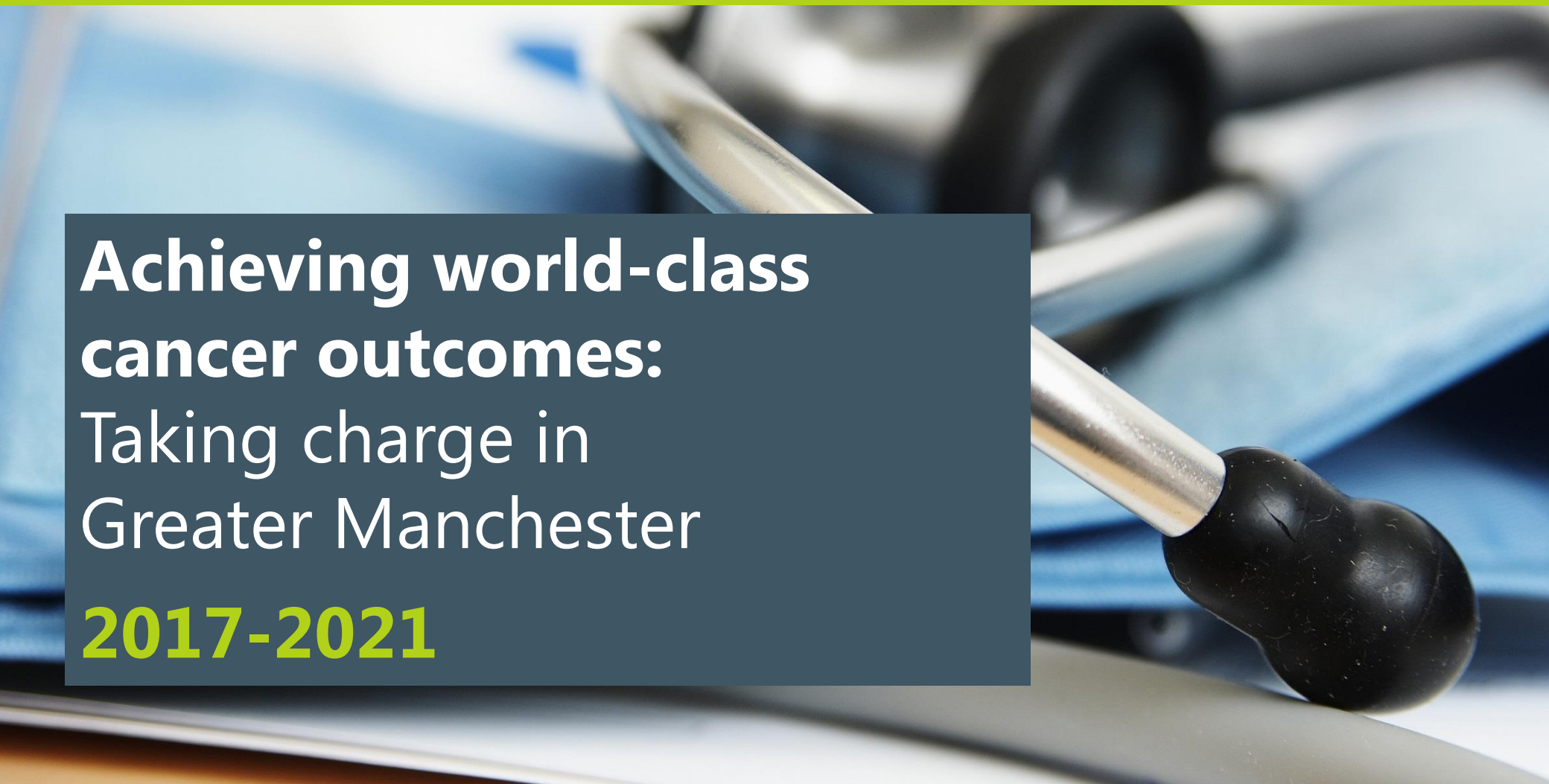
GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester **Cancer**



Achieving world-class cancer outcomes: Taking charge in Greater Manchester

2017-2021

Contents

1. Introduction

There have been considerable improvements in cancer services in Greater Manchester in recent years. A cancer patient diagnosed here today has the same chance of surviving as the average for England as a whole. This was emphatically not the case two decades ago.

These improvements are testament to the hard work and collaboration of the different parts of the cancer system over this time. But there remains a lot of work to do to give the people of Greater Manchester cancer services that match the best in the world. The national cancer strategy *Achieving world-class cancer outcomes* gives us a framework to carry out this work.

In 2015 our progress as a region was underlined when we were designated as part of the national cancer vanguard by NHS England. This status gives us both the freedom to test new clinical ideas, and the responsibility to test a radical new way of organising cancer care in the future.

This document is the plan to implement the key parts of the national cancer strategy in Greater Manchester. It also sets out where we, as an area that has a devolved health and social care system and is part of the national cancer vanguard, have the ambition to go beyond what is required of us nationally.

To develop this plan we have come together in a new single board covering the whole cancer system and all parts of the patient pathway. By implementing it we will achieve world-class cancer outcomes for the people of Greater Manchester.

The Greater Manchester Cancer Board, January 2017

2. The cancer landscape in Greater Manchester

2.1 The burden of cancer

Cancer touches the lives of everyone. Half of all people born since 1960 will be diagnosed with cancer in their lifetime[1]. The other half will undoubtedly be affected by the cancer diagnosis of a loved one.

And the incidence of cancer is growing. In 2014, 14,500 people were diagnosed with cancer in Greater Manchester, compared to 13,800 in 2011[2]. In 2014, cancer was responsible for 6,700 deaths in the region[3].

There is also a large population in the areas neighbouring Greater Manchester that use our cancer services. The largest of these is Eastern Cheshire*, where, in 2014, there were 1,200 cancer cases and 520 deaths from cancer.

The burden of cancer on our healthcare system is also growing. There were 89,200 GP referrals for suspected cancer to Greater Manchester's hospitals in 2014/15, up from 77,800 the year before[4].

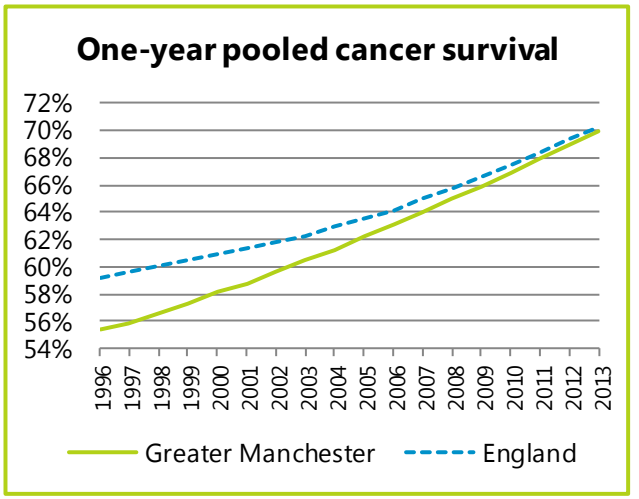
The National Audit Office estimated cancer-related costs for the NHS in England of £6.7bn in 2012/13[5], acknowledging that this does not capture all costs, such as some of those incurred in primary care. Greater Manchester contains around 5% of the population of England, so the region's cancer costs in 2012/13 can be estimated as upwards of £335m.

Achieving world-class cancer outcomes estimates that cancer-related costs to the NHS in England could grow to around £13bn a year by 2020/21[6]. That would mean a cost in Greater Manchester of £650m.

2.2 The improvements made

Greater Manchester has a history of relatively poor cancer outcomes but the picture has improved in recent years. In 2000 the overall chance of surviving a year following a diagnosis of cancer in Greater Manchester was 58%[7]. This compared to an average of 61% across England and in comparable cities.

The survival gap has been gradually closing over the last twenty years. The latest information shows that Greater Manchester's patients can now look forward to almost the same survival at one year following diagnosis as patients in comparable cities and across England as a whole (see figure).

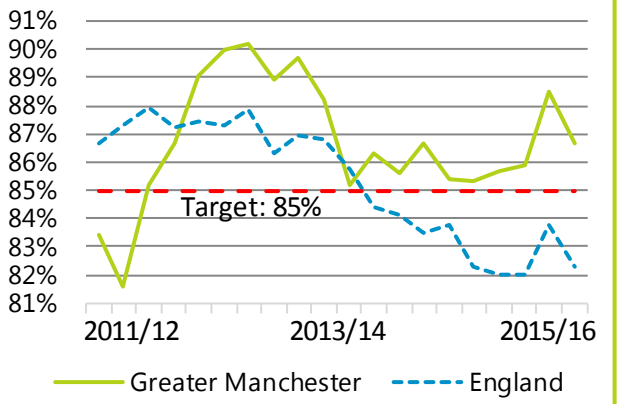


Greater Manchester also continues to comply with the national waiting time standard of 62 days between referral and beginning of treatment (see figure)[8]. This ongoing compliance is all the more impressive set against a backdrop of falling performance nationally.

These improvements have come about through the hard work of those involved in cancer care in Greater Manchester over the last decade. However, the region continues to perform very poorly in other ways of measuring cancer care.

*This relationship is such that in this plan Eastern Cheshire and its population are included when we refer to Greater Manchester

2. The cancer landscape in Greater Manchester



2.3 The challenges that remain

Smoking rates are significantly higher in Greater Manchester adults than in the rest of England. In addition, the uptake of breast, cervical and bowel screening programmes (to prevent some cancers and detect others at an earlier, more curable stage) is significantly lower.

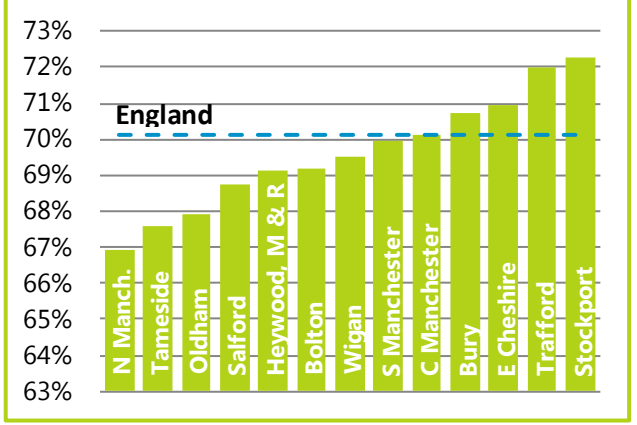
While Greater Manchester's survival rates compare well nationally, this aggregated figure masks a wide disparity in survival depending on where patients live (see figure). The chances of surviving one year after a diagnosis of cancer are less than 67% in North Manchester but more than 72% in the more affluent areas of the region[9].

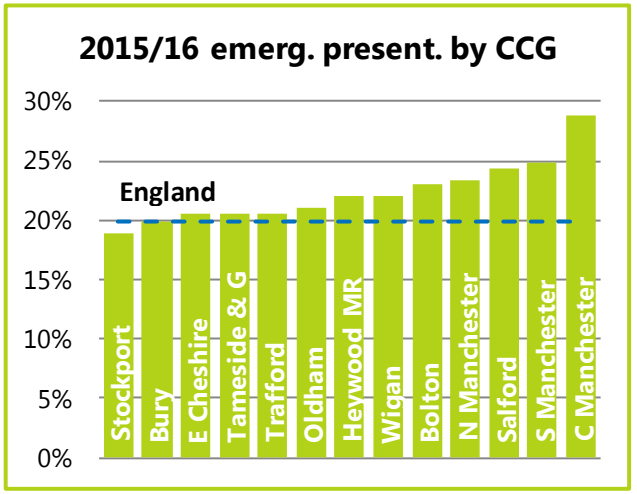
There is also great geographical variation in the proportion of Greater Manchester's cancer patients that present for the first time as an emergency (see figure)[10]. Cancer patients that are first identified this way generally have poorer outcomes.

In 2013 Public Health England published information on the number of premature deaths from cancer in each region, defining this as death before 75 years of age.

Each of the 150 local authorities in England was ranked according to its performance. Six of Greater Manchester's ten local authorities were ranked in the worst 20%, with the city of Manchester itself ranked bottom[11].

If the national average had been matched across Greater Manchester then it is estimated that over 600 fewer premature cancer deaths would have been recorded in the region from 2010 to 2012.





3. The cancer system in Greater Manchester

Prior to the reorganisation of the NHS through the Health and Social Care Act 2012, the work to improve cancer services in the region was led by the **Greater Manchester and Cheshire Cancer Network.**

Three factors came together in 2013 that created a clear impetus for our hospital providers to work together against cancer:

- Greater Manchester's patient outcomes were below the standard they should be.
- The way that some surgical services were arranged did not meet important standards set by NHS England.
- There was a risk of losing coordinated clinical leadership due to the reorganisation of the NHS.

The region's hospital providers created **Manchester Cancer**, envisioned as an integrated cancer system bringing together cancer research, education and clinical services. They created the **Manchester Cancer Provider Board** to lead the clinical services arm of Manchester Cancer and committed to fund a full set of cancer clinical directors and their support team.

At around the same time, NHS England proposed the creation of strategic clinical networks in acknowledgement of the need to maintain regional clinical networks. The **Greater Manchester, Lancashire and South Cumbria Strategic Clinical Network** was formed in April 2013 and its cancer team has worked with Manchester Cancer to minimise the potential for duplication.

In July 2014, Macmillan Cancer Support and the three CCGs in the city of Manchester launched the **Macmillan Cancer Improvement Partnership** (MCIP). The programme to improve cancer services in the city has had a focus on improvements in primary, community and palliative care across all tumour groups and improvements in breast and lung cancer pathways.

Also in 2014, Greater Manchester's 12 clinical commissioning groups agreed that **NHS Trafford CCG** should take a lead role in the commissioning of cancer services. Trafford led the development of the **Greater Manchester Cancer Commissioning Board**, bringing together local commissioners with those responsible for:

- Specialised commissioning (**NHS England**),
- Public health commissioning (**the Greater Manchester Health and Social Care Partnership**) and delivery (**local authorities**), and
- National cancer screening (**the Greater Manchester Health and Social Care Partnership**).

In the meantime, the commissioner-led transformation of specialist cancer surgery services has continued, supported by the **Greater Manchester Transformation Unit**.

In 2015 Greater Manchester was designated as part of the **national cancer vanguard**. The region's success in this was due in large part to our recent history of collaboration in cancer services. As a vanguard area we have a two-year vanguard innovation programme testing clinical innovations and a new approach to cancer care commissioning.

In the summer of 2016, both provider and commissioning boards agreed to set up a single system-wide cancer board for Greater Manchester. The new board, the **Greater Manchester Cancer Board**, oversees all cancer activity in the area and is the latest step in the collaboration that has been developed in Greater Manchester in recent years. This is the board's plan for cancer services in the next five years.

4. National cancer policy and Greater Manchester devolution

In October 2014, the NHS in England set out how the NHS needed to change in its **Five Year Forward View**.

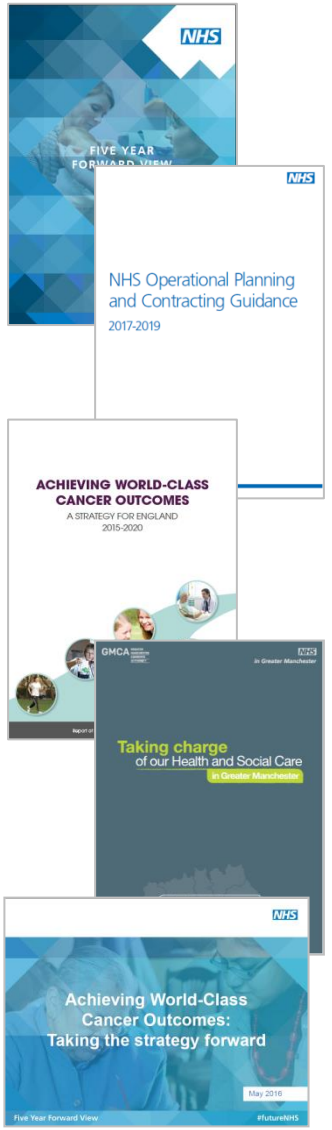
The forward view made clear the NHS's intention to support and stimulate the creation of a number of major new care models, including in cancer services.

It also began to set out a series of five-year ambitions for better prevention, faster diagnosis and better treatment and care for all.

In July 2015, **Achieving World-class Cancer Outcomes**, the report of the Independent Cancer Taskforce, applied a cancer lens to the themes of the Five Year Forward View.

In total it made 96 recommendations, including that 'cancer alliances' should be created and that a new way of providing cancer care under a single lead organisation for a region should be tested.

In May 2016 NHS England committed to delivering the Independent Taskforce's report by 2020. In **Taking the strategy forward** it sets out the first steps towards this, focussing on the major building blocks for change. NHS England has issued further guidance on implementing the strategy as 2016 has progressed.



The **NHS planning guidance 2017–2019** published in September 2016 set out the 'must dos' for 2017-19 for every local system. In cancer it stipulates the:

- Reduction of smoking prevalence
- Increased uptake of cancer screening
- Implementation of NICE suspected cancer referral guidelines and increasing GP direct access to tests
- Achievement of current and new waiting time standards, including the 62-day standard
- Improvement of one-year survival rates, diagnosis at early stage, reduced diagnosis as an emergency
- Stratified follow-up of breast, colorectal and prostate patients
- Commissioning of the Recovery Package
- Access for all to a clinical nurse specialist or other key worker

Taking charge of our health and social care in Greater Manchester was published in 2015. It details the collective ambition for the region's devolved health and social care system over the next five years.

It identifies five key areas for transformational change:

1. Radical upgrade in population health prevention
2. Transforming community based care and support
3. Standardising acute and specialist care
4. Standardising clinical support and back office services
5. Enabling better care

The plan contains a high-level summary of the ambition for cancer in Greater Manchester and signals that a detailed plan for cancer care in a devolved Greater Manchester will be developed.

5. The Greater Manchester cancer plan

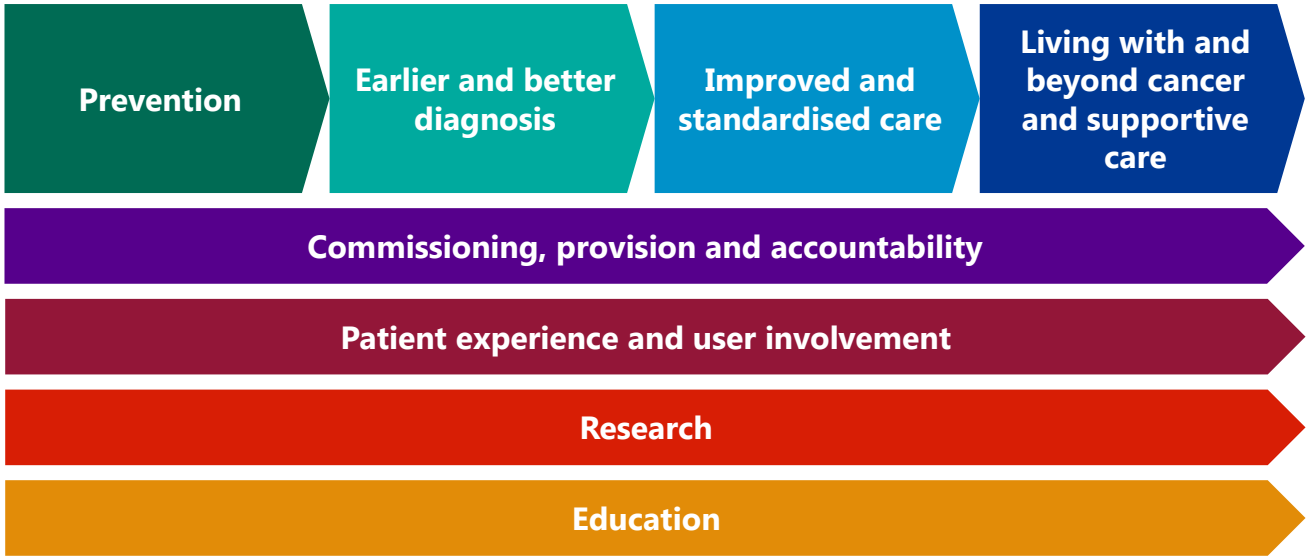
5.1 Introduction

The starting points for this plan are the national cancer strategy: *Achieving world-class cancer outcomes: taking the strategy forward*, and the local sustainability and transformation plan: *Taking charge of our health and social care in Greater Manchester*.

We will implement the key recommendations of the national strategy in Greater Manchester in full by 2021. This document sets out the activities that will be necessary to do so. As would be expected from a cancer vanguard area, we also have ambitions that go beyond national requirements This document sets these out.

5.2 The eight domains

The achievement of world-class cancer outcomes in Greater Manchester will require activities to be undertaken in eight domains. The domains reflect a combination of the five key areas for change set out in Greater Manchester's plan for its devolved health and social care and the six key workstreams of the national cancer strategy.



Four domains cover the four broad parts of the cancer pathway. The remaining four are cross-cutting areas. The domains are set out in the figure below.

5.3 The format of this plan

The next chapter sets out our key objectives. Following this there is a separate section dedicated to each domain. For each domain the plan sets out:

- What is already happening,
- Our objectives and current performance (where relevant), and
- What we are going to do to meet our objectives

The final sections set out how this Greater Manchester cancer plan has been developed during 2016 and how it will be implemented.

5.4 Delivering this plan

The delivery of this plan will require contributions from the entire cancer system. Its delivery will be supported by a core team with responsibility for clinical networks, user involvement and cancer commissioning, funded recurrently for the life of the plan. Additional transformation funding will be required for other key projects.

6. Our vision and key objectives

6.1 Our vision

Our vision is simple. We want to achieve world-class cancer outcomes and experience for the people of Greater Manchester through the delivery of cancer services that are sustainable and offer value for money.

6.2 World-class outcomes for all

We know that there is variation and inequality in cancer outcomes and experience across the localities that make up Greater Manchester. So as well as looking at our performance as a conurbation we will also monitor and seek to improve performance across all of our localities to match the best.

6.3 Our key objectives

The following sections set out our specific and measurable objectives relevant to each stage of the cancer pathway in Greater Manchester.

While all of these objectives are important we have picked six of them out as our key objectives. This will allow us to have an at-a-glance assessment of our performance across the cancer system and across the pathway.

1. **We will reduce adult smoking rates to 13% by 2020**
   One in five adults in Greater Manchester still smoke nearly a decade after smoking was banned in enclosed public places in England.

2. **We will increase one-year survival to more than 75% by 2020**
   Our rate of survival one year after cancer diagnosis is rising but further substantial improvement will need additional focus on detecting cancers at an earlier stage.

3. **We will prevent 1,300 avoidable cancer deaths before 2021**
   We have some of the highest rates of avoidable cancer deaths in the country – matching the national average will save hundreds of lives.

4. **We will offer class-leading patient experience, consistently achieving an average overall rating of 9/10 in the national survey from 2018**
   Our patients report good experience compared to other conurbations with an average overall rating of 8.76 in 2015, but there remains room for improvement.

5. **We will consistently exceed the national standard for starting treatment within 62 days of urgent cancer referral**
   Working as a system we have met the 62-day standard for a number of years, but we want to keep reducing the amount of time people wait to start their treatment.

6. **We will ensure that the Recovery Package is available to all patients reaching completion of treatment by 2019**
   The Recovery Package is a combination of important interventions that, when delivered together, can greatly improve the outcomes and coordination of care.

7. Prevention

7.1 What is already happening

There are existing **national plans** related to key lifestyle risk factors such as the national Tobacco Control strategy. There are also innovative integrated public health campaigns such as Change4Life, One You and single issue campaigns such as Stoptober.

Taking Charge makes a commitment to placing prevention and population health at the heart of the reform agenda in Greater Manchester. It sets out an ambition to deliver the fastest and greatest improvement to the health and wellbeing of Greater Manchester residents.

To support delivery of this ambition the first transformational programme set out in *Taking Charge* is a **radical upgrade in population health and prevention**. By upgrading prevention and self-care we are proposing to change the way the people of Greater Manchester view and use public services, creating the conditions that enable people and communities to become resilient and empowered.

This means more people managing their health, looking after themselves and each other. Healthy and independent people play a key part in enabling us to **achieve our ambitions** for a growing and sustainable Greater Manchester in the future.

As part of the **vanguard innovation programme** we have a cancer prevention work stream which aligns with the themes in *Taking Charge* and includes: creating a citizen led social movement, social marketing and behaviour change support, and using new insights into human behaviour to help design preventative services and make it easier for people to live healthy lives.

7.2 Our objectives and current performance

Nationally-set objectives

We aim to reduce adult smoking rates to 13% by 2020 and 5% by 2035
Currently, 19.9% of the adult population in Greater Manchester smokes compared to 16.9% nationally[12]. There is great variation in smoking rates across the region's local authority areas, ranging from 22.7% in Manchester to 16.4% in Trafford.

We aim to reduce smoking rates in routine and manual workers to 21% by 2020
29.9% of routine and manual workers in Greater Manchester currently smoke, compared to 26.5% of this type of worker in the country as a whole[13].

Current adult smokers in Greater Manchester:
423,000

Adult smokers who must quit by 2020 to achieve 13%:
150,000

7. Prevention

Locally-set objectives

We aim to reduce smoking rates in pregnancy to 8% by 2021 and to reduce regular and occasional smoking in 15 year olds to 5% by 2021

The current rate of smoking in pregnancy in Greater Manchester is 12.9%[14]. We will tackle this as part of our long term ambition to give all our children and young people the best start by making smoking history. There is no Greater Manchester figure for regular and occasional smoking in 15 year olds but in our localities this ranges from 5.3% in Trafford to 10.3% in Tameside[15].

7.3 What we are going to do

Our current health challenges require widespread behaviour change. Greater Manchester Health and Social Care Partnership is developing a Greater Manchester population health plan. This will set out a bold vision to radically upgrade our population health and prevent disease, including cancer.

The plan is built around five transformation themes:

1. **Person and Community Centred Approaches**: The aim is to put people and communities at the heart of things, focusing on the assets within communities, the skills and knowledge, the social networks and the community organisations which are the building blocks for good health.
2. **Start Well**: The early years plan aims to establish a framework for the delivery of appropriate services at the right time, supporting children and families to become healthier, resilient and empowered.
3. **Live Well**: The adults programme recognises that good work is an essential prerequisite of health and socio-economic outcomes. It will have a priority focus on supporting people with health problems to stay in work. Greater Manchester will also do a lot more to help people change their behaviour utilising innovative digital technologies to support behaviour change at scale.
4. **Age Well**: The aim is to support people to maintain good health, wellbeing and independence for as long as possible. Year one of the programme prioritises housing and health, nutrition and hydration, and falls prevention.
5. **System Reform**: Greater Manchester will radically reform the role of public health in the context of a devolved system, creating a unified population health system across ten localities that is better able to achieve improved health outcomes.

Prevention is also a major focus of our vanguard innovation programme, bringing additional resources to support the ongoing work of the Greater Manchester Health and Social Care Partnership in this area.

Raise awareness of lifestyle risk factors and change behaviour

Updated national plans are expected imminently for obesity, tobacco control and alcohol consumption. The Greater Manchester population health plan will set out a comprehensive programme of interventions that provides new and hard-hitting approaches to the well-known lifestyle risk factors such as physical inactivity, alcohol, tobacco and obesity.

7. Prevention

We will work to better understand our population and how best to reach out to the different groups of people within it. We will use the latest evidence, including local insights into human behaviour, to help develop large-scale social marketing campaigns to change behaviours with regard to lifestyle decisions that raise the risk of a cancer diagnosis.

These campaigns will be supported by the development of innovative digital approaches to support behaviour change at scale including social media platforms and new ways to help people assess their individual risk of cancer.

What and when?

- Greater Manchester population health plan produced by January 2017

Smoking is by far the biggest single cause of ill health and early death in Greater Manchester. The Greater Manchester Cancer Board has therefore made preventing tobacco related harm a key focus for this strategy and is sponsoring the work to develop a comprehensive tobacco control plan for Greater Manchester.

What and when?

- Greater Manchester tobacco control plan produced by April 2017

Help people to understand their individual risk of cancer

We will support the development of innovative online resources to help the people of Greater Manchester to quickly and easily understand their individual risk of cancer and support them in modifying their lifestyles and behaviours.

What and when?

- Online tool for the assessment of individual risk of cancer available to people in Greater Manchester by September 2017

Create a citizen-led social movement

The more connected, empowered and resilient people and communities are, then the greater is the likelihood they will live healthy and fulfilled lives. A central focus of *Taking Charge* is changing the relationship between people and public services, putting people and communities genuinely in control of their own health.

We will work with a broad range of partners from the voluntary and community sector to start a social movement in Greater Manchester focussed on cancer prevention.

As part of this programme we will develop a network of up to 20,000 'cancer champions', members of the public who will help us spread prevention and early detection messages and action throughout their communities and support people to make and maintain healthy behaviours as part of their daily lives.

What and when?

- An exemplar citizen-led social movement focused on cancer prevention delivered by March 2019

Increase HPV immunisation uptake

Human papilloma virus (HPV) infection is one of the most common sexually transmitted infections. Persistent infection with high risk HPV types can lead to the development of cervical and other cancers.

All girls aged 12 to 13 are offered HPV vaccination as part of the NHS childhood vaccination programme. The programme is a

7. Prevention

two-dose schedule. The vaccine used protects against the types of HPV responsible for more than 70% of cervical cancers in the UK. The target is to achieve a 90% uptake, currently in Greater Manchester only half of local authority areas are achieving this.

Tackling falling uptake figures for our schools based programme and expanding the vaccination programme to those at high risk for HPV infection such as men who have sex with men are key priorities.

We will:

- Develop a specific plan to significantly improve HPV vaccination within school-aged girls (11-18 year-olds)
- Implement the men who have sex with men HPV programme following the current national piloting phase
- Implement a HPV vaccination programme for boys if and when this is adopted to the national immunisation programme.

What and when?

- A plan to significantly improve HPV vaccination within school-aged girls (11-18 year-olds) by March 2017

Deliver lifestyle-based secondary prevention

We will work to better understand why some people living with and beyond a cancer diagnosis either do not have access to or do not use the support available to change their lifestyles and help prevent further cancer diagnoses.

Research has shown that people who have had cancer would like more information about how to approach lifestyle changes and would welcome support tailored to their individual needs.

As part of the vanguard innovation programme we will make sure that all improved aftercare pathways provide health promotion messages and access to the necessary tailored support for people who want to have a healthier lifestyle.

What and when?

- Delivery model of lifestyle-based secondary prevention developed as part of new aftercare pathways by April 2018

Prescribe drugs that are effective in preventing cancers

The use of drugs to prevent cancer (including secondary cancers) is increasingly likely to play a key role. Nationally, the National Institute for Health and Care Excellence (NICE) is developing updated guidelines considering the use of:

- Aromatase inhibitors for untreated post-menopausal women at high risk of breast cancer,
- Bisphosphonates to prevent secondary cancers in women previously treated for early stage breast cancer, and
- Aspirin for individuals with hereditary non-polyposis colorectal cancer (HNPCC) or Lynch Syndrome.

NICE assessment processes can be lengthy. We will develop a process to make our own assessments of the evidence with regard to the use of these drugs to prevent cancer and, if appropriate, make sure they are available across Greater Manchester.

What and when?

- Assessment of evidence of effectiveness of drugs to prevent breast cancer and business cases agreed by May 2017

8. Earlier and better diagnosis

8.1 What is already happening

The **national cancer screening programmes** are changing. The current bowel screening test (the faecal occult blood test) will be replaced with a new test (the faecal immunochemical test or FIT). A new complementary bowel scope programme for 55-year-olds is currently being rolled out. In cervical cancer the roll-out of primary HPV (human papilloma virus) testing is being assessed.

Greater Manchester Health and Social Care Partnership has a three year **cancer screening improvement plan**. This aims to reduce variation in uptake and includes implementing the most recent evidence and research consistently across Greater Manchester.

In addition the prevention work stream of the **cancer vanguard innovation** programme is starting a number of innovative projects focused on improving access to and uptake of the national screening programmes and other early detection initiatives.

Our charitable sector partners have played a key role in efforts to diagnose cancer earlier in Greater Manchester. We have for some years had an active group of **Macmillan GPs**, practising GPs who devote an average of a day per week to work with Macmillan and primary healthcare teams to improve cancer care, including through earlier diagnosis.

Greater Manchester's Macmillan GPs have led our cancer system in the revision of the existing referral pathways in the light of the 2015 NICE guidance for **suspected cancer referral**. New and improved Greater Manchester-wide referral forms have been designed and uploaded onto GP systems across the region. Review of the new forms will take place during 2017.

From July 2015 **Cancer Research UK facilitators** have also been in place in all Greater Manchester CCGs, supporting healthcare professionals and organisations to improve prevention and early diagnosis, offering practical support to help them change the way they manage cancer.

Through the **Macmillan Cancer Improvement Partnership** (MCIP), Macmillan Cancer Support and the three CCGs in Manchester are pilot testing an innovative service that aims to detect lung cancer earlier. The pilot service offers people at high risk of lung disease an opportunity to attend a lung health check. Those that have a high lung cancer risk will go on to have a CT scan with the aim of detecting lung cancer earlier.

The NHS England, Macmillan Cancer Support and Cancer Research UK **ACE programme** (Accelerate, Coordinate, Evaluate) is looking at a portfolio of projects that aim to improve the early diagnosis of cancer. Greater Manchester has a number of projects in the first phase of the programme, three of them through our pathway boards.

Greater Manchester was also successful in securing funding from **wave 2 of the ACE programme**. This programme is piloting on two sites (Oldham and South Manchester) a new pathway for patients presenting with non-specific but concerning symptoms along with new diagnostic models to identify or rule out cancer as a cause. This work is now being combined with the **rapid cancer investigation unit** project within the vanguard innovation programme.

8. Earlier and better diagnosis

A system for the transfer of cancer patients between hospitals and the responsibilities of those involved has been in place for some years in Greater Manchester. This **communication and referral protocol** has allowed us as a region to consistently meet the 62-day cancer waiting time target.

When there are problems that result in a breach of the national waiting time targets then the hospitals involved often **share responsibility** for this. This mature and collaborative arrangement has inspired a national change in policy.

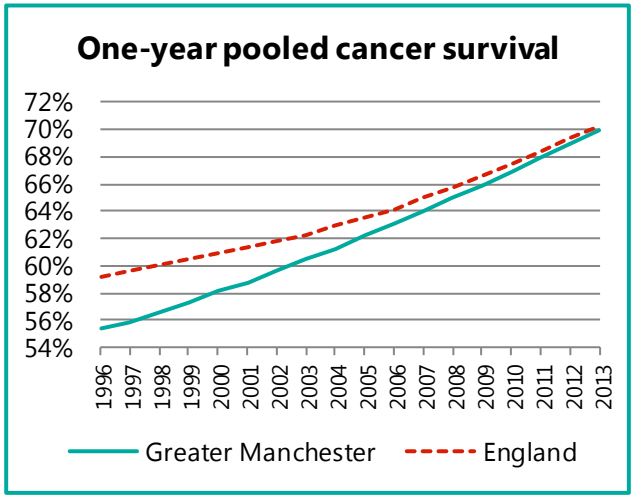
8.2 Our objectives and current performance

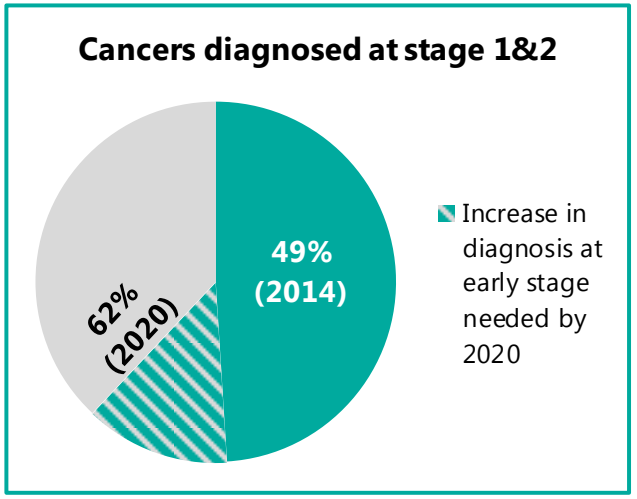
Nationally-set objectives

We aim to achieve bowel cancer screening uptake of 75% by 2020, for both the FIT programme and the bowel scope programme for 55 year old people
In Greater Manchester the uptake of the faecal occult blood bowel screening programme for the year to September 2015 was 52.3%[16]. Achieving this ambition will mean the screening of an additional 60,000 people and the screening of an additional 30,000 people a year from 2021 onwards.

We aim to increase one-year survival to 75% or more by 2020, with a reduction in CCG variation
The one-year survival rate for patients diagnosed in Greater Manchester in 2013 was 69.9%[17]. This constitutes a continuation of the improvement in survival rates seen in recent years and a narrowing in the gap with the rate for England as a whole (70% for 2013, see figure). There is considerable variation between CCGs though, ranging from 66.9% in North Manchester CCG to 72.3% in Stockport for patients diagnosed in 2013.

We aim to increase the proportion of patients whose cancers are diagnosed at stage 1 or 2 to 62% by 2020
In the latest data available (2014), 49% of the cancer patients diagnosed in Greater Manchester had stage 1 or 2 disease[18]. In England as a whole this figure was 51%. Increasing the proportion of patients diagnosed with early disease to 62% by 2020 will require considerable effort (see figure).





8. Earlier and better diagnosis

We aim to consistently meet as a region the current waiting time targets of 96% for 31-days and 85% for 62-days
As a region we have consistently achieved the 31-day and 62-day targets since 2011/12. Nationally performance has been falling, with just 82.4% of patients beginning treatment within 62 days in 2014/15[19].

Rather than merely maintaining our performance at just above national targets we will continuously reduce the amount of time that people wait for cancer diagnosis and treatment in Greater Manchester.

We aim to consistently meet the waiting time targets of 96% for 31-days and 85% for 62-days in each of our localities by April 2018
While we continue to meet these operational standards as a region there is variation in performance between the different localities that make up Greater Manchester. For example, in the last three months of 2015/16 we achieved 86.7% for the 62-day target as a region but the performance of four of our localities was under 85%[20]. We will ensure that these targets are met across the region and continuously reduce the amount of time that people wait for cancer diagnosis and treatment.

We aim to increase the proportion of patients given definitive cancer diagnosis, or all clear, within 28 days of being referred by a GP to 95% by 2020
This is a new waiting time standard introduced in *Achieving world-class cancer outcomes* and performance against it is not currently measured.

Locally-set objectives

We aim to decrease premature mortality from cancer to match the England average, resulting in 1,300 fewer premature deaths by 2021
This is an aim set in *Taking charge of our health and social care in Greater Manchester*. Over 2012-14 Manchester was Public Health England's worst-ranked local authority with 534 premature deaths from cancer per 100,000 of population[21]. The rate for England as a whole is 337 premature deaths per 100,000 of population. Salford was 147th out of 150 with a rate of 471. In total, six of Greater Manchester's ten local authorities ranked in the bottom 20%.

We aim to reduce the one-year survival deficit for older people to less than 15% by 2020
In England as a whole 77.3% of cancer patients aged 55-64 when diagnosed in 2013 lived to one year[22]. The same figure for patients aged 75-99 was 58.4%. Figures for Greater Manchester are not currently available but we assume that the picture here is similar to England as a whole.

We aim to reduce the proportion of cancers that are diagnosed as an emergency to below 18% by 2020, with a reduction in CCG variation
In 2015/16 21.8% of Greater Manchester's cancer patients were diagnosed following an admission as an emergency[23]. The figure for England as a whole was 19.8%. The latest data show great variation among Greater Manchester's CCGs, ranging from 18.8% in Stockport to 28.8% in Central Manchester.

We aim to increase cervical screening coverage to 80% by 2021
In the year to December 2015 the coverage in Greater Manchester was 72.6%[24]. Achieving this ambition will mean an additional 52,500 women will need to have

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been screened, and we will then be screening an additional 15,000 women a year from 2021 onwards.

We aim to increase breast screening coverage by 10% to 75% by 2021
In the year to December 2015 the coverage in Greater Manchester was 67.6%[25]. Achieving this ambition will mean that an additional 22,400 women will have been screened, and we will then be screening an additional 11,200 women a year from 2021.

We will recruit over 1,000 cancer patients to the national 100,000 Genomes Project by 2018
The 100,000 Genomes Project is a central element of NHS England's personalised medicine strategy, which aims to progress the move from a one size fits all approach to patient treatment to more effective personalised therapies.

We are committed to supporting national partners with the ambitions of the 100,000 Genomes Project. We will recruit over 1,000 cancer patients to participate by the end of 2018, and support the creation of a new genomic medicine service for the NHS.

8.3 What we are going to do

Enhance cancer screening

As well as detecting cancer, the bowel screening programmes also act as prevention programmes by allowing the detection and removal of pre-cancerous lesions that might have gone on to become cancer.

Full rollout of FIT (faecal immunochemical test) in the bowel screening programme in April 2018 will contribute to increasing uptake. In addition we will have the bowel scope programme for 55 year olds in place by 2020. This will provide increased coverage of bowel screening which will result in more cancers being detected earlier.

In relation to cervical screening, we will accelerate the local implementation of the primary HPV (human papilloma virus) testing in the cervical programme in 2017/18. Greater Manchester will work with national partners at NHS England and Public Health England to deliver this.

What and when?
- FIT in use in bowel screening programme by April 2018
- HPV testing in cervical screening programme implemented by April 2018
- Bowel scope programme for 55 year olds in place by April 2020

Through a vanguard innovation project we will launch series of innovative studies with the aim of increasing the uptake of cancer screening. These randomised control trials will use behavioural insights theory and will give us a better understanding of why people do not take up the offer of screening. We will then use the latest evidence to test new ways of inviting people in Greater Manchester to take part in screening programmes with the aim of increasing uptake (through GP endorsement of the programme, for example).

What and when?
- Breast screening improvement trial reports findings in May 2017
- Bowel and cervical screening improvement trials report findings in October 2017

We will also work to identify any parts of Greater Manchester where uptake of screening is particularly low through health

8. Earlier and better diagnosis

equity profiles. We will take targeted action to improve this, co-producing initiatives with patients and communities. We will also build on the developing cancer prevention social movement and engagement activities in Greater Manchester to promote uptake of cancer screening programmes.

What and when?

- Health equity profiles to identify areas of low screening uptake produced by July 2017

Increase public awareness of screening, and cancer signs and symptoms

We will continue to support the national Be Clear on Cancer programme locally. In 2017 the vanguard innovation programme will include a major campaign on bowel cancer screening. The campaign will be run with Public Health England and Cancer Research UK and will include mass media and direct mail elements.

This work will gather evidence on the effectiveness of a Be Clear on Cancer campaign in support of screening programmes and will inform future national campaign activity. Behavioural insights research with our eligible population will also inform additional Greater Manchester campaign activity.

What and when?

- Be Clear on Cancer branded campaign to promote bowel screening, January-March 2017

Make the MCIP lung health check available to all if successful

If the pilot of the Macmillan Cancer Improvement Partnership (MCIP) lung health check is shown to be successful in the city of Manchester we will make the service available across Greater Manchester to transform our lung cancer outcomes.

As part of the vanguard innovation programme we will support the further development and delivery of the MCIP lung health check through an innovative behavioural insights randomised control trial designed to increase uptake of the check by people who have previously failed to respond to the invitation.

What and when?

- Decision on implementation of MCIP lung health check across Greater Manchester by May 2017

Implement the NICE suspected cancer referral guidelines

New and improved Greater Manchester-wide referral forms, based on the NICE guidelines, were developed and introduced across Greater Manchester in spring 2016. Review of the new forms and their use will take place during 2017. The new referral process will then be extended to other areas of primary care, such as dentistry and optometry.

What and when?

- GP use of updated standardised suspected cancer referral process and forms audited by June 2017
- Use of standardised suspected cancer referral process extended to other referrers by January 2018

Improve adherence to NICE suspected cancer referral guidelines

Through a Greater Manchester and Eastern Cheshire Strategic Clinical Network project

8. Earlier and better diagnosis

we will use the latest available evidence to look at GP referral behaviour across the region. Using behavioural insight theory we will test the effect of providing feedback to GPs on their referral behaviour compared to that of other practices in Greater Manchester. This randomised control trial will test whether this feedback brings referrals more into line with the NICE guidelines.

What and when?

- Study into the impact of feedback on GP referral behaviour reports findings by September 2017

Develop rapid cancer investigation units

The Greater Manchester ACE 2 project to develop a pathway for patients with non-specific but concerning symptoms and pilot a physician-led multidisciplinary diagnostic clinic is underway.

We will combine this work with the testing of a model of rapid cancer investigation units as part of the vanguard innovation programme. We will launch two units with the diagnostic capacity to confirm or exclude the presence of a broad range of cancers within seven days for most patients (a 'Query Cancer' service).

Most of those people referred to this service will know within a week whether or not they have cancer. Those with cancer will be rapidly referred to the appropriate specialists. Those without cancer will receive individualised discharge information, safety-netting advice, and be offered targeted interventions to reduce their primary cancer risk.

What and when?

- Non-specific but concerning symptoms clinic pilots start March 2017

Pilot patient self-referral

In year two of our vanguard innovation programme (2017/18) we will start to explore ways to allow people to refer themselves for cancer investigations. This work will start with a pilot looking to develop a risk-defined approach to direct symptom-based referral. It will also investigate the feasibility of direct referral of people with a risk score warranting further investigations to the developing multidisciplinary diagnostic clinics.

What and when?

- Self-referral system pilot launched by June 2017

Reduce diagnostic waiting times

The Find Out Faster programme has been set up to test ways of achieving the new national target to give a definitive cancer diagnosis, or all clear, within 28 days of being referred by a GP.

In May 2016, NHS Bolton CCG and Bolton NHS Foundation Trust submitted a strong expression of interest to test the new standard. We will support Bolton's excellent proposal through our vanguard innovation programme so that this work can proceed.

Through this project we will understand better the issues preventing faster cancer diagnosis in lung, colorectal and oesophago-gastric cancers in Greater Manchester and how to make improvements across the city. We will also contribute to the evidence base of the national programme.

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What and when?

- Faster pathways in Bolton for lung, colorectal and oesophago-gastric cancers by May 2017
- Share learning on faster pathways locally and nationally by December 2017

We will also seek to reduce delays to patient pathways caused by poor communication between referrer, hospital and patient. We will bring hospitals, commissioners and people affected by cancer to co-produce and publish a Greater Manchester Cancer Patient Access Charter setting out the responsibilities of all parties to ensure a swift diagnostic pathway.

What and when?

- A co-produced cancer patient access charter published by June 2017

Support pathway-specific efforts to deliver earlier and better diagnosis

We will support the development, evaluation and roll-out of pathway-specific efforts to improve and speed up diagnosis, such as:

Haematological cancer

A regional haematological malignancy diagnostic service (HMDS) to provide specialist diagnostics for haematological cancer patients within Greater Manchester.

What and when?

- Regional haematological malignancy diagnostic service in place by January 2018

Hepato-pancreato-biliary cancer

A regional jaundice pathway for pancreatic cancer, with one-stop diagnostic clinics in every hospital and fast-track referral for surgery at the specialist centre.

What and when?

- Regional jaundice pathway for pancreatic cancer in place by January 2018

Lung cancer

A regional lung cancer pathway based on, but going further than, the national optimal lung cancer pathway.

What and when?

- Regional optimal lung cancer pathway implemented by January 2018

Urological cancer

A standardised Greater Manchester approach to the use of modern imaging techniques to reduce unnecessary biopsies in prostate cancer diagnosis.

What and when?

- Standardised approach to prostate cancer diagnosis agreed and implemented by January 2018

Gynaecological cancer

A standardised approach to one-stop clinics for unexplained vaginal bleeding in all Greater Manchester hospitals.

What and when?

- Standardised approach to one-stop unexplained vaginal bleeding clinics by August 2018

Colorectal cancer

Piloting of a faster straight-to-test pathway for appropriate cancer patients referred with suspected colorectal cancer.

What and when?

- Pilot of straight-to-test pathway for colorectal cancer by October 2017

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Develop sector-based multidisciplinary teams (MDTs) for colorectal cancer, reducing the existing number of MDTs in line with the changes agreed as part of Healthier Together.

What and when?

- Sector MDT model in colorectal cancer fully implemented by September 2017

Oesophago-gastric cancer

Piloting of a streamlined diagnostic pathway in oesophago-gastric cancer to minimise the number of patient attendances.

What and when?

- Pilot of streamlined oesophago-gastric cancer diagnostic pathway by January 2018

Breast cancer

Ensure that one-stop triple assessment clinics are available to all patients referred with suspected breast cancer in Greater Manchester.

What and when?

- Current provision of breast one-stop triple assessment clinics audited and plan developed by September 2017

Contribute to regional improvements in diagnostic services

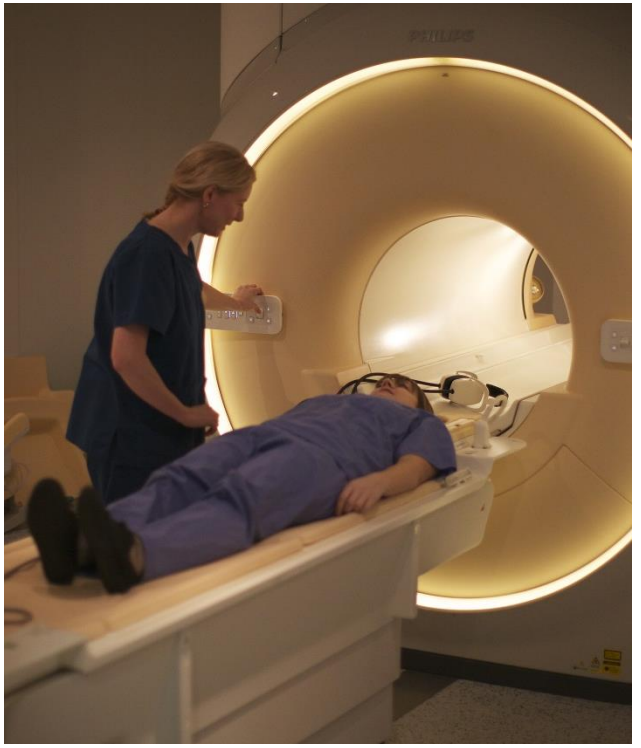
Diagnostic services in Greater Manchester are already stretched and through implementing elements of the plan we are likely to increase demand. We will work with colleagues both inside and outside of cancer services in Greater Manchester to develop proposals for improved access to radiology and cellular pathology services across the region.

These proposals are likely to include:

- Integrated digital platforms to allow the transfer of diagnostic information across our region, such as a single integrated picture archiving and communication system (PACS) in radiology and a similar model for pathology images,
- Defined regional clinical leadership for diagnostic modalities,
- More effective use of resources, including the development of virtual networks to allow clinical teams to work in partnership, and
- Agreed co-produced clinical and operational standards for all diagnostic services across Greater Manchester.

What and when?

- Workshop to commence regional radiology development programme by March 2017
- Proposal for regional cellular pathology development programme produced by September 2017



9. Improved and standardised care

9.1 What is already happening

The work to **transform specialist cancer surgical services** in Greater Manchester to make them compliant with NICE Improving Outcomes Guidance has been happening for some time.

Significant progress was made in 2014/15, with the system supporting the region's specialised commissioners to deliver compliant services in two of these four areas: hepato-pancreato-biliary and gynaecology cancer surgery. A compliant oesophago-gastric cancer surgery service will be achieved in 2017 when the agreement to develop a single centre is implemented. The work to transform urology is ongoing.

In the meantime our **pathway boards** have been working to develop system-wide guidelines, protocols and quality standards to improve and standardise the cancer care that the people of Greater Manchester receive. Where necessary they have worked with colleagues and commissioners to begin to change services to deliver these common standards.

The lung pathway board has reduced the number of weekly lung cancer multidisciplinary team meetings (MDT) from ten to four. The **MDTs are now sector-based**, meaning that clinicians from different hospitals in the same area discuss all cases before recommending treatment. This ensures better communication between clinicians and improved access to services for lung cancer patients.

9.2 Our objectives and current performance

Nationally-set objectives

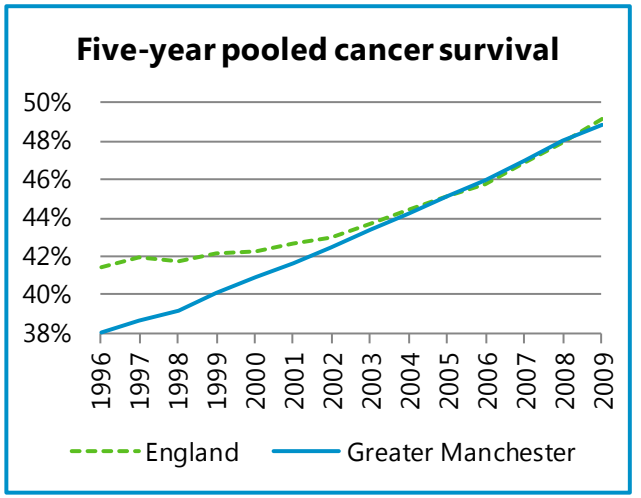
We aim to increase ten-year survival to 57% for patients diagnosed in 2020

In England as a whole, more than 50% of cancer patients are still alive ten years following their diagnosis[26]. This metric is not currently measured and reported below national level but we assume that our ten-year survival is at or around the same level.

Locally-set objectives

We aim to increase five-year survival to 62% for patients diagnosed in 2020

Five-year survival in Greater Manchester has increased significantly in recent years from 38% for patients diagnosed in 1996 to nearly 49% in 2009 (see figure)[27].



We will set pathway-specific metrics for each tumour type

We will set a range of metrics for each cancer type, including secondary cancers, by September 2017 and use data produced through the vanguard innovation cancer intelligence project to allow all pathway boards to measure their progress against them.

9. Improved and standardised care

9.3 What we are going to do

Complete the transformation of specialist urological and oesophago-gastric cancer surgery

NHS England recommendations on the need for further surgical service consolidation are expected by June 2017.

In the meantime we will continue to work to transform oesophago-gastric and urology cancer surgery. Agreement has been reached on a single centre for oesophago-gastric cancer surgery and this will be implemented in 2017.

A detailed service specification for bladder, kidney and prostate cancer surgery has been signed off by commissioners and we will reach a decision on the lead and key providers for urology cancer surgery by June 2017. We will begin implementing this decision later in the year.

We will also make a significant contribution to the evidence base for the reorganisation of specialist cancer surgery through our continued involvement with London partners in a research study into its impact in these cancers (RESPECT-21).

What and when?

- Implementation plan for transformed oesophago-gastric cancer surgery agreed by May 2017
- Decision on transformed urology cancer surgery by June 2017
- Implementation plan for transformed urology cancer surgery agreed by December 2017

Transform colorectal cancer surgery

We will work with the Healthier Together project team within Greater Manchester Health and Social Care Partnership to transform surgery for colorectal cancer in line with the broader changes to colorectal services. We will start by building on the success of sector-based MDTs in lung cancer to develop a similar model in colorectal cancer.

What and when?

- Sector MDT model in colorectal cancer fully implemented by September 2017
- Transformation of colorectal surgery in line with broader timetable for implementation of Healthier Together

Transform breast cancer surgery

We will use the methodology developed to transform urology and oesophago-gastric cancer surgery to transform services for breast cancer in Greater Manchester. This work will address the long-standing issues in breast cancer in our region and deliver sustainable services that are fit for the future.

What and when?

- Greater Manchester model of care and specification for future breast services developed by September 2017

Improve multidisciplinary team working

We will review multidisciplinary team (MDT) working across our cancer services. We will assess the need for a standardised Greater Manchester approach to MDT working and explore the potential for innovative MDT models in some cancer pathways.

A more streamlined approach to MDT working would free up time for greater consideration of complex cases and the possibility of more reactive services, with MDT meetings more frequently than the

9. Improved and standardised care

current weekly meetings.

What and when?

- Greater Manchester's cancer MDT arrangements reviewed by September 2017
- Need for MDT proforma standardisation assessed by December 2017
- Pilots of innovative MDT models to begin by January 2018

Speed up pathways to treatment

We will build on the work to reduce diagnostic waiting times, outlined in the previous section, to agree and implement new pathways that see our patients beginning their treatment well within the current standard of 62 days.

We will prioritise lung and hepato-pancreato-biliary cancers for this work as these are tumour types where faster time to treatment has the potential to affect a patient's outcome.

What and when?

- 50-day pathway in place in identified tumour types by December 2017
- 42-day pathway in place in identified tumour types by December 2018

As well as setting ourselves new maximum waiting time standards in some areas, we will also measure the average time that patients wait for all cancer types so we can work to continuously improve this.

What and when?

- System in place to report average and range of waiting times for all pathways by April 2017

Review and strengthen pathway boards

We will review our pathway boards (regional pathway-specific clinical groups informed by people affected by cancer). We will strengthen them to ensure that the membership of all boards is reflective of the whole cancer pathway.

We will identify a series of priority pathways based on which tumour types have the most profound impact on cancer outcomes in Greater Manchester. We will define the support that these priority pathways will be given and identify the best clinical leadership to take them forward.

For each priority pathway the board will work with commissioners and people affected by cancer to co-produce a detailed plan outlining its contribution to the overall Greater Manchester cancer plan. This will include the agreement and adoption of standardised approaches to diagnosis and treatment, such as the optimal lung pathway in development through that pathway board.

What and when?

- Identify priority pathways by April 2017
- Detailed plans developed for all priority pathways by October 2017

Agree challenging clinical standards

Our pathway boards will develop, review and regularly audit system-wide guidelines, protocols and quality standards to address the variations in cancer care in Greater Manchester. We will agree a timetable for the development of a series of optimal Greater Manchester service specifications for both primary and secondary cancer pathways.

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These will be co-produced between key stakeholders with a focus on priority pathways in the first instance, and will ensure that patients experience seamless pathways of care.

What and when?

- Timetable for development of pathway-specific optimal specifications by September 2017

This work will be informed, in part, by the vanguard innovation project testing a new approach to the development of consistent and challenging clinical standards across the cancer pathway. The project will start with colorectal cancers and build on methodologies used in other medical specialities to test new ways of assuring that cancer standards in Greater Manchester are being met and reporting on this publicly.

What and when?

- Colorectal cancer standards proposed by March 2017

Deliver systemic anti-cancer therapies closer to home

Recent years have seen ever more systemic anti-cancer therapies (including chemotherapy) delivered away from The Christie and closer to patients' homes through a network of clinical services. With demand for therapies increasing, an updated strategy for systemic anti-cancer therapy in Greater Manchester was developed by our oncology leads in 2015/16.

The strategy sets out the ambition to continue this work, providing systemic therapies closer to home under a single governance agreement and thereby:

- Providing equity of access to patients across the region,
- Maintaining the quality and safety of services,
- Improving patient experience,
- Preserving access to clinical trials for patients, and
- Creating capacity at The Christie for the management of more complex disease.

The Greater Manchester Cancer Board will review the 2015/16 systemic anti-cancer treatment strategy and work with The Christie to oversee its implementation.

What and when?

- Review systemic anti-cancer treatment strategy to include the setting of clear objectives by August 2017
- Action plan for implementation of the Greater Manchester systemic anti-cancer treatment strategy by December 2017

Deliver an integrated acute oncology service

We will build on the progress made so far in establishing sustainable acute oncology services in our hospitals to agree and commission an integrated acute oncology service for Greater Manchester.

We will consider the different options for delivering an integrated service, which could include the setting of common regional standards, regional leadership models or sector-based collaborative arrangements.

What and when?

- Commissioning plan for integrated acute oncology service by October 2017

9. Improved and standardised care

- Agreed model for integrated acute oncology service implemented by October 2018

Develop the UK's first proton beam therapy service

Proton beam therapy can reduce the risks of long-term side effects from treatment as it spares normal tissue that conventional radiotherapy might irradiate. It also allows, in some cases, higher doses of radiotherapy to be given.

The Christie NHS Foundation Trust together with its partners, Central Manchester University Hospitals NHS Foundation Trust and Salford Royal NHS Foundation Trust, is working with the Department of Health to bring the UK's first high energy proton beam therapy service to Greater Manchester.

What and when?

- Proton beam therapy centre to open in 2018

Support and extend improvements to specialist surgical services

Across the system there is work going on to profile the risk of surgical cancer patients and develop plans to prepare them better for specialist surgery and thereby improve outcomes, complication rates and recovery times.

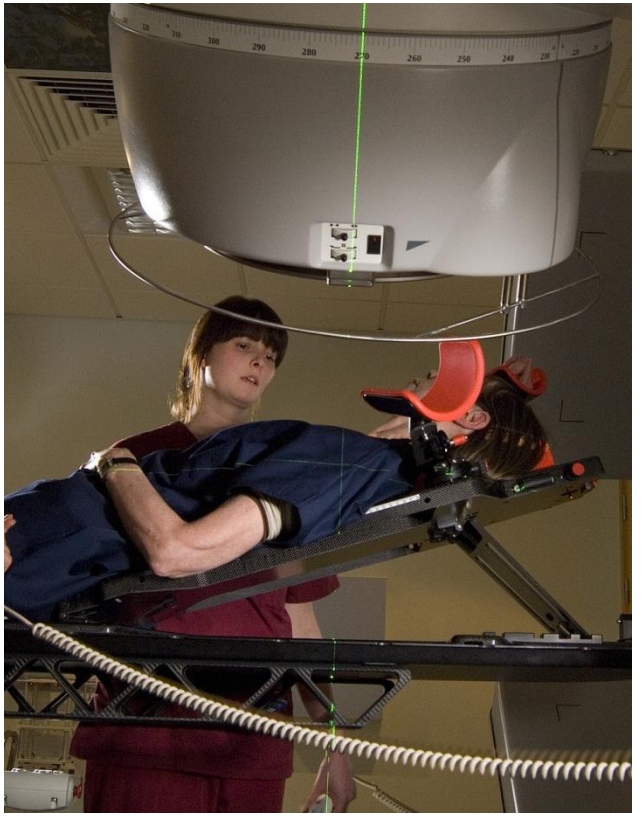
This includes:

- A prehabilitation programme for hepato-pancreato-biliary (HPB) cancer patients – pre-operative physical, psychological and nutritional support to optimise patients about to undergo major surgery, and
- A broader extended enhanced recovery after surgery (ERAS+) programme at Central Manchester Hospitals (part of the 2016 NHS Innovation Accelerator programme).

We will support this work and extend it to other specialist surgical services as appropriate.

What and when?

- Sustainable prehabilitation programme in place for hepato-pancreato-biliary cancer patients by April 2017
- Implementation timetable for broader adoption of prehabilitation and ERAS+ programmes to major cancer surgery and other forms of treatment in selected cancer pathways by October 2017



10. Living with and beyond cancer and supportive care

10.1 What is already happening

In 2014 Macmillan Cancer Support awarded Manchester Cancer a £350,000 **Living With and Beyond Cancer Innovation Fund** to give pathway boards the opportunity to develop and test innovative ideas for improving the outcomes and experience of those who are living with and beyond cancer. A final report of the projects supported by the fund will be published early in 2017.

The **Oldham Macmillan 1-1 Support Team** is a community based nursing and support team that supports the holistic needs of people affected by cancer. It was piloted from 2013 and kept in place beyond the pilot by Oldham CCG.

There is substantial amount of other Macmillan-supported activity taking place in different hospital trusts and primary and community care providers with the aim of implementing the **Recovery Package** for patients living with and beyond cancer.

The Recovery Package is a combination of **different interventions**, which when delivered together, can greatly improve the outcomes and coordination of cancer care, including better and earlier identification of consequences of treatment:

- Holistic needs assessment and care planning, at diagnosis and at other significant points in the patient pathway
- Treatment summaries, after significant phases of treatment
- Cancer care reviews, in primary care
- Health and wellbeing events, providing information and support

The Recovery Package also empowers patients to self-manage and therefore supports clinical teams to offer **new models of aftercare** based on an assessment of the patient's risk.

The **Macmillan Cancer Improvement Partnership** with the three Manchester CCGs has included the development and implementation of a new aftercare pathway for breast cancer patients in the city. It has also developed improved palliative care services in North Manchester.

Work is underway to significantly change the commissioning and provision of **lymphoedema** services. Lymphoedema is a chronic long-term condition that in a quarter of cases is caused by cancer treatment. There is currently variation in the availability and access to appropriate lymphoedema services across our region.

Evidence shows that early referral to supportive and palliative care leads to better quality of life, reduced symptom burden and less exhausting care. Work is ongoing to ensure that patients have **earlier access to supportive and palliative care** throughout their cancer treatment journey.

The Christie has pioneered a new model of **enhanced supportive care**. This model promotes the earlier integration of supportive care within cancer care, addressing more fully the needs of cancer patients and seeking to prevent and manage the adverse physical and psychological effects of cancer and its treatment. Enhanced supportive care has been recognised nationally by NHS England and is currently being rolled out across other cancer centres across the country.

The locally developed **North West End of Life Care Model** supports the people of Greater Manchester to live well before dying

10. Living with and beyond cancer and supportive care

with peace and dignity in the place of their choice. The model involves both the individual and those important to them and is about meeting the palliative care needs of all those with an advanced progressive incurable illness or frailty during the last years, months or days of life.

The Greater Manchester and Eastern Cheshire Strategic Clinical Network (SCN) is working in partnership with local CCGs to fully implement electronic **shared care records** (Electronic Palliative Care Coordination Systems - EPaCCS) that encompass people's needs as they near death. This ensures coordinated care where people get the right help at the right time from the right people.

New resources have been developed by the SCN to improve **care in the last days of life** in line with national priorities of care for the dying person, their family and those close to them. These resources support service providers and commissioners to ensure that high quality care is focussed on the individual and those close to them in their last days and hours of life.

10.2 Our objectives and current performance

Nationally-set objectives

We aim to continuously improve long-term quality of life
A new national metric is in development to allow the measurement of long-term quality of life. Testing is expected to begin in April 2017 and Greater Manchester will seek to act as a pilot site.

We will increase the proportion of people who die in their usual place of residence to 47%
Many people would, given the choice, prefer to die in their usual place of residence, with few wishing to die in hospital. The proportion of deaths in usual place of residence is a key indicator for end-of-life care and acts as a quality marker for choice and access. Current performance in our region is 42.4%[28].

Locally-set objectives

We will ensure that the Recovery Package is available to all patients reaching completion of treatment by 2019
At present the extent of implementation of the Recovery Package in Greater Manchester is not known. There is a lot of relatively uncoordinated activity taking place in different pathways and different hospital trusts and other providers across the region.

10.3 What we are going to do

Commission the Recovery Package

We will make sure that the Recovery Package is the standard of care for all patients reaching completion of treatment. This will include:

- Written care plans based on holistic needs assessments (HNA),
- Treatment summaries,
- A cancer care review undertaken in primary care, and
- An invitation to a health and wellbeing event.

The Greater Manchester Cancer Board will oversee the implementation of the Recovery Package by acute and primary care services. The Living With and Beyond Cancer Board will support and co-ordinate the implementation work taking place across

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Greater Manchester to allow the learning to be applied across the system.

We will agree a standardised approach to the Recovery Package in Greater Manchester. This will include approved templates to be tailored to suit each tumour type, guidelines on the use of electronic tools (such as Macmillan's eHNA), and core information to include for each cancer.

In implementing the Recovery Package our emphasis in the first instance will be on ensuring that all patients receive a care plan both at the point of their diagnosis and treatment decision, and at the end of their treatment. These care plans will be based on holistic needs assessments.

At the end of treatment the care plan will sit alongside the patient's copy of their treatment summary and provide general advice and signposting information for living with and beyond cancer.

Inclusion of the Recovery Package in commissioning specifications will support its rapid implementation. We will also develop metrics to assess the degree and quality of implementation.

What and when?

- Standardised Greater Manchester approach to the Recovery Package agreed by August 2017
- All patients receive a care plan at the point of diagnosis and treatment decision, and at the end of their treatment, based on holistic needs assessments, by December 2017
- Health and wellbeing events in place for all breast, colorectal and prostate cancer patients to support new aftercare pathways by March 2018, with models for other pathways developed by March 2019
- Full Recovery Package available to all patients reaching completion of treatment by March 2019

Develop new aftercare pathways

The vanguard innovation programme will work with the relevant pathway boards to develop a new aftercare pathway for all early breast, colorectal and prostate cancer patients in Greater Manchester. We will move from the traditional hospital-based follow-up model to a more personalised and supported self-management approach for appropriate patients.

Through the Recovery Package, particularly health and wellbeing events, we will give these patients the information that they need to access care when they need it. Implementation will begin with a universal model of breast cancer aftercare for all

10. Living with and beyond cancer and supportive care

patients in Greater Manchester, building on the Macmillan Cancer Improvement Partnership work in the city of Manchester. We will also test new systems to ensure that we can effectively monitor patient aftercare.

What and when?

- New aftercare pathways defined and implemented for all breast, colorectal and prostate patients by March 2018
- New aftercare pathways pilots begin in further tumour types by March 2019

Explore supported patient decision-making in progressing disease

We will explore supported patient decision-making in progressing disease through the vanguard innovation programme. We will aim to test ways to improve how information is presented to patients with progressing disease about the benefits and risks of further treatment.

We will explore new ways to support these patients in making decisions about their further treatment based on a shared understanding between professionals, patients and their families of the patient's goals for their own care.

What and when?

- Goals of Care tool tested in appropriate clinics at The Christie from March 2017
- Goals of Care tool pilot extended to other sites by March 2018

Improve access to psychological support

The impact of psychological morbidity when living with and beyond a cancer diagnosis is now well-recognised and has consequences, not only in terms of quality of life but also in overall outcomes.

We will empower the regional psychological support clinical group to develop a plan to improve access to these important services and lead its implementation. This plan will include:

- The development of standards for psychological care,
- A tiered model of care, including training for key staff in 'psychological first-aid',
- Equity of access to specialist services with expertise in psycho-oncology, and
- Integrated care pathways with mental health care providers.

What and when?

- Role of regional psychological support clinical group formalised by June 2017
- Psychological support clinical group to produce plan for improved access to psychological support by October 2017

Commission a comprehensive lymphoedema service

We will commission lymphoedema services that can meet specified standards for every patient in Greater Manchester. We will work with all providers to ensure that they can meet these standards and that services are sustainable.

What and when?

- Sustainable lymphoedema service by March 2020

Support people with long-term consequences of treatment

We will map the other potential long-term consequences of cancer treatments associated with each tumour type. We will assess the expertise that we have in primary, community and specialist care settings to support these consequences of treatment.

10. Living with and beyond cancer and supportive care

What and when?

- Potential consequences of treatment mapped by pathway by June 2017
- Assessment of current consequences of treatment expertise in Greater Manchester by June 2017
- Action plan to address any gap in support for consequences of treatment by September 2017

Earlier integration of supportive care into cancer care

We will ensure that the adverse physical and psychological effects of cancer and its treatment are addressed more fully for patients through expanding access to the enhanced supportive care model.

What and when?

- Enhanced supportive care outpatient clinic piloted at the Christie centre at the Royal Oldham by April 2018

Ensure access to seven-day specialist palliative care advice and assessment

We will work to understand the variation in access to specialist palliative care advice and assessment across Greater Manchester. We will define the standards and scope of the specialist palliative care services that the people of Greater Manchester should have access to.

We will build on previous mapping work to develop a commissioning model for the provision of seven-day face-to-face specialist palliative care advice and assessment service. This model will ensure that everyone in Greater Manchester has access to specialist palliative care seven days a week.

What and when?

- A detailed map of specialist palliative care provision against national standards and competencies by March 2018
- An innovative economic modelling proposal for the delivery of a seven-day specialist palliative care advice and assessment by March 2018
- Qualitative and quantitative evaluation tools to measure the impact of seven-day specialist palliative care advice and assessment services agreed by March 2018

Deliver choice in end of life care

There is a national commitment to deliver choice in end of life care as highlighted in *What's Important To Me: A Review of Choice in End of Life Care* (2015). This is a simple expression of what should be offered to each individual who needs end of life care. Patients are considered to be approaching the end of life when they are likely to die within the next 12 months.

If we want to deliver high quality, personalised end of life care for all we must ensure that everyone has the choice and access they need with regard to:

- Good pain and symptom control,
- Emotional, social and spiritual needs,
- Place of care and death,
- Family/carer support and involvement, and
- Well-trained staff.

What and when?

- Dying Matters Coalition events across Greater Manchester by May 2018
- North West End of Life Care Model implemented by April 2019

10. Living with and beyond cancer and supportive care

- Training programme for staff involved in end of life care delivered by April 2019

Ensure that shared digital palliative and end of life care records are rolled out

Palliative and end of life care records (shared through electronic palliative care coordination systems - EPaCCS) support the sharing of information between primary, secondary and community care and promote personalised care. Their use is supported by NHS England as part of its commitment for end of life care.

What and when?

- Access to shared digital palliative and end of life care records by April 2018
- Full use and implementation of digital palliative and end of life care records by April 2020

11. Commissioning, provision and accountability

11.1 What is already happening

Although there have been significant improvements within cancer services in Greater Manchester, there remains a level of **fragmentation** of both the commissioning arrangements and the care that patients receive. As a result, pathways are neither optimised for patients nor for effective use of resources, and there is a lack of overall accountability for cancer outcomes and experience across the conurbation.

Additionally, the current system of **payment and incentives** is not conducive to transformation in the structure and organisation of the delivery of cancer services. It does not incentivise adoption of innovative service models and new technology or support the redirection of investment 'upstream' within the cancer pathway.

Following the establishment of the system-wide cancer board, Greater Manchester is seeking to address this fragmentation by providing a mechanism for **scrutiny and collective accountability** across partner organisations through its oversight of all cancer activity.

NHS Trafford CCG, as lead commissioner of cancer services, has sought to secure equity of access to consistent high-quality care across the population of Greater Manchester by regularly **bringing together commissioning colleagues** from their respective organisations to work in partnership to commission consistent, high quality and cost-effective cancer services.

An additional goal of this coordination has been to ensure that there is **commissioner input to key pathways and projects** to enable innovations and improvements to be built into practice across Greater Manchester.

As part of the **vanguard innovation programme** we have established cancer commissioning, finance and intelligence work streams in order to produce proposals for revised commissioning and contracting arrangements for cancer care and the development of a cancer intelligence service.

This work has included system engagement work, with stakeholder one-to-one discussions and engagement events to clarify the vision, objectives, organisation form and potential payment mechanisms for an **accountable cancer network**.

In addition, the commissioner-led **transformation of specialist cancer surgery** services continues, supported by the Greater Manchester Transformation Unit.

11. Commissioning, provision and accountability

11.2 What we are going to do

Develop a cancer intelligence service

The first phase of the national cancer dashboard is now live and increased functionality is expected to be added by the end of 2016. We will use this resource as the basis for a cancer intelligence service and a bespoke dashboard for the Greater Manchester Cancer Board.

We will work with our partners in the national cancer vanguard to develop a robust service that can draw on the large amounts of cancer data that is already collected and turn this into intelligence that can be used to drive change and improvement. This will be supplemented by improved patient experience feedback, outputs from the vanguard innovation standards project, and pathway specific measures.

This integrated information and supporting analysis will enable:

- Clinical leaders and their teams to direct improvements,
- Commissioners to hold services to account, and
- The people of Greater Manchester to better understand the quality of the different cancer services in the region.

The cancer intelligence service will ultimately produce information on the progress towards each of the objectives outlined in this plan.

What and when?

- Cancer intelligence service established by January 2017
- First cancer intelligence report to Greater Manchester Cancer Board by April 2017

Test a new way of commissioning cancer services

The review of commissioning of cancer services will be aligned with the wider Greater Manchester review of commissioning. This includes identifying the most appropriate arrangements for commissioning cancer services to maximise improvements in outcomes and the utilisation of resources, to reduce fragmentation and minimise variation and to increase transparency and accountability. This work will also complement locality plans and local whole population arrangements.

Working with partners in the system, we will produce proposals for revised commissioning and contracting arrangements. This project will propose arrangements for an accountable cancer network in Greater Manchester and how this could be piloted.

What and when?

- Detailed accountable cancer network proposals considered by Cancer Board by September 2017

Test the more effective use of cancer budgets

Through the vanguard innovation programme we will develop proposals and test alternative methods of budgeting for cancer services. In addition, we will evaluate different payment mechanisms, placing an increased emphasis on improved outcomes and whole pathways of care, incentivising prevention, earlier diagnosis and improved aftercare.

What and when?

- Detailed proposals for alternative budgeting, payment and contracting mechanisms for cancer by December 2017

12. Patient experience and user involvement

12.1 What is already happening

Our pathway boards review pathway-specific data from the **National Cancer Patient Experience Survey** when it is published. They use this information to seek to improve the experience that patients have of their pathways.

Some pathway boards have sought to get a better picture of their patient experience than the national survey provides by running **bespoke system-wide patient experience survey exercises**.

The Greater Manchester cancer system has worked in partnership with Macmillan to develop a **Macmillan User Involvement Team**. Macmillan has provided funding of almost £500,000 over two years along with expertise and support for this programme. The team began in post in summer 2015. It has recruited over 100 people affected by cancer to get involved in the work of Greater Manchester Cancer, including trained and supported service user representatives for our boards.

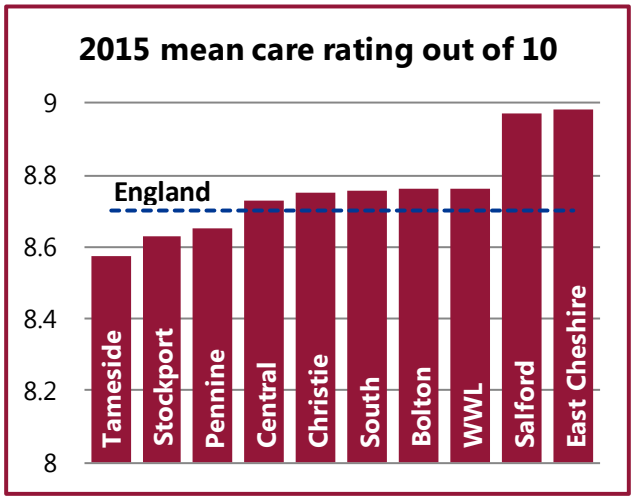
The Macmillan/Greater Manchester Cancer user involvement programme uses the model of co-production. **Co-production** is an equal and reciprocal relationship between a team of professionals and service users who have agreed to work in partnership in order to achieve a common goal.

The programme has seen people affected by cancer co-producing a full **learning and development programme**, including a comprehensive induction for new service user representatives and a user involvement awareness session for our clinical leaders. People affected by cancer are also heavily involved in the recruitment of new clinical leads and members of our cancer support team.

12.2 Our objectives and current performance

Locally-set objectives

We will offer class-leading patient experience, consistently achieving an average overall rating of 9/10 in the national survey from 2018 onwards
In the 2015 National Cancer Patient Survey, the Greater Manchester patients surveyed gave their overall care an average rating of 8.73, very marginally above the England average of 8.7[29].



At a trust level, performance on this question of the survey ranges from 8.57 for Tameside Hospital patients to 8.98 for those at East Cheshire (see figure).

Changes to the survey mean that comparison with previous years is difficult. It is likely that expectations will increase in coming years so that maintaining or improving on this level of satisfaction will require considerable effort.

12. Patient experience and user involvement

We aim to have the best performance in core patient experience questions of any major conurbation in England
In an analysis of the 2015 survey results, the trusts in Greater Manchester and East Cheshire scored the highest of 6 metropolitan areas in seven key measures and was second in the remaining three.

12.3 What we are going to do

Define patient experience leadership

We will define a dedicated lead for cancer patient experience across the region. They will be supported to bring together colleagues from across the system to provide regional patient experience leadership.

What and when?

- Cancer patient experience leadership defined by April 2017
- Greater Manchester cancer patient experience group formed by June 2017

Better understand our patient experience

We will continue to support the National Cancer Patient Experience Survey. Our cancer patient experience leaders will analyse in detail the results of the 2015 survey and develop a single system-wide action plan to address the issues that it raises. They will also assess how the survey is administered across Greater Manchester and consider if any improvements could be made.

What and when?

- Detailed assessment of the latest National Cancer Patient Experience Survey results by September 2017

Through the cancer intelligence part of the vanguard innovation programme we will commission a service to vastly improve the breadth and quality of the information that we collect on the experience of cancer patients in Greater Manchester. Our cancer patient experience lead will play a key role in championing this new service. In the meantime we will continue to support pathway boards to run their locally-developed patient experience surveys, sharing best practice with other boards.

What and when?

- Pilot of real time patient experience intelligence service to begin by April 2017

Improve our patient experience

Our cancer patient experience leadership group will use the cancer patient experience data produced nationally and locally to develop a single Greater Manchester-wide cancer patient experience action plan. This plan will concentrate on the issues that it is not possible to address through local patient experience improvement efforts.

What and when?

- System-wide cancer patient experience action plan by December 2017

Embed service users in the continuous development of services

We are committed to the involvement of people affected by cancer in the future of cancer services in Greater Manchester. We will build on our work to-date in partnership with Macmillan Cancer Support to further embed people affected by cancer in the running and development of our services.

A steering group comprising of people affected by cancer from across Greater Manchester drives the user involvement strategy for Greater Manchester Cancer with

12. Patient experience and user involvement

the support of the Macmillan User Involvement Team.

In the current phase of the user involvement programme (until March 2017) we will:

- Have two people affected by cancer on all pathway boards,
- Develop small communities of people affected by cancer for at least five pathway boards,
- Continue to recruit people affected by cancer,
- Deliver user involvement awareness sessions for professionals,
- Produce ten real life case studies on the benefits of user involvement and co-production, and
- Deliver user involvement to the vanguard innovation programme.

Beyond March 2017 the Greater Manchester Cancer Board will work in partnership with Macmillan to continue and sustain our user involvement programme for the lifetime of this plan.

We will continue to:

- Recruit people affected by cancer to get involved in our work in a variety of ways,
- Provide them with the appropriate induction and training so that they can play a full part in our work,
- Have at least two people affected by cancer on all appropriate cancer groups and bodies in Greater Manchester,
- Raise awareness of the importance of user involvement among Greater Manchester Cancer professionals.

What and when?

- Current phase of user involvement programme delivered by March 2017
- Funding secured for ongoing user involvement programme by May 2017

Ensure access to a CNS or other key worker for all patients to help co-ordinated their care

Clinical nurse specialists (CNSs) treat and manage the health concerns of patients and work to promote health and wellbeing in the patients they care for. They use their skills and expertise in cancer care to provide physical and emotional support, coordinate care services and to inform and advise patients on clinical as well as practical issues, leading to positive patient outcomes.

Access to a CNS or other key worker has a significant impact on patient experience. We will ask nursing leaders in each trust to assess the access to CNSs and key workers across Greater Manchester's cancer pathways and develop a plan to that all patients have access to the support that they provide.

Our localities will develop new models of blended CNS working between primary, secondary and community care to improve co-ordination of both the diagnostic pathway and aftercare of cancer patients.

What and when?

- Access to CNSs and key workers audited to identify gaps by pathway and hospital provider by August 2017
- CNS and key worker access action plan by December 2017

Include cancer information in locality directories of services

We will work with providers, third sector partners and people affected by cancer to make sure that the comprehensive directories of services produced in each of our localities reflect the needs of cancer patients.

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What and when?

- Cancer information in all locality directories of local services by April 2018

Test innovative digital patient communications

The Greater Manchester and Eastern Cheshire Strategic Clinical Network will test the use of a real-time (text-based) electronic patient communication system which will support patient communication.

It will provide reminders, updates and advice on preparing for diagnostic testing. It will also provide the opportunity for post-diagnostic communications as a mechanism for delivering key messages at 'teachable moments'.

The system will allow for patient responses and will provide them with an interactive platform that helps them to better understand and influence their journey through the cancer system.

What and when?

- Pilot of electronic cancer patient communication system operational by September 2017

13. Research

13.1 What is already happening

Greater Manchester has, over the past few decades, **developed an international reputation for high quality cancer research**. Outstanding examples include being the first place in the world to:

- Run a randomised trial in cancer (1948),
- Offer Tamoxifen as a breast cancer treatment (1970),
- Use cultured bone marrow in leukaemia (1986) and blood stem cell transplants (1991),
- Devise the 5:2 diet to assist prevention of obesity related cancers (2010).

All of these developments have contributed to a **global impact** affecting millions of patients across the world receiving better cancer care.

As a consequence of our globally-recognised clinical research, Greater Manchester has in the last 15 years also developed international standards of care for patients with lung, hepato-biliary cancers and children's leukaemia, amongst other areas. Over the last ten years, Greater Manchester has substantially strengthened its cancer research tradition by **developing new relationships, infrastructure and ambitions**.

We are uniquely placed to be a world-leading **integrated cancer research community**. We have a growing and outstanding cohort of clinical and scientific researchers, extensive infrastructure development and investment, and a joined-up clinical network. This means that our population of 3 million can access a coherent cancer research programme.

Our hospitals

In The Christie, our region has the largest single-site cancer centre in Europe and was the first UK centre to be officially accredited as a comprehensive cancer centre by the Organisation of European Cancer Institutes (OECI). Its name brings **international recognition** to Greater Manchester both from a clinical and research perspective, and it has a strong relationship with industry partners with a strong commercial trial portfolio.

The Christie has a close working relationship with neighbouring NHS trusts in a number of collaborations designed to advance locally-driven cancer research, in particular the **University Hospital South Manchester Central Manchester Foundation Trust and Salford Royal Foundation Trust**.

University of Manchester

The **University of Manchester**'s medical research, led by world-renowned scientists, ranges from understanding the molecular and cellular basis of cancer to the development and testing of novel drugs and other therapeutic approaches. Through nursing, psychology and policy work, solutions to the physical, emotional and economic impacts of cancer are being researched and developed.

The university has recently led efforts to tilt our research efforts more towards **prevention of cancer**. This is an area where Greater Manchester has quickly established a leading role, hosting in autumn 2016 a major scientific conference on the prevention and early detection of cancer.

The **Cancer Research UK Manchester Institute** is a leading cancer research institute within the University of Manchester and core funded by Cancer Research UK, the

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largest independent cancer research organisation in the world. The institute's research spans the whole spectrum of cancer research, from programmes investigating the molecular and cellular basis of cancer, to those focused on translational research and the development of therapeutics.

Manchester Cancer Research Centre

The Manchester Cancer Research Centre (**MCRC**) is a unique collaboration, formed in 2006, that brings together the above world-class expertise, vision and resources of Cancer Research UK, the University of Manchester and The Christie. In 2015, the MCRC opened its new state-of-the-art £28.5m research centre in Withington which brings together clinicians and scientists.

The MCRC has been successfully accredited as one of only three **major centres** for cancer research in the UK, acting as a vital research hub for the Cancer Research UK centre network, drawing together expertise, encouraging collaborative research, and bridging the gap between innovative laboratory work and benefits for patients.

In 2016 the MCRC renewed its CRUK major centre status, with CRUK committing to invest around £39 million over the next five years. This enables us to continue transforming the clinical care of cancer patients by developing and implementing an integrated personalised medicine strategy with a focus on six tumour-specific areas: lung, melanoma, prostate, ovarian, breast and haematological.

Within the MCRC sits the **Experimental Cancer Medicine Centre** (ECMC) and the **Manchester Centre for Cancer Biomarker Sciences** (MCCBS), both with an international reputation for cancer research. The ECMC is part of a nationwide collaboration bringing world-leading expertise in **early-phase clinical research** to generate new treatments for cancer, and the MCCBS is a new centre pioneering approaches in the development of **precision medicine**.

Greater Manchester's expertise in cancer research across disease areas has also been recognised through the creation of various internationally-recognised Centres of Excellence and collaborations with the MCRC. These include the:

- **CRUK Lung Cancer Centre of Excellence** (with University College London)
- **CRUK/EPSRC Cancer Imaging Centre** (with Cambridge)
- **Manchester Breast Centre**
- **Prostate Cancer UK Movember Centre of Excellence** (with Belfast).

Manchester Academic Health Science Centre

The Manchester Academic Health Science Centre (**MAHSC**) is a formal partnership between the University of Manchester and six NHS organisations (with further links to other NHS trusts). The goal is to provide patients and clinicians with rapid access to the latest discoveries, and improve the quality and effectiveness of patient care.

The **cancer domain** of MAHSC provides coordination and links across the cancer infrastructure, working closely with the MCRC and Greater Manchester's clinicians and research scientists.

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Greater Manchester Clinical Research Network

The Greater Manchester Clinical Research Network, which is part of the **National Institute for Healthcare Research** (NIHR), provides funding for cancer trials. It also provides data on cancer trial recruitment across our region to Greater Manchester Cancer's pathway boards through their nominated research leads. This information allows pathway boards to drive improvements in trial recruitment across the region.

NIHR Biomedical Research Centre status

Greater Manchester was awarded a NIHR Biomedical Research Centre (**BRC**) status in autumn 2016, a major aspect of which is cancer research. This accolade will bring around £11m cancer research funding to Greater Manchester over five years and serves as an international acknowledgement of our research status.

The MCRC and MAHSC, through the successful BRC and major centre status bids, have described a shared regional cancer research strategy for Greater Manchester. Alongside ambitions to recruit world-class researchers, create exciting national and international collaborations and bring the highest quality infrastructure to our city, Greater Manchester aims to focus on three research areas:

1. **Cancer prevention and earlier detection**
   To improve the targeting of cancer prevention and early detection strategies, by developing the early markers needed to diagnose cancer sooner and rapidly identify whether a treatment is having the desired response.
2. **Personalised treatment**
   Developing diagnostic tests to match an individual's cancer with the drug most likely to have the desired therapeutic effect. Also anticipating and appropriately managing drug resistant relapse, a common problem faced by patients with cancer.
3. **Radiotherapy-related research**
   Improving the delivery of radiation and developing markers to predict the benefit of different types of radiation and drug-radiation combinations, as well as the risk of long-term side effects.

13.2 Our objectives and current performance

We will maintain our position as the leading NIHR Clinical Research Network for patient recruitment in cancer research
In 2015/16, Greater Manchester successfully recruited approaching 4,500 patients[30] into over 250 clinical trials[31], received research awards totaling in excess of £65m and had over 650 cancer scientific publications.

Greater Manchester had the second highest cancer research trial recruitment of the 15 UK regions in 2015/16, and the highest if the recruitment was adjusted for size of population.

We will increase the proportion of patients who recall having clinical trials discussed with them following their cancer diagnosis to 40% by 2019, and reduce the variation between providers
In the 2015 National Cancer Patient Experience Survey 29% of Greater Manchester respondents recalled having cancer research discussed with them[32]. There was also great variation across Greater Manchester (see figure overleaf).

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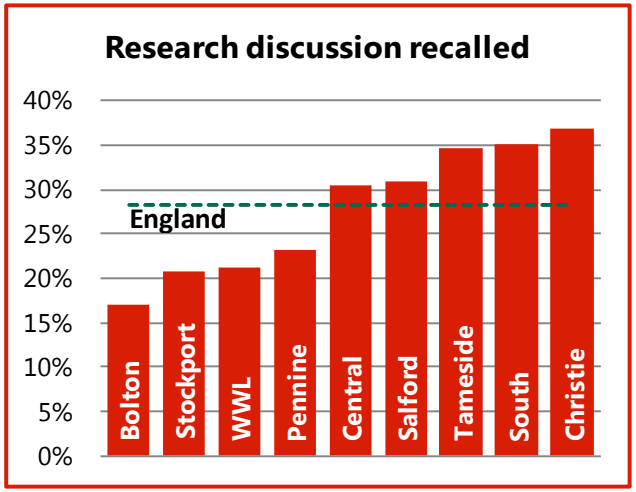

We aim to raise this percentage overall, and to reduce the variation seen across our provider organisations. Achieving this will raise the uptake of participation in trials.

13.3 What we are going to do

Deliver the cancer themes of the BRC

Through the delivery of the three BRC cancer research themes, we aim to provide a platform to support researchers, enabling them to become leaders in translating lab-based discoveries into new cutting edge treatments, technologies, diagnostics and other interventions into clinical settings. We will also begin to develop proposals and infrastructure for a subsequent successful bid from 2022.

Renew our NIHR Cancer Research Facility accreditation

In November 2016, as part of a One Manchester CRF application, we successfully renewed the cancer NIHR Clinical Research Facility (CRF) accreditation with refreshed funding of £4.5m. This will help increase the quantity and quality of clinical research and its relevance to more distant, deprived and ethnically diverse areas of our large and relatively unhealthy population, particularly where research participation rates are low. It will also increase the number of studies, particularly early phase medicines studies in collaboration with industrial partners, and training programmes.

Lead oncology patient safety translational research

We aim to support Greater Manchester in being a UK leader in patient safety translational research by contributing innovative oncology-based projects to the NIHR Patient Safety Translational Research Centre (PSTRC) competition (2017).

Grow our Experimental Cancer Research Centre

We will seek to become one of Europe's top five ECMCs by 2020. This will be delivered through a growth plan that will see over 500 patients per year being given the opportunity to participate in early phase cancer clinical trials. This expansion, by increasing the throughput of studies and participants, has the potential to further improve patient outcomes and ensure that we remain at the forefront of phase I clinical trial delivery both nationally and internationally.

Support the integration of genomic medicine into practice

We will support the integration of genomic medicine into normal clinical practice. Initially, the focus will be on supporting the substantial uptake of patient recruitment into the national 100,000 Genome Project (see section 8.2). The aim of the project is to create a new genomic medicine service for

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the NHS – transforming the way people are cared for and to enable new medical research.

Build new collaborations and international partnerships

We will seek to develop our research portfolio and reputation by:

- Becoming the European partner in an innovative Obama 'Moonshot' programme with University of Southern California and the National Cancer Institute (US), working on maximizing the potential of high-definition single cell analysis and its potential as the most sensitive circulating tumour cell detection system
- Developing our relationships in lung and prostate cancer as set out in the Centres of Excellence collaborations
- Developing the iDecide collaboration with Astra Zeneca (£11.5m), an innovative programme for real-time patient data capture and integration with biomarker data
- Developing detailed proposals in relation to cancer aspects of the successful Medical Research Council (MRC) Centre bids in proteomics (Stoller Centre, £13m), single cell research (£5m) and for a Manchester Molecular Pathology Node (£4m)
- Collaborating with the Sarah Cannon Research Institute (US), currently the worlds largest ECMC, to support our ambition to become one of the top ECMCs in Europe.

Invest in our infrastructure and people

We will:

- Complete the construction of the Proton Beam Centre (£137m) on the Christie site by 2018 and develop a dedicated research laboratory to improve the scientific understanding of proton therapy.
- Recruit world leading academics to our cancer research infrastructure by further investment through the £37m Academic Investment Fund (AIP).
- Broaden and strengthen the MCRC into a collaboration including all NHS trusts across Greater Manchester that are active in clinical research in cancer.
- Explore the feasibility of a new build (MCRC2) to exploit our world-leading biomarker centre (MCCBS) and facilitate further expansion and galvanise resource and energy. The building would house the key activities from genomic testing and informatics to biomarker discovery, qualification and clinical testing. Exploratory translational research laboratories would be juxtaposed to a large and comprehensive suite of GCPL laboratories for nucleic acid and protein biomarker analysis.
- Complete the Integrated Procedures Unit (IPU) at The Christie in 2017 with a biopsy suite that will streamline the acquisition of sequential tissue biopsies for research.
- Further develop our position in radiotherapy research by completing the construction and delivery of an MRI-guided radiotherapy unit and associated research unit (£5m).

13. Research

- Further invest in the expansion of the MCRC biobank service across Greater Manchester. The biobank – which collects blood and solid tumour samples for local disease group research teams – supports projects such as Phase 2 of the CRUK Stratified Medicine Programme, TracerX and with the Early Phase Team on the TARGET study.
- Deliver a ground breaking outreach service for clinical trials in Greater Manchester to provide patients with access to experimental medicine. This will be delivered through the cancer CRF at The Christie.
- Invest in and further develop the MAHSC Clinical Trials Unit (CTU) so that by 2020 it will be a leading UK CTU with a strong focus on supporting early phase oncology trials.

14. Education

14.1 What is already happening

We have established **Cancer Education Manchester** as a forum to represent cancer education across Greater Manchester. The aim of Cancer Education Manchester is to improve outcomes through ensuring access to the very highest levels of cancer education.

The following groups and bodies are involved:

- The cancer theme of the Manchester Academic Health Science Centre (MAHSC)
- The Christie School of Oncology
- The Greater Manchester and East Cheshire Strategic Clinical Network
- Greater Manchester Cancer pathway boards
- Cancer Research UK
- Macmillan Cancer Support
- Clinical Commissioning Groups, and
- Health Education England

A **primary care cancer education network** was established in 2015. The network reports to Cancer Education Manchester and will formulate a practical action plan setting out priorities for cancer education in the primary care workforce for delivery by March 2018.

14.2 Our objectives and current performance

Locally-set objectives

Through Cancer Education Manchester we aim to:

- Ensure high quality education is available to all health and social care professionals raising standards in care across Greater Manchester,
- Develop a fair and equitable single service cancer education model across Greater Manchester,
- Ensure rapid translation of learning from research into practice,
- Provide a forum for dissemination of best practice, and
- Support and promote best practice in cancer and public health education.

14.3 What we are going to do

Develop a cancer education and information strategy for Greater Manchester

We will develop a strategy to ensure that educational providers across the region work together to support the delivery of world class outcomes and care for all patients in Greater Manchester. The strategy will ensure that education supports the improvement in standards in all health and social care sectors. It will also set out our plans to assess and standardise the information given to cancer patients across Greater Manchester.

What and when?

- A comprehensive cancer education and information strategy by April 2017

Create a primary care cancer education platform – "Gateway-C"

Through the vanguard innovation programme we will work with primary care professionals, cancer charities and other NHS colleagues to create a tailored and comprehensive online cancer education platform for primary care. This unique educational and informational environment will support GPs and primary care staff in delivering changes across the whole cancer pathway.

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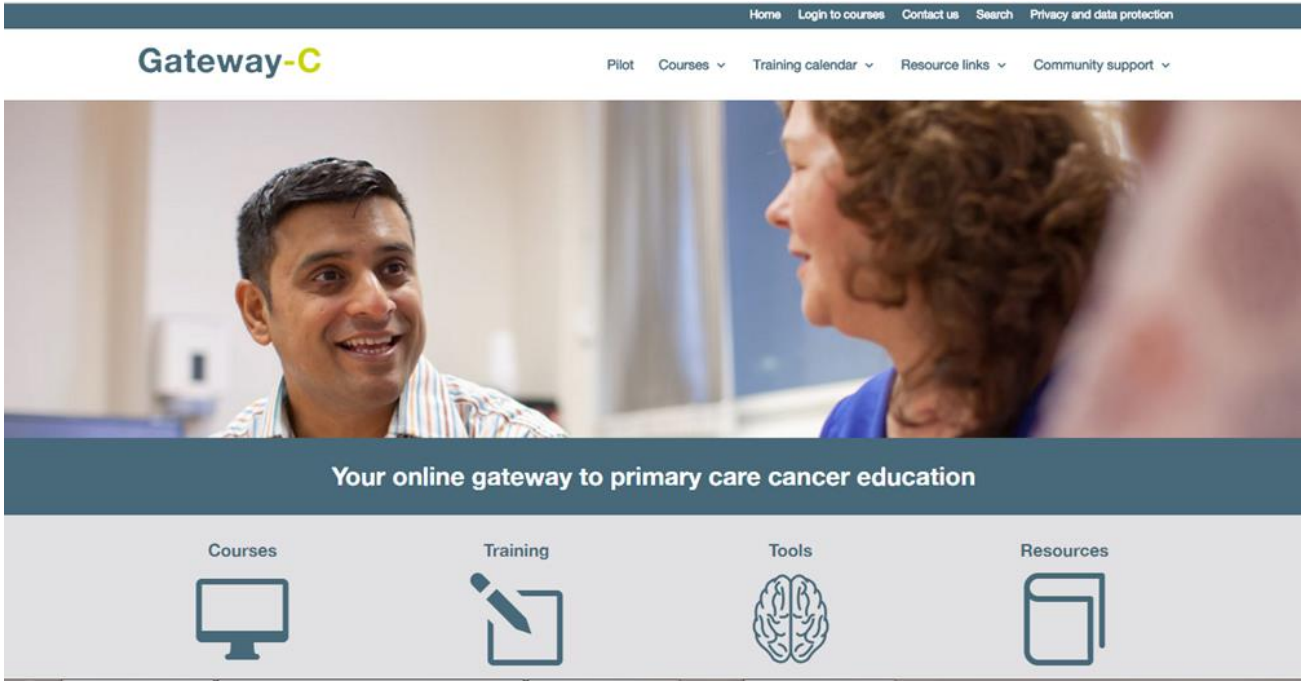
The platform will provide education aimed at:

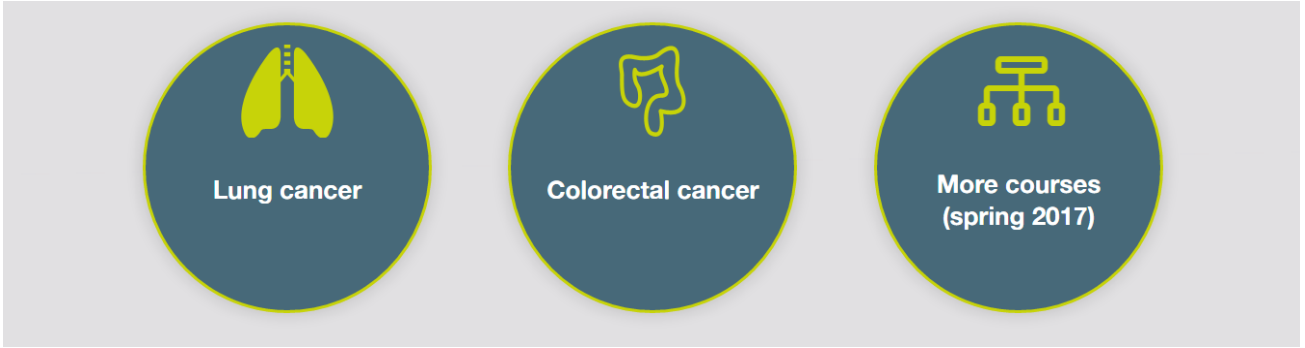
- Enhancing public health messages,
- Delivering improvements in cancer recognition and referral,
- Supporting care during treatment,
- Ensuring delivery of the Recovery Package, and
- Best practice for those living with and beyond cancer, including end of life care.

The platform will have searchable databases of educational materials and events, links to other online cancer resources and links to cancer support information within the local community.

What and when?

- Pilot lung and colorectal early diagnosis modules of primary care education platform Gateway-C with eight practices in January 2017
- Launch primary care cancer education platform Gateway-C to all GP practices in Greater Manchester in June 2017
- Additional Gateway-C modules and content developed by December 2017
- Launch of Gateway-C for all primary care and community pharmacy in April 2018
- Launch Gateway-C nationally in July 2018





14. Education

Deliver coordinated cancer education for each cancer pathway

Through Cancer Education Manchester we will continue to support and co-ordinate cancer education activity for each cancer pathway. Our pathway boards will be supported to develop their education leadership and will each develop an education plan by September 2017. Where appropriate, Cancer Education Manchester will support pathway boards to develop online units describing pathways and minimum standards of care. These will help ensure the right knowledge, skills and behaviours across each pathway.

Pathway boards will also be supported to develop annual continuing professional development (CPD) events, sharing best practice and ensuring translation of research into care.

What and when?

- Pathway board education plans developed by September 2017
- First online pathway education units launched by September 2017
- Annual CPD education in each pathway from April 2018

Deliver a comprehensive programme of cancer care education for personal and social care providers

Social care is a vital part of the care delivered to cancer patients, in their homes and in care establishments. Across Greater Manchester many health care professions, hospices and charities are involved in supporting the social care workforce. Not all of those caring for cancer patients in some way have access to a basic level of training.

We will work with commissioners, community, social and personal care providers to identify how education can support the highest quality of social care for patients.

What and when?

- A co-ordinated cancer education programme for social care by March 2018

Create a Greater Manchester communication skills and patient experience training programme

Communication is at the heart of high quality care and good patient experience. Within the NHS a substantial proportion of complaints are about communication and attitudes.

We will develop a clinical communication and patient experience programme for all levels of staff, which will have compassionate communication, effective information giving, dignity and respect at its heart.

What and when?

- A programme of foundation, intermediate and advanced communication skills and patient experience training for all levels of staff by April 2018

15. Developing this plan

This document has been developed by the Greater Manchester Cancer Board. It has been subject to a consultation period running from late September 2016 to the early January 2017. The following groups and bodies have been involved in its development. Where this was at a specific meeting the date is given in brackets.

Greater Manchester Health and Social Care Partnership

- Joint Commissioning Board Executive (23/11/16)
- Joint Commissioning Board (13/12/16)
- Provider Federation Board (18/11/16)
- Primary Care Advisory Group (23/11/16)
- Transformation Portfolio Group (15/12/16)
- Association Governing Group of CCGs (03/01/17)
- Directors of Public Health Group (06/01/17)

Greater Manchester Cancer

- User Involvement Steering Group
- Pathway Clinical Directors and Clinical Pathway Boards
- Cancer Education Manchester
- Vanguard Innovation Clinical Leads and programme office
- Voluntary Community and Social Enterprise Advisory Group (13/12/16)

Commissioners

- CCG Directors of Commissioning
- CCG Cancer Commissioning Managers
- NHS England

Hospital providers

- Directors of Operations Group
- Directors of Finance Group
- Directors of Nursing Group (18/11/16)
- Directors of Strategy Group
- Trust Cancer Leads (17/10/16)

Partners

- Greater Manchester and Eastern Cheshire Strategic Clinical Network
- Healthier Futures
- Macmillan Cancer Support regional team
- Cancer Research UK regional team
- Macmillan Cancer Improvement Partnership
- Macmillan GPs Group
- Black, Asian and Minority Ethnic Cancer Network (01/12/16)

16. Implementation

Subject to approval by the Strategic Partnership Board of Greater Manchester Health and Social Care Partnership this plan will be published in March 2017. It will be published alongside a shorter more accessible version so that the people of Greater Manchester know what to expect of their cancer services in future.

On publication, this plan will be accompanied by a number of annexes setting out the contributions required from each part of the cancer system in Greater Manchester to deliver it.

This work will set out the implications for:

- Greater Manchester Health and Social Care Partnership
- Commissioners
- Hospital providers
- Primary, community and social care providers
- Clinical Pathway Boards

It will also set out what should happen across Greater Manchester and what should happen at a locality level. A full implementation plan will then be developed by June 2017.

17. References

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