Manchester Cancer

Children's Cancer Pathway Board

Annual Report 2014/15

Pathway Clinical Director: Bernadette Brennan
Pathway Manager: Melissa Wright

Executive summary

Cancer in children and young people is rare with only 1,600 children each year in the UK developing cancer. Cancer in children tends to occur in different parts of the body to adults and as such respond differently to treatment and have a higher cure rate.

Outcomes for children in Greater Manchester reflect this with survival rates at 1-, 3- and 5-year on par or above the national average.

Paediatric Cancer services are specially commissioned with the support of the Clinical Reference Group which has developed services specifications for the delivery of paediatric oncology.

All clinical guidelines to support the delivery of care within the PTC are updated regularly and there are work programmes to support its three MDT's and the PTC core measures.

Recruitment into clinical trials for children is good and exceeds targets set by the Clinical Research Network. This performance will be further enhanced through the monitoring of the parent declined trials to evaluate any potential service improvements.

Locally Greater Manchester hosts one of 21 Principal Treatment Centres (PTC) and works closely with shared care units across the Strategic Clinical Network Region and there is a Key Worker policy (via the CNS) in place. This year there will be further work with the shared care units to improve patient access and share good practice in relation to developing parent/patient experience initiatives. This will allow the Board to take a comprehensive view and to ensure there is equity across the service provision.

1. Introduction – the Pathway Board and its vision

This is the annual report of the Manchester Cancer Children's Cancer Pathway Board for 2014/15. This annual report is designed to:

- Provide a summary of the work programme, outcomes and progress of the Board – alongside the minutes of its meetings, its action plan and it scorecard it is the key document for the Board.
- Provide an overview to the hospital trust CEOs and other interested parties about the current situation across Manchester Cancer in this particular cancer area
- Meet the requirements of the National Cancer Peer Review Programme
- Be openly published on the external facing website.

This annual report outlines how the Pathway Board has contributed in 2014/15 to the achievement of Manchester Cancer's four overarching objectives:

- Improving outcomes, with a focus on survival
- Improving patient experience
- Increasing research and clinical innovation
- Delivering compliant and high quality services

1.1. Vision

Although the Children's Cancer Pathway Board is a Manchester Cancer initiative, the focus of the Primary Treatment Centre (PTC) based at the Royal Manchester Children's Hospital is to improve cancer outcomes and patient experience for children in the North West region with the support of Shared Care units. The membership of the Board and the Terms of Reference for the Pathway Board reflects these aims and ambitions.

1.2. Membership

The table below outlines the membership of the Pathway Board.

Table 1. Children's Cancer Pathway Board

NAME	ROLE	TRUST
Dr Bernadette Brennan	Chair	RMCH
Dr Guy Makin	Senior Lecturer in Paediatric Oncology	RMCH
Dr john Grainger	Consultant Paediatric Haematologist	RMCH
Chris Lowe	Key Worker/Macmillan	RMCH
Heather Houston	Paediatric Cancer Quality Manager	RMCH
Sue Crook	Matron for Paediatric Oncology/Haem.	RMCH
Susan Kafka	Senior Clinical Pharmacist for Paediatric Onc/Haem	RMCH
Dr Vanessa Holme	Consultant Paediatrician	
Sarah Murphy	Key Worker/Macmillan	
Philip Rice (joined Feb 2015)	Patient Representative	

The Board now has a parent/carer representative and named leads supporting specific areas of the Pathway are:

Early Diagnosis – Dr John Grainger
Pathology – Dr John Grainger
Radiology – Dr Guy Makin
Surgery – Dr Bernadette Brennan
Oncology – Dr Bernadette Brennan
Specialist Nursing – Mrs Chris Lowe
Living with and beyond cancer ('survivorship') – Dr Bernadette Brennan
Research – Dr Guy Makin

1.3. Meetings

The first meeting of the Board in this financial year took place on the 1st August 2014. The minutes of the meeting are published on Manchester Cancers' website and can be found here

A full list of meeting dates and a record of attendance can be found in the appendix. In general, both Boards are fairly well attended by all representatives with deputies attending when required. The Board is actively encouraging greater contribution from other shared care units across the North West.

2. Summary of delivery against 2014/15 plan

No	Objective	Alignment with Provider Board objectives	Tasks	By	Status Green = achieved Amber = partially achieved Red = not achieved
1	To establish a strategic framework for Primary Treatment Centre	1-year survival	Representatives of Manchester Cancer to be identified with lead responsibilities	August 2014	Green
			Recruitment of members to represent all of the pathway	December 2014	Green
			Recruitment of members to reflect POSCU's	December 2014	Green
2	To develop robust systems to identify shortcomings in patient experience	Patient Experience	Work with the Trust PPI group to develop patient feedback electronic tools	February 2015	Green
			Review progress of CLIC Sargent Key Worker project	February 2015	Green
			Investigate with POSCU's their methods of assessing patient experience	December 2014	Green
			Develop a process of collating patient experience across PTC and POSCU's	February 2015	Green
			Continue participation in Improving Quality programme	On-going	Green
3	To improve patient outcomes through recruitment into clinic research and trials	Research and Innovation	Regular presentation of figures at meetings	On-going	Green
			Areas of low uptake to be discussed with lead clinicians	On-going	Green
			Work with the Clinical Research Network to reduce any identified imbalance	On-going	Green
4	To increase timely access of new cancer	1 year survival	To regularly review patients	On-going	Green

	patients to PTC	Patient Experience	referred via 2 week wait and conversion rates in Greater Manchester		
			To develop a process for identifying conversion rates for POSCU Trusts	December 2014	**Green**
			To work with GP representative to identify any primary care education requirements regarding referral	On-going	**Amber**

3. Improving outcomes, with a focus on survival

3.1. Information

Incidence and Prevalence

Data from Cancer Research UK identifies that on average 862 and 713 cases per year were diagnosed in boys and girls respectively between the ages of 0-14. Leukaemia is the most common childhood cancer, accounting for a third of all cases between 2006 – 2008. The crude incidence rate indicates that there are 152 and 132 new cancer cases for every million boys and girls respectively aged 0 – 14.

Table 2. All childhood cancers, average number of new cases per year, crude and world age-standardised incidence rates per million population 2009-11

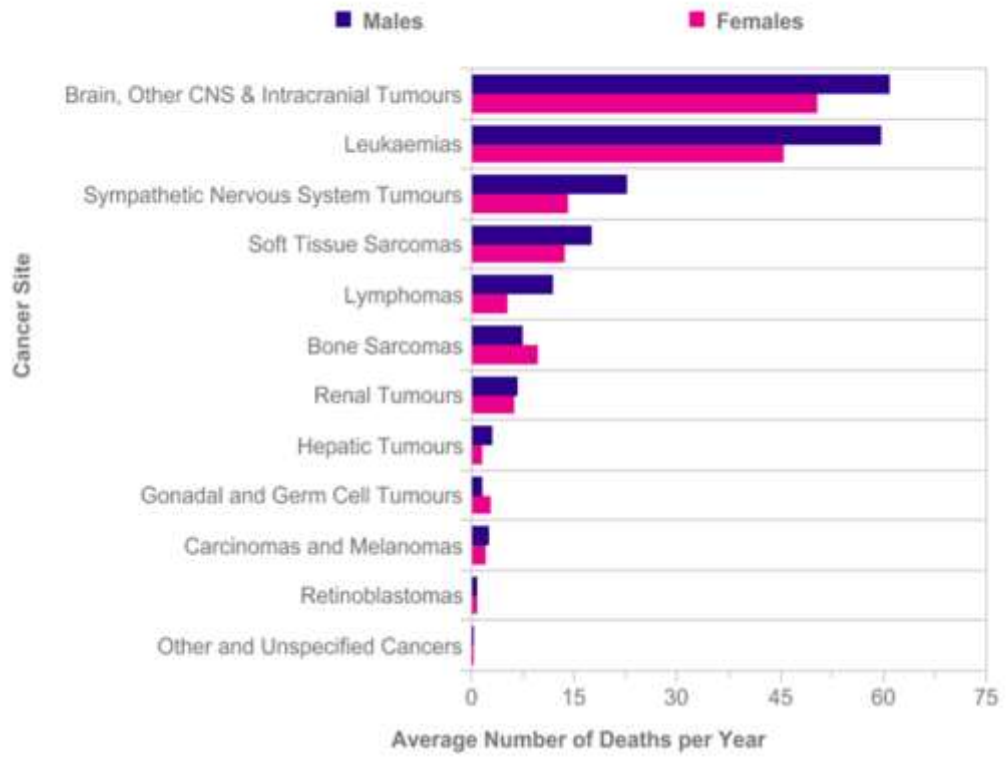
		England	United Kingdom
Boys	Cases	727	862
	Crude Rate	152.4	152.4
	W-AS Rate	154.7	154.9
Girls	Cases	601	713
	Crude Rate	132	132.2
	W-AS Rate	134.4	134.5
Children	Cases	1328	1574
	Crude Rate	142.5	142.5
	W-AS Rate	144.8	144.9

Cancer Research UK

Mortality

In 2009-2011, there was an average of 252 deaths per year from cancer (including benign, uncertain or unknown behaviour brain, other CNS and intracranial tumours) in children aged 0-14 in the UK. The three most common causes of cancer deaths in children are brain, other central nervous system (CNS) and intracranial tumours, leukaemia, and sympathetic nervous system tumours. Although brain, other CNS and intracranial tumours rank second in incidence, they are the most common cause of deaths from cancer in childhood, accounting for around a third of all cancer deaths in boys and girls (31% and 33%, respectively).

Figure 1. Average number of deaths per year and proportion of all childhood cancer deaths, ages 0-14, Great Britain, 1996 – 2005



Cancer Research UK

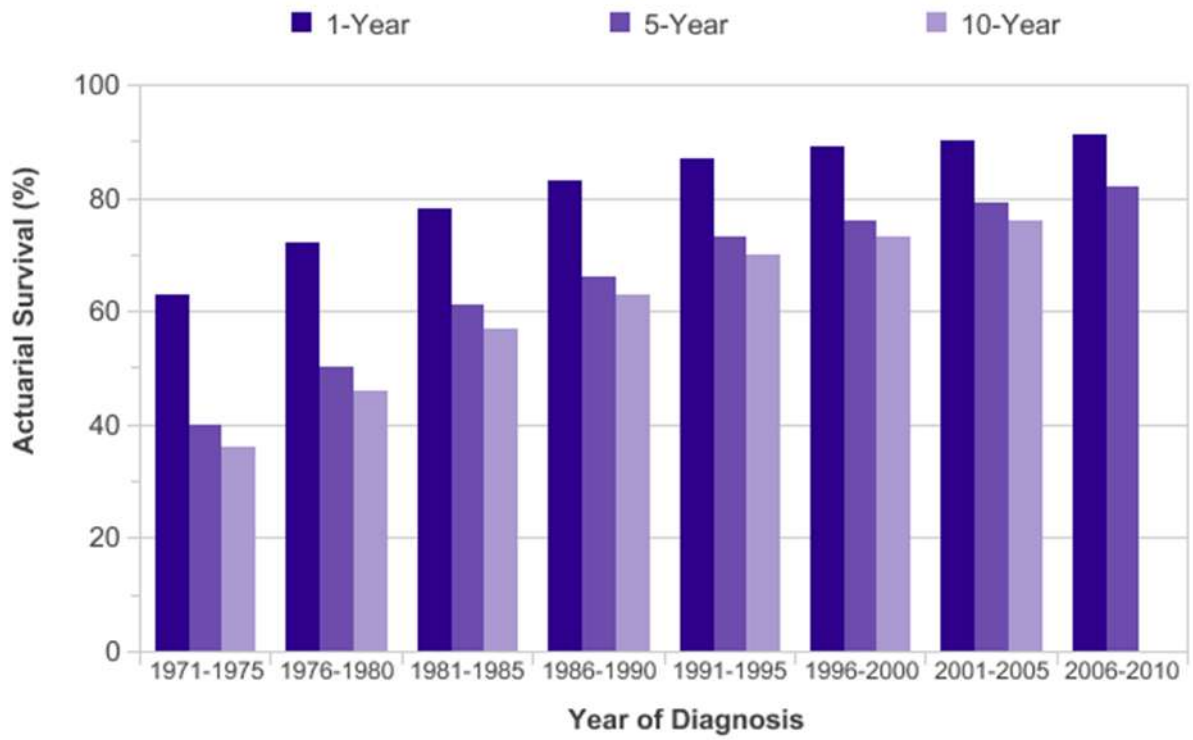
Survival

Survival for cancer in children is improving overall. One-year actuarial survival for all childhood cancers combined has increased from 63% during 1971-1975 to 91% during 2006-2010 in Great Britain. Most of this increase occurred during the 1970s and 1980s.

Five- and ten-year survival for all childhood cancers combined has increased by even greater amounts since the early 1970s. Five-year survival has increased from 40% during 1971-1975 to 82% during 2006-2010 in Great Britain – an absolute survival difference of 42 percentage points, while ten-year survival has increased from 36% during 1971-1975 to 76% during 2001-2005.

Ten-year survival has increased for all diagnostic groups since the early 1970s, but by varying amounts and at different points in time. A lot of the progress can be attributed to the advent of combination chemotherapy in the late 1960s and 1970s. For many diagnostic groups, improvements in survival coincide with eras of entry into clinical trials.

Figure 2. One-, Five- and Ten-Year Actuarial Survival (%), Children (Aged 0-14), Great Britain



3.2. Progress

With regards to the target of improving outcomes with a focus on survival, the 2014-15 annual plan set two objectives; to establish a strategic framework for the Primary Treatment Centre to implement the work programme of the pathway board and the second objective was to increase timely access of new cancer cases to the PTC through identifying any issues in relation to the 2WW referral process. In regards to the first objective, all named lead responsibilities have been identified within the Board. The Board membership also includes a representative of one of the shared care units.

In regards to the second objective, there has been some work undertaken to review patients referred via the 2WW process. This includes an audit of new cancer cases of children's cancers at CMFT. Alongside this work cancer managers working in acute Trusts in Greater Manchester were asked to identify the numbers of new children's cancer cases that had entered via the 2WW referral pathway in 2014-15. Data was received from CMFT, Stockport, Bolton and Mid Cheshire. The results from the Trusts who responded identified that CMFT had three children diagnosed through this route, Bolton and Mid Cheshire diagnosed three and four cancers respectively, but none of these were through the two week wait referral route. UHSM do not see children referred via this referral route and refer all their patients to CMFT.

3.3. Challenges

Although there has been significant success in undertaking this objective the recruitment of Board to reflect all POSCU sites has not taken place. This will be important to ensure that they are engaged in all relevant aspects of the Board and pathway development.

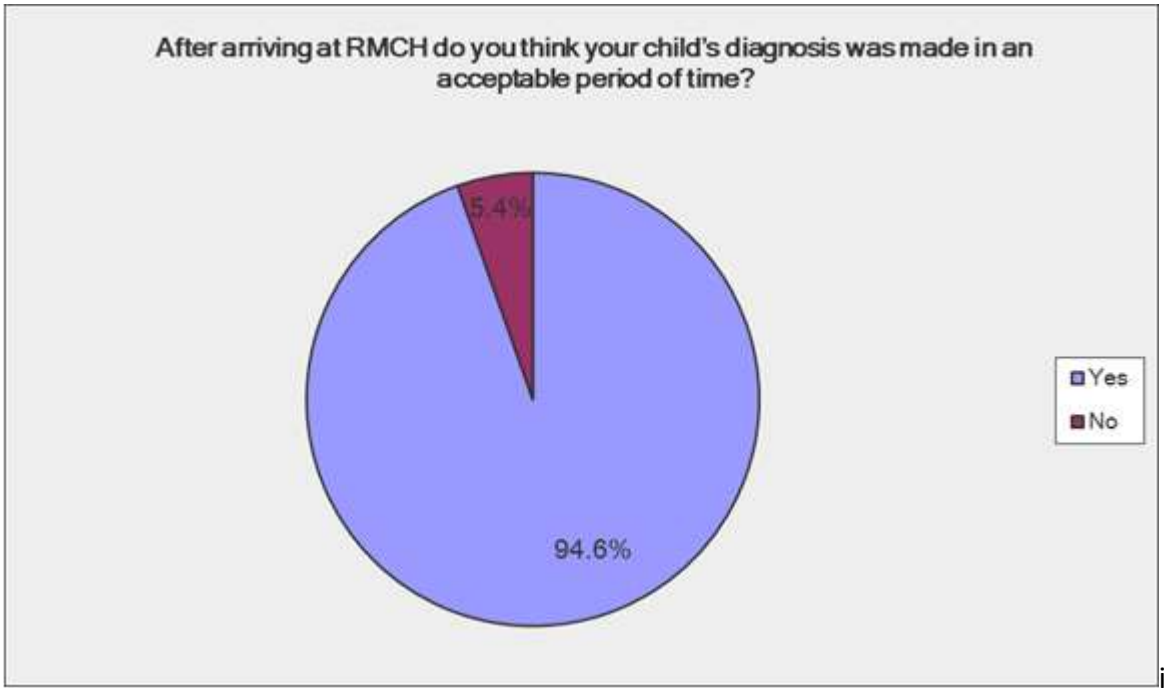
Most Trusts diagnose fewer than 5 new children's cancer cases per year and these are generally not being referred via the 2WW route. In contrast some Trusts are having as many as 80 children referred through the urgent suspected cancer route each year which will have a significant impact on their diagnostic resources. The New NICE guidance for suspected cancer has a significant impact on children's referrals and it will be important to ensure GP's and primary care professionals are supported in making appropriate referrals.

4. Improving patient experience

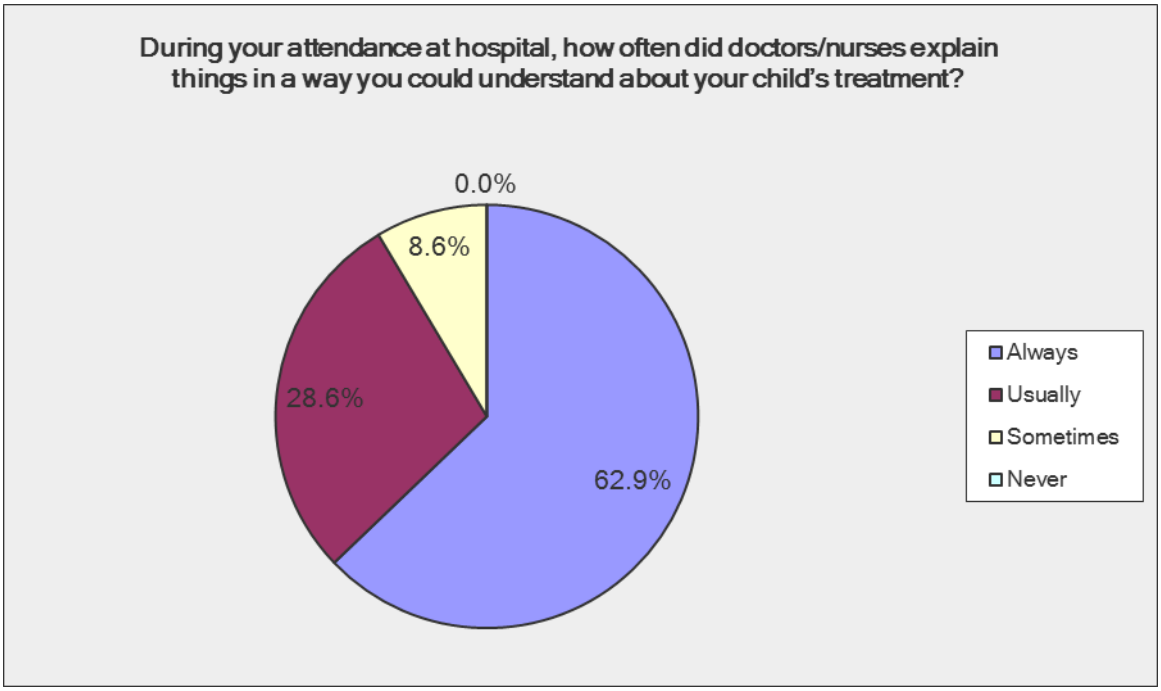
4.1. Information

The National Cancer Patient Experience Survey (NCPES) does not cover children's cancers and to get a greater understanding of the treatment of this patient group Royal Manchester Children's Hospital commissioned a patient experience survey. The survey was completed by 40 parents and carers and used an electronic system facilitated by iPads and indicated that there was a high level of satisfaction with the service with 100% saying that they would recommend the service they received to family and friends. In addition most parents and carers completing the survey felt that their child was diagnosed within an appropriate time period and felt they understood the diagnosis. All parents and carers completing the survey felt that they were told the potential side effects to their child's treatment and most felt that they were always informed about the treatment in a way that they could understand. In relation to research trials, 74.3% of respondents indicated that their child was offered treatment through a clinical trial and nearly 80% felt that they had long enough to consider whether or not to take part in the trial. Most responders felt that they were given sufficient notice of when they were due to be discharged and were given the details of the community nursing team.

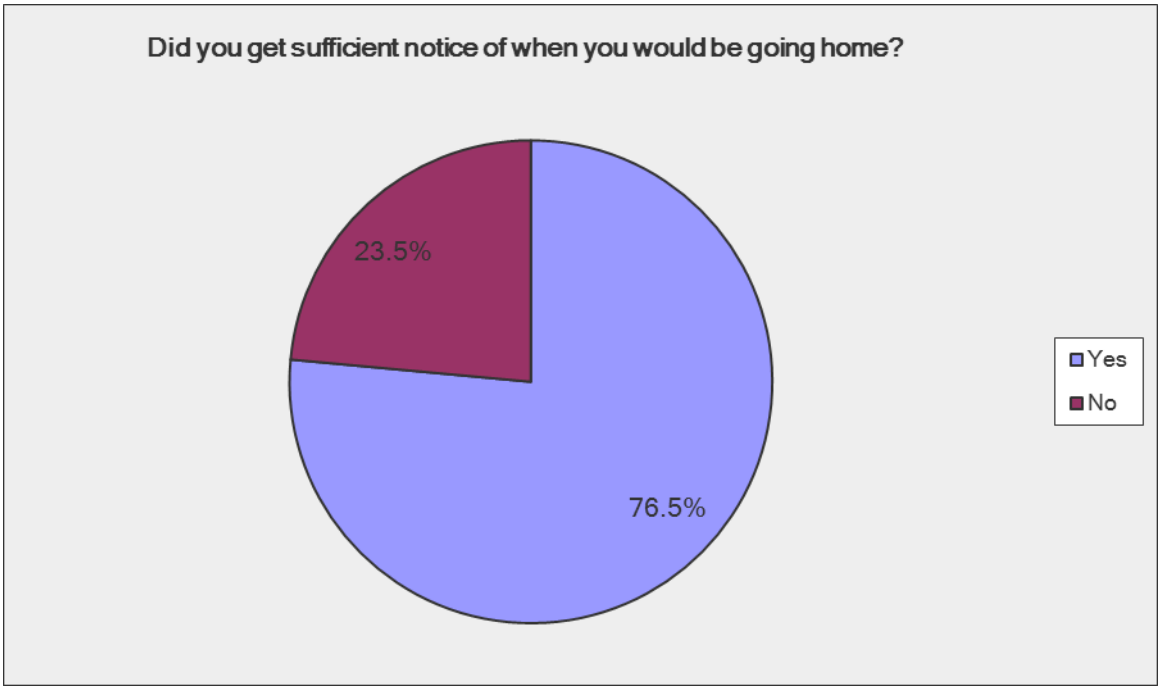
Figure 3. Paediatric Oncology – Royal Manchester Children's Hospital patient experience results



Did you understand what was being said to you when you were told your child's diagnosis?		
Answer Options	Response Percent	Response Count
Yes	94.6%	35
No	5.4%	2
answered question		37
skipped question		3



Was your child offered treatment on a clinical trial?		
Answer Options	Response Percent	Response Count
Yes	74.3%	26
No	25.7%	9
answered question		35
skipped question		5



4.2. Progress

With regards to improving patient experience, the 2014-15 annual plan set an objective to improve patient experience of care in line with local and national initiatives. The Board have undertaken this work through the implementation of the patient experience survey which indicated high levels of satisfaction across many areas of the service with many of the areas explored within the children's survey mirroring that of the NCPES. Areas to note include the satisfaction regarding the information provided the recognition of the role of the keyworker and the improvement in the satisfaction with the food and facilities.

4.3. Challenges

The survey highlighted that the delivery of chemotherapy was a point of dissatisfaction and the Trust will need to look at producing a more efficient system. In addition the survey highlighted that there was a need to address emergency attendance outside normal working hours and at weekends which allows patients to be admitted to the paediatric oncology ward rather than to outlying wards.

5. Increasing research and innovative practice

5.1. Information

Last year, Greater Manchester Clinical Research Network recruited 46 patients into interventional trials and 123 patients into observational trials. In regards to children's cancers these trials take place at both CMFT and the Christie.

Table 3. Paediatric Oncology Screening and recruitment spread sheet

		2014									2015			01Apr2014 - 31Mar2015 (no.	number on trial (total no.
Trial		Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Phase III															
Euro Ewings 2012	R03171				1		1		1				1	4 (4)	5 (5)
rEECur	R03839												(1 PD)	0 (1)	0 (1)
Euro Net PHL-LP1	R02034													0 (0)	1 (1)
IMPORT	R03154		1		1	1	2	2			1		1	9 (9)	14 (14)
HR NB	5004												1	1 (1)	33 (33)
SIOP CNS GCT II	R03170		1											1 (1)	3 (3)
SIOPEL 6	5268 CLOSED	1 (WD)								1				2 (2)	5 (5)
NRST 2005	5166		1						1	1				3 (3)	23 (23)
RMS2005	5174													0 (0)	38 (38)
Interfant-06	R00054								(1 PD)					0 (1)	7 (9)
Inter B NHL 2010 Ritux	R03467			1							(1 NE)			1 (2)	1 (2)
UKALL2011:	R01902	2	1	1	1	1	1 (1 PD)	1 (3 PD)	1 (1 CD	1	1	2	1 (1 PD	19 (25)	55 (74)
	UKALL2011 2nd randor	1	4	1 (1 PD	1	1	1	2	2		(1 PD,1 NE)		(2 PD)		
Phase I/II															
Herby	R01652 CLOSED													0 (0)	1 (1)
BEACON	R03203					1								1 (1)	3 (3)
VIT-0910	R001978 SUSPENDED													0 (0)	3 (3)
SUSPENDED														0 (0)	0 (0)
PK Studies															
EE PK 2013 01	R03477	1						1		(1 PD)			1	3 (4)	3 (4)
UKALL2011 Dexamethasone PK		1					(1 PD)	(3 PD)		1		1	1	5 (9)	11
Inter B NHL2010 Rituximab PK				1										1 (1)	1
Other Studies															
PEPtalk2	R03026			3 (inc 2 rand)			2	(1 PD)	1		(2 PD)	(1 PD)	(1 PD)	6 (11)	6 (11)
PCV13 in ALL	R03253 CLOSED			2										2 (2)	11 (11)
Brightlight (QOL)	R03039						2	1		1 (1 PD	1			5 (6)	9 (10)
FACT	5159	8	2	9	14	10	8	3	9	3	9	3	8	86 (86)	142 (143)
IRES	R01480													0 (0)	2 (2)
Pilot Study of Circulating Tumour Cells in Paediatric and Adult Sarcomas.	R03002								1					1 (1)	1 (1)
Circulating Neuroblastoma Tumour Cell Study	R03862												1	1 (1)	1 (1)
MAGIC	R01986		2	2	2		1			2	1	3	1	12 (12)	33 (35)
Experiences of families participating in Paed PK cancer trials	R03351	1							1					2 (2)	6 (6)
BS 2007 02 MRD in ALCL	5021								1					1 (1)	2 (2)
RECRUITMENT TO PHASE I/II/III TRIALS		3	4	2	3	3	7	3	3	3	2	2	6	41 (49)	
RECRUITMENT TOTAL		13	8	15	22	13	20	8	16	9	13	6	17	160 (175)	
Tumour / Cell Banking															
Tumour banking	5021	5	3	8	6	8	5	3	6	5	9	8	9 (1 ED	66	
Leukaemia Cell Bank		6	1 (1*)	1	2	1 (1 PD	5	4 (1*)	4	1	1 (1 PD	(1PD	4	37 (42)	97

NB: Screening numbers for tumour banking not known

*diagnosis unclear when diagnostic samples taken so no cell bank sample taken

The data above is a breakdown of the recruitment to trials that took place last year and indicates that for some trials, parents have decided that they do not wish for their child to participate in the trial following screening for recruitment. This is particularly true in leukaemia trials reflecting national pattern as well.

5.2. Progress

Last year the Children's Cancer Pathway Board set the objective to enhance the recruitment of patients into clinical trials. This would be supported by research being a standing agenda item at Pathway Board with regular presentation of data at meetings. The data indicates that most eligible patients are recruited onto a trial and that the network is performing well.

5.3. Challenges

Despite the good performance, the Board recognised that there is not always a trial available for all patients. There has been some discussion regarding increasing the numbers of patients recruited into the network and increasing the number of commercial trials. For certain leukaemia trials, a number of parents make the decision not to include their child into the trial. This may be due to the amount of time available to make the decision before treatment commences and there may be some work required to explore this issue.

6. Delivering compliant and high quality services

6.1. Information

Each MDT agrees to collect the same minimum dataset across the children's network. All patients are tracked and 100% were treated within the 31 day cancer wait performance target for paediatrics. Last year, 130 new cases were discussed at the Diagnostic and Treatment MDT's, 85 at the Paediatric Oncology MDT and 45 at the Paediatric Leukaemia MDT.

Cancer Wait data

The Pathway Board have spent a significant amount of time reviewing the numbers of patients that are being referred through the urgent suspected cancer routes and the conversion rates. The data for last year indicates that almost no children were diagnosed with cancers from secondary Trusts through the 2 week wait referral route. These patients are generally referred into their local acute Trust and then referred into Royal Manchester Children's Hospital.

Table 4. 2WW performance data by Trust

Q1				Q2			Q3			Q4		
Name of Trust	Total suspected cancers seen	Seen <14 days	% seen <14 days	Total suspected cancers seen	Seen <14 days	% seen <14 days	Total suspected cancers seen	Seen <14 days	% seen <14 days	Total suspected cancers seen	Seen <14 days	% seen <14 days
BLACKPOOL	15	15	100.00%	18	17	94.40%	12	12	100.00%	12	12	100.00%
BOLTON	7	7	100.00%	5	4	80.00%	5	5	100.00%	5	5	100.00%
CENTRAL	23	22	95.70%	43	43	100.00%	35	35	100.00%	37	36	97.30%
EAST CHESHIRE	4	4	100.00%	9	9	100.00%	7	7	100.00%	8	8	100.00%
EAST LANCASHIR	31	30	96.80%	22	21	95.50%	24	23	95.80%	18	18	100.00%
LANCASHIRE	23	21	91.30%	10	10	100.00%	19	19	100.00%	28	28	100.00%
MID CHESHIRE	4	3	75.00%	8	7	87.50%	11	11	100.00%	7	7	100.00%
PENNINE	12	11	91.70%	17	16	94.10%	17	17	100.00%	14	14	100.00%
SALFORD	11	10	90.90%	1	1	100.00%	9	9	100.00%	9	9	100.00%
STOCKPORT	8	7	87.50%	8	7	87.50%	4	4	100.00%	3	3	100.00%
TAMESIDE	15	14	93.30%	16	16	100.00%	10	10	100.00%	8	8	100.00%
UHSM	1	1	100.00%							2	2	100.00%
UHMB	4	2	50.00%	11	11	100.00%	7	7	100.00%	7	7	100.00%

Survival data

Survival rates for patients with solid or Central Nervous System (CNS) tumours and leukaemia continue to be above or equal to the national average.

Table 4. 1- 3- and 5 year survival data all tumour groups

CNS tumours

	N	1-yr % survival (SE)	3-yr % survival (SE)	5-yr % survival (SE)	Log-rank test
Manchester	257	88 (2.0)	79 (2.6)	76 (2.8)	NS
All other centres	3673	84 (0.6)	75 (0.7)	72 (0.8)	

Other solid tumours

	N	1-yr % survival (SE)	3-yr % survival (SE)	5-yr % survival (SE)	Log-rank test
Manchester	433	92 (1.3)	82 (1.8)	78 (2.1)	NS
All other centres	5807	92 (0.4)	82 (0.5)	79 (0.6)	

Leukaemia

	N	1-yr % survival (SE)	3-yr % survival (SE)	5-yr % survival (SE)	Log-rank test
Manchester	334	93 (1.4)	89 (1.7)	85 (2.0)	NS
All other centres	4630	93 (0.4)	88 (0.5)	85 (0.6)	

6.2. Progress

There were no objectives set by the Children's Cancer Pathway Board in regards to this Manchester Cancer target. This year it is intended that the audit of diagnostic procedures and the administration of chemotherapy will be included in this objective.

7. Objectives for 2015/16

The objectives for 2015-16 will build on the notable work undertaken by the Board last year and specifically this will include:

- Patient access – further work to explore any barriers to access for new patients to diagnosis and treatment
- Patient experience – to continue to survey patients and identify areas for improvement
- Recruitment to trials – to develop a more proactive approach to increasing trial recruitment
- Pathway analysis – to audit and improve elements of the pathway

Further information on these objectives will be detailed in the 2015-16 annual plan.

8. Appendix 1 – Pathway Board meeting attendance

NAME	ROLE	TRUST	28/03/2014	01/08/2014	14/11/2014	13/02/2015
Dr Bernadette Brennan	Chair	RMCH	✓	✓	✓	✓
Dr Guy Makin	Senior Lecturer in Paediatric Oncology	RMCH	✓	✓	✓	✓
Dr john Grainger	Consultant Paediatric Haematologist	RMCH	✓	✓	✓	✓
Chris Lowe	Key Worker/Macmillan	RMCH	✓	Apols	Apols	Apols
Heather Houston	Paediatric Cancer Quality Manager	RMCH	✓	Apols	Apols	✓
Sue Crook	Matron for Paediatric Oncology/Haem.	RMCH	Apols	✓	Apols	✓
Susan Kafka	Senior Clinical Pharmacist for Paediatric Onc/Haem	RMCH	Apols	✓	✓	Apols
Dr Vanessa Holme	Consultant Paediatrician			✓	✓	✓
Sarah Murphy					✓	✓
Philip Rice (joined Feb 2015)	Patient Representative					✓

9. Appendix 2 – Pathway Board Annual Plan 2015/16

Children's Cancer Pathway Board Annual Plan 2015-16

Pathway Clinical Director:	Bernadette Brennan
Pathway Board Members:	
Pathway Manager:	Melissa Wright
Date agreed by Pathway Board:	June 2015
Review date:	June 2016

Summary of objectives

No	Objective	Alignment with Provider Board objectives
1	To improve patient access to the Primary Treatment Centre	**Improving outcomes with a focus on survival**
2	To identify shortcomings in patient experience	**Improving patient experience**
3	To enhance recruitment of patients into clinical trials	**Increasing research and innovative practice**
4	To review the performance across the children's pathway	**Delivering high quality, compliant, coordinated equitable services**

Objective 1: Improve patient access to the Primary Treatment Centre

Objective:	To ensure that there is a co-ordinated appropriate approach to diagnosis and treatment with children with cancer
Rationale:	To ensure that appropriate referral routes are used to increase the timely access of new cancer patients to the PTC.
By (date):	On-going
Board measure(s):	2WW data, local audit data
Risks to success:	Conversion rate data will need to be provided individually by each Trust and therefore it will be important to develop relationships with Cancer Managers across GM and the wider North West region.
Support required:	

Work programme

Action	Resp.	By (date)
To regularly review patients referred via the 2 week wait and conversion rates in Greater Manchester	MW	Every quarter
Develop links with Cancer Managers within POSCU Trusts to access conversion rates	MW	Every quarter
Audit patient pathway from first symptoms to diagnosis	BB	June 2016

Objective 2: To identify shortcomings in patient experience

Objective:	To improve patients experience of care in line with local and national initiatives
Rationale:	There is no national patient experience survey for children and as such it is important that the views of parents, carers and children are regularly sought to ensure that the specific requirements of their care is reflected in the delivery of service
By (date):	A survey will be undertaken by June 2016 and this will continue to be an annual activity
Board measure(s):	Patient experience surveys
Risks to success:	Lack of patient/parent engagement
Support required:	Manchester Cancer will need to ensure that processes to assess and support the understanding of patient experience reflect e needs of children and their carers'

Work programme

Action	Resp.	By (date)
To work with the Pathway Board and Manchester Cancer User Involvement Team to develop patient experience survey	PB/User Involvement Team	January 2016
To work with POSCU's in the implementation and collation of the patient experience survey	MW/BB	March 2016
Undertake patient experience survey and disseminate outcomes	BB	April 2016
Continue participation in the Improving Quality programme	BB	On-going

Objective 3: To enhance the recruitment of patients into clinical trials

Objective:	To enter the majority of children with cancer into clinical trials where available.
Rationale:	All patients should be offered the opportunity to participate in a clinical trial and efforts should be made to support patients and parents through the process of decision making.
By (date):	On-going
Board measure(s):	Trial activity data
Risks to success:	The risk to this objective will be lack of availability of appropriate trials. This will be mitigated by the research lead working with the Clinical Research Network to understand when trials will be available.
Support required:	The Clinical Research Network to provide data on upcoming trials and trial activity

Work programme

Action	Resp.	By (date)
Regular presentation of clinical trial data to Pathway Board	MW	On-going
Research lead to highlight forthcoming trials	GM	On-going
Monitor the numbers and reasons for parents declining a clinical trial	PB	On-going
To promote links with new agent group and Pharma	PB	July 2016

Objective 4: To review the performance across the children's pathway

Objective:	To undertake mapping across the children's pathway from first symptoms to diagnosis
Rationale:	This objective will support understanding of any issues related to access and develop a process to improve access across referral routes and within elements of the pathway
By (date):	July 2016
Board measure(s):	Local audit data
Risks to success:	This objective will rely on audits being undertaken and this will need to be co-ordinated within the PTC.
Support required:	

Work programme

Action	Resp.	By (date)
Review length of stay of newly diagnosed leukaemia patients and report to Pathway Board	PB	September 2015
Review low risk febrile admissions and report to Pathway Board	PB	September 2015
Audit time to diagnostic procedure/Hickman line and type of operative list and report to Pathway Board	PB	July 2016
To review the administration of chemotherapy to improve the patient experience	PB	July 2016

Appendix: Manchester Cancer Provider Board objectives

1. Improving outcomes, with a focus on survival

We aim to:

- have a cancer survival rate for all cancers one year after diagnosis that is consistently higher than the England average for patients diagnosed beyond 2012
- have a one-year survival rate higher than 75% for patients diagnosed in 2018
- narrow the gap with Sweden's one-year survival rate from 12% (now) to 6% for patients diagnosed in 2020
- approach Sweden's one-year survival rate by 2025, and
- have greater than 70% of cancer patients diagnosed in 2020 survive at least five years

2. Improving patient experience

We aim to:

- improve year-on-year the patient experience across the region (as measured by the National Cancer Patient Experience Survey), and
- have the best performance in core patient experience questions of any major city area in England by 2015

3. Increasing research and innovative practice

We aim to:

- increase the proportion of patients involved in clinical trials from 30% to more than 40% by 2019

4. Delivering high quality, compliant, coordinated and equitable services

We aim to:

- support our specialist commissioning colleagues to deliver compliance in the four historically non-compliant specialist cancer surgery services (oesophago-gastric, hepato-pancreato-biliary, gynaecology and urology) by December 2015, and
- maintain regional compliance with the national cancer 62-day waiting time target