

A group of healthcare professionals, including doctors and nurses, are seated around a table in a meeting room. They are engaged in a discussion, with one man in a suit and stethoscope gesturing with his hand. The room has large windows and a modern interior.

Manchester Cancer

Manchester Cancer Provider Board

Third annual report

2015-16

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## **1** A welcome from the Independent Chair and Medical Director

This is our third annual report. We hope you enjoy reading about our progress in Greater Manchester in the fight against cancer.

As an integrated system called *Manchester Cancer* we bring together patients, commissioners, healthcare providers, NHS England and the voluntary sector to coordinate cancer care across our population of 3 million. We do this mainly through our twenty clinically-led networks for cancer care. To date most of the emphasis has been on optimising hospital care.

We can report significant successes in the last year. For example, we have seen continuing progress in improved survival: over the last fifteen years we have moved from 55% of cancer patients surviving a year or more to our current figure of 70%. We now have 49% of our patients surviving beyond five years from diagnosis, which in the vast majority of cases means that there will not be any recurrence of the disease. This means that approaching 3,000 more people a year are alive and 'disease-free' after cancer treatment in Greater Manchester compared to 15 years ago.

We have also focussed on testing new innovations. In a ground breaking city-wide relationship with Macmillan we have tested and evaluated 13 projects designed to improve life after cancer treatment. As a city we are developing and testing many other initiatives, including improved and more rapid diagnostic clinics, and we are about to launch a new plan for urology and oesophago-gastric cancer surgery.

One of our biggest successes has been our *people affected by cancer* programme. We now have 100 trained patients and carers who are integrated into our system to help give the service user's voice to the redesign and monitoring of our cancer services. This is unique to Greater Manchester and we intend to strengthen this further.

Moving forward, there have been three significant developments in this last year which are providing the impetus for us to take cancer care to the next level: the devolution of health and social care in Greater Manchester, the publication and NHS endorsement of the national five-year cancer strategy, and the successful Greater Manchester designation as part of the national cancer vanguard.

These have all contributed to us rethinking our approach to cancer care. These positive developments have encouraged us to change our emphasis towards a single system, whole-pathway approach.

While we will continue to improve hospital care, we now want our top priorities to also include prevention and earlier detection of cancer, alongside new forms of personalised follow up. We will also work to reduce variations in care due to where people live by making the projects and decisions in cancer care within Greater Manchester more joined up and coordinated.

From September 2016 we will put into place a new cancer system for Greater Manchester, where all elements of cancer care are brought together into a single forum. We will invite patients, public health and hospital doctors, GPs and other clinicians together with NHS managers, scientists, charities and teachers to work together.

For the first time in our conurbation we will be able to bring all stakeholders together so that we can understand and make effective

decisions that affect all patients. We will, for example, be able to link our £150 million cancer research economy with patient care, and bring more opportunities for research and innovation.

By Christmas 2016 we will also have a Greater Manchester cancer plan. This plan will describe what will be delivered for our population. When we implement it people will see a step change in survival and patient experience.

We have set challenging goals and by working in a refreshed integrated system, with our energy aligned with partners, we hope to continue to make great strides in transforming cancer care. Thank you for reading about our continuing journey.



*Sir Neil McKay*

Sir Neil McKay  
Chair of the Provider Board



*David Shackley*

Mr David Shackley  
Medical Director

## 2 The Manchester Cancer Provider Board

### Manchester Cancer

Manchester Cancer has been a ground-breaking partnership formed from the need to improve Greater Manchester's performance in the fight against cancer.

Manchester Cancer provides a clinical network that allows doctors, nurses and other health professionals to come together across Greater Manchester and East Cheshire. Our aim is to secure world-class outcomes for the cancer patients and populations that we serve.

### The Manchester Cancer Provider Board

Manchester Cancer is overseen by a group called the Provider Board. This group is made up of the Chief Executive Officers of all 10 NHS hospital trusts in Greater Manchester and East Cheshire (see box).

The Provider Board has an Independent Chair, Sir Neil McKay, and has patient and cancer commissioning representation.

#### Greater Manchester and East Cheshire's ten hospital trusts

- Bolton NHS Foundation Trust
- Central Manchester University Hospitals NHS Foundation Trust
- East Cheshire NHS Trust
- Pennine Acute NHS Trust
- Salford Royal NHS Foundation Trust
- Stockport NHS Foundation Trust
- Tameside Hospital NHS Foundation Trust
- The Christie NHS Foundation Trust
- University Hospital of South Manchester NHS Foundation Trust
- Wroughtington, Wigan and Leigh NHS Foundation Trust

The Manchester Cancer Provider Board and its support structures have been in place since 2013/14. Its work has been funded by equal contributions by all ten members.

### The Future

The work of the Manchester Cancer Provider Board, and other endeavours like it, has been acknowledged nationally in the

recommendation of the national cancer strategy, *Achieving world-class cancer outcomes*, that every area should form a *cancer alliance*.

In July 2015 The Christie, on behalf of the rest of the region, expressed an interest in Greater Manchester becoming a cancer vanguard as part of NHS England's new care models programme.

Greater Manchester's successful designation as part of the national cancer vanguard was announced in September 2015. The region's recent history of partnership working and clinical leadership through the Manchester Cancer Provider Board and its infrastructure played a key role in this.

The Manchester Cancer team have been key partners in the development of the clinical vision of the vanguard programme. One of the main aims of the vanguard work is to test a new model of cancer care – the accountable clinical network for cancer – with radically changed leadership and financial arrangements.

In 2016 the Manchester Cancer Provider Board, and colleagues on the Greater Manchester Cancer Commissioning Board, agreed that Greater Manchester should take the next step in the evolutionary path towards this ultimate aim and form a single system board for cancer.

This single board will include representation from across the cancer pathway and system. It will include commissioners, providers, people affected by cancer and clinicians. It will have representation from primary care, public health, community care, hospitals, cancer research and education.

The single system board will sit within the arrangements that have been made for Greater Manchester to take control of its devolved health and social care budget since April 2016.

The system board will pick up the responsibility to oversee and support the networks of clinicians, informed by people affected by cancer, which have been developed under the Manchester Cancer Pathway Boards. These groups will need to be reviewed and strengthened but their work will continue.

This is therefore the third and final annual report of the Manchester Cancer Provider Board. It covers the period from April 2015 to July 2016 in the expectation that the new system board will begin to meet in September 2016.

### Provider Board objectives

The vision of the Manchester Cancer Provider Board has been for all cancer patients in Greater Manchester and East Cheshire to have world-class outcomes from, and experience of, their cancer care.

To achieve this vision the Provider Board has worked towards a small number of unambiguous core objectives. This vision and these objectives will be picked up and further developed by the new single system board for cancer from September.

### Objective one Improving survival

We aim to:

- ▶ have a one-year pooled cancer survival rate consistently higher than the England mean for patients diagnosed beyond 2012
- ▶ have a one-year pooled survival rate higher than 75% for patients diagnosed in 2018
- ▶ narrow the gap with Sweden's one-year pooled survival rate from 12% (the difference in January 2014) to 6% for patients diagnosed in 2020
- ▶ approach Sweden's one-year pooled survival rate by 2025, and
- ▶ have greater than 70% of cancer patients diagnosed in 2020 survive at least five years

### Objective two 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 conurbation in England

### Objective three

#### **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

### Objective four

#### **Delivering high quality, compliant, coordinated and equitable services**

We aim to:

- ▶ support specialist commissioners to deliver compliance in the remaining two of the original four historically non-compliant specialist cancer services (oesophago-gastric, hepato-pancreato-biliary, gynaecology and urology) with full clinical roll out of the agreed models, and
- ▶ maintain regional compliance with the national cancer 62-day waiting time target

### This report

In the following chapters, the Manchester Cancer Provider Board's work towards each objective is set out in more detail along with the region's current performance against the each aim.

The work towards these objectives has been underpinned by clinical leadership. The Provider Board's work to support and develop this is outlined in chapter 7.

### 3 Objective one: Improving outcomes, with a focus on survival

#### Summary of progress

- ✓ **One-year survival** continues to increase in Manchester Cancer, reaching nearly 70% in the latest data – every year, around 150 more cancer patients are alive one year after their diagnosis
- ✓ We have worked with partners to have proposals for **multi-disciplinary diagnostic centres** for patients with vague symptoms successfully designated as part of the second wave of the ACE programme
- ✓ Our **Pathway Boards** continue to support GP colleagues, through education events and the creation of a new system-wide referral process for suspected cancers
- ✓ We now have **GP representation** on 50% of our Pathway Boards
- ✓ We have worked with The Christie to successfully pilot data collection through its **clinical web portal** in a lung cancer sector MDT

#### Our aims

- A one-year pooled cancer survival rate consistently higher than the England mean for patients diagnosed beyond 2012
- A one-year pooled survival rate higher than 75% for patients diagnosed in 2018
- Narrow the gap with Sweden's one-year pooled survival rate from 12% (the difference in January 2014) to 6% for patients diagnosed in 2020
- Approach Sweden's one-year pooled survival rate by 2025, and
- Greater than 70% of cancer patients diagnosed in 2020 survive at least five years

#### What we have done

Our work to improve outcomes takes place in three main areas: achieving earlier diagnosis, improving pathways of care, and measuring outcomes.

#### Achieving earlier diagnosis

The greatest potential for improving cancer outcomes is in achieving diagnosis at an early stage in the progression of the disease.

No one body or agency can solve the problem of late diagnosis, so the Provider Board and its Pathway Boards have worked with partners to try to make an impact where possible. In the future, the single system board for cancer with representation from commissioning, primary care and public health will be better placed to take this agenda forward.

In the last year, the Manchester Cancer team has worked with partners from across the cancer system in Greater Manchester to secure funding from the second wave of NHS England's Accelerate, Coordinate, Evaluate (ACE) programme. This funding will allow Greater Manchester to test an exciting new approach to investigating patients with unclear symptoms suggestive of cancer (see box).

## The Greater Manchester ACE 2 Collaborative

The Greater Manchester ACE 2 Collaborative (GMAC) involves:

- ▶ The development of a clinically agreed pathway for patients with non-specific but concerning symptoms.
- ▶ The piloting of a physician-led Multidisciplinary Diagnostic Clinic on two sites: University Hospital South Manchester and Pennine Acute.
- ▶ The provision of individualised health risks assessment and appropriate personalised behavioural change interventions, including health promotion advice.

It is planned that the first phase in the pilot will commence at UHSM in September 2016 with the Pennine (Oldham) element commencing in October. The pilot will go formally live from January 2017 and will be evaluated in collaboration with Manchester Academic Health Science Centre (MAHSC).

In addition to this, meeting the challenge of early diagnosis also forms a large part of the vanguard programme in Greater Manchester.

Through the vanguard, Greater Manchester will test a new way of rapidly investigating patients with suspected cancer. Two units will be launched with the diagnostic capacity to confirm or exclude the presence of a broad range of cancers within seven days for most patients.

The vast majority of those referred 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 an individualised intelligent discharge plan, providing patients and GPs with reassurance. Working together as a whole system is now allowing us to combine the GMAC project with this closely-related vanguard diagnostics work.

In addition to the creation of radical new pathways, Manchester Cancer Pathway Directors and their Pathway Boards have supported GP leaders locally in the full revision of the existing referral pathways in the light of the 2015 NICE guidance for suspected cancer referral.

The work has been led by Dr Sarah Taylor and the GP cancer leads in each of Greater Manchester's clinical commissioning groups, supported by the local commissioning support unit.

New and improved Greater Manchester-wide referral forms have been designed and are currently being uploaded onto GP systems across the region. Review of the new forms will take place during the first quarter of 2017/18.

Pathway Boards also undertake other activities to contribute towards the earlier diagnosis effort. As an example, the Manchester Cancer Urology Pathway Board worked with industry partners to hold a successful GP learning event on 18<sup>th</sup> June at the AJ Bell Stadium in Salford.



*The urology cancer GP learning event*

The learning event was attended by 40 GPs and other colleagues who heard talks on various aspects of urological cancer diagnosis and care before discussing as a group the different sorts of scenarios that can present themselves in general practice.

### **Improving pathways of care**

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The greatest impact on survival outcomes will be achieved through earlier diagnosis of cancer. Improving the pathways of care that we deliver for cancer patients once they are identified will also make a significant contribution.

Manchester Cancer Pathway Boards have worked to ensure that all patients experience the best pathway possible. The detail of the work of the Provider Board, its Pathway Boards and its partners on improving pathways of care for cancer patients in Greater Manchester is set out later in chapter 6.

### **Measuring outcomes**

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Clinicians need reliable and timely information on the outcomes achieved by their services in order to inform change and improvement.

The Manchester Cancer Provider Board has worked with The Christie to pilot the potential for its *clinical web portal* (CWP) to be used across all cancer multidisciplinary teams in the region (see box).

There is clear potential for a system like the CWP to contribute to real improvements in cancer information and improvements to pathways across the region. A proposal for a way forward will be put to the new single system board for cancer to consider.

In the meantime, the Manchester Cancer team is working with the vanguard programme in its aim to improve the quality of cancer intelligence available across the system.

This work includes the commissioning of detailed system-level and pathway-specific scorecards from our national vanguard partners in London. This will mean that, through the vanguard programme, we will be able to deliver regular high-quality clinical information to our Pathway Boards.

### **Piloting the clinical web portal (CWP) in lung cancer**

A pilot was launched in July 2015 to test the system in the context of the lung cancer multidisciplinary team (MDT) that spans the hospitals in the north west of the region.

The pilot was successful, showing that collecting standardised data within a complex MDT meeting was possible and made a broad range of information easily available to clinical teams.

Data from the pilot demonstrated clear variation in pathway performance across the north west sector, with one trust failing to consistently meet two of the Lung Pathway Board's Quality Standards. The open presentation of this data has led this trust to implement changes to enable these standards to be met.

The pilot also showed that the implementation of a system like the clinical web portal in a regional MDT meeting was time consuming and complex. It also highlighted the problems caused by the fact that the CWP had not been designed for use outside of The Christie.

## Where we are now

The Office for National Statistics releases annual data on cancer survival across England. In 2015/16 the ONS released the one-year survival statistics for patients diagnosed in 2013. In so doing it also released revised figures for the patients diagnosed in previous years.

In Manchester Cancer this revision meant that one-year survival rates from our recent history were revised significantly downwards.

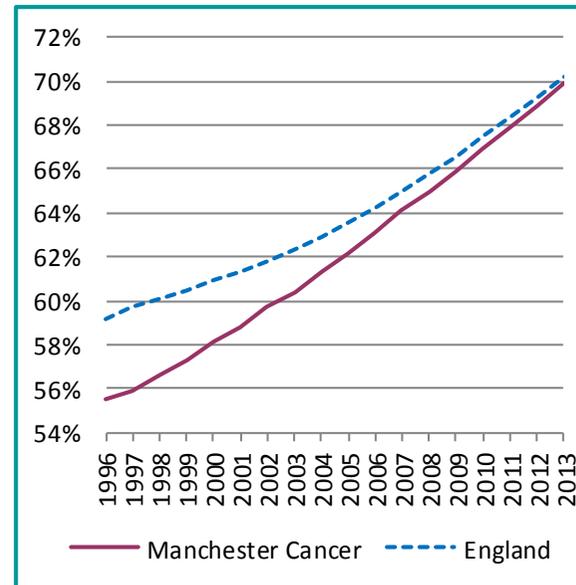
As an example, data released **last** year gave the one-year survival rate for patients diagnosed in 2012 in Manchester Cancer as 69.9%. Data released **this** year revised the 2012 figure to 68.9%. Revisions to the figures in other conurbations and for England as a whole also took place, but they were less pronounced.

This means that, while Manchester Cancer continues to narrow the gap in one-year survival with the England average, we are yet to surpass the performance of the nation as a whole (figure 1).

The reported Manchester Cancer one-year survival rate for all cancers for patients diagnosed in 2013 was 69.9% compared to 70.2% in England. For London the figure was

70.9%, in Birmingham and the Black Country 68.6% and in West Yorkshire 70%.

Figure 1: one-year pooled cancer survival by calendar year of diagnosis, 1996-2013



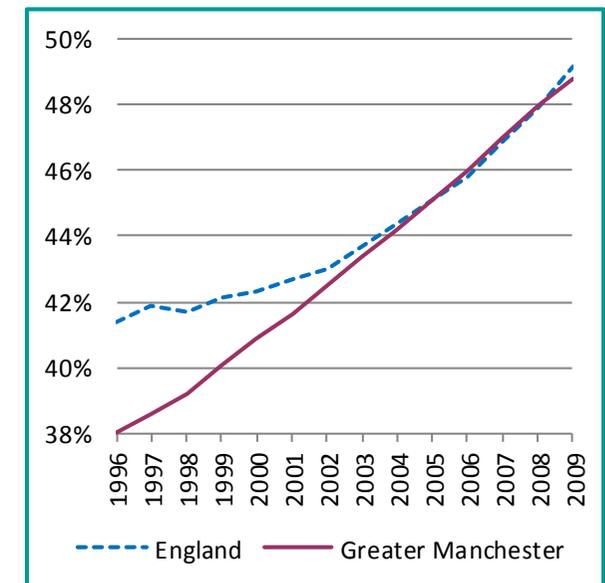
Despite continuing to compare well nationally, Manchester Cancer's one-year survival rate for all cancers continues to lag behind Sweden, which continues to report a figure 10 percentage points higher.

When it comes to five-year survival, figures are not available at Manchester Cancer level. Greater Manchester data (i.e. excluding East Cheshire) must therefore be used as a proxy (figure 2).

Data released for patients diagnosed in 2009 show that the region continues to:

- Match the England average (48.9% in Greater Manchester against 49.0% for England as a whole), and
- Exceed other areas (48.4% in London and 47.6% in Birmingham).

Figure 2: five-year pooled cancer survival by calendar year of diagnosis, 1996-2009



## 4 Objective two: Improving patient experience

### Summary of progress

- ✓ Greater Manchester's cancer patients continue to report **excellent patient experience** – in the latest national data (released July 2016), Manchester Cancer was the best of comparable conurbations across England
- ✓ We have extended our innovative **user involvement partnership** with Macmillan, the financial value of which now totals nearly £500,000
- ✓ Our user involvement team has recruited and trained over **100 people affected by cancer** to get involved in all aspects of our work
- ✓ We are supporting a number of pathway-specific **patient experience surveys** with the aim of learning how best to do these in future
- ✓ Through another partnership with Macmillan (worth over £300,000) we have supported 13 successful living with and beyond cancer **innovation projects**

### Our aims

- 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 conurbation in England

### What we have done

Our work to improve the experience that patients have of their cancer care falls in three main areas: involving people affected by cancer, understanding patient experience, and improving care for those living with and beyond cancer.

#### Involving people affected by cancer

Manchester Cancer's Macmillan-funded user involvement team began in post over the course of the summer of 2015.

Since beginning work the team has had a number of significant successes:

- An additional person affected by cancer has been recruited to the Manchester

## Manchester Cancer

Cancer Provider Board through a co-designed selection process using a panel of people affected by cancer

- One hundred people affected by cancer have been recruited to become involved in Manchester Cancer's work, at a variety of levels according to a co-designed menu of opportunities
- Sixteen out of 19 Manchester Cancer Pathway Boards now have at least one person affected by cancer sitting on them
- A new Steering Group has been formed, comprising of people affected by cancer
- A user involvement learning and development programme for both people affected by cancer and cancer professionals has been co-produced.

In 2016 the partnership agreement between Manchester Cancer and Macmillan was extended until 31<sup>st</sup> March 2017. The financial value of this user involvement partnership now totals nearly £500,000 over two years.

The aims for the next phase of work are:

- To have two people affected by cancer on all Pathway Boards
- To develop *small communities* of people affected by cancer for at least five Pathway Boards to ensure that representatives on boards reflect the views of other people affected by cancer
- For all Pathway Clinical Directors to attend co-designed user involvement awareness session
- To continue with the recruitment campaign
- To produce ten real-life case studies on the benefits of user involvement and co-production.

### The Macmillan User Involvement Team in numbers

**£500,000...** Total financial value of the partnership to-date

**100...** People affected by cancer recruited since the team began

**20...** People affected by cancer on the newly-formed steering group

**16...** Pathway Boards now with at least one person affected by cancer

**2...** People affected by cancer on the Manchester Cancer Provider Board

## WE ARE MACMILLAN. CANCER SUPPORT

The Manchester Cancer/Macmillan User Involvement Team now also forms the user involvement function of the Greater Manchester part of the cancer vanguard.

### Understanding patient experience

It is important for Manchester Cancer Pathway Boards to have access to high quality and comparable information on the experience of their patients. The National Cancer Patient Experience Survey has not run annually in recent years. It also has some significant limitations when it does run.

The following Pathway Boards have therefore decided to run their own system-wide patient experience surveys:

- Haemato-oncology
- Hepato-pancreato-biliary, and
- Lung.

Each of these Pathway Boards has designed their survey in a slightly different way. All of

them include the ability for patients to complete the survey online.

Running patient experience surveys online has limitations but, as we cannot currently support expensive and labour-intensive paper-based exercises, online surveying provides the only answer for the system-wide assessment of patient experience.

The Manchester Cancer team has supported each of these three surveys in the short term so that, taken together, they will allow us to assess the best way of directing patients online.

In August and September 2016 we will support the analysis of the responses to these surveys and issue guidance to all Pathway Boards on the best ways to drive online response.

In the meantime, the Manchester Cancer team will analyse and present the pathway-specific results of the 2015 national survey (released July 2016) to Pathway Boards to inform their 2016/17 plans.

Ultimately we expect that Greater Manchester's cancer patient experience information needs will be met by the work of the cancer intelligence part of the vanguard.

Through the vanguard there are plans to introduce a system, I Want Great Care, to vastly improve the breadth and quality of the information that we collect on the experience of cancer patients in Greater Manchester.

### **Improving care for those living with and beyond cancer**

There are two million people living with or beyond cancer in the UK. This figure is set to rise to 3.4 million by 2030. The Living With and Beyond Cancer Board leads Manchester Cancer's efforts to improve the experience and care of those living with and beyond a cancer diagnosis in Greater Manchester and East Cheshire.

The Living With and Beyond Cancer Board reports that, since it began in 2014, there has been a significant shift in the understanding and awareness across Manchester Cancer of the issues faced by people at and beyond completion of treatment.

There is increasing implementation of elements of the recovery package in the region's trusts but there remains more work to do. To support this work the Living With and Beyond Cancer Board last year developed and circulated a guide to health and wellbeing activities.

To encourage innovation in this area the Manchester Cancer Provider Board worked with Macmillan in 2015/16 to develop a Macmillan Living With and Beyond Cancer Innovation Fund. The fund was designed to give Pathway Boards the opportunity to develop and test innovative ideas that will improve the outcomes and experience of those who are living with and beyond cancer.

The innovation fund supported 13 projects to a combined value of over £300,000 (see box overleaf). Six of the 13 have now completed and presented their work at the first innovation fund outcome event in June 2016 (see box overleaf for an example). A further seven projects will present their findings at a second event in October.



*The first Innovation Fund Outcomes Event*

All of the innovation fund projects have produced detailed reports of their work. Manchester Cancer and Macmillan will bring these together in a single overarching report that will allow us to share the learning of the project teams nationally and also help Macmillan teams to replicate similar programmes in the future.

### Macmillan innovation fund-supported projects

- Assessment of the needs of those living with and beyond brain tumours culminating in a health and wellbeing event
- Training on the care of those living with and beyond brain metastases (from any primary tumour)
- Secondary breast cancer health and wellbeing events at The Christie for patients from across the region (see box)
- Colorectal nurses group, health and wellbeing events, and dedicated project management
- Multidisciplinary education event on awareness and management of consequences of treatment for pelvic cancers
- Health and wellbeing events for head and neck cancer patients in central Manchester
- Risk stratification of allied health professional input for head and neck patients
- Sarcoma pilot of a personalised and supported self-management regimen for living with cancer
- A three-month self-management walking programme
- A wellness programme for lung cancer patients at Tameside Hospital
- Referral of oesophago-gastric cancer patients to a structured exercise plan pre- and post-operatively
- Identification and management of patients at risk of cardiac events and osteoporosis following hormone treatment for prostate cancer
- A multidisciplinary community-based uro-oncology survivorship clinic

Improving services for people living with and beyond cancer is also a key aim of the cancer vanguard in Greater Manchester. The Manchester Cancer Clinical Director for Living With and Beyond Cancer, Dr Wendy Makin, is also the vanguard lead for this area of work.

Dr Makin is working with the relevant Manchester Cancer Pathway Boards to make new models of aftercare available to breast, prostate and colorectal patients. She will also be working with the joint Manchester Cancer and Strategic Clinical Network Palliative and End of Life Care Board on proposals for seven-day palliative care services.

### Living with secondary breast cancer

Claire Gaskell, Macmillan Secondary Breast Cancer Nurse Specialist at The Christie, was awarded £20,700 from the innovation fund to design and run three health and wellbeing events for women living with secondary (metastatic) breast cancer.

This large patient group is living with the physical and psychological burden of active disease and there are no guidelines on how best to support them. In consultation with a patient focus group the team adapted the health and wellbeing event model for primary cancers to the wide-ranging needs of secondary breast cancer patients.

The events are thought to be the first of their kind in the UK and were open to patients and carers across Manchester Cancer. Ninety-nine people attended across the three events and their feedback was extremely positive.

Since completing their innovation fund project the team has secured funding for a two-year research project, which will include four additional health and wellbeing events.

## Where we are now

Patients continue to report a good experience of their cancer care in Greater Manchester. In the 2015 National Cancer Patient Survey, the Manchester Cancer patients surveyed gave their overall care an average rating of 8.76, very marginally above the England average of 8.7.

At a trust level, performance on this question of the survey ranges from 8.57 for Tameside Hospital patients to 8.97 for those at Salford Royal (see figure 3).

At a conurbation level, Manchester Cancer was above the national average in 9 of the 10 key questions of the 2015 national survey (see figure 4). The other conurbations to which we compare ourselves only achieved the same for between 1 and 3 questions.

Manchester Cancer has the highest aggregated average score for overall care at 8.76 and is the best performing of the six conurbations measured for 7 of the 10 questions (and second for the remaining 3).

Figure 3: average score for overall care, by Manchester Cancer trust, National Cancer Patient Experience Survey 2015

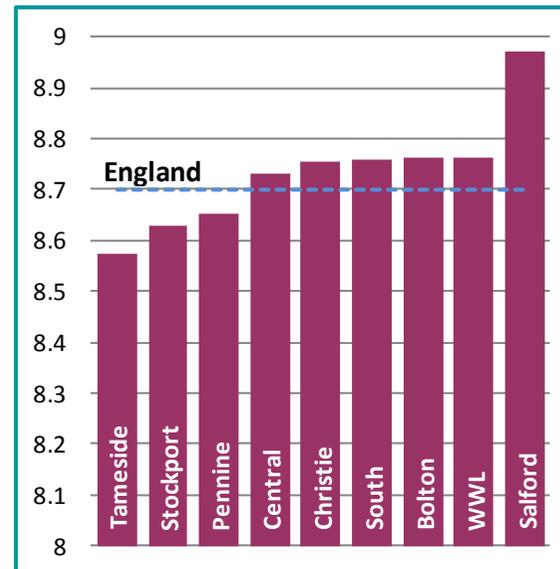


Figure 4: comparison of aggregated Manchester Cancer scores in 10 key questions against other English conurbations, National Cancer Patient Experience Survey, 2015 (data released July 2016).

Question		England	Manchester Cancer	Birmingham	NE London	NW London	S London	W Yorkshire	MC position
Q9	How do you feel about the way you were told you had cancer?	84.3%	<b>85.5%</b>	83.7%	81.6%	84.0%	83.0%	83.9%	1st
Q16	Were you involved as much as you wanted to be in decisions about your care and treatment?	77.6%	<b>79.0%</b>	76.1%	74.7%	75.2%	76.8%	<b>78.3%</b>	1st
Q17	Were you given the name of a Clinical Nurse Specialist who would support you through your treatment?	89.9%	<b>91.2%</b>	87.8%	90.6%	90.7%	90.8%	89.0%	1st
Q18	How easy or difficult has it been for you to contact your Clinical Nurse Specilaist?	86.6%	<b>87.8%</b>	87.6%	82.6%	84.8%	83.9%	85.1%	1st
Q20	Did hospital staff give you information about support or self-help groups for people with cancer?	83.0%	<b>84.5%</b>	82.3%	80.3%	<b>84.4%</b>	81.4%	<b>84.8%</b>	2nd
Q37	Overall, did you feel you were treated with respect and dignity while you were in hospital?	87.5%	<b>89.5%</b>	85.9%	84.4%	85.3%	<b>87.9%</b>	86.4%	1st
Q39	Did the hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	93.7%	<b>94.6%</b>	94.2%	90.7%	91.4%	93.6%	<b>95.3%</b>	2nd
Q53	Do you think the GPs and nurses at your general practice did everything they could to support you while you were having cancer treatment?	62.6%	<b>61.6%</b>	57.4%	57.5%	59.6%	58.5%	61.9%	2nd
Q54	Did the different people treating and caring for you (such as GP, hospital doctors, hospital nurses, specialist nurses, community nurses) work well together to give you the best possible care?	60.7%	<b>61.2%</b>	58.5%	54.3%	56.0%	55.5%	60.5%	1st
Q59	Overall, how would you rate your care?	8.70	<b>8.76</b>	8.65	8.49	<b>8.71</b>	8.62	8.69	1st

Blue = greater than or equal to national average

## 5 Objective three: Increasing research and innovative practice

### Summary of progress

- ✓ Nearly **one in every four** cancer patients in Manchester Cancer takes part in a clinical trial
- ✓ Our Pathway Boards regularly review **up-to-date trial data** from the NIHR and a number report good levels of recruitment
- ✓ Our Pathway Boards continue to take **action to increase trial recruitment**, such as research study days and high profile
- ✓ Manchester Cancer continues to be an environment where **clinically-led innovation** can flourish

### Our aim

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

### What we have done

Research and innovation are vital to improving cancer services for our patients. Research is another area where it has been essential for the Manchester Cancer Provider Board to work in partnership with others to make a positive contribution.

#### Our research partners

- The Manchester Academic Health Science Centre (MAHSC)
- The National Institute for Health Research Clinical Research Network: Greater Manchester (NIHR CRN)
- The Manchester Cancer Research Centre (MCRC)

Many of Greater Manchester's cancer patients already have the opportunity to be involved in clinical trials. In order to increase the number of patients who have this opportunity it is important that clinicians across the region know about the trials and studies that are available to their patients.

We work with the NIHR CRN team locally to make sure that all Pathway Boards get regular reports on the trials that are open and how the recruitment of patients is going. All Pathway Boards have a nominated Research Lead whose role it is to understand and present this information. Boards then use this data to take action to increase trial recruitment.

Many Pathway Boards, such as the Breast and Gynaecology Pathway Boards, reported good trial recruitment in their 2015/16 annual reports to the Provider Board.

Some Manchester Cancer Pathway Boards have worked with partners to hold large and inclusive research-focused events featuring speakers of national and international standing with the aim of stimulating research and innovation.

- In April 2016, the Colorectal Pathway Board held a Colorectal Research Update session at University Hospital South Manchester.

- ▶ Also in April, the Hepato-pancreato-biliary Pathway Board worked with Central Manchester University Hospitals to hold a Manchester Pancreatic Cancer Symposium at Manchester Town Hall.



*The Pancreas Cancer Symposium*

While the Provider Board has sought to contribute to increased involvement clinical trials, the region's substantial cancer research infrastructure also clearly has an important role to play. The formation of a single system board for cancer with representation from cancer research bodies will allow a more integrated approach to be taken. Steps have been taken to explore how the clinical community can integrate more closely with basic, translational and clinical science colleagues with plans to be put into place in 2016/17.

Innovation is not just about new treatments and academic studies. It is also about fostering an environment that encourages and allows new ideas in clinical practice to

develop and grow. The work of the Pathway Boards demonstrates that the Manchester Cancer Provider Board has built an environment where clinically-led innovation can flourish. Chapter 6 outlines some of the exciting ideas that are being pursued by Pathway Boards seeking to develop services of the highest quality.

### Where we are now

The latest data from the National Institute for Health Research (NIHR) show that nearly 3,000 cancer patients took part in an NIHR study in Greater Manchester in 2015/16. Greater Manchester fell just short of the national standards both for recruitment to interventional trials (6.9% against a target of 7.5%) and for recruitment to all trials (18.3% against a target of 20%).

When the recruitment to the non-NIHR trials taking place at The Christie in 2015/16 is taken into account this brings the total proportion of cancer patients involved in trials up to nearly one in four (23.7%). This is an increase on last year but still a long way off the Provider Board's target for 2019 of 40%.

If recruitment to all cancer trials is considered (i.e. including the recruitment of people who are not cancer patients to cancer-related trials) then Greater Manchester is the sixth best performing region out of 15 in England (figure 6).

Figure 5: Greater Manchester Clinical Research Network recruitment to cancer trials, % of patients

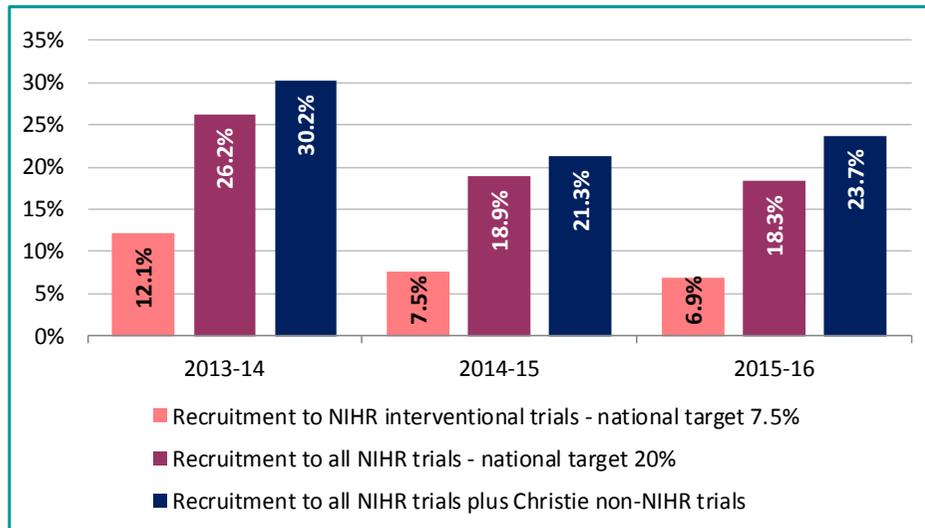
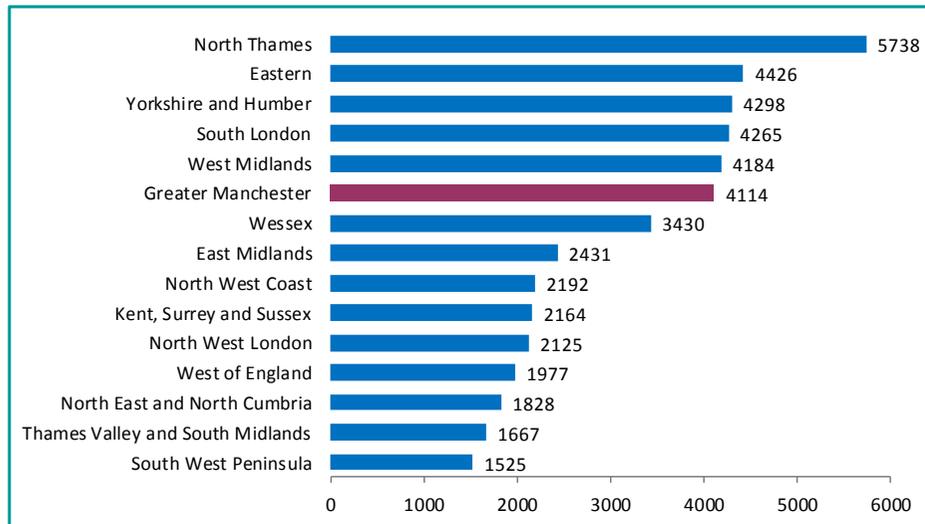


Figure 6: Overall cancer recruitment by NIHR Clinical Research Network, 2015/16



## 6

## Objective four:

## Delivering high quality, compliant, coordinated and equitable services

## Summary of progress

- ✓ The Provider Board and its Pathway Boards have played a key role in the ongoing process to **transform specialist surgical services** for urology and oesophago-gastric cancers - a conclusion is expected before the end of 2016
- ✓ Our Pathway Boards continue to maintain **high quality services** for cancer patients in Greater Manchester and lead changes to them where necessary
- ✓ **Working as a system**, Greater Manchester continues to comply with 62-day target while performance across England as a whole falls

## Our aims

- Support specialist commissioners to deliver compliance in the remaining two of the original four historically non-compliant specialist cancer services (oesophago-gastric, hepato-pancreato-biliary, gynaecology and

urology) with full clinical roll out of the agreed models, and

- Maintain regional compliance with the national cancer 62-day waiting time target

## What we have done

Our work towards this objective in 2015/16 has been in three main areas: supporting commissioner-led change, driving clinical change, and meeting cancer waiting times.

## Supporting commissioner-led change

Through 2015/16 and beyond the Manchester Cancer Provider Board and its relevant Pathway Boards have continued to support the latest attempt of the region's specialised commissioners to develop a transformation process that will deliver urology and oesophago-gastric services that are compliant with NICE guidance.

The key role of the Pathway Boards in this has been the recommendation to commissioners of clinical quality standards, over and above those expected nationally,

that any future service should be expected to meet.

A decision on the future of urology and oesophago-gastric cancer surgery is expected by the end of 2016. The Pathway Boards will then have an important role in implementing the new model.

Other Manchester Cancer Pathway Boards continue to seek to support commissioner-led change in other areas where there are longstanding issues. The Breast and Acute Oncology Pathway Boards have both developed specifications and quality standards but progress towards their agreement has been difficult without a clear commissioning process.

Change in these areas, and possibly others like head and neck cancer surgery, will need to be part of a transformation process under the leadership of the new system board once the urology and oesophago-gastric process is concluded.

## Driving clinical change

Commissioner-led change is complex and can therefore be a time-consuming process. As well as supporting and influencing the work of commissioners, the Manchester Cancer Provider Board has encouraged its Pathway Boards to undertake change in the areas over which they have a higher degree of influence or direct control.

In 2015/16 there have been numerous examples of Pathway Clinical Directors and their Pathway Boards taking this opportunity (see boxes).

Pathway boards also continue to review and build on the major changes that they have made in previous years. For example:

- In 2015/16 the Oesophago-gastric Pathway Board conducted an audit of performance against the single standardised pathway that it agreed in 2014/15.
- In 2015/16 the four sector multidisciplinary teams, formed through the agreement of the Lung Pathway Board in 2014/15, all took part in further quality improvement events.

The Colorectal Pathway Board has worked with Public Health England and the NHS Bowel Cancer Screening Programme on a project to **re-engage with people who have had a positive bowel screening result** but have not taken up the invitation for further investigation. The project is part of the NHS England Accelerate, Coordinate and Evaluate (ACE) programme. Through the project, letters were sent to the GPs of patients who had disengaged from the screening programme. As a result, 12.9% of people re-engaged and in some instances abnormal outcomes were found in those patients.

The Hepato-pancreato-biliary Pathway Board has worked in partnership with Macmillan to pilot a **prehabilitation programme** of nutritional, exercise and psychological assessment and support at the surgical centre at Manchester Royal Infirmary. The programme ensures that all patients receive optimisation from a physiotherapist, dietician and clinical nurse specialist before surgery. The aim is to improve the patient's mental and physical fitness for surgery, thereby reducing post-operative complications and improving survival.

The Lung Pathway Board is working towards the implementation of a **single optimal pathway** for lung cancer patients. A model is being tested first in the north west sector multidisciplinary team with the ambition for 50% of patients to be diagnosed within 14 days and 95% to be diagnosed in 28 days. This marks a significant shift in service delivery for lung cancer patients and will be a pivotal new model of care which if successfully delivered, will have impact on patient experience, outcomes and the hope to reduce variation.

The Skin Pathway Board is working in partnership with Macmillan to establish the level of care currently available to patients diagnosed with **Gorlin syndrome** across the region. These complex patients can have marked variation in care, with some attending a combined clinic in Manchester (the only one in the country) and others experiencing widely spread care. A Macmillan-funded project manager will compare the existing models of care and gain patient views on how good their care is. Through this work a model for future service delivery will be developed.

In addition to this, all Pathway Boards continue to work towards improved and standardised services through the production of updated system-wide guidelines and protocols, and through system-wide education events.

For example:

- In March 2016 the Lung Pathway Board held the latest of its annual education and engagement events for over 80 people at a hotel near Manchester Airport.
- In June 2016 the Gynaecology Pathway Board held a broad-ranging education event at The Christie with input from primary care, the voluntary sector and gynaecological cancer specialists.

The cancer vanguard programme in Greater Manchester will build on the experience that Manchester Cancer Pathway Boards have in setting guidelines and quality standards in its clinical standards work stream.

The aim of the project is to build on the 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. Initially this will be tested in colorectal

cancer and the Colorectal Pathway Board will have a key role to play in this vanguard project's success.

### Meeting cancer waiting times

All of Greater Manchester's hospitals work together to make sure that cancer patients are treated as quickly as possible. Longstanding policies and protocols are in place to allow Greater Manchester to take a whole system approach to cancer waiting times.

The process is led by the Greater Manchester Directors of Operations Group. Data on cancer waiting times have also been presented regularly to the Manchester Cancer Provider Board to allow it to oversee performance.

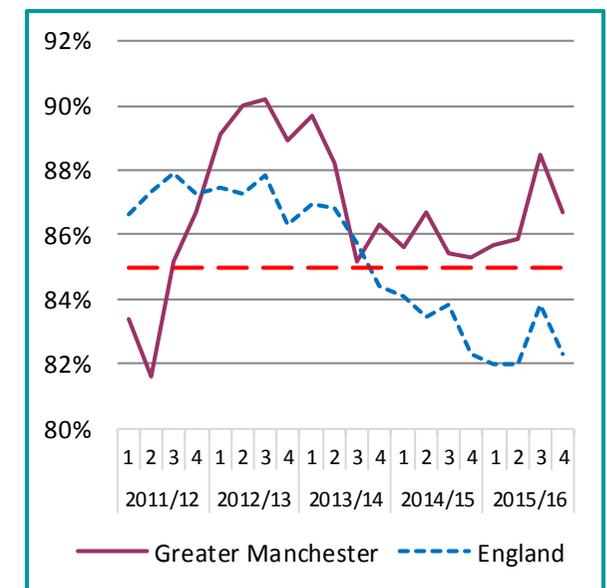
The cancer intelligence work as part of the cancer vanguard programme will ensure that, in future, similar pathway-specific performance data is regularly presented to Pathway Boards to inform pathway improvement efforts.

### Where we are now

A decision on the future of urology and oesophago-gastric cancer surgery is expected by the end of 2016.

With regard to cancer waiting times, Greater Manchester continues to comply with the national waiting time standard of 62 days between referral and beginning of treatment. The region has been compliant since third quarter of 2011/12 following concerted work of trusts and cancer network at that time. This ongoing compliance of Manchester Cancer's hospitals is all the more impressive set against backdrop of falling performance nationally (figure 7).

Figure 7: Greater Manchester 62-day cancer waiting time performance compared with England as a whole, 2011/12 to 2015/16



## 7 Building and supporting clinical leadership

### Summary of progress

- ✓ Our Pathway Boards have each submitted **full annual reports and plans** for the next year, linked to the likely domains of the forthcoming cancer plan for Greater Manchester
- ✓ Feedback shows that Pathway Board members are happy with the **effectiveness of Pathway Clinical Directors**: the average rating given to Directors was 8.26 out of 10
- ✓ The detail of this feedback exercise will form part of a full series of **Pathway Clinical Director appraisals** in the autumn
- ✓ We have a **new-look website** attracting over 2,000 hits a month and an ever-growing Twitter presence, with 500 followers

Strong clinical leadership has been vital to the ambitions of the Manchester Cancer Provider Board. Clinical leadership has underpinned everything that we do. In the future clinical leadership in cancer will continue to be fostered and supported by the new single system board for cancer.

### Pathway Clinical Directors and Pathway Boards

We have 20 Pathway Clinical Directors whose role it is to lead the development of services in a tumour-specific pathway or cross-cutting area. Each Director has dedicated time to fulfil the role, with funding split between the Provider Board and the Director's employing trust. 2015/16 saw some Pathway Director vacancies filled and we again have a full complement of clinical leaders.

### Manchester Cancer Clinical Directors

- Acute oncology – Dr Claire Mitchell, The Christie
- Brain and central nervous system – Dr Catherine McBain, The Christie
- Breast – Mr Mohammed Absar, Pennine Acute
- Children's – Dr Bernadette Brennan, Central Manchester
- Colorectal – Mrs Sarah Duff, South Manchester
- Gynaecology – Dr Lisa Barraclough, The Christie
- Haematological oncology – Dr Mike Dennis, The Christie
- Head and neck – Miss Susannah Penney, Central Manchester
- Hepato-pancreato-biliary – Mr Derek O'Reilly, Central Manchester
- Living with and beyond cancer – Dr Wendy Makin, The Christie
- Lung – Dr Neil Bayman, The Christie
- Oesophago-gastric – Mr Jonathan Vickers, Salford Royal
- Palliative care – Carole Mula, The Christie
- Prevention, awareness and early diagnosis – Dr Ram Sundar, Wrightington, Wigan and Leigh
- Radiotherapy – Dr Susan Davidson, The Christie
- Sarcoma – Dr James Wylie, The Christie
- Skin – Dr John Lear, Central Manchester
- Systemic therapies – Dr Andrew Wardley, The Christie
- Teenage and young adult – Dr Michael Leahy, The Christie
- Urology – Mr Satish Maddineni, Salford Royal

Pathway Clinical Directors bring together their clinical colleagues in regional clinical groups called Pathway Boards. These Pathway Clinical Directors and their Pathway Boards are the focus for cancer clinical leadership across Greater Manchester.

Each summer Pathway Boards develop an annual report of the year just completed and an annual plan for the coming year (available at [www.manchestercancer.org](http://www.manchestercancer.org)). In addition, a Pathway Clinical Director is invited to present their progress and challenges to each meeting of the Provider Board.

## Supporting clinical leadership

### Core team

The Manchester Cancer Provider Board funds a small core team that provides managerial advice and support to the Medical Director and Pathway Clinical Directors.

The core team continues to provide written briefings on key themes to Pathway Clinical Directors and their Pathway Boards. This allows Pathway Clinical Directors to dedicate more time at their quarterly Pathway Director Forums to discussion and sharing learning.

### Performance review

In March 2016 a short survey was sent to all members of Manchester Cancer Pathway Boards to gather data to inform the Medical Director's annual appraisal of each Pathway Clinical Director.

Respondents were asked to rate the effectiveness of Pathway Directors in: setting clear aims, coordinating activity and ensuring progress. In all, 79 Pathway Board members responded and the average score across all Pathway Clinical Directors was 8.26 out of 10.

A full round of face-to-face annual appraisals will take place between Pathway Clinical Directors and the Medical Director in the autumn of 2016 prior to the end of many of the Clinical Directors' original terms of office in December.

### Website and Twitter

Manchester Cancer has had a website since May 2014. A refreshed and new-look website was launched in May 2016.

All Pathway Board plans and reports continue to be posted to the website as are all guidelines as they are updated. The site also has the capacity to host films through

links to Manchester Cancer's YouTube channel and is used to publicise events.



The traffic flowing through the site has been measured since November 2014. At that stage it was receiving just 500 visits per month. Traffic has risen steadily and the new site now regularly receives over 2,000 hits a month, peaking at 2,500 in April 2016.

Manchester Cancer also uses Twitter to share information and promote its work and events. The target audience is mainly those with an existing interest in the Manchester Cancer project rather than the general public.

Nevertheless, the number of followers has doubled from 240 in September 2015 (when the last annual report was published) to 480 in July 2016.

# Manchester Cancer

September 2016

Web		<a href="http://manchestercancer.org">manchestercancer.org</a>
Twitter		<a href="https://twitter.com/GM_Cancer">@GM_Cancer</a>
Email		<a href="mailto:manchester.cancer@nhs.net">manchester.cancer@nhs.net</a>
Phone		0161 918 2087

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