



West Yorkshire and Harrogate
Cancer Alliance



NHS70


Wrapping The System Around The Patient

System Leaders For Cancer


The WYH Team Today

- Professor Sean Duffy, Programme Clinical Director and Cancer Alliance Lead
 - Carol Ferguson, Macmillan Programme Director, Cancer Alliance
 - Fiona Stephenson, Macmillan Head of Quality and Optimal Pathways, Cancer Alliance
 - Angharad Truelove, Project Manager:Early Diagnosis, Cancer Alliance
 - Dr Sarah Forbes, Associate Medical Director, Leeds Clinical Commissioning Group
 - Dr Helena Rolfe, Clinical Lead for Cancer, Airedale, Wharfedale and Craven Clinical Commissioning Group
 - Dr Rob Turner, Consultant Clinical Oncologist, St James' Institute for Oncology
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National Ambitions, Local Delivery

- Achieving World Class Cancer Outcomes:
“Establish a new model for integrated Cancer Alliances at sub-regional level as owners of local metrics and the main vehicles for local service improvement and accountability in cancer”
 - Cancer Alliances bring together partners across all elements of the patient’s journey
 - Evolving as system leaders for cancer
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Focus of the Alliance

- System leaders for cancer
 - Vehicle for accessing national funding
 - Transformation and delivery at scale and pace
 - Whole pathway focus
 - Supporting frontline staff to deliver improvements and influencing evidence-based commissioning decisions
 - Sharing best practice
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System Leadership and Mutual Accountability

- Primacy of place
 - Single HCP facilitates commitment to cancer ambitions
 - Alliance as model for new ways of working – common purpose, mutual accountability
 - Currency = outcomes and experience
 - Tap into philosophy of healthy neighbourhoods and communities
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West Yorkshire and Harrogate Health and Care Partnership

9 x Clinical Commissioning Groups


8 x Local Authorities

6 x acute Trusts


13 x care providers




Introducing West Yorkshire and Harrogate

- Six local places have:
 - Current and historical variation – socio economic, resourcing, outcomes, priority given to cancer
 - Stand-alone, culture of difference between places but...
 - Long history of collaboration in cancer
 - Non confrontational leadership style
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Introducing West Yorkshire and Harrogate

- Higher incidence and mortality from cancer compared to the England average, with lung cancer the most common
 - Significant variations between best and worst
 - Some of the highest levels of deprivation and lifestyle risks associated with the development of cancer
 - A heterogeneous population with 17 per cent of residents from black and ethnic minority communities
 - One-year survival rates below those of the England average (69.7% compared to 70.2%)
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Introducing West Yorkshire and Harrogate

- Cancers diagnosed at curative stage (1 and 2) currently 39%
 - High emergency presentation in pancreas, UGI and ovarian cancer (55-60%)
 - Estimated that if best local rates in England were achieved for lung/colorectal cancer alone in WYH, additional 156 people would survive at least one year
 - Screening uptake is poor:
 - Nine of the 11 Clinical Commissioning Groups have lower than national average uptake for breast cancer screening, four of the 11 for colorectal cancer screening
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West Yorks/Harrogate Health and Care Partnership

Nine priority programmes

Six enabling workstreams

National priorities

-  Cancer services
-  Urgent and emergency care
-  Mental health
-  Maternity
-  Primary and community care

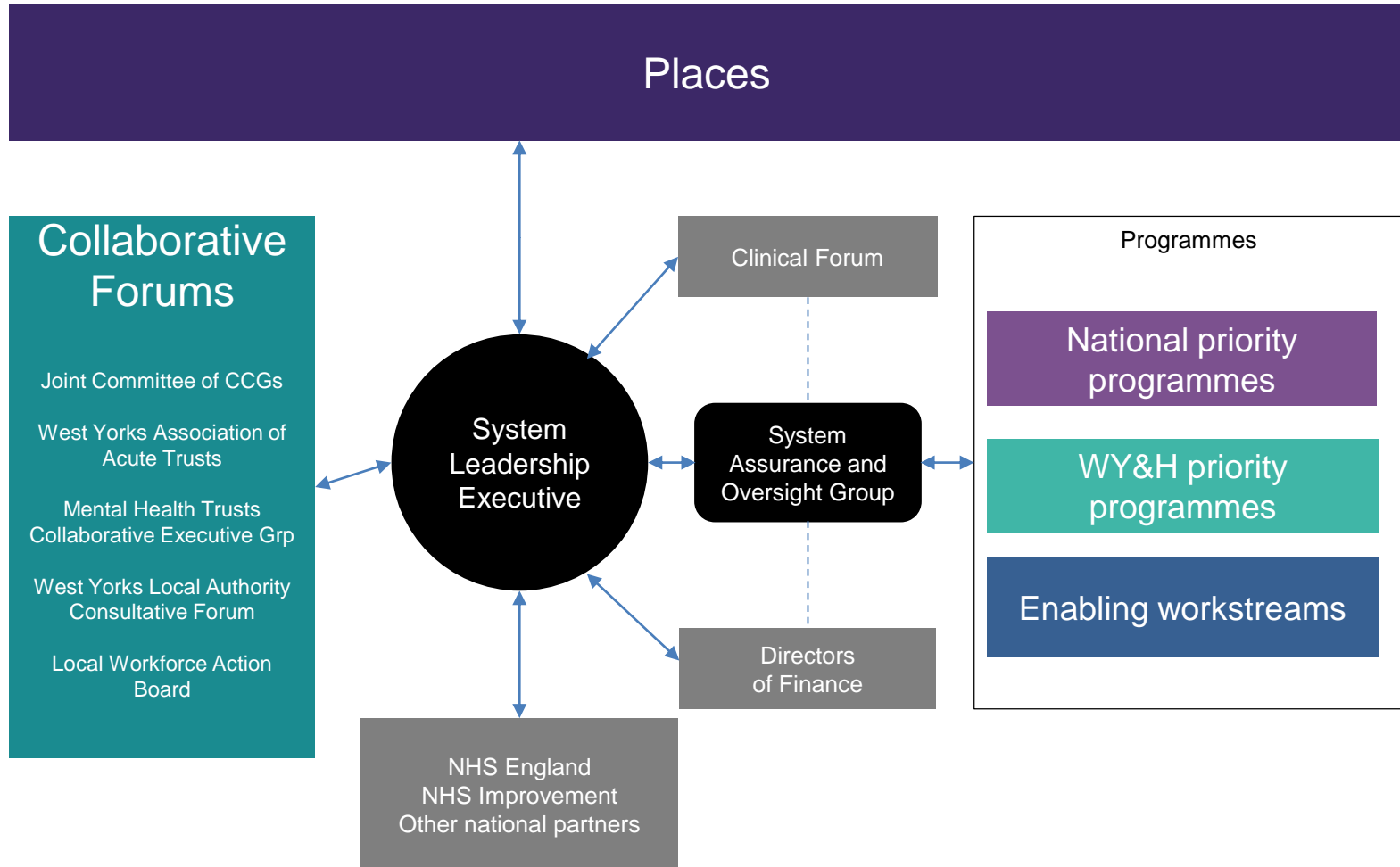
West Yorkshire and Harrogate priorities

-  Stroke care
-  Preventing ill health
-  Improving planned care and reducing variation
-  Hospitals working together

Enablers

-  Best practice and innovation
-  Workforce
-  Digital ways of working
-  Harnessing the power of communities
-  Capital and estates
-  Business intelligence

Partnership governance



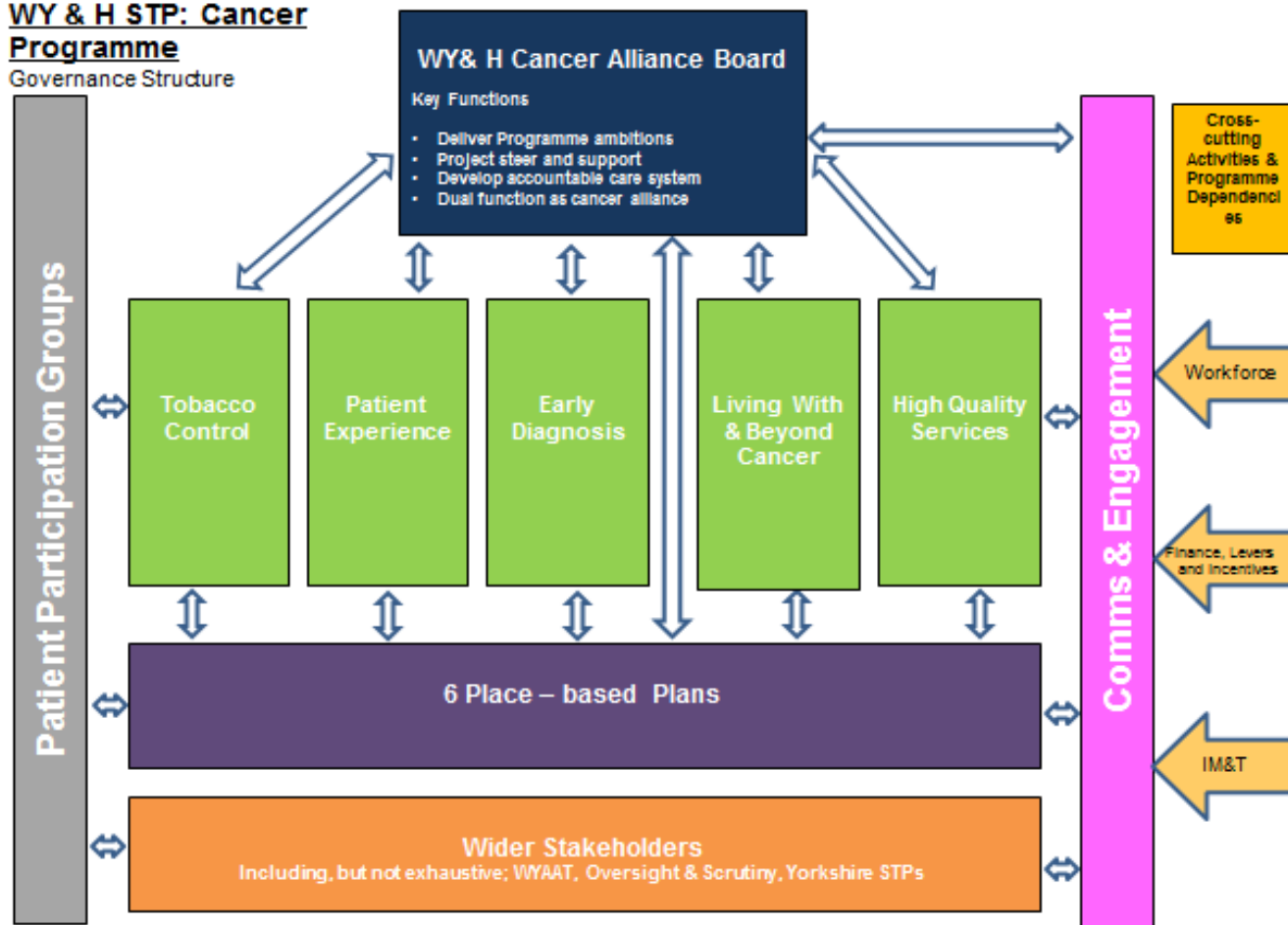
Benefits Of Belonging : Health and Care Partnership

- Access to joint decision making forums
- Removes the 'cancer bubble' eg Oversight Group, co-location with HCP
- Ready access to specialist input and enabling workstreams such as:
workforce, digital, primary and community, carers, networks eg Yorkshire Imaging Collaborative

Local structures

WY & H STP: Cancer Programme

Governance Structure



Nb reconstituted Cancer Alliance Board to reflect model of common purpose and mutual accountability




West Yorkshire and Harrogate Cancer Alliance


Work Programmes




Living With and Beyond Cancer

- Drive implementation of coordinated, holistic and personalised support from point of diagnosis (Cancer Recovery Package)
 - Ensure follow-up pathways are efficient and value for money without compromising patient care
 - Develop a model of person-centred support that builds on current services and investment and is delivered wherever possible in the communities where people live
 - Identify support needs of patients with a palliative diagnosis but not at the end of life
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High Quality Services

- Invest in consistent modern and high quality services
 - Consistent approach to MDT working, modernisation and streamlining
 - Ensure cancer care and support not purely based on single condition or organisational boundaries (eg digital pathology and radiology)
 - Updating clinical guidelines and pathways
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Patient Experience

- Ensure that the experience of each individual patient is taken as seriously as the outcomes of their clinical care and treatment
 - Listen to those affected by cancer, wrap services around them
 - Maximise use of IT enablers to support
 - Roll-out of Breast Cancer Now service pledge
 - Establishment of community/patient panel
 - Development of patient experience metric
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Early Diagnosis

- **Early access:** ensure consistent, timely, planned routes for investigation and diagnosis, inc. managing **vague and concerning** symptoms
 - **Tackling lung cancer:** targeting populations at greatest risk through community engagement, lung health checks & low dose CT
 - **Delivering optimal pathways:** lung, prostate, colorectal and upper GI – head and neck, gynaecology and HPB
 - Networking **diagnostics** for efficient use, right test first time, sharing capacity and workforce
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ACE MDT Pilots in Leeds and Airedale:

Dr Rob Turner

Dr Sarah Forbes

Dr Helena Rolfe

WY&H Cancer Alliance MDC Project Role

- Regional Community of Practice established to support networking and sharing of best practice across localities.
 - Working with local and national stakeholders to understand and quantify the benefits of the MDC approach, in order to make a robust economic case for a service that commissioners will want to buy.
 - Identifying whether there are any individual elements of successful models that can, or should, be universally applied.
 - Ensuring that public, political and fellow healthcare professional expectations of the model are realistic.
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WY&H Vague Symptoms Projects

Airedale, Wharfedale & Craven

Running since January 2017, the MDC at Airedale NHS FT has received approx. 350 referrals of patients with vague but concerning symptoms, with approximately 8.5% of these ultimately being diagnosed with cancer.

The project is now entering its third phase; ACE3. This will expand the MDC philosophy into other areas with the aim of improving time to diagnosis, reducing cancellations and DNAs, maximising use of diagnostic slots and improving the experience for both patients and staff.

From the 1st of October, ACE3 will see all UGI patients referred through on a 2WW pathway triaged at the point of the referral being received in order to ensure subsequent diagnostic tests are tailored and appropriate for that patient.

Bradford

Launched in July 2018, Bradford's vague symptoms service has received 70 referrals so far. The service runs a nurse led clinic twice a week, with a holistic nursing assessment and holds a Multi-Disciplinary Team meeting once a week in order to discuss results and form a care plan for the patients.

On average, patients have received their first appointment within 11 days and a diagnosis within 22 days of their GP referral. So far 2 patients have been diagnosed with a form of cancer.

Calderdale & Huddersfield (South Kirklees)

The Vague Symptoms Service started on Monday 17th September 2018 and is coordinated by the Macmillan Lead Acute Oncology & Cancer of the Unknown Primary Nurse Specialist with support from a senior care coordinator. Medically, the service is supported by the acute medicine consultant team with input from relevant specialities when needed.

The service was opened to two of the localities largest GP surgeries in the first instance in order to test the systems and processes. An incremental roll out plan will see it in GP surgeries across both CCGs by the beginning of November 2018.

Harrogate

Project Working Group has been established with a draft pathway under development. Clinical and financial models are being finalised. The current ambition is to launch early 2019/20.

Leeds

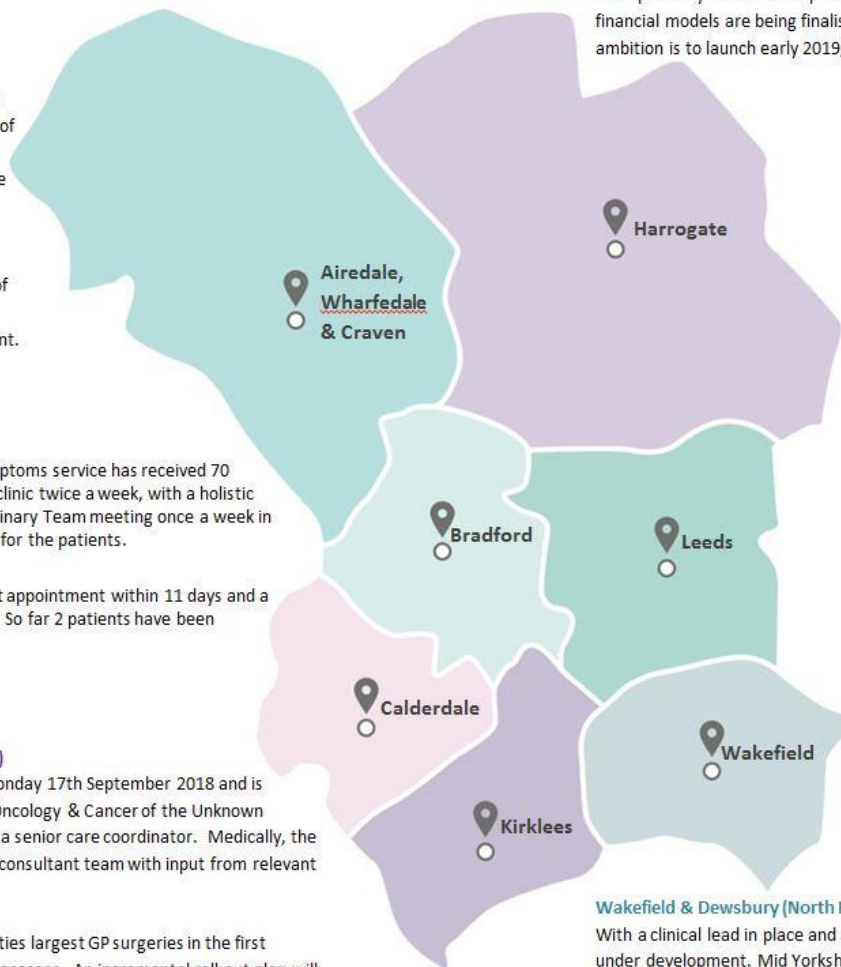
One of the original National Pilot sites, the Leeds ACE MDC pathway is now accessible to all 101 GP practices across Leeds. Cancer detection rates are approximately 6% of the patients referred, higher than many of the 2 week wait cancer pathways, along with picking up other significant non-cancer conditions.

The model is centred on a comprehensive virtual (patient not present) evaluation of patients by the MDC (Multi-Disciplinary Collaborative). The MDC review each case using the results of GP requested ACE stipulated blood tests, a chest x-ray and the outcome/s of a comprehensive nursing assessment. This nursing assessment is the most critical element of the model as it provides both the time and environment for a detailed discussion with the patient regarding the origin and context of their symptoms.

The project team are exploring the potential to develop a primary care led MDC model with the option to refer into a secondary care ACE pathway for specialist opinion where required along with investigating the possibility of rolling-out the ACE methodology to other appropriate cancer pathways.

Wakefield & Dewsbury (North Kirklees)

With a clinical lead in place and a referral pro-forma under development, Mid Yorkshire Hospitals are hoping to begin roll out of their vague symptoms pathway this month.





- Lunch and Informal Discussion
- Qs and As
- Time for Reflection
- Summary of Actions



Thank you for
joining us today

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