

# Implementing the Recovery Package in Greater Manchester

Lindsey Wilby  
Macmillan Project Manager – Living with  
and Beyond Cancer

2<sup>nd</sup> November 2017

**Prevention**

**Earlier and better  
diagnosis**

**Improved and  
standardised care**

**Living with and  
beyond cancer and  
supportive care**

**Commissioning, provision and accountability**

**Patient experience and user involvement**

**Research**

**Education**

## Improving Life With and After Cancer



Standardised  
Recovery Package  
for all cancer  
patients by  
March 2019

### HOW?

- Written care plan based on a holistic assessment
- Treatment summaries
- Cancer care reviews
- Invitation to a health and wellbeing event



Develop and  
deliver new forms  
of personalised  
aftercare

### HOW?

- Move away from traditional hospital follow-up
- Offer a more personal, self-management approach to aftercare for breast, colorectal and prostate cancer
- Extend personalised aftercare to other cancer types



Support to cope  
with the effects  
of cancer and its  
treatment

### HOW?

- Establish consistently good lymphoedema services across the region
- Map the other consequences of treatment and address gaps
- Develop plan to improve psychological support services



Early access to  
high quality  
supportive and  
palliative care

### HOW?

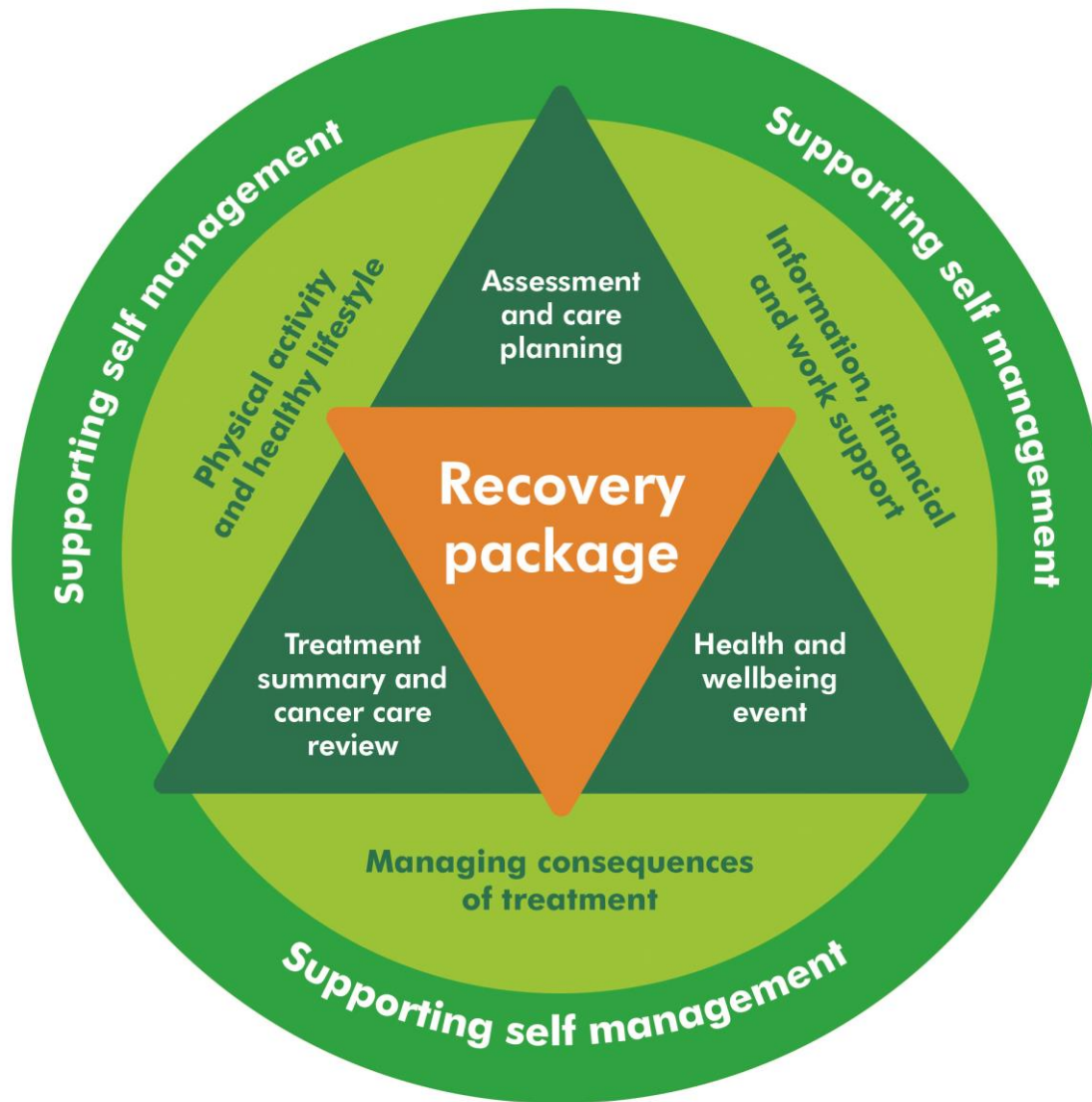
- Map current palliative care provision against national standards
- Offer seven-day specialist palliative care advice
- Expand access to enhanced supportive care
- Support patients to make decisions about further treatment



Enable people to  
spend their final  
days where they  
want to be

### HOW?

- Offer people choice in end of life care
- Ensure access to well-trained staff, good pain and symptom control, emotional support and support for family and carers



# Impact of the Recovery Package

## **For people living with and beyond cancer:**

- Increased quality of life
- Improved health and wellbeing
- More confidence in their ability to self-manage their health
- Make appropriate use of resources (eg. ↓ in ED and GP attendances)
- Live longer due to healthier lifestyle and better management of consequences of treatment

# Impact of the Recovery Package

## **Wider benefits:**

- Stratified pathways = fewer face to face follow ups
- Reallocation of resources, to focus on new patients and those with complex needs
- Empower primary care healthcare professionals to feel confident in managing people living with cancer, through use of standardised information such as treatment summaries

## Our vision and key objectives:

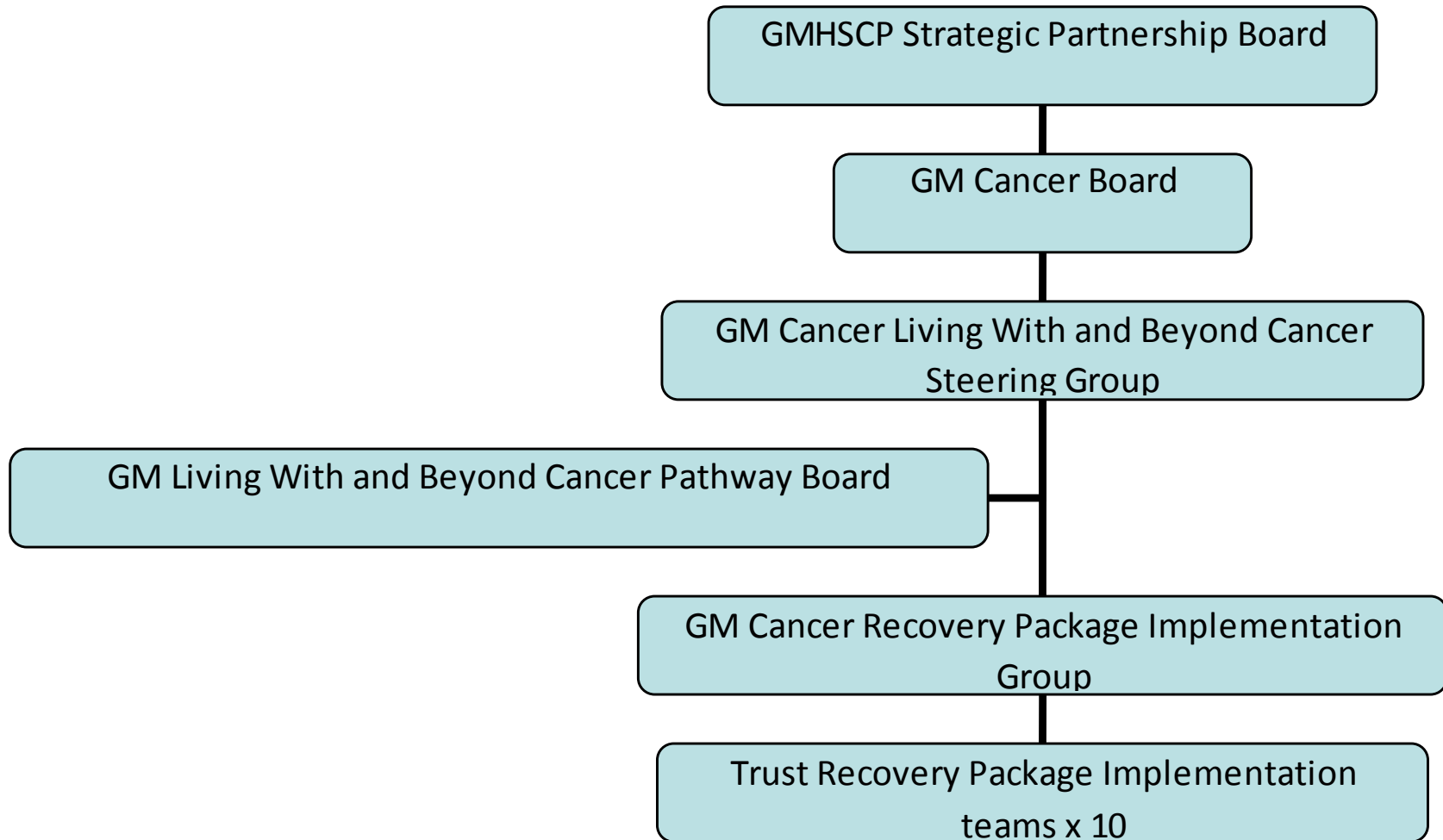
- 1. We will reduce adult smoking rates to 13% by 2020**  
One in five adults in Greater Manchester still smoke nearly a decade after smoking was banned in enclosed public places in England.
- 2. We will increase one-year survival to more than 75% by 2020**  
Our rate of survival one year after cancer diagnosis is rising but further substantial improvement will need additional focus on detecting cancers at an earlier stage.
- 3. We will prevent 1,300 avoidable cancer deaths before 2021**  
We have some of the highest rates of avoidable cancer deaths in the country – matching the national average will save hundreds of lives.
- 4. We will offer class-leading patient experience, consistently achieving an average overall rating of 9/10 in the national survey from 2018**  
Our patients report good experience compared to other conurbations with an average overall rating of 8.76 in 2015, but there remains room for improvement.
- 5. We will consistently exceed the national standard for starting treatment within 62 days of urgent cancer referral**  
Working as a system we have met the 62-day standard for a number of years, but we want to keep reducing the amount of time people wait to start their treatment
- 6. We will ensure that the Recovery Package is available to all patients reaching completion of treatment by 2019**  
The Recovery Package is a combination of important interventions that, when delivered together, can greatly improve the outcomes and coordination of care.

# Recovery Package – targets and timelines

Date	Target
August 2017	<b>Standardised</b> Greater Manchester approach to the Recovery Package agreed
December 2017	All patients receive a <b>care plan</b> at the point of <b>diagnosis</b> and treatment decision, and at the <b>end of their treatment</b> , based on <b>holistic needs assessments</b> (preferably <b>eHNA</b> )
March 2018	<b>Health and wellbeing events</b> in place for all breast, colorectal and prostate cancer patients, to support new aftercare pathways
March 2019	Health and wellbeing models developed for <b>all other pathways</b>
March 2019	<b>Full Recovery Package</b> available to all patients reaching completion of treatment (including CCRs, treatment summaries, and offer of HWBE)



# Governance structure



## Pre-treatment HNA

- From the end of **December 2017** onwards, **all new** patients should receive HNA (and resultant **care plan**) at the time of diagnosis, and again at the end of treatment. (Exceptions...)
- An HNA should be conducted with a patient following diagnosis, **before the commencement of treatment.**
- By **March 2019**, this target will be strengthened to reflect that HNA should be completed **within 31 days of the patient receiving a diagnosis of cancer.**

## Post-treatment HNA

- As a minimum, the HNA **must** be completed again **towards or at the end of treatment, and at the latest at the first review appointment.**
- By **March 2019**, this target will be strengthened to reflect that HNA should be completed **within six weeks of the end of all planned treatment.**

## Choice of HNA tool

- **Gold standard:** Macmillan eHNA and My Care Plan. **All** pathways and localities should be working towards implementing this digital tool by **March 2020**, even if they have opted to implement an alternative tool in the interim.
- **Preferred standard:** Macmillan Concerns Checklist/HNA
- **Acceptable standard:** other form of standardised HNA e.g. SPARC, which is also available via the eHNA platform.

# EHNA

## Achievements

Number of sites – > 90

Assessments – 46,012

Care plans – 38,786

Conversion rate – 84%

Time taken per Assessment:

7mins (these figures are correct at 30 April 2017)

## Top ranking concerns

1. Tired/exhausted or fatigued
2. Worry, fear or anxiety
3. Sleep problems/nightmares
4. Pain
5. Hot flushes/sweating
6. Eating or appetite
7. Getting around
8. Anger or frustration
9. Sore or dry mouth
10. Sadness or depression

## Benefits of eHNA – findings from national pilots

- As the process is electronic it is much easier to **audit** and analyse activity data for reporting or to identify **local service needs**.
- Data can be used to monitor the number of assessments, care plans provided as well as those patients who have **declined** an assessment.
- It can also be used by the nursing staff to **evidence** the care and support they provide to their patients.
- Many elderly patients found it **easier** to use the touch screen tablet to undertake the HNA than the traditional paper version.

## Treatment Summary

- A Treatment Summary should be completed promptly (after each modality of treatment) and sent to **both patient and GP practice within six weeks of the end of primary treatment**. This should be in place for all patients by **March 2019**.
- In GM it will be the responsibility of the **GM Cancer Pathway Boards to ratify standardised content for treatment summaries** (one for each diagnosis), drawing on existing summaries developed by London Cancer, Pennine Acute NHS Foundation Trust and others.

## Health and Wellbeing Events

- The GM Cancer target is for **all patients to be offered the opportunity to attend a HWBE, from March 2019.** GM Cancer does not, at present, specify any particular model for the delivery of Health and Wellbeing information.
- The ideal timing for HWBEs can be determined by individual Trusts, Pathway Boards, or clinical team, depending upon the delivery model agreed upon, but as a maximum, patients should be offered a place at an event **within 12 months of the end of their treatment.**



## Cancer Care Review

The Quality and Outcomes Framework (QOF) requires all general practitioners (GPs) to carry out a CCR with a person affected by cancer **within six months of receiving notification of a diagnosis.**

## Recovery Package – December 2017 target

### Progress to date:

- Strong engagement with all Trusts, including senior leads and exec. leads
- Steering group – standardised approach signed off
- Implementation group
  - Baseline scoping
  - Workforce mapping
  - Informed development of standard approach
- User involvement

## Recovery Package – December 2017 target

**BUT: risk to 100% target, as many localities and pathways are currently at a very low baseline – or are not able to collect the necessary data.**

### **Next steps/risk mitigation:**

- Focussing efforts on HNA/care plan
- Developing clear data measurement and collection strategy
- Working with Macmillan/IG on regional data sharing agreement (eHNA)
- Supporting teams and Trusts as required – IT, funding, training, visits
- Additional user involvement
- **Pathway mapping week, January 2018**

**Thank you**

**[lindsey.wilby@nhs.net](mailto:lindsey.wilby@nhs.net)**

**0161 918 2185**

**07879 402915**