

Greater Manchester **Cancer**

Achieving world-class
cancer outcomes:

Taking charge

in Greater Manchester

2017-2021

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This is a summary of our five-year plan to tackle cancer, save lives and give everyone better opportunities, wherever they are in Greater Manchester, to get the right help when they most need it and begin treatment early.

We need to do things differently and be more effective. The plan looks at new ways of running cancer services, finding and using information, working together and developing effective treatment.

Lots of people – including hospitals, local councils, GPs, charities and cancer patients – have been involved in developing our cancer plan. We also asked what people affected by cancer thought about it. We want to be sure it meets everyone’s needs.



Let’s keep improving

Our plan sets out what we’re already doing well and how to build on that. For instance, we meet national targets for the time it takes from being referred to starting treatment – but we want to speed up diagnosis even more.

People with cancer are already surviving longer. And we’re in a good position to keep changing things for the better. Our hospitals, clinical commissioning groups (CCGs) and the bodies that commission (buy) cancer-related specialist, public health and screening services locally have already joined forces against cancer.

And devolution gives us an extra advantage – it makes it easier to offer consistent care in every part of Greater Manchester.

What we need to do

Our vision is simple. We want our cancer services to give people the best chance of avoiding or surviving cancer. These services must be sustainable, value for money and the best they can be for everyone, right across Greater Manchester.

We have to overcome some big challenges. More adults smoke in Greater Manchester than in other parts of England. Fewer people here than elsewhere attend screening for breast, cervical and bowel cancers so we’re missing opportunities to spot problems early on. We want to stop people dying prematurely from cancer when this could be avoided by catching them earlier and giving them the right care.

We’ve identified eight areas to focus on. Together they’ll make a difference – sometimes very quickly and in other cases over the next five years and beyond.



1 Reducing the risk of cancer

We can help you make changes to your lifestyle that will reduce the risk of cancer, from birth to old age.

Voluntary and community groups and members of the public can help us lead change. We're growing a network of 20,000 'cancer champions', who'll help spread important messages about preventing cancer and getting diagnosed as early as possible, and offer the right support locally.

Living healthily

Our plans include giving people who've been affected by cancer tailored advice on a healthy lifestyle.

We want to use the latest evidence, including local knowledge, to create campaigns that motivate good lifestyle decisions. And by September 2017 we'll have an online tool for you to work out your individual risk of getting cancer so you can make the right choices.

Smoking is the biggest single cause of ill health and early death in Greater Manchester. At the moment one in five adults here smokes – that's 423,000 people. We want to help at

least 150,000 of them quit by 2020, including women who smoke during pregnancy, and reduce the number of young smokers. We'll have detailed plans of how to do this by April 2017.

Protection against cancer

Human papilloma virus (HPV) infection is a major cause of cervical and other cancers. Girls are offered immunisation against HPV at school. We want to:

- encourage more girls to have the HPV vaccine
- expand HPV immunisation to boys and to men who have sex with men, so they don't catch and spread infection, if this approach is adopted nationally

There are drugs that may prevent cancer. We're going to:

- develop our own process to judge how well they work as quickly as possible
- make sure the most effective drugs are available on prescription wherever you live in Greater Manchester.



2 Diagnosing cancer earlier



You stand a better chance of surviving cancer if it's spotted early on. By 2020 we aim to have 62% of patients diagnosed when their cancer is localised (at stage 1 or 2) – at the moment only 49% of people are diagnosed at this stage.

We want to bring down the number of cancer patients who only get diagnosed when they're admitted to hospital as an emergency, because this shows that we're not always catching people early enough.

We want you to get checked if you're at risk

Screening helps detect different types of cancer.

Bowel screening can spot cancers at an early stage, and small growths in the bowel that could turn into cancer, so these can be removed. The traditional test, which looks for blood in your stools, is usually offered to people over 60. But only half of them take up this offer. We hope to increase that to three-quarters by 2020, especially as there's a simpler, more reliable test now available. Another new form of bowel screening is being introduced for people aged 55 and we will roll this out as quickly as possible.

We want 52,500 more women to have had cervical screening (a 'smear test') by 2021. From 2017/18 this test will also check for the human papilloma virus (HPV). We aim to increase the number of women having breast screening too.

Macmillan Cancer Support and the three Manchester CCGs are trying out a new service that offers people at particular risk of lung disease a lung health check and CT scan. If the pilot goes well, we'll make the service available right across Greater Manchester.

But we also want to understand why people don't get screened, especially in some parts of Greater Manchester more than others. We're going to:

- carry out trials based on behavioural theory to find out why this is
- develop new ways of inviting people for screening
- find the right approach to target different communities (hopefully with local people's help)
- use the Be Clear on Cancer campaign to make everyone aware of the early signs of cancer
- run our own multimedia campaign in 2017 to encourage bowel cancer screening
- learn from all these activities so future campaigns are as good as they can be.

We want you to see a specialist quickly

The first step to get a diagnosis is for your GP to refer you to specialist care.

By 2020 more than nine in 10 patients will know whether they have cancer or not for sure within 28 days of their doctor referring them to a specialist.

We've designed a new process to make it easier for GPs to refer people with suspected cancer for tests and share all of the necessary information with the hospital and the patient. We will:

- review how well this is working (by June 2017)
- extend it to people like dentists and optometrists (opticians) so that they can

send anyone they're worried about for checks in the same way.

We're also going to look at the different ways local GPs refer their suspected cancer patients so we can encourage consistent good practice.

We want to give you a speedy diagnosis

Wherever you live in Greater Manchester, we don't want you to have to wait long for a cancer diagnosis and treatment.

We're trying new ways to tell if you've got cancer or not as soon as possible.

- A clinic being piloted in Oldham and South Manchester from March 2017 will bring together different types of health professional to assess you if your GP is worried about you having cancer but your symptoms aren't clear enough for them to refer you to a particular specialist.
- These 'rapid cancer investigation units' should be able to tell you within a week whether you've got cancer. If you do, you'll be sent to see a specialist. If you don't, you'll get advice on what to do next and how to reduce the risk of cancer in future.
- By June 2017 we plan to launch a pilot scheme to test whether allowing people to refer themselves for cancer tests, based on an individual 'risk score', can help reduce delays to diagnosis.
- Bolton is a test site for a project to give patients a definite cancer diagnosis, or all clear, within 28 days of a GP referral. This should also help us understand and sort out what's holding up diagnosis of bowel, stomach and oesophagus (gullet) cancers in Greater Manchester.

We want things to move quickly if you're referred to hospital with suspected cancer. A new Greater Manchester cancer patient

access charter, clearly setting out who's responsible for what, should help stop delays caused by poor communication.

We'll help diagnostic services become more efficient, and:

- improve access to radiology and cellular pathology services, which examine X-rays and similar images and tissue samples
- use digital platforms and virtual networks to share information and images more quickly and easily.

We're also developing ways to speed up diagnosis of particular types of cancer. These include:

- a service to do specialist tests for cancers in the blood and lymph system, like leukaemia (in place by January 2018)
- one stop jaundice clinics in every local hospital to check for cancer and fast-track referral for surgery (ready by January 2018)
- a standard approach to using the latest imaging techniques to check for prostate cancer, reducing the need for a biopsy to remove tissue samples as well (agreed by January 2018)
- one-stop clinics to check unexplained vaginal bleeding in all Greater Manchester hospitals (up and running by August 2018)
- a faster 'straight-to-test' approach for patients with suspected bowel cancer (being used by October 2017)
- a pilot of a more streamlined process to diagnose cancer of the stomach or oesophagus so patients don't need so many hospital visits (ready by January 2018)
- one-stop 'triple assessment' clinics so anyone referred with suspected breast cancer can have a physical examination, mammogram/ultrasound and biopsy at the same time (in place from September 2017).

3 Better cancer care for everyone



Once you've been diagnosed, you should have the best care available. Our plan includes specific improvements to certain types of cancer treatment and how we work.

- The UK's first high-energy proton beam therapy centre will open in Greater Manchester by 2018. This form of therapy doesn't affect body tissue like conventional radiotherapy often does, so it's safe to give patients higher doses and overall there's less risk of long-term side effects.
- We're going to open a single, specialist centre for surgery on cancer in the stomach or oesophagus. And we've got something similar in mind for bladder, kidney and prostate cancer, breast cancer and bowel cancer.

- We'll set up 'multi-disciplinary' teams of health professionals from different hospitals to look at all cases of bowel cancer, bringing a mix of knowledge and skills together to decide the best course of treatment.
- Multi-disciplinary teams generally will become more streamlined and efficient, so they can respond quicker and still have time to consider complex cases properly.

Consistently good services

A big part of our plan is making sure all our 'pathways' work as well as possible – these set out all the steps a patient goes through, and the services they use, from when their GP first suspects they've got cancer. Everything needs to join up seamlessly.





Pathways are how we check people are getting the right standard of care, wherever they're being treated, and that we're meeting targets to get everyone started on treatment as soon as possible.

There are specific pathways for different types and stages of cancer and treatment decisions.

- We want to identify 'priority pathways' based on which tumours have the biggest impact on the patient and their chance of recovery. For instance, faster treatment of lung, liver, pancreas, gallbladder and bile duct cancers makes a massive difference.
- We plan to strengthen the 'pathway boards' – groups of health professionals who check that each service in a pathway meets our standards. This will help make care consistent across Greater Manchester.
- We're developing even higher standards for services to reach, starting with bowel cancer.

More care close to home

People shouldn't have to go to hospital if they don't need to. So we'll make more cancer treatments like chemotherapy available in local communities.

We're developing a clear strategy on this so:

- every patient benefits, wherever they are
- services are both good and safe
- people can still take part in clinical trials if they choose.

It will free up space at The Christie, our specialist cancer centre, for the most complex cases.

Preparation for surgery

We want to keep risks down when cancer patients have an operation and prepare them better for surgery.

Our first 'prehabilitation' scheme – for people with liver, pancreatic and bile duct cancer – should be in place by April 2017. It means patients will have physical, psychological and nutritional support to help them cope with major surgery. We'll start extending this to other forms of cancer later in the year.

4

Improving your quality of life with and after cancer



We want you to have the right support to live as well as possible while you have cancer and after your treatment has finished. By March 2019 we'll make sure each patient gets their own Recovery Package. This is a mix of services that:

- meet your individual needs
- help plan your care
- give you information and advice on your overall health and wellbeing
- enable you to look after yourself better and 'self-manage' after your cancer treatment.

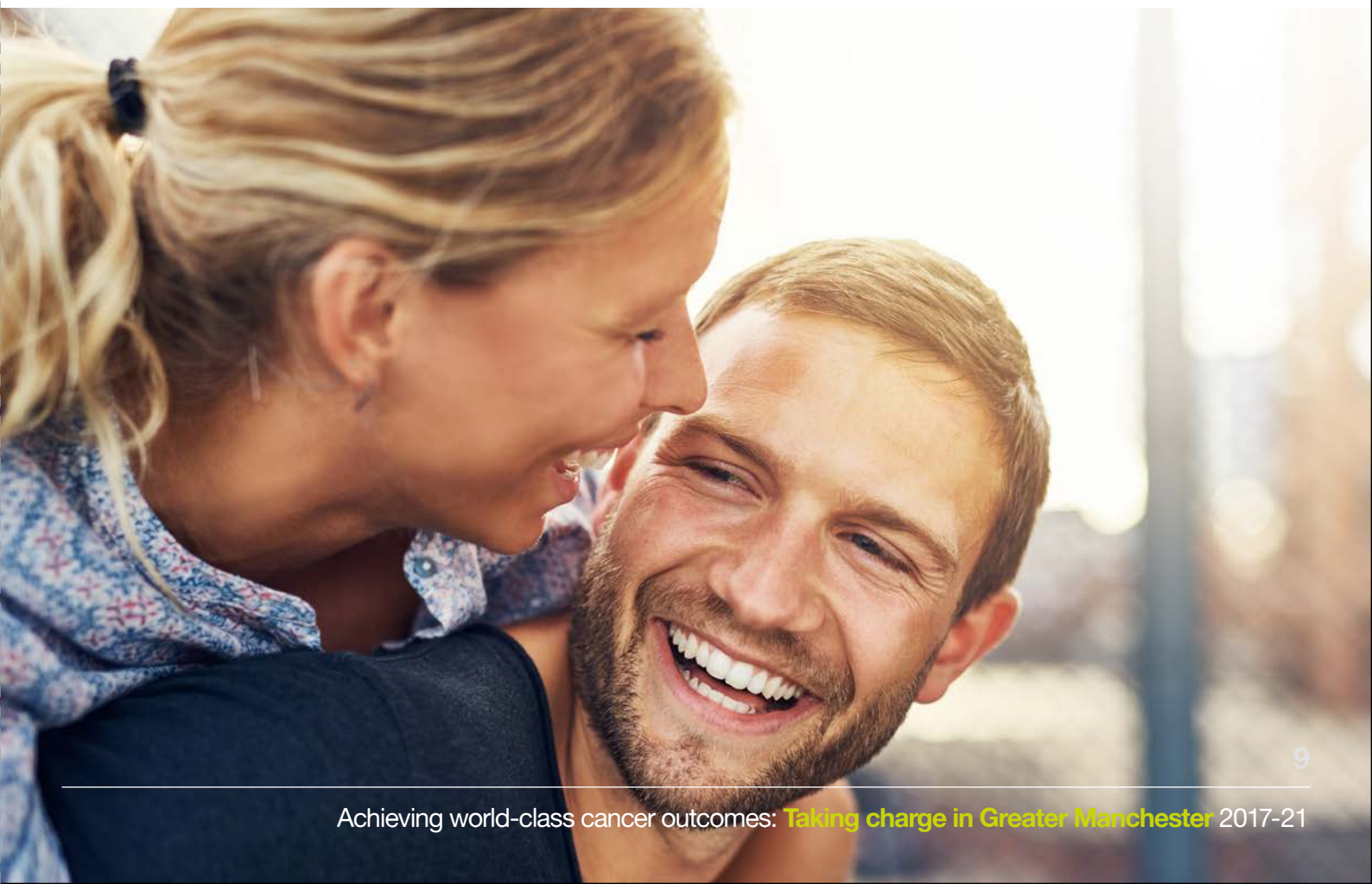
You'll also be invited to local health and wellbeing events that will focus on different cancers. They'll start with breast, bowel and prostate cancer (by March 2018) and cover other types by March 2019.

And instead of the traditional hospital follow-up, we want to offer a more personal, self-management approach to aftercare services. Again, this will start with new aftercare services in breast, bowel and prostate cancer by March 2018 before we start testing them out in other forms of cancer by March 2019.

Support to cope with the effects of cancer

We want to limit the effects cancer and its treatment can have on you.

- We're going to explore the potential long-term effects of different cancer treatments, and what help is available to treat them. We want to make sure there aren't any gaps in support in various parts of Greater Manchester.



- By March 2020 there'll be consistently good services available across Greater Manchester to treat lymphoedema. This long-term condition can be caused by cancer surgery or radiation therapy. It means parts of your body – usually your arms or legs – retain fluid and swell up.
- We'll make it easier to get specialist support and train cancer service staff in 'psychological first aid' to help you cope with the impact of cancer on your mental and emotional health

The right care if your cancer's incurable

We want to help you and your loved ones with 'palliative care' if the worst happens, and you don't recover from cancer. This could involve managing pain and other physical symptoms, and help with any psychological, social or spiritual needs.

You should be fully involved in planning how to cope during the last years, months or days of life.

- We're checking if there are any gaps in the palliative care already available throughout Greater Manchester.
- We want anyone who needs it to be able to get face-to-face specialist palliative care advice and assessment seven days a week.
- We're creating electronic shared care records that clarify someone's wishes, so they get the right help, at the right time, and from the right people.
- We're testing what we call the Goals of Care tool (because it's all about what you want from care) to help you make decisions about further treatment if your cancer can't be cured, and will make this widely available by March 2018.

Few people want to die in hospital – most, given the choice, would prefer to spend their final days in their own home, or wherever they normally live. We plan to make sure that happens as much as possible, including through:

- training for staff involved in 'end of life' care
- a standard approach to offering patients nearing the end of life what they need and want, including ways of controlling pain and symptoms.

5 Joining everything together



The Greater Manchester Cancer Board will help join up cancer services and stop any variation in the care patients receive depending on where they live and get treated. It's a real chance to bring together people who run cancer services – and the commissioning organisations that pay for them –and be more inventive.

Making improvements right across Greater Manchester means we can make services fairer, more consistent, better quality and cost effective.

Using cancer information

We want to turn the data on cancer that's already being collected – plus the feedback we get from cancer patients on their experience of services – into intelligence we can use to make improvements.

The information will help us check how services are doing and put things right where they're not working properly. It will also make it easier for you to judge the quality of different local services.

Our proposed cancer intelligence service should produce its first report by April 2017. It will help us see what progress we're making.

Commissioning cancer services differently

We'll look at the best way to commission (buy) cancer services for Greater Manchester so that they:

- produce the best possible results for patients
- make the most of available resources (like staff, money, equipment and facilities)
- don't vary from place to place
- can be easily monitored.

We'll look at service contracts closely so we can be sure all care is of the same high standard, and spot things that need to be better.

More effective use of budgets

We'll test different ways to pay for cancer services that put more emphasis on preventing cancer, earlier diagnosis and better aftercare. We should have detailed proposals for our new approach by December 2017.



6

Providing you with a better experience



We want to be sure you experience the best possible cancer care. And we hope you'll play an active role in making changes for the better.

Our user involvement team has already recruited over 100 people affected by cancer. They work with us through co-production, when health professionals and service users work as partners. They're co-producing:

- learning for clinical leaders on how best to involve patients
- training for service users to act as representatives on boards overseeing cancer services
- real-life stories that show how valuable co-production can be.

By June 2017 we will set up a Greater Manchester cancer patient experience leadership group of specialist leaders to help us understand what people go through when they have cancer. They will:

- analyse national cancer patient survey results and responses
- help with local surveys
- collect 'real-time' information from patients on their experiences
- produce an action plan to tackle issues across Greater Manchester that can't be easily addressed locally.

Individual health support

Just having someone you can contact with any concerns – across different services and stages of care – makes a big difference to how you cope with cancer.

We want everyone who has cancer to be able to rely on a clinical nurse specialist (or other skilled key worker) who can:

- offer physical and emotional support
- co-ordinate care services on the patient's behalf
- advise on both clinical and practical problems.

Cancer care communication

- By April 2018 we'll make sure the directories of services produced in each area of Greater Manchester (including by voluntary and community groups) really reflect the needs of cancer patients.
- By September 2017 we'll be ready to pilot a two-way text approach. You'll get reminders, updates and advice on preparing for cancer tests, and important messages at appropriate times. And you can respond, giving you more control over what's happening.



7 Improving our knowledge of cancer



Greater Manchester has a great reputation for quality cancer research and top clinical and scientific knowledge.

As a result, local research bodies:

- get funding from organisations like Cancer Research UK
- run trials of the latest medicines
- are part of centres of excellence for lung cancer, breast cancer, prostate cancer and cancer imaging.

We want to work with partners to stay at the forefront of important cancer research. For instance, we're helping pharmaceutical company AstraZeneca develop a way of capturing real-time patient information and linking it to medical data.

Our specific plans include:

- training researchers to help them translate lab-based discoveries into new treatments, tests and technology
- doing research into tackling cancer in the more deprived and ethnically diverse Greater Manchester communities
- growing our Experimental Cancer Research Centre so over 500 patients a year get the chance to be part of early clinical trials.

We'll invest in the best facilities and equipment, such as:

- a research laboratory focused on proton therapy, alongside the £137 million proton beam centre
- an integrated procedures unit at The Christie, to include a biopsy suite that will make it easier to collect tissue samples for research

- Manchester Cancer Research Centre's new £28.5 million state-of-the-art facilities
- a radiotherapy unit where treatment is guided by MRI scans, plus a related research section
- expansion of our 'biobank', which collects blood and tumour samples for local research teams.

We may develop a whole new building for key activities like looking at the role of genes in cancer and the development of tumours, with special laboratories working on how to put research discoveries into practice.

Involving patients in research

All the research going on needs the help of cancer patients to test things out, like new drugs and treatments – which benefits them too.

We already involve people – in 2015/16 4,500 patients took part in over 250 different clinical trials – but everyone should have this chance, wherever they live.

- By 2019 we want 40% of cancer patients to be asked about being involved in research.
- We plan to launch an 'outreach' service at The Christie's clinical research facility to give patients easier access to experimental medicine.
- We want to recruit over 1,000 cancer patients to the national 100,000 Genome Project by 2018. This aims to compare DNA from your tumour and healthy cells in your body to uncover the exact 'genomic' changes causing your cancer. This will help in choosing the most effective treatment, and improve future diagnosis.

8

Constantly teaching and learning



Cancer Education Manchester brings together lots of bodies involved in cancer research, services and learning, and aims to:

- make high-quality education available to all health and social care professionals
- share best practice quickly
- apply what's being learned from research to everyday practice quickly.

We're going to develop a strategy that clarifies what education providers need to do to raise cancer care standards. It will cover how we'll improve information for cancer patients.

A gateway to knowledge

We'll create a special online cancer education platform for GPs and other primary care staff, like nurses. It will be called Gateway-C. There'll be a database that makes it easy to find learning materials, other online cancer resources and information on cancer support in local communities.

Gateway-C will help more health professionals:

- get across public health messages about preventing cancer
- recognise the signs of cancer and know when to refer someone for tests
- support their cancer patients during treatment
- provide all their cancer patients with the Recovery Package
- know what's best practice in helping people live with and beyond cancer.

Our plan is to first pilot a couple of e-learning modules on early diagnosis of lung and

bowel cancer, then launch Gateway-C to all GP practices in Greater Manchester in June 2017. We'll keep adding content and by April 2018 we want to make the online platform available to staff working in wider primary care services, like community pharmacies.

Cancer Education Manchester will develop core learning materials on different types of cancer to ensure staff across each pathway have the right knowledge and skills. The first online pathway education unit will go live in September 2017.

Pathway boards will run annual 'continuing professional development' (CPD) events, starting in April 2018, where people can update their knowledge.

Education for everyone

We want to make the right training available to everyone who cares for a person with cancer.

- By March 2018, we'll develop comprehensive and co-ordinated cancer education for social care staff, who play a vital role in looking after cancer patients at home or in residential care.
- By April 2018, we'll have foundation, intermediate and advanced communication skills and patient experience training ready for staff at every level – we want them all to communicate compassionately with cancer patients, and to provide people with the information they need in the most helpful and effective way.

What happens next

To make our plan a reality needs contributions from everyone working in cancer care, both locally and across Greater Manchester.

We've now got a specialist team to support all these organisations and make sure people who use services are involved in changes.

We'll carry on working alongside other things that are happening in Greater Manchester, like the GM Transformation Unit, which supports our efforts to improve specialist cancer surgery.

We've picked out six key aims to regularly check our progress on. This will help us see how we're doing overall.

Our main goals are that:

- under 13% of adults smoke by 2020
- more than three-quarters of patients survive cancer for at least a year after first being diagnosed
- we prevent 1,300 avoidable cancer deaths before 2021
- patients rate the care they get as 9/10 (in the National Cancer Patient Survey) from 2018
- patients start their treatment as quickly as possible after referral, well within the 62-day national target
- everyone gets the same package of help to recover from cancer once they finish their treatment.



Greater Manchester **Cancer**

To find out more or get in touch with us please go to:

Website: www.gmcancer.org.uk