

Manchester Cancer

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Systemic anti-cancer therapy Pathway Board

Annual Report 2015/16

Pathway Clinical Director: Dr Andrew Wardley
Pathway Manager: James Leighton

Version 1.0

Executive summary

The board has been in existence since May 2014 and has been responsive, positive and constructive. Unfortunately the then Pathway Director, Professor Gordon Jayson, had to resign from post in March 2015 and the board was in abeyance whilst a successor is appointed.

In December 2015 Dr Andrew Wardley, took up the post of Pathway Director. This report is therefore written to reflect the work of the board as recorded over the preceding six months only.

The board continues to face a number of challenges. The most significant being, that there is a lack of good quality accessible data with which to inform the board on patient outcomes and survival. There is no one single source of data and collation is dependent upon each unit supplying the data.

Like in other pathway boards this remains a cumbersome and difficult way to extract such vital information. The pathway board will look to support the work of the Greater Manchester Cancer Vanguard data work stream lead to overcome this challenge.

As previously reported the board is constituted alongside the well-established systemic anti-cancer therapy delivery group of the Christie NHS Foundation Trust, which is the lead provider for SACT. The agendas for both groups overlap somewhat and as a consequence this led to a lack of direction for the pathway board.

This situation has now been mitigated by the fact that Dr Wardley, the Pathway Director, will chair both meetings and so there will be a closer more productive relationship developed.

However even with the reduced meeting schedule in 2016 the board made good progress, as it –

- Established the board and begun a strategic planning process
- Plans to hold a joint meeting with the Haematology pathway board in 2016
- Developed links with the Living with & beyond cancer pathway board on Enhanced supportive care
- Acute oncology

Currently there is no patient or GP representative on the existing board. The board are keen that this is resolved in the near future and will work with the Manchester cancer patient involvement team and the Strategic Clinical Network GP lead, to address this issue and then put in place appropriate supportive measures for the patient representative.

Once in place the new board will begin the management of the objectives as set out in the 5 year strategic plan. These are to -

- Increase access to systemic treatment closer to home

- Increase and support recruitment to all systemic anti-cancer therapy clinical trial access
- Work with providers to develop quality services

The work of the new board will not be limited to just these objectives. As the year unfolds new challenges and opportunities will be identified. Manchester Cancer feels confident that a high quality, dedicated, functioning group will be constituted, that will be adaptable and capable of accepting and addressing all possibilities to deliver the objectives of Manchester Cancer.

The current board are rightly proud of their achievements over the past six months and thank everyone who played a part for their support and commitment. They would like to pay particular thanks to The Christie SACT delivery group for their commitment to the development of the joint SACT 5 year strategy.

Introduction – the Pathway Board and its vision

This is the annual report of the Manchester Cancer systemic anti-cancer therapy Pathway Board for 2014/15. This annual report is designed to:

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

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

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

1.1. Vision

The Manchester Cancer systemic anti-cancer therapy Pathway Board exists to promote, enhance and extend the provision of systemic anti-cancer therapies to patients with cancer across Greater Manchester and East Cheshire.

The Board is able to offer to policy makers, planners, service managers and practitioners valuable opportunities for the development, sharing and implementation of expert opinion, sound strategy and good practice.

The board will work to increase access of appropriate SACT closer to the patients' homes and away from delivery of therapy at The Christie. This has major implications for recruitment into clinical trials and the board's vision is that such recruitment will continue to grow as therapy is delivered away from the Christie site. To achieve this will require support and investment from provider organisations and the board will take this forward on that basis and work with the relevant organisations to deliver this ambition.

The board will also use their expertise to support stakeholders in developing standardised quality systemic therapy services across Greater Manchester and East Cheshire.

1.2. Membership

Trust	Nominee	Profession/ specialty
Christie	Dr Andrew Wardley	CHAIR
		Patient representative
		Primary care rep
Bolton	Fran Shinks	Chemotherapy CNS
	Dr Suzanne Roberts	Consultant Haematologist
Christie	Elaine Blowers	Lead research nurse
	Mathew barker- Hewitt	Head of Information
	Steve Wardell	Pharmacy
	Vicki Burns	SACT outreach manager
	Dr Mike Dennis	Consultant Oncologist
CMFT	Dr Claire Mitchell	Acute Oncologist
East Cheshire	Jo Humphries	Cancer Manager
	Dr Lisa Barraclough	Consultant Oncologist
Pennine	Dr Saifee Mullamitha	Consultant Oncologist
	Lindsey Newton	Macmillan Lead Nurse Chemotherapy
Salford	Ann Stout	Lead Nurse Chemotherapy
Stockport	Sally Cole	Trust Chemotherapy Lead & Pharmacist
Tameside	Sarah Lowiss	Chemotherapy CNS
	Dr Hussein Baden	Consultant Haematologist
UHSM	Dr Rafaele Califano	Consultant Oncologist
WWL	Leonora Anson	Oncology unit manager
	Dr Elena Takeuchi	Consultant Oncologist
NHS England	Robert Hallworth	Commissioner

1.3. Meetings

The pathway board met twice since Dr Wardley's appointment and will schedule subsequent meetings in 2016 and 17 by the end of July. Below are the dates of the pathway board meetings and the links to the board minutes.

25th Jan 2016

24th June 2016 – To be agreed at the next meeting of the board

The pathway director also intends to hold meetings of a smaller working party outside of the board meeting to seek to progress the agenda of the board.

Holding board meetings within working hours will always be a challenge for clinical staff. However overall attendance has been pretty consistent and where non-attendance has been an issue the Pathway director has addressed it on a personal level.

At this point in time the board has no plans for educational events as it is waiting for the cancer education strategy to be developed by Manchester Cancer. Once this strategy has been agreed the board will support and contribute to all urological cancer education as required.

2. Summary of delivery against 2015/16 plan

No	Objective	Alignment with Provider Board objectives	Tasks	By	Status Green = achieved Amber = partially achieved Red = not achieved
1					
2					
3					

Due to the transition and interruption to the work of the board, following the departure of the previous pathway director, no plan was set in 2015/16.

3. Improving outcomes, with a focus on survival

3.1. Information

Systemic anti-cancer therapy (SACT) including cytotoxic chemotherapy is drug treatment of cancer. SACT regimens may be given with curative intent, with the aim of prolonging life or to reduce symptoms. SACT, which includes hormonal and targeted therapies, is one of the principal therapeutic modalities, alongside surgery and radiotherapy, for the treatment of cancer.

In the same period in the Greater Manchester and East Cheshire area 9378 (6.2% of England total) patient received SACT, including 13,046 courses comprising 35,148 cycles of treatment. ¹ <http://www.chemodataset.nhs.uk/reports/>

Almost 29,000 treatments were delivered closer to home at the end of 2013/14 financial year, which equates to 84% of treatments that were clinically appropriate to be delivered closer to home.

Table 1– 2012 -14 plan to increase localised treatment

Total Closer to Home Treatments	2010/11 Actual	2011/12 Actual	2012/13 Year 1	2013/14 Year 2
Actual treatments delivered locally	15,605	16,595	20,564	28,797
Cumulative actual/ planned increase in local treatments			3,969	8,233
Planned local delivery as % of clinically suitable local Treatments	40%	40%	60%	70%
Actual local delivery as % of clinically suitable local treatments	53%	49%	57%	84%

The incidence of cancer continues to rise nationally and is reflected in the rise in activity within the Trust alone over the past few years. “Improving Outcomes: A Strategy for cancer (2011)” reported that more than one person in three will develop cancer at some time in their lives and one in four would die from the condition.

With improving access and technology, more people are surviving their cancer with an estimated 1.8 million people living with and beyond a cancer diagnosis at present.

The demand for SACT will increase because of key factors such as the expanding and aging population and the associated lifestyle choices made by the population, such as obesity and alcohol consumption. Added to this, is more public awareness of and the earlier detection of cancers leading to a greater proportion of patients being referred to specialist centres with treatable cancers.

Other linked factors that will lead to an increase for SACT services are –

- Access to clinical trials – a lack of access to clinical trials will increase the burden on exchequer funding as trials support drug costs as well as improving outcomes
- Improvements in treatment with patients staying on treatment longer and living longer
- Advances in therapy with new treatments becoming available,
- The outcome of clinical trials change the way we deliver treatments,
- Expansion in Experimental Cancer Medicine

Progress

Progress has been made by the pathway board and The Christie, a lead provider, by developing a 5 year strategy to address the existing demand and respond to the expected future increase in demand. Please see appendix one.

Challenges

The Pathway Director and the board will work in collaboration with all stakeholders to review the barriers to successfully implementing the 5 year strategy and provide solutions to overcoming them.

4. Improving patient experience

4.1. Information

In 2013 the first National Chemotherapy Survey was carried out in 141 NHS trusts in England undertaking chemotherapy work. The questionnaire asked patients for their views on consent, information given, clinical trials, choice, support, and general patient experience. Over 16,000 completed questionnaires were returned.

The Christie, as the main provider of SACT, had 1083 returned questionnaires from patient treated at The Christie, 33 of the questions were answered with top scores in the survey and 97% of patients rated the services at the trust as good or excellent. Information regarding treatment, side effects, access to a 24 hour helpline and nursing care all received excellent feedback.

The pathway board will devise and agree the mechanisms for gathering localised patient feedback. The board will review any national chemotherapy patient experience survey and use this to develop the means to obtain this level of feedback.

The 2013 national chemotherapy patient experience survey does not allow for analysis at a regional level. It can be found at –

<https://www.quality-health.co.uk/resources/surveys/chemotherapy-national-survey>

Progress

Progress has been made in development of a 5 year strategy that will incorporate work on assessing the patient experience of treatment and respond accordingly to the feedback received. Please see appendix one.

Challenges

The pathway board will work in collaboration with all stakeholders review the barriers to successfully implementing the 5 year strategy and provide solutions to overcoming them.

5. Increasing research and innovative practice

5.1. Information

The Christie has been at the forefront of innovative research with the primary purpose of developing treatments to increase the life expectancy and quality of life for cancer patients. The research division has approximately 300 staff and has been recognised as having the 4th largest commercial trials activity in the UK.

The NIHR/CRUK Christie Clinical Research Facility is based within The Christie Oak Road Treatment Centre and is home to a large early phase clinical trials unit. Research is strongly articulated as a core principle and was the founding raison d’être of The Christie.

Over 400 clinical trials presently take place at The Christie at any one time, offering treatment and supportive care options to patients who would not have the opportunity in other parts of the UK.

Increasing the options to patients to receive treatment closer to home has had a detrimental effect on trial activity with patients opting to receive standard treatment closer to home rather than travel to The Christie site to take part in clinical trials.

The figures for 2015/16 (see Tables 1 & 2) show that there has been a drop in clinical trial recruitment, across Greater Manchester and East Cheshire. The board intends to review this, in collaboration with the NIHR and the Manchester Cancer System board, when it is fully constituted.

LCRN	LCRN Cancer Incidence	Type 1 Recruitment FY1516	Cancer recruitment as % of cancer incidence	FY1415 performance
East Midlands	23409	2197	9.40%	12.10%
Eastern	17309	4013	23.20%	26.10%
Greater Manchester	16239	2974	18.30%	20.10%
Kent, Surrey and Sussex	22739	2032	8.90%	7.60%
North East and North Cumbria	17716	1743	9.80%	9.00%
North Thames	22915	4753	20.70%	17.20%
North West Coast	19733	1852	9.40%	11.10%
North West London	6540	1608	24.60%	23.30%
South London	11742	3921	33.40%	37.90%
South West Peninsula	13832	1327	9.60%	10.00%
Thames Valley and South Midlands	11268	1518	13.50%	9.50%
Wessex	17150	3273	19.10%	18.30%
West Midlands	27956	3860	13.80%	13.20%
West of England	9544	1849	19.40%	23.30%
Yorkshire and Humber	28546	3976	13.90%	17.10%

Table 1 the Number of LCRNs recruiting above the national target of 20%. **Source** NIHR own figures

LCRN	LCRN Cancer Incidence	Type 1 Recruitment FY1516	Cancer recruitment as % of cancer incidence	FY1415 performance
East Midlands	23409	1056	4.50%	5.90%
Eastern	17309	951	5.50%	6.60%
Greater Manchester	16239	1122	6.90%	8.00%
Kent, Surrey and Sussex	22739	1022	4.50%	3.80%
North East and North Cumbria	17716	727	4.10%	3.70%
North Thames	22915	3334	14.50%	9.60%
North West Coast	19733	1088	5.50%	5.00%
North West London	6540	658	10.10%	9.10%
South London	11742	1876	16.00%	15.70%
South West Peninsula	13832	637	4.60%	5.20%
Thames Valley and South Midlands	11268	562	5.00%	4.60%
Wessex	17150	854	5.00%	5.40%
West Midlands	27956	1852	6.60%	6.00%
West of England	9544	848	8.90%	10.00%
Yorkshire and Humber	28546	2064	7.20%	7.00%

Table 2 the Number of LCRNs recruiting interventional trials above the national target of 7.5%. **Source** NIHR own figures

5.2. Progress

Progress has been made in the development of a 5 year strategy that will incorporate work on increasing recruitment to clinical trials. The Christie are exploring and developing an hub and spoke model for trial set up and recruitment.

Please see appendix one.

5.3. Challenges

Manchester Cancer system board and lead providers will need to ensure that where possible patients who are recruited to a trial will have the option to receive that treatment closer to their home if clinically appropriate to do so.

The systemic anti-cancer therapy pathway board will work in collaboration with all stakeholders to review the barriers to successfully implementing the 5 year strategy and provide solutions to overcoming them.

6. Delivering compliant and high quality services

6.1. Information

There are a number of SACT services delivering care to Christie patients and service level agreements (SLA's) are already in place with East & Mid Cheshire, Bolton, Oldham and Stockport, each delivering consultant led services.

During 2012/13 an agreement was reached with Wrightington, Wigan and Leigh Foundation trust (WWL) to develop a Christie@Wigan SACT service in a new purpose built unit that opened in January 2015.

Areas where there was a large percentage of activity but no existing contract with local trusts were assessed for potential health care facilities that could safely deliver selected chemotherapy treatments and as a result, nurse led services were set up in Bury Townside and Ashton Primary Care Centre's one day a week. Arrangements were also made to rent available space at Salford Royal NHS Foundation Trust. An outreach team of nurses was established to travel to these areas and deliver the treatments. The Christie@Home

In October 2013 The Christie chemotherapy mobile unit started treating patients in 5 different sites throughout the network, delivering treatments in Rochdale, Trafford, Hyde, Chadderton and Bolton. Agreements were set up with 4 supermarket sites and Bolton Royal Infirmary to set the unit up to enable easy access to treatments for local patients.

Between July and August 2015 a patient experience survey was undertaken on the Chemotherapy outreach clinics provided from the Christie. Although it was a relatively small sample size all respondents rated this service as either excellent or very good. The full report of this survey can be found in appendix 2.

6.2. Progress

Progress has been made in the development of a 5 year strategy that will incorporate work on identifying and delivering appropriate capacity for the provision of treatments.

There are a number of guidelines that support the delivery of SACT. These can be found on <http://manchestercancer.org/services/systemic-anti-cancer-therapies/> These will undergo a programme of revision and updating over the next twelve months.

6.3. Challenges

The newly constituted joint management board will work in collaboration with all stakeholders to review the barriers to successfully implementing the 5 year strategy and provide solutions to overcoming them.

7. Objectives for 2015/16

The work of the board and the objectives it intends to set will be derived from and focussed on the delivery of the five year SACT strategy, which is contained. However the outline objectives are that there is

- Wider access to treatment closer to home
- Increase local delivery
- Improved access to clinical trials
- Improved patient experience, maintaining equitable care, quality and safety across all sites.

The work of the board will not be limited to just these objectives. As the year unfolds new challenges and opportunities will be identified and once constituted the new board will be supported to ensure a successful and appropriate response.

8. Appendix 1 – Joint SACT five year strategy

The joint SACT five year strategy can be found in the embedded document below.



chemotherapy
strategy 2015 ver 10

9. Appendix 2 – Outreach clinic patient experience survey

10 Appendix 2 – Pathway Board Annual Plan 2016/17

SACT pathway board annual plan 2016/17

Pathway Clinical Director:	Dr Andrew Wardley
Pathway Manager:	James Leighton
Date agreed by Pathway Board:	To be ratified at the next meeting of the board
Date agreed by Medical Director:	
Review date:	January 2017

Summary of objectives

No	Objective	Alignment with objectives
1	Moving industry funded trials away from Christie	<ul style="list-style-type: none"> • Improved and standardised care • Research and education
2	Develop Quality standards for SACT provision across the conurbation	<ul style="list-style-type: none"> • Improved and standardised care • Living with and beyond cancer and supportive care • Research and education
3	Take the lead in rolling out Enhanced Supportive Care	<ul style="list-style-type: none"> • Improved and standardised care • Living with and beyond cancer and supportive care • Research and education
4	Ensure access to CWP across the network	<ul style="list-style-type: none"> • Improved and standardised care • Living with and beyond cancer and supportive care
5		

SACT pathway board annual plan 2016/17

Objective 1: Moving industry funded trials away from Christie

Aim:	By March 2017 the board will have described a plan to move industry funded trials away from The Christie.
Driver(s) for the change:	By doing this work our patients will have an enhanced patient experience and more importantly be ensured access clinical trials locally. This will also support the overall recruitment to clinical trials.
Domain:	Improved and standardised care Research and education
Risks to success:	Resources and time to complete the project. Lack of engagement by providers
How will any risks be mitigated?	The board will collaborate with the NIHR and LCRN as well as the GM cancer system board.
Support required:	Leadership and executive level support Integration with the Vanguard programme office

Outline Work programme		
Action	Resp.	By (date)

SACT pathway board annual plan 2016/17

Objective 2: Develop Quality standards for SACT provision across the conurbation

Aim:	The pathway board will develop, agree and implement a set of service standards the help define the SACT service within stakeholder organisations
Driver(s) for the change:	By doing this work our patients will have an enhanced patient experience and safer care as the service will operate to an agreed standard across the whole pathway.
Domain:	<p>Improved and standardised care</p> <p>Living with and beyond cancer and supportive care</p> <p>Research and education</p>
Risks to success:	Resources and time to complete the project. Lack of engagement by providers
How will any risks be mitigated?	The board will collaborate with the work stream lead for the MUSIC project of the Vanguard programme and look to draw on their expertise and capacity.
Support required:	Leadership and executive level support Integration with the programme office

Outline Work programme		
Action	Resp.	By (date)

SACT pathway board annual plan 2016/17

Objective 3: Lead in rolling out Enhanced Supportive Care

Aim:	By March 2017 the pathway board will have developed and agreed a strategy for the roll out of enhanced supportive care (ESC) across Greater Manchester and east Cheshire.
Driver(s) for the change:	ESC is based on having supportive contacts in the community to better support patients in the community. Other benefits identified are earlier signposting to trials and better symptoms control. This results in reduced admissions because of earlier intervention and involvement with their care.
Domain:	<p>Improved and standardised care</p> <p>Living with and beyond cancer and supportive care</p> <p>Research and education</p>
Risks to success:	Resources and time to complete the project. Lack of engagement by providers
How will any risks be mitigated?	The board will collaborate with the work stream lead for the LWBC work stream of the Vanguard programme, as well as the acute oncology and LWBC pathway boards, to draw on their expertise and capacity.
Support required:	Leadership and executive level support Integration with the programme office

Outline Work programme		
Action	Resp.	By (date)

SACT pathway board annual plan 2016/17

Objective 4: Ensure access to CWP across the network for all patients receiving SACT

Aim:	By March 2017 the pathway board will have developed and agreed a strategy giving access to the Christie Web Portal (CWP) for all clinicians managing patients being treated, across Greater Manchester and east Cheshire.
Driver(s) for the change:	By providing access to the CWP for clinicians it would mean that only one patient recorded is maintained as the patients move from the centre into local provision. This should therefore improve the care received and delivered especially if the patients have an acute episode with possible admission.
Domain:	Improved and standardised care Living with and beyond cancer and supportive care
Risks to success:	Resources and time to complete the project. Lack of engagement by providers
How will any risks be mitigated?	The board will collaborate with the work stream lead for the LWBC work stream of the Vanguard programme, as well as the acute oncology and LWBC pathway boards, to draw on their expertise and capacity.
Support required:	Leadership and executive level support Integration with the programme office

Outline Work programme		
Action	Resp.	By (date)

SACT pathway board annual plan 2016/17

Objective 5:

Aim:	
Driver(s) for the change:	
Domain:	<p>Prevention, screening and early detection</p> <p>Faster and better diagnosis</p> <p>Improved and standardised care</p> <p>Living with and beyond cancer and supportive care</p> <p>Research and education</p>
Risks to success:	
How will any risks be mitigated?	
Support required:	

Outline Work programme		
Action	Resp.	By (date)