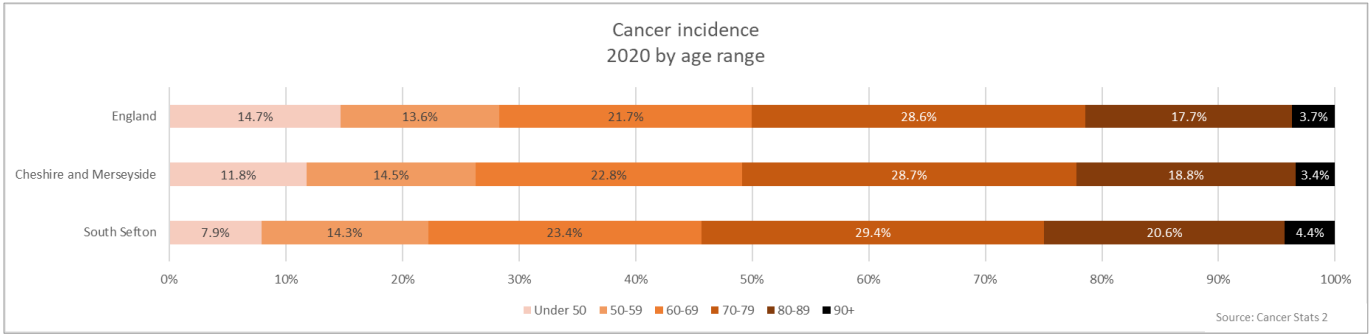
In South Sefton, cancer incidence (rate per 100,000) is **higher** than in Cheshire and Merseyside, and higher than in England as a whole.

For every 100,000 people registered with a GP practice in South Sefton, 585 were diagnosed with a new cancer in 2020/21 compared to 520 in Cheshire and Merseyside and 456 in England as a whole.

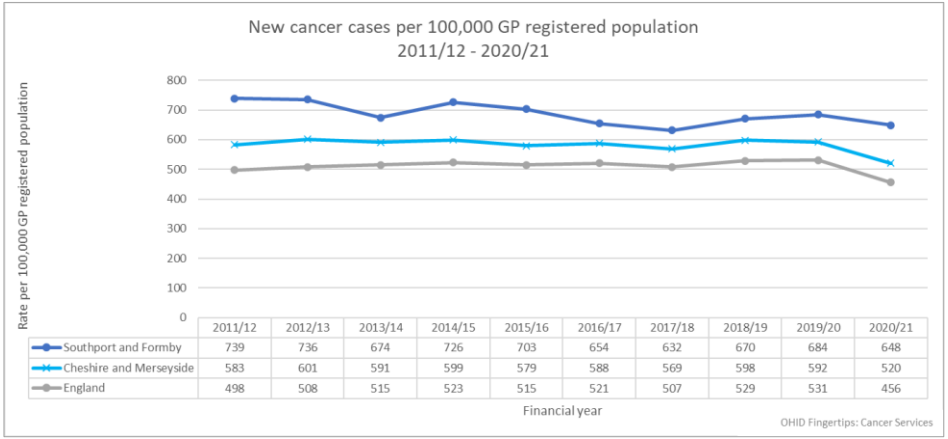
In 2020, the proportion of new cancers in the under 50 age group (7.9%) was **significantly lower** than Cheshire and Merseyside (11.8%) and England (14.7%) averages.

The proportion of new cancers in the 80-89 age group was **significantly higher** than England (20.6% vs 17.7%), but statistically similar to Cheshire and Merseyside.

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



Cancer incidence



	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Southport and Formby	739	736	674	726	703	654	632	670	684	648
Cheshire and Merseyside	583	601	591	599	579	588	569	598	592	520
England	498	508	515	523	515	521	507	529	531	456

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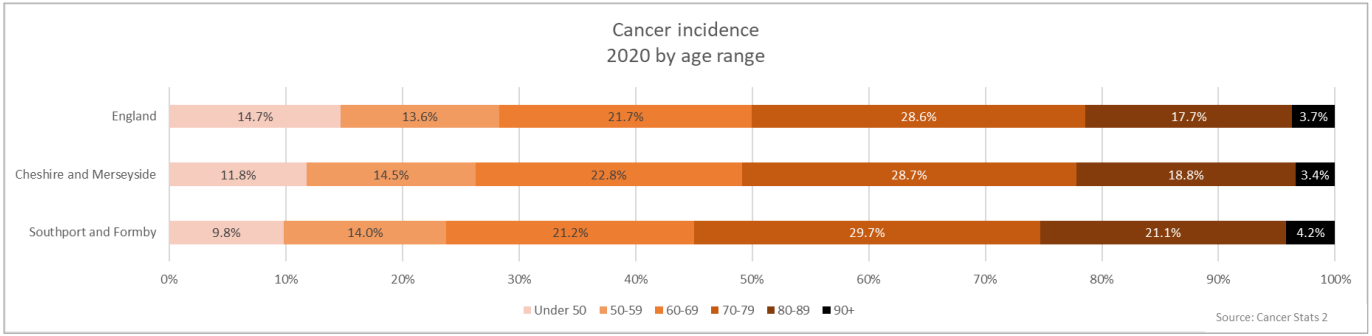
In Southport and Formby, cancer incidence (rate per 100,000) is **higher** than in Cheshire and Merseyside, and higher than in England as a whole.

For every 100,000 people registered with a GP practice in Southport and Formby, 648 were diagnosed with a new cancer in 2020/21 compared to 520 in Cheshire and Merseyside and 456 in England as a whole.

In 2020, the proportion of new cancers in the under 50 age range was **significantly lower** than England (9.8% vs 14.7%), but statistically similar to Cheshire and Merseyside.

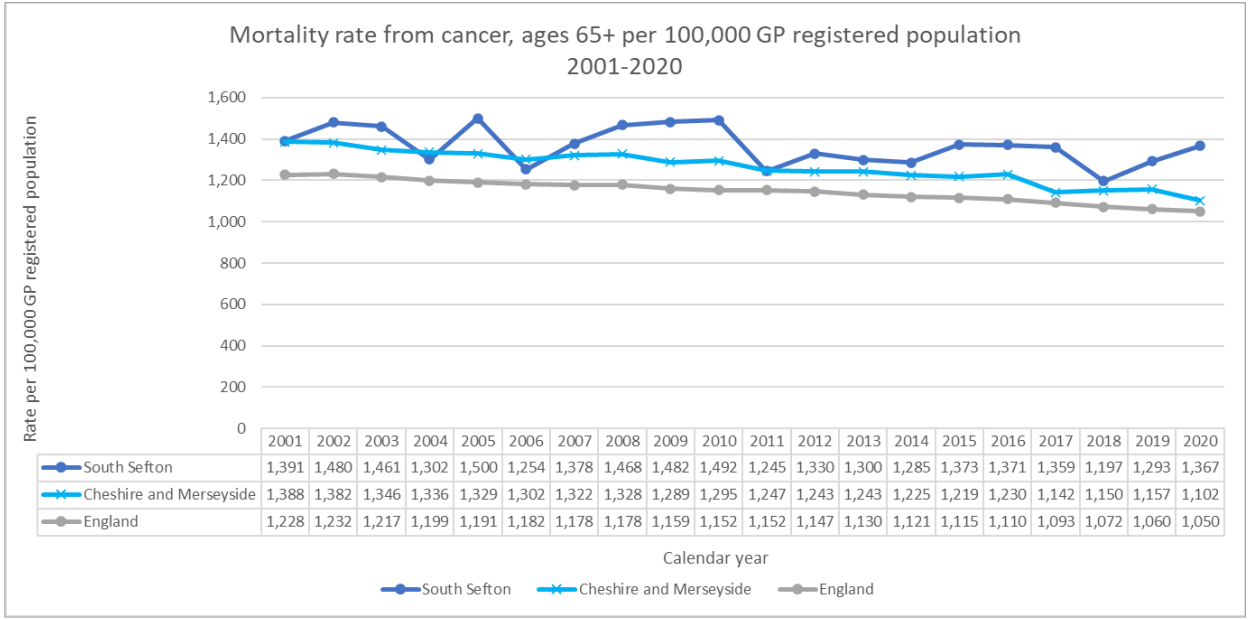
The proportion of new cancers in the 80-89 age range was **significantly higher** than England (21.1% vs 17.7%), but statistically similar to Cheshire and Merseyside.

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



Sefton

Cancer mortality (65+)



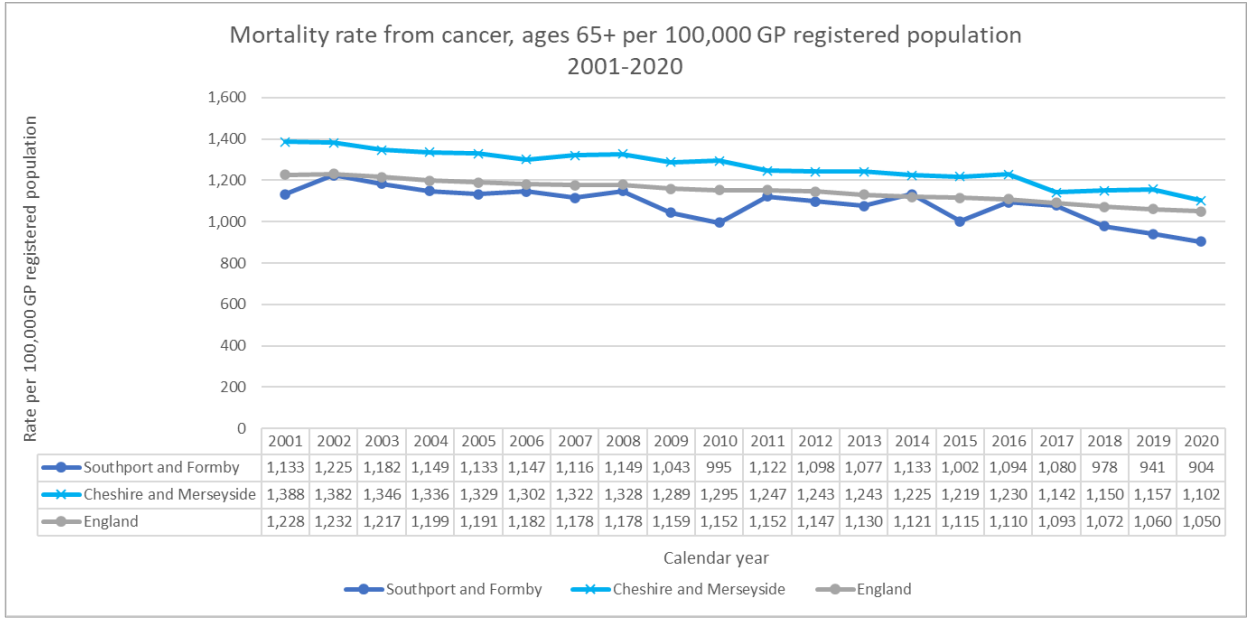
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
South Sefton	1,391	1,480	1,461	1,302	1,500	1,254	1,378	1,468	1,482	1,492	1,245	1,330	1,300	1,285	1,373	1,371	1,359	1,197	1,293	1,367
Cheshire and Merseyside	1,388	1,382	1,346	1,336	1,329	1,302	1,322	1,328	1,289	1,295	1,247	1,243	1,243	1,225	1,219	1,230	1,142	1,150	1,157	1,102
England	1,228	1,232	1,217	1,199	1,191	1,182	1,178	1,178	1,159	1,152	1,152	1,147	1,130	1,121	1,115	1,110	1,093	1,072	1,060	1,050

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.

* Trend data including new 2021 data were not available on Fingertips as at July 2023.

Cancer mortality (65+)



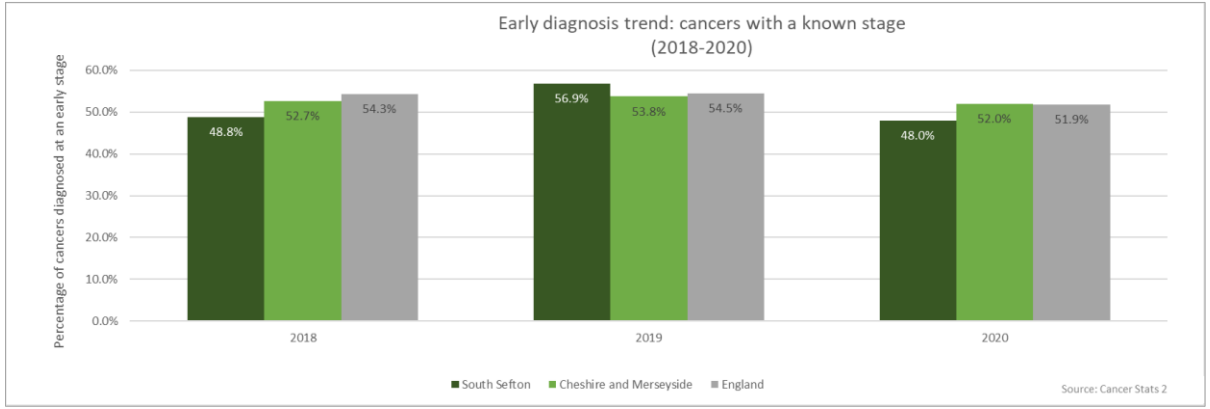
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Southport and Formby	1,133	1,225	1,182	1,149	1,133	1,147	1,116	1,149	1,043	995	1,122	1,098	1,077	1,133	1,002	1,094	1,080	978	941	904
Cheshire and Merseyside	1,388	1,382	1,346	1,336	1,329	1,302	1,322	1,328	1,289	1,295	1,247	1,243	1,243	1,225	1,219	1,230	1,142	1,150	1,157	1,102
England	1,228	1,232	1,217	1,199	1,191	1,182	1,178	1,178	1,159	1,152	1,152	1,147	1,130	1,121	1,115	1,110	1,093	1,072	1,060	1,050

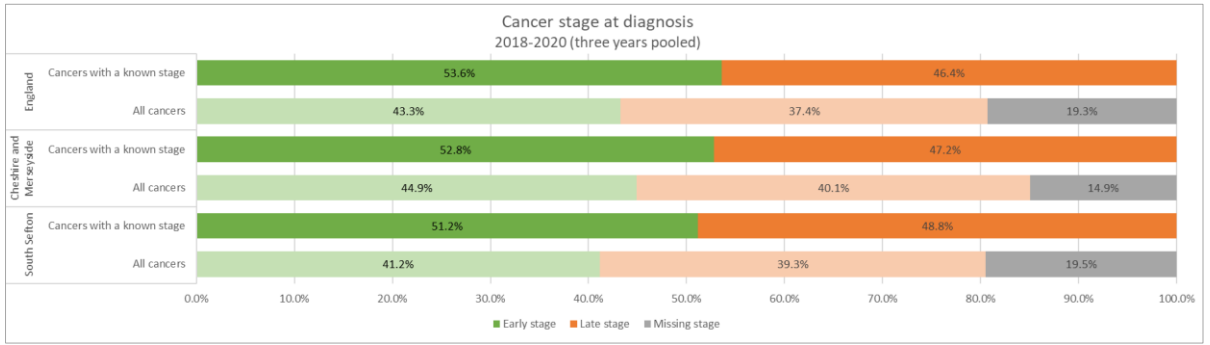
The most recent cancer mortality data refers to 2020*.

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.

* Trend data including new 2021 data were not available on Fingertips as at July 2023.

Early diagnosis





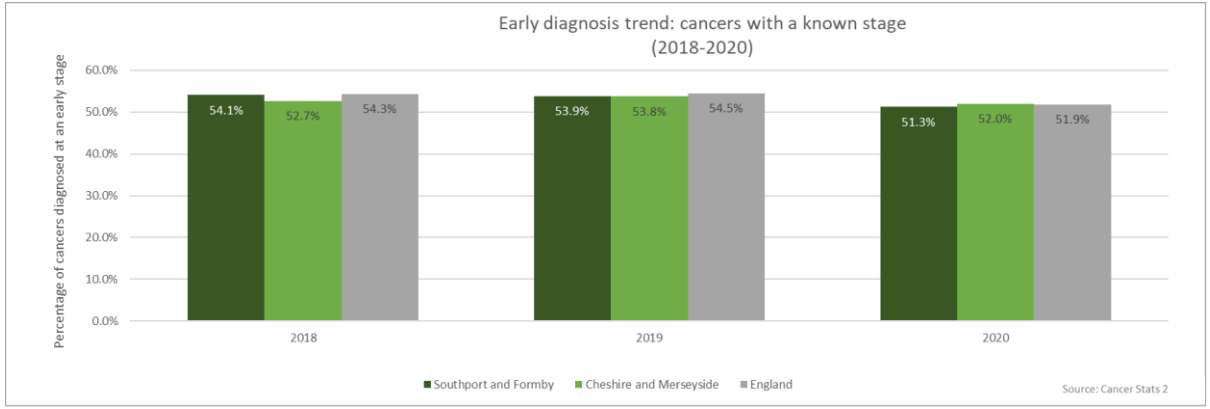
Early diagnosis in South Sefton **decreased** between 2018 and 2020 (from 48.8% to 48.0%).

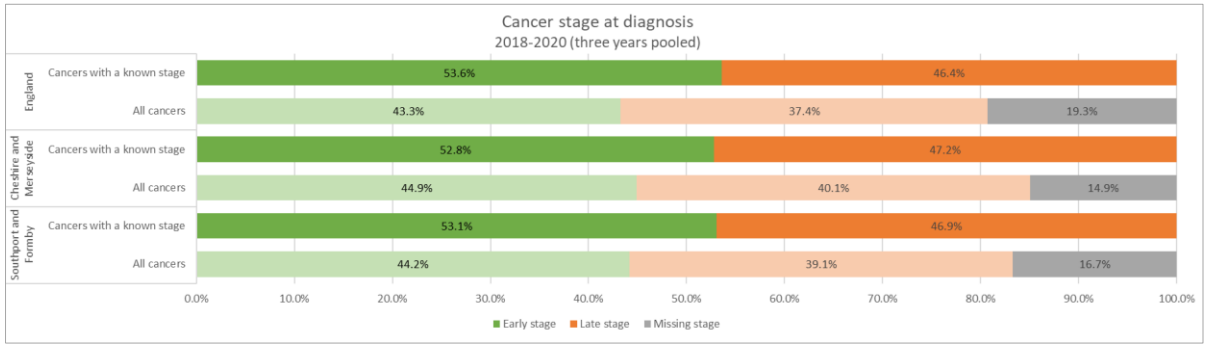
In Cheshire and Merseyside, early diagnosis rates **decreased slightly** between 2018 and 2020, from 52.7% in 2018 to 52.0% in 2020. This is in line with England as a whole.

In South Sefton, 51.2% of cancer diagnoses with a known stage between 2018 and 2020 (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 (52.8%), and **lower** than the proportion of early diagnoses in England (53.6%).

80.5% of all cancer diagnoses in South Sefton (2018-2020) had a known stage, compared to 85.1% in Cheshire and Merseyside and 80.7% in England as a whole.

Early diagnosis





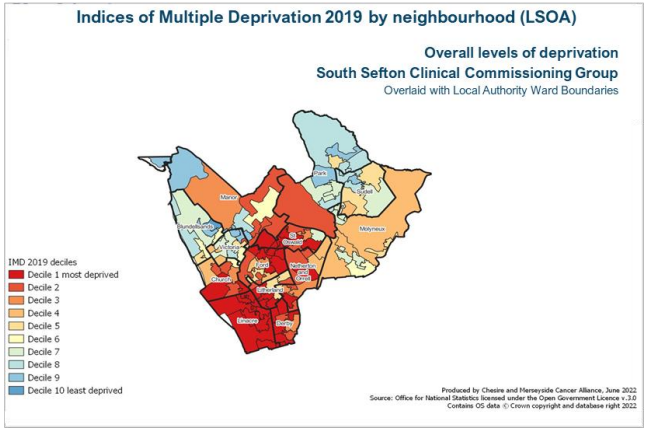
Early diagnosis in Southport and Formby **decreased** between 2018 and 2020 (from 54.1% to 51.3%).

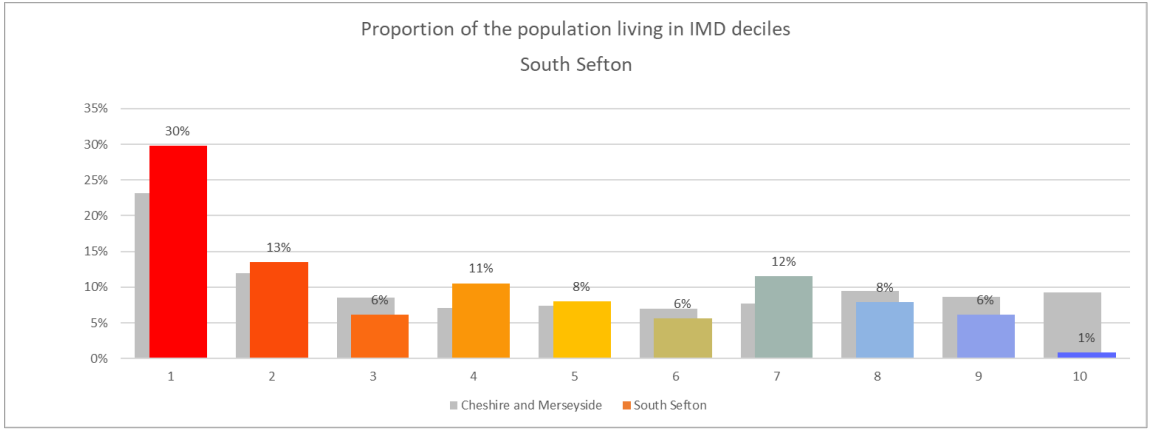
In Cheshire and Merseyside, early diagnosis rates **decreased slightly** between 2018 and 2020, from 52.7% in 2018 to 52% in 2020. This is in line with England as a whole.

In Southport and Formby, 53.1% of cancer diagnoses with a known stage between 2018 and 2020 (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 (52.8%), and **lower** than the proportion of early diagnoses in England (53.6%).

83.3% of all cancer diagnoses in Southport and Formby (2018-2020) had a known stage, compared to 85.1% in Cheshire and Merseyside and 80.7% in England as a whole.

Deprivation





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.

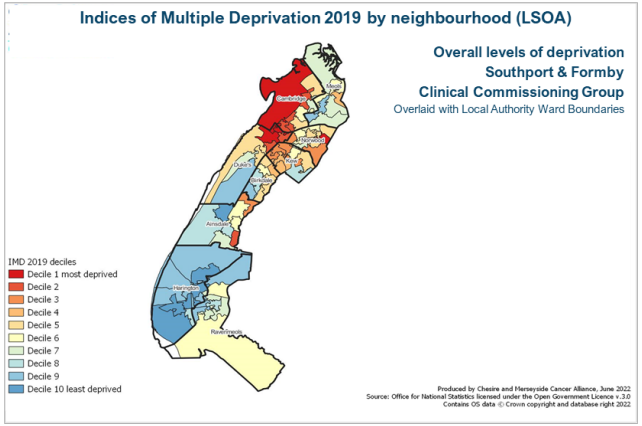
The Indices of Multiple Deprivation (IMD) rank neighbourhood areas called Lower Super Output Areas (LSOAs) in England based on seven domains of deprivation: Income, Employment, Education, Health, Crime, Barriers to Housing and Living Environment.

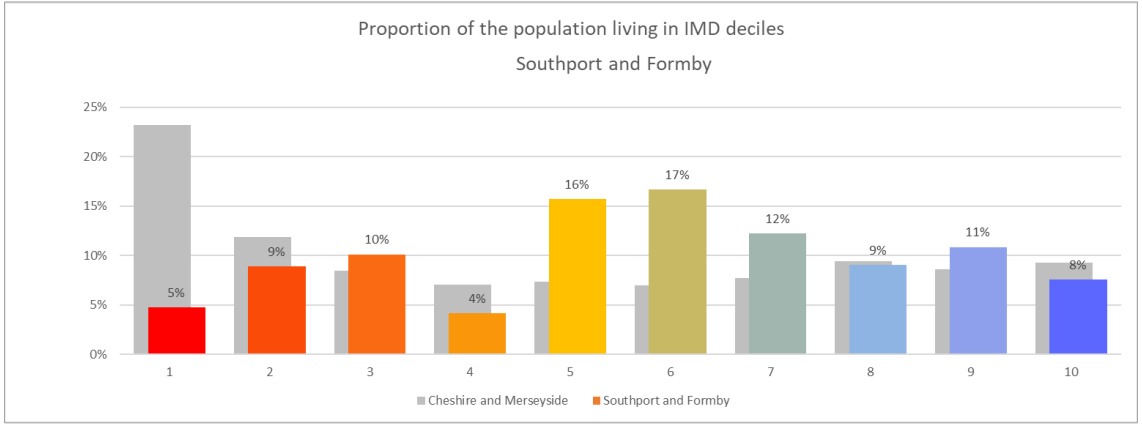
LSOAs are then grouped into Deciles, with Decile 1 being the top 10% most deprived areas in England and Decile 10 being the 10% least deprived areas in England.

Approximately 1,600 people live in each LSOA.

Of the 159,434 people living in South Sefton, 30% live in areas classed as the top 10% most deprived nationally. 43% live in areas classed as the top 20% most deprived nationally.

Deprivation





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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 114,416 people living in Southport and Formby, 5% live in areas classed as the top 10% most deprived nationally. 14% live in areas classed as the top 20% most deprived nationally.

Cheshire and Merseyside Cancer Alliance

Programme overview

Sefton

NHS

Faecal Immunochemical Test (FIT)

Programme SRO:	Greg O'Mara, Associate Director gregomara@nhs.net	Programme Lead(s):	Anna Murray, Senior Programme Manager anna.murray@nhs.net

Programme Aims

- Ensure the provision of sufficient commissioned capacity so that every urgent suspected Lower GI (LGI) cancer referral is accompanied by a faecal immunochemical test (FIT) result where clinically appropriate and in line with national guidance and evidence.
- Ensure provision of an agreed, consistent model for provision of symptomatic FIT to patients across Cheshire and Merseyside, which reflects current national guidance and evidence.
- Work with local pathology networks to ensure sufficient lab capacity is available to turn around FIT results efficiently for results to inform the LGI Faster Diagnosis (FDS) Pathway.
- Engage with Primary Care via appropriate forums and organisations to increase clinically appropriate FIT usage through GP focused communications campaigns, reducing inequalities and resolving local challenges in effective use of FIT, for example.
- Ensure appropriate secondary care processes and pathways are in place and FIT results are used to inform triage decisions for patients.
- Improve FIT data collection, monitoring and evaluation through establishment of an effective automated data stream and Key Performance Indicators (KPIs) to support continued commissioning and service provision.
- Ensure there is an understanding of health and service inequalities/inequities to reduce unwarranted variation and increase uptake of FIT across the C&M population.

Programme Objectives	Description
Established pathway in place in primary care to limit referrals in those with FIT <10ug and no other concerning symptoms, in line with BSG/ACPGBI guidance	During 2022/23, we worked with stakeholders to agree the new Cheshire and Merseyside Urgent Suspected LGI Cancer Pathway Guidance to ensure that it aligns with joint guidance for FIT testing published by the British Society of Gastroenterology (BSG) and the Association of Coloproctology of Great Britain & Ireland (ACPGBI). This pathway has now been implemented across Cheshire and Merseyside with a main priority for 2023/24 being continued engagement with Primary Care to ensure full compliance. Publication of the updated NICE Guidance in August of this year further supports the Cheshire and Merseyside pathway with a review to take place any differences in September.
Established protocol in secondary care for patients referred on the Lower GI FDS pathway with FIT <10ug, FBC and normal examination, either to be discharged back to their GP or rerouted onto an alternative pathway	During 2022/23, the Secondary Care Negative FIT Pathway and LGI Prioritisation Guidance was developed and agreed in collaboration with 100+ stakeholders across endoscopy, imaging, pathology, colonoscopy services, cancer services. This will ensure that patients are triaged for investigation based on their clinical risk of colorectal cancer. During 2023/24, we will continue to support implementation activities across all trusts, including monitoring and further improvements to support increased compliance with new FIT Pathway Guidance. A full evaluation plan has been produced and will be implemented to fully analyse our position during 2023/24.
Ensure 80% of LGI urgent referrals accompanied by a FIT result and <20% of colonoscopies performed on the LGI FDS pathway do not have an accompanying FIT result. Minimise the number of colonoscopies performed on patients with FIT<10ug.	During 2022/23, data showed that the estimated total number of FIT requests during that year was 68,900. There was an 84% uptake from patients and for those referred on an Urgent Suspected Cancer Referral, 72% had a FIT result. Activities during 2023/24 will include ensuring FIT KPIs are automated and submitted by all acute trusts to explore variations at Trust, Place, PCN and GP Practice level. A main priority for 2023/24 is to engage with Place and PCNs to ensure that urgent suspected cancer referrals and FIT tests are being coded accurately by Primary Care to support accurate data and, importantly, compliance with and remuneration of incentives as part of the Primary Care DES.
Work with the ICB to develop a viable long-term commissioning model for FIT	CMCA is working with the Cheshire and Merseyside ICB to confirm sustainable commissioning arrangements for FIT for 2023/24 onwards. Funding has been agreed for 2023/24 and discussion concerning 2024/25 has commenced.

FIT Next Steps

It has been an important year for symptomatic FIT. Place FIT Leads, Associate Directors, GP Leads and Clinical Directors have been very supportive and active during this implementation phase. Although now live, FIT is now in a monitoring phase where it has become clear that further work is needed to fully embed the new guidance and ensure full compliance.

2023/24 key deliverables at Place-level

Place to further support full compliance of new guidance by continuing to **take the lead for communication and engagement with Primary Care**. Trusts will be in a position to share challenges and communicate where guidance has not been followed. This would be supported by GP Place and CMCA FIT Leads funded for Place, as has been the case for the last two years. This includes ensuring that FIT is used appropriately and in line with guidance.

Place to continue to **share key information and support materials** to Primary Care colleagues, which are available on the CMCA and Cancer Academy sites.

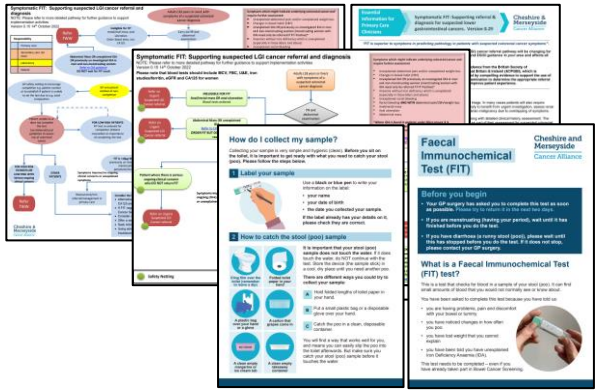
Place to engage with Primary Care Colleagues via PCNs or directly with GP Practice to **ensure that all urgent suspected cancer referrals and FIT tests are coded within practice systems**. This will ensure that PCNs receive optimum payments as part of the Primary Care DES and will also enable effective monitoring and evaluation, helping to identify where further communication and engagement is needed.

Key changes to the urgent suspected LGI cancer referral pathway

- **Adults (18 years or over) with symptoms of a suspected LGI cancer diagnosis.** This has REPLACED the NG12 and DG30 guidance in your area.
- **Inclusions and exclusions for FIT testing:**
  - ALL patients with sign/symptoms of LGI cancer require a FIT and a result BEFORE referral. EXCEPT:
    - Patients with unexplained IDA and/or abdominal mass – order FIT and refer on Urgent Suspected Cancer Referral (TWW).
    - Patients with anal/rectal mass and/or anal ulceration excluded from FIT – refer immediately on Urgent Suspected Cancer Referral (TWW).

Further Notes

- Patients where there is serious ongoing clinical concern and FIT not returned – refer on Urgent Suspected Cancer Referral (TWW).
- Individual clinical judgement can still be used.
- It is understood that there will be a transitional period, there will not be a 'turn off and turn on' approach.



Faster Diagnosis (FD)

Programme SRO:	Greg O'Mara, Associate Director gregomara@nhs.net	Programme Lead(s):	Anna Murray, Senior Programme Manager, anna.murray@nhs.net Gemma Hockenhull, Senior Programme Manager, gemma.hockenhull@nhs.net

Programme Aims

- Support earlier and faster diagnosis through the development of efficient diagnostic pathways
- Support the improvement of Cancer Waiting Times performance with a focus on achieving the Faster Diagnosis Standard (FDS)
- Provide an improved personalised diagnostic experience, whilst reducing unwarranted variation and addressing health inequalities, ensuring patient voice informs development
- Deliver standardisation across services where clinically appropriate and share best practice, with a focus on evaluation and sustainability of all faster diagnosis developments
- Support innovative solutions to earlier diagnosis, risk stratification and patient care, enabling teams to innovate to achieve better patient experience and outcomes
- Improve opportunities for cancer workforce development and deliver new ways of working
- Ensure Primary Care Network and GP involvement is a core part of faster diagnosis design and delivery, reducing barriers between primary and secondary care
- Work with the Community Diagnostic Centre (CDC) Programme to ensure we take every opportunity to improve and optimise access to diagnostic capacity for cancer pathways and ensure the CDC programme aligns with the faster diagnosis principles

Programme Objectives	Description
Deliver 100% population coverage for Non-Specific Symptom (NSS) Pathways by March 2024	NSS pathways are currently in place for six trusts across Cheshire and Merseyside, with an overall population coverage of 74%. During 2023/24 we will work to achieve 100% population coverage and continue work with existing NSS services to expand referrals from re-direct and tumour-specific pathways. We will work with the National Team, ICB and providers to develop a sustainable approach for current live services and a viable long-term commissioning model. We will work with primary care colleagues to increase GP uptake and education of NSS pathways to increase referrals from GP practices.
Deliver Best Practice Timed Pathway (BPTP) milestones in suspected prostate, lower GI, skin and breast cancer pathways	During 2023/24 we will deliver BPTP milestones in suspected prostate, lower GI, skin and breast cancer pathways, with a focus on those performing below the England FDS average and/or with significant 62d+ backlogs in priority pathways. Where local priorities do not align with the four priority pathways, we will draw on BPTP documents for other areas (e.g. gynaecology) to agree plans. Health inequalities will remain a key focus for the programme and all projects will have an overarching aim of standardisation across trusts striving for equity of access, performance expectations and clinical outcomes. We will continue work with diagnostic network colleagues to support opportunities to increase capacity.
Work with systems and providers to achieve the Faster Diagnosis Standard (FDS)	During 2023/24 we will ensure CMCA meets the Faster Diagnosis Standard target of 75% by March 2024 and ensure all Alliance plans for FD funding distribution and project work are based on an assessment of performance challenges across the FDS. We will work with partners to identify opportunities where funding can be used to expand diagnosis and treatment capacity to meet increasing levels of demand.
Provide intensive support to tier 1 & 2 providers to support improvement of performance against priority cancer pathways	CMCA will continue to assist the National Cancer Programme in providing intensive support to Tier 1 and 2 providers with the greatest performance issues for the four priority pathways. We will ensure sufficient funding is provided to the most challenged pathways to facilitate pathway improvements and agree provider plans and allocations of place-based funding targeting the four priority pathways, bringing together system partners to ensure commissioning of sufficient diagnostic capacity.
Support the implementation of teledermatology	From May 2023, the regional teledermatology programme will be delivered by CMCA on behalf of the Elective Care Transformation & Recovery Programme. During 2023/24 we will continue the roll-out of teledermatology to remaining GP practices and trusts (supporting training, deployment of equipment, troubleshooting, and tracking and monitoring of benefits) up to full capacity.

FD Framework and Objectives

Faster Diagnosis Framework 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

Early identification of patient where cancer is possible, including outreach to target existing health inequalities

Timely referral based on standardised referral criteria and appropriate filter function tests

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

Coordinated testing which happens in fewer visits and steps for the patient, with a significantly shorter time between referral and reaching a diagnosis

Timely diagnosis of patients' symptoms, cancer or otherwise, by a multi-disciplinary team where relevant, and communicated appropriately to the patient

Appropriate onward referral to the right service for further support, investigation, treatment and/or care

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.

The team will be aware of clinical trials and research opportunities available with their specialty and will support all eligible patients to access this.

23/24	Overall CMCA FDS performance			
	Q1	Q2	Q3	Q4
Target	67.5%	70.0%	72.5%	75.0%
Actual	69.9%			

CMCA will continue to work with **Mersey and West Lancashire Teaching Hospitals NHS Trust** and **Liverpool University Hospitals NHS Foundation Trust** to implement optimal pathways, published Best Practice Timed Pathways (BPTP) and priority pathway improvements whilst adhering to the FD key principles outlined above.

Achieving 75% FDS performance is a key requirement of Planning Guidance for 2023/24, with each individual trust required to achieve the standard.

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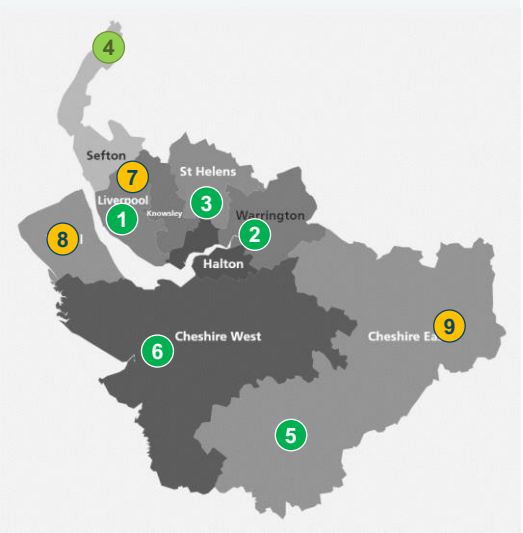
Non-Specific Symptoms (NSS) Pathways

CMCA will work with **LUHFT (Aintree site)** to implement a new NSS service in Q3 2023/24. We will support the existing NSS services at **MWL (StHK and S&O sites)** and **LUHFT (Royal site)** to support increases in referrals from Primary Care and other Secondary Care specialties.

The national programme to roll out NSS services to 100% population coverage, and associated transformation funding, is due to be concluded by March 2024. **Alliance funding for NSS services will cease at the end of March 2024** (for live sites).

The 2023/24 NHS Priorities and Operational Planning Guidance highlight that ICBs are expected to commission NSS services to ensure their continuation as business as usual urgent suspected cancer pathways that support FDS.



1	Liverpool University Hospitals NHS Foundation Trust (Royal site)	SITE LIVE
2	Warrington and Halton Hospitals NHS Foundation Trust	SITE LIVE
3	Mersey and West Lancashire Teaching Hospitals NHS Trust (St Helens site)	SITE LIVE
4	Mersey and West Lancashire Teaching Hospitals NHS Trust (Southport site)	SITE LIVE
5	Mid Cheshire Hospitals NHS Foundation Trust	SITE LIVE
6	Countess of Chester Hospital NHS Foundation Trust	SITE LIVE
7	Liverpool University Hospitals NHS Foundation Trust (Aintree site)	Implementation to commence Q3
8	Wirral University Teaching Hospital NHS Foundation Trust	Implementation to commence Q3
9	East Cheshire NHS Trust	Implementation to commence Q3

23/24	Total NSS referrals			
	Q1	Q2	Q3	Q4
Target	383	430	470	481
Actual	429			

During Q3 2023/24, CMCA will develop an options appraisal which will provide a comparison, assessment, and evaluation of a range of long term options for NSS services. We will work with Sefton Place and ICB colleagues to agree a sustainable approach for the full and recurrent commissioning of this service.

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Teledermatology

From May 2023, the regional teledermatology programme will be delivered by CMCA on behalf of the Elective Care Transformation & Recovery Programme. Teledermatology has been nationally recognised as an important tool in promoting timely care in the most appropriate setting. The NHS planning guidance requires ICSs to utilise teledermatology services to reduce pressure on dermatology services and increase capacity for those patients who need face to face appointments. face appointments. Quarterly reporting to the NHSE Cancer Programme of the percentage of suspected skin cancer cases managed through teledermatology pathways is mandated.

During 2023/24 we will continue the roll-out of teledermatology to remaining GP practices and trusts (supporting training, deployment of equipment, troubleshooting, and tracking and monitoring of benefits) up to full capacity.

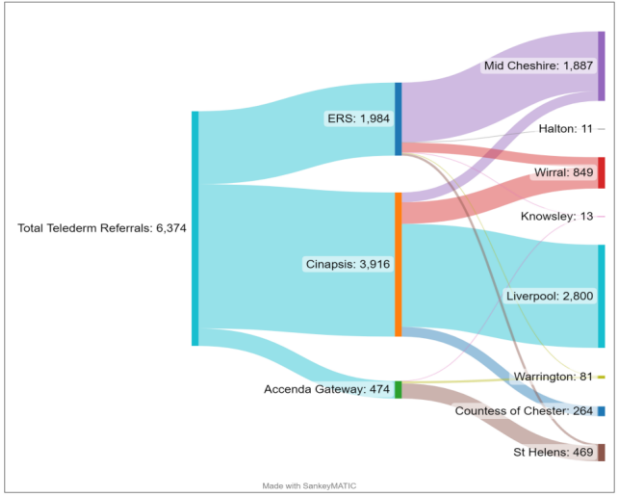
CMCA will support the Elective Care Transformation & Recovery Programme in the development of an options appraisal paper to explore the model of teledermatology moving forward. We will also undertake a separate independent evaluation to explore the current teledermatology IT platforms to inform the procurement of a system-wide platform in 2024/25.

Working in partnership with:

Cheshire and Merseyside Health and Care Partnership

Data sources: Cinapsis distinct case referrals, Accenda Gateway referrals with an image and ERS referrals with images. ERS data was supplied by STHK (June 23) and MCH (August 21 - start of July 23) has been included in the figures. Warrington assumption 10 referrals for 2 months from BI team. Wirral waiting on confirmation on pathway assumption of platform split made based on Cinapsis figures.

Teledermatology outcomes by Place and platform



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Genomics

Programme SRO:	Tracey Wright, Associate Director traceywright1@nhs.net	Programme Lead(s):	Steve Jones, Senior Programme Manager stephen.jones42@nhs.net

Programme Aims

The role of NHS England and NHS Improvement is to enable the NHS to harness the power of genomic technology and science to improve the health of our population and deliver on the commitments in the NHS Long Term Plan. The intention is that the NHS will be the first national health care system to offer whole genome sequencing as part of routine care and deliver a single national testing directory covering use of all technologies from single genes to whole genome sequencing. As part of our remit, CMCA is working with the Genomic Laboratory Hub (GLH) and Genomics Medicines Service Alliance (GMSA) within the Northwest footprint and is continuing to develop our roles and how we align with their priorities and workstreams.

- Improve and modernise genomics pathways across Cheshire and Merseyside through engagement, education, and support of clinical teams, MDT's, pathology and the wider genomic system.
- Fully engage with the Genomic Medicines Service Alliance in developing a shared workplan for cancer.
- Pilot new approaches using genomic testing to diagnose cancers earlier.

Programme Objectives	Description
Implement the Galleri test across Cheshire and Merseyside to establish if the test can accurately and reliably detect cancer early in people not suspected as having a cancer.	The NHS-Galleri trial is looking into the use of a new blood test to see if it can help the NHS to detect cancer early when used alongside existing cancer screening. Early research has shown that the Galleri® test could help to detect cancers that are typically difficult to identify early. The trial has over 22,000 participants from Cheshire and Merseyside and will for the third year be reinviting these participants for their final appointment. Trial results are expected to be available from 2026.
Testing for Lynch Syndrome in Colorectal and Endometrial cancers.	During 2023/24 we will ensure through audit that we have 100% compliance in testing for Lynch Syndrome in all trusts across Cheshire and Merseyside for colorectal and endometrial cancers. This will support earlier diagnosis of these cancers. CMCA will also ensure that there is a lynch lead nurse, lynch champions and appropriate education accessible across all trusts and laboratories.
Improving the Molecular Pathway and Turnaround Times	During 2023/24 we will be working with the Northwest GMSA to improve the pathways and turnaround times for colorectal, gynaecology, breast and teenage and young adult pathways across Cheshire and Merseyside. We will map, audit and assess variances in turnaround times. We aim to identify and act upon areas to improve overall turnaround times within the molecular pathway. We will be working with your local trusts and pathology providers to complete this work.

NHS Galleri Trial

The NHS-Galleri clinical trial – involving 140,000 participants nationally and 22,000 from Cheshire and Merseyside – has been running since 2021, with blood samples taken over three years to research the test.

The Galleri™ test has been developed that can detect many types of cancer from a single blood sample. Thousands of volunteers taking part in the trial have started receiving invitations to book their last of three appointments for the trial.

Research has shown that the Galleri test could help to detect cancers that are typically difficult to identify early – such as head and neck, bowel, lung, pancreatic, and throat cancers. The test works by finding chemical changes in fragments of DNA that leak from tumours into the bloodstream.

If the clinical research trials are successful, the NHS in England plans to roll out the test to a further one million people during 2024 and 2025.

The NHS-Galleri trial is being run by Cancer Research UK and King's College London Cancer Prevention Trials Unit in partnership with the NHS and healthcare company, GRAIL, which has developed the Galleri test.

Indicative trial schedule (third appointment)		
Location	**Invitation Letters**	**Appointments**
Runcorn	20 Jul 23 – 17 Aug 23	16 Sep 23 – 02 Oct 23
Warrington	23 Aug 23 – 18 Sep 23	04 Oct 23 – 27 Oct 23
St Helens	22 Sep 23 – 16 Oct 23	31 Oct 23 – 27 Nov 23
Widnes	18 Oct 23 – 10 Nov 23	27 Nov 23 – 18 Dec 23
Liverpool	23 Nov 23 – 18 Dec 23	09 Jan 24 – 05 Feb 24
Knowsley	30 Dec 23 – 15 Jan 24	12 Feb 24 – 22 Feb 24
Southport	17 Jan 24 – 06 Feb 24	26 Feb 24 – 18 Mar 24
Chester	08 Feb 24 – 27 Feb 24	21 Mar 24 – 12 Apr 24
Wirral	01 Mar 24 – 26 Mar 24	17 Apr 24 – 07 May 24
Crewe	30 Mar 24 – 15 Apr 24	10 May 24 – 28 May 24
Macclesfield	18 Apr 24 – 06 May 24	31 May 24 – 14 Jun 24
Knowsley	09 May 24 – 21 May 24	17 Jun 24 – 28 Jun 24

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Gynaecology

Programme SRO:	David McKinlay, Associate Director d.mckinlay@nhs.net	Programme Lead(s):	Jen Burgess, Senior Project Manager jen.burgess@nhs.net

Programme Aims

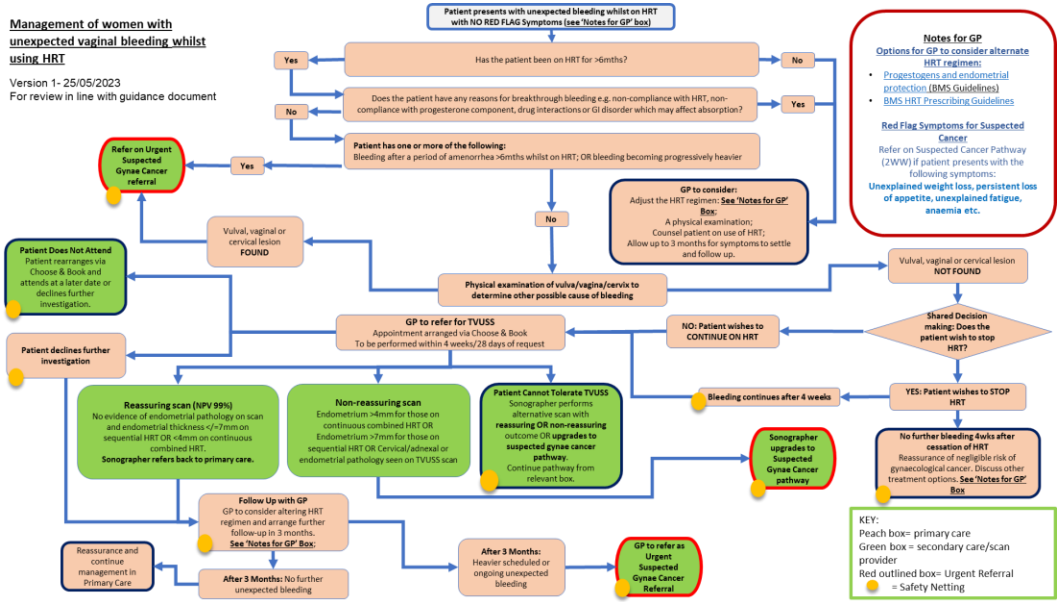
The programme is expected to be multi- year focussing on all aspects of care for gynaecological cancer. The programme will deliver improvements across prevention, the point of cancer suspicion and referral, diagnostic and treatment processes, follow up and late effects. All trusts delivering gynaecological cancer diagnosis and treatment are involved. Overall, the programme aims to deliver the recommendations of the 2022 Gynaecology Services Review and deliver the following vision and mission:

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.

Programme Objectives 2023/24	Description
Improve diagnostic pathways	CMCA will work with all trusts in 2023/24 and 24/25 to review current diagnostic processes and implement new models where required. This will include ensuring best practice timed pathways are implemented at all sites, implementing a one stop approach to diagnostics and supporting achievement of the 28 day faster diagnosis standard.
MDT Optimisation	CMCA will work with the specialist and local MDTs to optimise delivery. This will include development and implementation of a shared MDT policy across Cheshire and Merseyside, reviewing MDT processes and developing standards of care.
Develop and implement and unexpected bleeding pathway	CMCA will work with Liverpool Women's Hospital to develop and pilot a pathway for women on HRT who experience unexpected bleeding. This pathway will support GPs to manage expected and unexpected bleeding and access urgent ultrasound if required. The pathway aims to reduce unnecessary referrals on cancer diagnostic pathways, improve patient experience and improve GP confidence to manage unexpected bleeding. The pathway will be piloted in Liverpool and, if successful, expanded across Cheshire and Merseyside. Background and draft pathway are provided on the next slides.
Establish additional gynaecological cancer units	CMCA will work with Warrington and Halton and Mersey and West Lancashire Teaching Hospitals to establish cancer units at these sites. These units will enable additional local diagnostics and treatments to be delivered locally and avoid onward referral to other sites.
Implement personalised follow up	Building on existing pathways, the programme will enable more patients to access additional options for follow up. This will include the use of remote monitoring, digital, face to face and blended follow up methods. The programme will also support patients to access support services as close to home as possible, particularly where they have received treatment in a specialist centre.
Workforce	The programme will review existing workforce and identify where additional capacity is required. Initially, the programme will focus on developing additional sonography capacity. The programme will also focus on developing clear delineation of responsibilities between support workers and clinical nurse specialists and support improved communication, particularly where a patients journey crosses multiple trusts for diagnosis and treatment.

Unexpected Bleeding on HRT Pathway

CMCA is working with Liverpool Women's Hospital (LWH) to **develop and pilot a pathway for women on hormone replacement therapy (HRT) who experience unexpected bleeding**. Unexpected vaginal bleeding is extremely common in the first few months of starting HRT and contributes to up to 50% of users ceasing treatment within 12 months. It is seen in approximately 80% of those on HRT within the first 3 months of treatment. In a recent audit, 20% of those referred to the Rapid Access Cancer Clinic at Liverpool Women's Hospital were experiencing unexpected bleeding on HRT.



The risk of endometrial cancer is lower in this population compared to those not on HRT (1.2% vs 6.5%). The current approach often results in referral to secondary care on a suspected cancer pathway. This can cause distress for patients and may lead to unnecessary investigations.

The pathway offers an alternative route for referral, including direct access to an ultrasound scan, and support to provide management in primary care. It is hoped that the pathway will free up resources to see the most urgent suspected cancer patients more quickly, reduce potentially unnecessary investigations and improve patient experience.

CMCA and LWH are undertaking an evaluation to understand the impact of the pathway pilot on processes, outputs and outcomes and assess the appropriateness of expansion of the pathway across Cheshire and Merseyside.

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Health Inequalities and Patient Engagement (HIPE)

Programme SRO:	Sarah Grice, Associate Director s.grice1@nhs.net	**Programme Lead(s):**	Jo Trask, Patient Experience and Health Inequalities Programme Manager jo.trask@nhs.net

Programme Aims

- Reduce health inequalities for vulnerable communities, who have been affected by cancer, within Cheshire and Merseyside.
- Collaborate with a diverse range of patients, carers, and community members in the development, launch and maintenance of projects led by CMCA.
- Develop regional infrastructure to support CMCA in building a network of health providers who are confident in tackling health inequality and engaging with patients and carers at all stages of development and delivery.
- Deliver communication and engagement activities to achieve a response rate of more than 50% for the Quality-of-Life survey and increase uptake within underrepresented groups.

The HIPE team projects have a focus on patient, carer and community involvement, patient experience, and health inequalities, but critically on both empowering patients to engage with appropriate services at an early stage and empowering staff to take a “small change-big impact approach” to health inequalities and patient engagement in their planning and project management.

Programme Objectives	Description
Embed a focus on health inequalities and patient experience into the work of Cheshire and Merseyside Cancer Alliance	The HIPE team work collaboratively across the Alliance to ensure that a focus on health inequalities and patient experience is embedded and sustained within each of the programmes. We will enhance our existing ‘Reader’s Panel’ featuring diverse members of the community, and develop a web-based platform for patient representatives, to provide feedback on project proposals and CMCA developments. We will continue to develop and embed the patient engagement toolkit, training, and support for project managers, to support them throughout the project lifecycle.
Reduce and remove, unfair and avoidable differences in access to, and quality of, care received by patients in Cheshire and Merseyside	We will continue to design and deliver specific projects, in partnership with people with lived experience and/or community organisations, to address health inequalities within vulnerable communities. We will identify and recruit interested volunteers who are happy to share their story and share these on a regular basis via meetings, social media and training sessions.
Increase diversity amongst those consulted and involved	CMCA now has over 40 diverse patient and carer representatives. Our ambition is to create a patient and carer network to aid and support new and existing representatives. Following on from our 2022 roadshows, we will create more opportunities for involvement and co-production. Our 2023 roadshow events will bring together, and create opportunities for CMCA colleagues to interact with the public; and complements the foundation for engagement by increasing public awareness. An additional aim is to increase the number of patient and carer representatives supporting CMCA and continue to diversify the patient voice.
Improve the patient experience of those living with and beyond cancer	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 at a regional level. We will deliver communication and engagement activities to achieve a Quality-of-Life Survey response rate of more than 50% and increase uptake within under-represented groups.
Sustainability of the HIPE programme	We will continue to grow our HIPE champion scheme across CMCA, providing advocates for health inequalities and patient experience within their own area of work. We will continue to develop a regional health inequalities staff network for NHS colleagues working in cancer services who have an interest in tackling health inequalities.

CMCA Roadshows 2023

CMCA introduced roadshows in 2022, travelling to 10 locations across Cheshire and Merseyside, in partnership with Healthwatch and Macmillan Cancer Support, between May and July 2022. The purpose of these roadshows was to listen to people's cancer experiences and understand how people were feeling about cancer services in their local area. **More than 300 interactions were held with the public and representatives from community organisations**, and many great anecdotal observations were made. Diverse patient representatives and patient storytellers were recruited in most places, changing the shape of the Patient Engagement process at CMCA, and influencing projects from a much wider range of perspectives.

Our 2023 roadshows aim to **tackle health inequality and create opportunities for involvement in Alliance projects and programmes**. Our aim is to create opportunities for other CMCA projects to interact with the public, with a specific focus in areas across Cheshire and Merseyside where there are gaps in our patient representative community. This will complement the engagement work, increasing public awareness and the number of patient representatives supporting the Alliance. We are also taking the opportunity to speak to the public about cancer screening and what barriers they may face.

Roadshow Dates	
Royal Cheshire County Show 20th – 21st June 2023	3 new patient representatives recruited 100 cancer screening surveys completed
Crewe Lifestyle Centre 26th June 2023	5 new patient representatives recruited 47 cancer screening surveys completed
Kirkby Market 27th June 2023	1 new patient representative recruited 55 cancer screening surveys completed
Cherry Tree Shopping Centre, Wallasey: 13th September 2023	
Bootle Car Boot: 17th September 2023	
Isle of Man: 19th – 20th September 2023	

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Liver Surveillance

Programme SRO:	Greg O'Mara, Associate Director gregomara@nhs.net	Programme Lead(s):	Gemma Hockenhull, Senior Programme Manager gemma.hockenhull@nhs.net

Programme Aims

- Identify the number of people identified as at high risk of liver cancer (with cirrhosis/advanced fibrosis) across Cheshire and Merseyside
- Support liver services to invite >80% of patients with cirrhosis to a six-monthly ultrasound surveillance appointment
- Support liver services to achieve >60% of those invited to attend their surveillance appointment

Liver cancer rates have more than doubled over the past decade and are continuing to rise. NICE Guidance recommends six-monthly ultrasound surveillance for those with cirrhosis, but current delivery of this recommendation is extremely mixed. CMCA will work collaboratively with regional partners to improve liver surveillance services, and in identifying more people at high risk of liver cancer, to diagnose more liver cancers at an early stage across Cheshire and Merseyside.

Programme Objectives	Description
Support the Community Liver Health Checks pilot being led by the Cheshire and Merseyside Viral Hepatitis ODN	CMCA will continue to work collaboratively with the Cheshire and Merseyside ODN to support the Community Liver Health Checks pilot. CMCA will continue to work closely with the ODN and monitor outcomes from the pilot project to assess if, through the pilot work, the number of patients eligible for active liver surveillance is increasing. We will use outcomes from the pilot to further inform the development and streamlining of Liver Surveillance Programmes across providers to ensure that we can manage increasing numbers of eligible patients into surveillance programmes.
Develop a focused plan for liver surveillance improvement work and provide clinical oversight	CMCA will continue to work with providers to understand data collection systems and identify challenges with accessing data, and data quality. We will utilise targeted funding to support, where necessary, the collection and provision of data to increase submissions against the national data requirements. Targeted funding will also be used for project management resources to develop a focused plan for Liver Surveillance improvement work, and for clinical oversight of the project.
Support providers to establish systems and processes to invite those eligible for liver surveillance where these do not exist.	CMCA will work closely to understand the methodology for improving the Liver Surveillance programme and the transfer to an automated surveillance system currently being implemented by one of our providers. Learning, including resource requirements, identifying appropriate systems, KPIs, and impact on service delivery will be shared with other providers across Cheshire and Merseyside. This learning will support CMCA with plans and targeted investment to support other providers to streamline and automate their programmes to ensure there are robust systems in place for the appropriate management of patients once they enter surveillance.
Ensure sufficient ultrasound capacity is commissioned	We will work with the relevant ICB and the local CDC programme to ensure sufficient ultrasound capacity is commissioned to provide six-monthly liver surveillance to people with cirrhosis/advanced fibrosis.
Reduce health inequalities by successfully increasing invitations to and attendance at liver surveillance appointments	Many people at high risk of liver cancer face health inequalities (e.g. homeless people, individuals with alcohol or substance addiction, sex workers, people in prison systems, disabled people and older people). By identifying more people at high risk of liver cancer, and improving surveillance services, Alliances will reduce health inequalities. Alliances will reduce health inequalities by successfully increasing invitations to and attendance at liver surveillance appointments and ensuring disadvantaged patients at high risk of liver cancer are identified.

Community Liver Health Checks Pilot

Around 6,100 people are diagnosed with liver cancer each year. However, incidence of liver cancer has increased by 50% over the past decade and is expected to continue to rise. Existing evidence suggests between 1 in 3 and half of liver cancers are currently diagnosed at an early stage (1 or 2).

The most common form of liver cancer is hepatocellular carcinoma (HCC) which makes up 85% of all liver cancers.

NICE guidance recommends that people at high risk of liver cancer (those with Hepatitis B and/or cirrhosis) receive 6-monthly liver surveillance. The high-risk population for Hepatitis B/C and cirrhosis includes people enrolled in addiction services, people experiencing homelessness and sex workers.

To contribute to achieving the Long Term Plan (LTP) ambition to diagnose 75% of cancers at an early stage (1 or 2) by 2028, the CMCA Liver Surveillance programme aims to:

- **Detect more hepatocellular carcinomas (HCC), the most common type of liver cancer at an early stage, so patients can benefit from curative treatment.**
- **Ensure more people at high risk of HCC are referred and continue to engage with liver surveillance pathways/programmes.**

National priority work areas

Community Liver Health Checks pilots which will identify and refer people at high risk of liver cancer into liver surveillance pathways in partnership with Hepatitis C (HCV) Operational Delivery Networks (ODNs).

Ensuring that >80% of patients are invited for and >60% of patients attend their 6 monthly ultrasound surveillance appointments as per NICE guidance (NG50, CG165, CG115).

Pilot a primary care case finding tool with Primary Care Networks (PCNs) and refer those identified to have cirrhosis/advanced fibrosis into liver surveillance.

The **Cheshire and Merseyside Viral Hepatitis ODN** are a Community Liver Health Checks pilot site, offering mobile fibroscans and other diagnostic activity to people at high risk of cirrhosis and liver cancer.

During Q1, the team **delivered 543 scans across 30 different sites** in Cheshire and Merseyside.

Personalised Care

Programme SRO:	Tracey Wright, Associate Director traceywright1@nhs.net	Programme Lead(s):	Sarah Houghton, Senior Programme Manager sarahhoughton@nhs.net

Programme Aims

- Ensure individualised care and support to cancer patients that includes a holistic needs assessment, care and support plan, and access to health and wellbeing services.
- Personalised stratified follow-up pathways are in place for people at the end of treatment so clear and appropriate follow-up plans are in place.
- Reduce risks and improve long term outcomes and quality of life amongst those diagnosed with cancer.
- Ensure a positive experience of care and support.

Programme Objectives	Description
Personalised care	CMCA will recruit a Clinical Lead to support the delivery of the Personalised Care Interventions, Personalised Stratified Follow Up (PSFU) and wider Personalised Care Projects. CMCA will explore how the learning from the evaluation of the Warrington community personalised care project and evaluation of the Cheshire community personalised care project can be developed into a Cancer Alliance wide plan to support more personalised care in the community closer to patient's homes. CMCA will support all trusts to have implementation plans in place to support delivery of Personalised Care Interventions (PCI) to all patients and to improve performance across all sectors. CMCA, with partners, will develop a set of Holistic Needs Assessment (HNA) / PCSP principles agreed at local Cheshire and Merseyside level. We will also work with the CMCA Primary Care Team to link with the Suspected Cancer Referrals project around the potential to highlight patient needs / reasonable adjustments at point of referral. We will develop a CMCA Dashboard that shows, for example, the number of patients diagnosed, offered a HNA and PCSP, Quality of Life Survey response. These will be aligned to national metrics. CMCA will work with the lead cancer nurses, cancer managers and CMCA Analyst Team to inform and shape the dashboard. CMCA will write formally to trust Executive Teams setting out the PCI and data requirements which will secure and confirm their commitment to this work. We will work with The Clatterbridge Cancer Centre NHS Foundation Trust and The Walton Centre NHS Foundation Trust to ensure submission of LWBC (Living with and Beyond Cancer) data to COSD.
Personalised stratified follow-up (PSFU)	CMCA will work with all appropriate trusts to ensure they sustain live and operational PSFU protocols for breast, prostate, colorectal and low-grade endometrial cancer patients. This will go through an audit process within Q4. Mersey and West Lancashire Teaching Hospitals NHS Trust (Southport site) will go live and operational with a lung cancer PSFU protocol. The Clatterbridge Cancer Centre NHS Foundation Trust will develop and deliver a metastatic breast and spinal cord compression PSFU protocols.
Prehabilitation	CMCA will work with the ICB to support the development of a local prehab strategy. CMCA will support the local system to operationalise and evaluate a comprehensive prehab delivery model.
Personalised care – Lead Cancer Nurse	CMCA will work with trusts, Primary Care and community providers to explore and define a Community / Primary Care Lead Cancer Nurse role to strategically support personalised care in the Community / Primary Care. We will begin to implement and pilot this role in Cheshire and Merseyside.
Personalised care – Dementia Nurse	CMCA will work with local trusts to explore, define, and assess the need for a dementia liaison nurse role for cancer and / or end of life patients within Cheshire and Merseyside. We will commence a pilot of this role.

Primary Care

Programme SRO:	Tracey Wright, Associate Director traceywright1@nhs.net	Programme Lead(s):	Liam Connolly, Senior Programme Manager l.connolly6@nhs.net

Programme Aims

This programme sets out the CMCA plan to improve cancer outcomes in Cheshire and Merseyside through supporting Primary Care with implementation of the early cancer diagnosis and prevention components of their network contracts with the aim to:

- Save or extend more lives and improve quality of life for people affected by cancer through earlier diagnosis.
- Improve cancer outcomes across Cheshire and Merseyside population by identifying and approaching inequalities.
- To detect and refer patients with suspected cancer earlier.

Programme Objectives	Description
CMCA Primary Care Clinical Leadership	CMCA will fund a Place based GP Cancer Lead to each of the nine Places in Cheshire and Merseyside. These GPs will support their local Place Primary Care teams to advise with the requirements for cancer within their contracts and specifications of the Direct Enhanced Service (DES) and Quality and Outcomes Framework (QOF). They will work in close partnership with the Primary Care Cancer Engagement Leads. CMCA will also introduce a GP clinical lead for overall clinical leadership of the primary care programme.
CMCA Cancer Engagement Leads	CMCA will recruit to three Primary Care Cancer Engagement Posts that will work with PCNs and GP Practices with the implementation of the cancer early diagnosis specification in the PCN DES. They will highlight and signpost to evidence-based solutions/interventions and support transformation to achieve cancer-related early diagnosis objectives aligned to the GP contracts and the Cancer Alliance's cancer plan. The postholders will also ensure that any projects across CMCA with interdependencies with primary care are supported e.g. FIT testing.
Primary Care Education	CMCA will continue to build materials, educational training/resources and deliver education on their Cancer Academy platform, making it a go-to place for primary care. CMCA will deliver interactive webinars for primary care, facilitate communities of practice and create newsletters to support primary care with prevention and early diagnosis of cancer.
Clinical Decision Support (CDS) Tools	CMCA will ensure that all GP practices across Cheshire and Merseyside have access to CDS tools via Ardens clinical template software. CMCA will continue to link with the regional ICB Digital team to ensure the continuation of this Ardens contract. This will include developing a structured community of practice and implementation of Clinical Decision Support Tools.
Urgent suspected cancer referral templates	CMCA will provide primary care with a suite of suspected cancer referral EMIS templates with in-built CDS style educational tools for GPs so that when a suspected cancer referral is considered, it is optimised with minimal additional work. These templates are up to date with best practice cancer guidance and will help to improve referral quality and patient experience through ensuring all relevant information is captured, the correct diagnostic tests are referred, and appropriate examinations are undertaken.
Safety netting	CMCA will provide primary care with an overview of the importance of safety netting for suspected cancer and also an auditable electronic solution to ensure patients with a high clinical suspicion of cancer are managed, reviewed and diagnosed in an efficient and safe manner in GP clinical systems.
Data dashboard	CMCA alongside primary care, Integrated Care Board and other stakeholders will scope, develop and implement a cancer data dashboard for primary care. This will include data such as; health inequalities, screening uptake, referral rates, cancer staging, various early diagnosis of cancer programmes and routes to diagnosis.
Primary Care Innovation	CMCA will complete an expressions of interest process from the Primary Care system for a provider to pilot an innovation or new approach that can support the achievement of early diagnosis in cancer. The Primary Care Clinical Quality Group will support the Cancer Alliance with this project. The innovation that will be selected by a panel will effect changes in health inequalities, increase utilisation of risk stratification tools and support management of service demand to support faster diagnosis for patients.

Psychosocial Support

Programme SRO:	Tracey Wright, Associate Director traceywright1@nhs.net	Programme Lead(s):	Sarah Houghton, Senior Programme Manager sarahhoughton@nhs.net

Programme Aims

The importance of psychosocial support for people affected by cancer is widely recognised and evidenced through the Quality of Life survey. Locally, it has shown significantly higher rates of both mild and moderate mental health problems for those who have experienced a cancer diagnosis. There are known gaps in this area of service provision identified by the Cancer Alliance in their 2022/23 mapping and gap analysis.

The aims of this work taking forward the Psychosocial Development Plan include:

- Improving engagement and understanding between roles, teams and services; mapping the psychosocial pathways including known referral pathways.
- Explore, define, and assess the need for a role which will have a holistic approach in reducing health inequalities by identifying people with pre-existing mental health problems and supporting access into and engagement with cancer services.

Programme Objectives	Description
Psychosocial Development Plan	CMCA will deliver the Psychosocial development plan in line with gap analyses findings (themes below) and in collaboration with the Psychology Clinical Quality Group, Talking Therapies Services, Acute and Tertiary trusts, Community Cancer Centres, ICB / Place Teams, CMCA programmes of work where interdependencies exist (e.g. Community Engagement and Primary Care) and wider partners. Themes pulled from the gap analyses to work upon in 2023/24 include: • Inequity in Psychology Service provision. • Inconsistent offer of Level 2 psychosocial training. • Inconsistent offer of Level 2 psychosocial supervision. • Variation in psychosocial provision to assess the needs of all patients. • Limited Talking Therapies Long Term Condition pathways which are specific to cancer or includes cancer. • Defining pathways, perceptions / increasing mutual understanding of service offers and complexity of supporting patients from a wide area.
Psychosocial Pathways	CMCA will map psychosocial pathways including known referral pathways to improve engagement and understanding between roles, teams, and services.
Clinical Leadership	CMCA will strengthen the governance structure and Clinical Leadership to ensure priority is given to delivery / implementation of the Psychosocial development plan.
Mental Health & Cancer Health Inequalities	CMCA will explore, define, and assess the need for a role which will have a holistic approach in reducing health inequalities by identifying people with pre-existing mental health problems and supporting access into and engagement with cancer services. We will work with key stakeholders to identify the need, shape and define the role and remit.

Targeted Lung Health Checks (TLHC)

Programme SRO:	Tracey Wright, Associate Director traceywright1@nhs.net	Programme Lead(s):	Liam Connolly, Senior Programme Manager l.connolly6@nhs.net

Programme Aims

Reduce mortality and inequalities from lung cancer through a targeted invitation to a lung health check and where appropriate a Low Dose CT scan every two years for people between the ages of 55 and 74 who have ever smoked. The programme will:

- Proactively diagnose lung cancer (via a lung health check and low dose CT where appropriate) when it will typically be found at an earlier stage and is more treatable.
- Give participants the chance, through information and support, to maintain and improve their lung health through signposting to Smoking Cessation Advice where clinically indicated.
- Help to change attitudes to cancer – raising awareness of signs and symptoms, and helping to promote positive messages around early diagnosis.
- Participate in the NHSE/I national evaluation of the TLHC Programmes until 31st March 2024 which will inform how this programme transitions into a national screening programme.

Programme Objectives	Description
Phases One and Two – Liverpool, Halton and Knowsley	Liverpool, Halton and Knowsley went live with the TLHC programme in December 2021 as they were identified as having the highest mortality and inequality from lung cancer in Cheshire and Merseyside. This followed the successful healthy lung programme that Liverpool had delivered. The TLHC programme is now reviewing the re-call and re-engage component to ensure that there is maximum uptake to a TLHC. 24 month follow up scans have commenced for appropriate patients.
Phase Three – St Helens and South Sefton	St Helens and South Sefton went live with the TLHC programme in September 2022.
Phase Four – Warrington, Wirral and North Sefton	It is anticipated that Warrington, Wirral and North Sefton will go live with the TLHC programme during Q4 2023/24. A procurement process through a VEAT notice for a direct award to the Liverpool Heart and Chest Hospital is planned to start for delivery of this programme in September 2023.If necessary a full procurement process will follow, but this would delay roll out. Significant engagement is taking place across multiple stakeholders in preparation for the programme to go live.
Phase Five - Cheshire	It is anticipated that Cheshire will go live with the TLHC programme during 2024/25. The procurement of this will need to be considered. This will give 100% coverage to the programme across Cheshire and Merseyside ahead of the national ambition to achieve 100% coverage by 2029/30.
Programme Governance	The provider is reviewing the skill mix of the workforce in delivering the TLHC programme to ensure best use of capacity and resource. A bid is being placed for additional mobile CT capacity. The financial aspects to the programme are being reviewed and discussed with the national cancer team to reflect the introduction of a new funding model in April 2023. Smoking cessation and spirometry pathways are to be reviewed. It has been announced that the TLHC programme will transition into a national screening programme by 2029/30. The details around this transition are yet to be confirmed. Currently Cancer Alliances are held accountable working with the ICB for the TLHC programme delivery.

TLHC Programme Update

The TLHC programme targets those most at risk of lung cancer and CMCA has prioritised NHS place areas which have some of the highest rates of mortality from lung cancer.

Nationally, the TLHC programme has diagnosed over 1,350 lung cancers so far, more than 75% at stage one or two. **By February 2023, the Cheshire and Merseyside programme had diagnosed 131 lung cancers of which 73% of were detected at stage 1 or 2 with 66.4% of patients going on to receive curative treatment.**

The Cheshire and Merseyside Cancer Alliance, in partnership with the Liverpool Heart and Chest Hospital and the regional ICB has delivered the Targeted Lung Health Checks Programme in line with national specification. This started in July 2021 across Liverpool, Knowsley and Halton and was then further expanded across South Sefton and St Helens in December 2022.

Through 2023/24 we will be onboarding Wirral, Warrington and North Sefton to grow the Cheshire and Merseyside TLHC Programme to cover 69% of our eligible population by year end (from current reach of 42%). Planning will continue to reach 100% coverage by March 2025 which will be one of the fastest rollouts in the UK.

Targeted Lung Health Check Programme

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Halton Knowsley	Liverpool	St Helens South Sefton	Warrington Wirral North Sefton	Cheshire
2021/22	2021/22	2022/23	2023/24	2024/25

Sefton

Timely Presentation

Programme SRO:	Tracey Wright, Associate Director traceywright1@nhs.net	Programme Lead(s):	Steve Jones, Senior Programme Manager, stephen.jones42@nhs.net

Programme Aims

- Fewer people being diagnosed with preventable cancers (Reduce the overall growth in the number of all cancer cases).
- More people surviving for longer after a diagnosis (Improve survival of people diagnosed with cancer at one, five and ten years).
- More people having a cancer diagnosed at an early stage (Cancer staging).
- More people engaging in cancer screening programmes (Increase in cancer screening programme uptake).
- More people making healthier lifestyle choices (Smoking prevalence and obesity measures).

Programme Objectives	Description
Tobacco Control; developing local programmes of work aimed at reducing smoking rates as a risk factor for cancer	CMCA will continue the work with Alder Hey Children's Hospital to tackle smoking in Children and Young People, targeting parents and carers of children who suffer smoking related harm. CMCA will pilot a cancer pre-op outpatient variation of the CURE / Long Term Plan model of smoking cessation. This will be targeted in LUHFT departments that are particularly impacted by smoking related harm. This project will include analysis to assess longer term impacts on bed stays, readmission & post operative impact. A TB tobacco smoking cessation project will target clinically vulnerable patients with TB, who face additional inequality driven by their immigration and language statuses.
Obesity; a strategic approach to reducing obesity as a risk factor for cancer and improving outcomes following a cancer diagnosis	CMCA in partnership with the procured project lead (Health Equalities Group) will engage in a whole systems approach to promoting, encouraging and empowering people to have healthier lifestyles, reducing obesity as a risk factor for cancer and improving outcomes following cancer diagnosis, to include efforts towards MECC for raising awareness of early cancer symptoms. A three-to-five-year strategic plan has been developed and some direct intervention work with hard-to-reach groups is taking place. In addition, the NHS Moving Medicines model is being implemented at Alder Hey. Evaluation with external university support is in-built into the strategic plan.
Community engagement on earlier diagnosis and prevention of cancer	The CMCA Early Diagnosis Community Engagement project aims to directly engage with high risks groups and communities identified as facing the most significant challenges to early diagnosis. CMCA is doing this by working with all CVS organisations across Cheshire and Merseyside covering each place. Each of these organisations have been commissioned to provide community engagement roles, with allocated funding to support grass-roots organisations to run projects that raise awareness of early signs and symptoms and improve earlier presentation of cancer, including through screening uptake.
Timely presentation campaigns	CMCA will develop a campaign, communications and social media function within the timely presentation workstream, to drive large-scale awareness raising and screening uptake, building on existing national, regional, and local resources and campaigns as well as creating bespoke locally tailored resources for Cheshire and Merseyside.
Early diagnosis of cancer innovations	CMCA will complete an expressions of interest process from the system for a provider to pilot an innovation or new approach that can support the achievement of early diagnosis in oesophageal cancer. CMCA will continue to work with LUHFT on Europac plus (risk stratified screening) project for the population of Cheshire and Merseyside. The aim is to offer all predisposed individuals personalised pancreatic cancer screening stratified on both their family risk and their germline DNA risk. CMCA will also develop and deliver an action plan to support with the national requirement for case finding of pancreatic cancer.
Cancer screening programmes	CMCA will continue to support NHSE's Northwest Commissioners of the Cancer Screening Programmes (breast, bowel and cervical). We will also lead on local screening projects and introduce a new CMCA primary care screening post that will work collaboratively and strategically across the region to address issues relating to the three cancer screening programmes across Cheshire and Merseyside.

Timely Presentation Projects

Pancreatic cancer early diagnosis projects

CMCA will continue to work with LUHFT on the Europac plus (risk stratified screening) project for the population of Cheshire and Merseyside. The aim is to offer all predisposed individuals personalised pancreatic cancer screening stratified on both their family risk and their germline DNA risk. The outcome is to detect either, early pancreatic cancer before it has become invasive or (ideally) pre-neoplastic lesions, which will allow absolute cure.

CMCA will develop and deliver an action plan to support with the national requirement for case finding of pancreatic cancer. This plan will include working closely with the regional Europac team in relation to planning, promotion, progress and data and effective promotion of Europac for case finding and referral routes into screening navigators.

Timely presentation campaigns

CMCA will develop a campaign, communications and social media function within the timely presentation workstream, to drive large-scale awareness raising and screening uptake, building on existing national, regional, and local resources and campaigns as well as creating bespoke locally tailored resources for Cheshire and Merseyside.

We will develop an awareness campaign for the region, based on specific communities of need, and working through local, regional or national organisations with a particular reach and understanding of those communities. Initial scoping will place a particular focus on our ageing population additionally focusing on the most socio-economically deprived 20% of the population.

This workstream will also seek to translate national communication campaigns into something ED/CE grass-roots organisations can use, and well as co-producing relevant messaging to targeted communities facing additional inequality.

EUROPAC

Maternity screening project

CMCA will partner with the Local Maternity Service to deliver training to the midwifery workforce to increase effective engagement and referral into Primary Care screening services, with a measurable increase in uptake of cervical screening.

Sefton

Treatment Variation

Programme SRO:	Tracey Wright, Associate Director traceywright1@nhs.net	Programme Lead(s):	Sarah Houghton, Senior Programme Manager sarahhoughton@nhs.net

Programme Aims

- The programme aims to reduce treatment variation in three of the areas identified in the National Lung Cancer Getting it Right First Time (GIRFT) report and one area in each of the four National Cancer Clinical Audits for breast, prostate, and bowel cancer.
- To engage Clinical Quality Groups (CQGs) around treatment variation and support trusts to put in place data collection to monitor progress.
- Undertake data reporting against the recommended targets and gain feedback on barriers to improved performance and support trusts to test ideas to improve performance across Cheshire and Merseyside.

Programme Objectives	Description
Variation in lung cancer outcomes	Pathological services should provide a maximum ten calendar day turnaround time for molecular profiling according to the national test directory of lung cancers to meet the requirements of the National Optimal Lung Cancer Pathway. CMCA will engage with the North-West GLH pathology service to improve the turnaround times for lung molecular profiling and testing. This will include the installation of a new genomics testing panel. CMCA will ensure that turnaround times are monitored, and variation highlighted as a risk within the project. All trusts should have an overall radical treatment rate of 85% or more in those patients with Non Small Cell Lung Cancer stages I-II and of performance status 0-2. CMCA will work with trusts to understand how to capture the metrics and their support requirements. We will provide support to trust teams undertaking service delivery changes, consider internal and external requirements and provide clear project structure, governance and clinical leadership to ensure improvements. Trusts in partnership with CMCA will audit the reasons for those eligible for radical treatment but decline and identify themes emerging, ensure patient facing materials to support decision making are available. All trusts should have an overall surgical resection rate for Non Small Cell Lung Cancer of over 20%. CMCA will work with trusts to understand how to capture the metrics and their support requirements. Trusts in partnership with CMCA will audit the reasons for those eligible for radical treatment but decline and identify themes emerging, ensure patient facing materials to support decision making are available.
Variation in prostate cancer outcomes	Investigate why men with high-risk/locally advanced disease are not considered for radical treatment. CMCA will work with trusts and the Clinical Quality Group (CQG) to understand how to capture the metrics, undertake service delivery changes and provide clinical leadership. Trusts in partnership with CMCA and the CQG will audit the reasons why men with high-risk/locally advanced disease are not considered for radical treatment and gain qualitative data collection from patients to identify themes emerging to inform transformation.
Variation in bowel cancer outcomes	Reduce variation in neoadjuvant radiotherapy treatment in rectal cancer patients undergoing resection and ensure evidence-based local radiotherapy policies are in place. CMCA will work with trusts and the Clinical Quality Group (CQG) to understand how to capture the metrics, undertake service delivery changes and provide clinical leadership. Trusts in partnership with CMCA and the CQG will audit the reasons for variation in neoadjuvant radiotherapy treatment in rectal cancer patients and gain qualitative data collection from patients to identify themes emerging to inform transformation.
Variation in breast cancer outcomes	Breast cancer surgical teams should examine their reoperation rates after breast conservation surgery to identify areas where reoperation rates can be reduced, whilst supporting safe breast conservation. CMCA will work with trusts and the Clinical Quality Group (CQG) to understand how to capture the metrics, undertake service delivery changes and provide clinical leadership. Trusts in partnership with CMCA and the CQG will audit the reasons for reoperation rates to identify themes emerging to inform transformation.

Workforce

Programme SRO:	Sarah Grice, Associate Director s.grice1@nhs.net	Programme Lead(s):	Lynn Young, Senior Programme Manager lynn.young9@nhs.net

Programme Aims

- Support our cancer workforce to reach their full potential through the delivery of training and education
- Provide a standardised approach to cancer education delivery across Cheshire and Merseyside in collaboration with educational partners
- Proactively support the health and well-being of our cancer workforce and continuously improve equality, diversity and inclusion.
- Attract, recruit and retain people within Cheshire & Merseyside, to secure the skills and people needed across our system for the future.
- Support the transformation of our workforce to respond to new challenges, deliver new ways of working and offer the best possible patient care

This plan aligns with the main workforce priority areas highlighted as part of the NHS Long Term Plan , the NHS People Plan 2020/21: actions for us all , the Cancer Workforce Plan and the Diagnostics: Recovery and Renewal report.

Programme Objectives	Description
Develop our online cancer education platform, The Cancer Academy	The Cancer Academy is an online platform developed by CMCA to provide cancer education, knowledge and learning for all healthcare professionals. During 2023/24 we will align with the national Aspirant Cancer Career and Education Development programme (ACCEND) Programme, supporting our workforce with what this means for them in their role. We will focus on further development of our primary care training and education programme and will also offer a new health inequalities workshop for our cancer workforce.
Recruit, retain and upskill our cancer workforce	To meet the ever increasing needs of people living with cancer now and in the future, we need to develop and invest in the cancer workforce and address key issues. CMCA will continue to work with NHS England (NHSE) and local systems to ensure we have the right numbers of skilled staff to provide high quality care and services to cancer patients at each stage in their care. We will increase the workforce and develop knowledge and skills in the priority specialisms identified in the National Cancer Workforce Strategy. Funded by the NHSE ACCEND programme, we will deliver over 40 national cohorts of the Principles of Cancer Programme (PCCP) training between 2023 and March 2025, training over 600 of our assistive and supportive workforce. We will also start to plan delivery of a 'Train the Trainer' programme and focus on ARRS training and education, with a view to offer a customised version of the PCCP, ensuring continued alignment to the ACCEND programme.
Support new ways of working and delivering care	CMCA will support the transformation of our workforce to introduce new ways of working to deliver the best possible patient care. We will continue to support a regional programme of work looking to provide a sustainable workforce model for speech and language therapy provision for patients diagnosed with head and neck cancer. Our three-year MDT coordinator (MDTC) training programme will enter its second year and will continue to upskill MDTCs and other relevant roles, ensuring they have equal access to the appropriate learning, and provide standardised knowledge and skills across the region.
Cancer workforce planning and transformation	Expansion and reform of the cancer workforce across all levels and specialties has long been recognised as a priority to meet the ever-increasing demands on cancer services. During 2023/24, CMCA will commission a modelling exercise for the cancer workforce across Cheshire and Merseyside. The aim of the work will be to test out a methodology for effective future workforce planning, based on current and future population needs and activity increases required to deliver quality and timely services.

The Cancer Academy

The Cancer Academy
Excellence in cancer education

The Cancer Academy is an online platform hosted by CMCA to provide **cancer education, knowledge and learning for all healthcare professionals**. Following a successful launch in September 2022, we now have more than 1150 registered users.

The site aims to **further develop, upskill and train the cancer workforce**, through the provision of high-quality, appropriate, relevant, and up-to-date education, training, and resources. The overall long-term aim is that this will support improvements in cancer prevention, early diagnosis, and care. The site is aimed at all healthcare professionals supporting cancer patients at any point of their pathway.

Click here to access The Cancer Academy

Cancer Academy Aims
Improve the reach and inclusivity of cancer related training and education for the cancer workforce and broader healthcare workforce.
Improve workforce confidence, skills, and knowledge to support delivery of services and care, enhancing patient experience.
Increase the flexibility of access to learning and education. Reduce the time spent searching for latest guidance and cancer related resources.
Provide the ability for all registered users to maintain an individual learning and education area, tailored to their requirements, including recommended resources for their area of work.
Improve training efficiency and productivity through the provision of content which can be recorded and re-used.
Embrace new ways of working and offer a sustainable training model with an increased provision of online content, whilst continuing to support our workforce to embrace digital transformation.
Provide accurate and up-to-date resources, working with stakeholders to provide high quality and accurate information to users.

Sefton

Cheshire and Merseyside

Cancer Alliance

Website: www.cmcanceralliance.nhs.uk
General Enquiries: ccf-tr.admin.cmca@nhs.net

NHS