

Living with and Beyond Cancer Pathway Board Annual Plan 2014-15

Pathway Clinical Director:	Dr Wendy Makin
Pathway Board Members:	<p>Kathy Pantelides, AHP/Rehab manager Christie Ben Heyworth Survivorship project manager Christie Claire Higham, Consultant endocrinologist –Christie and Stepping Hill Val Goode, Nurse clinician, Lymphoma team, Christie Abbas Chittalia, Consultant oncologist (breast and lung)- Christie and Stepping Hill Claire Rehan, Clinical Psychologist, Bolton FT Pat Jones , Lead cancer nurse, CMFT Pauline West, Macmillan info and support manager, Trafford Janet Parkinson , Macmillan info and support manager, East Cheshire Karen Buckley, Lead cancer nurse manager, East Cheshire Jo Keogh, Strategic cancer lead, PAT Felicity Keeling , Information services manager , PAT Ian Ainscough, Macmillan info and support manager, SRFT Julie Orford Lead Macmillan Nurse, UHSM Debbie Smith, Macmillan info and support manager, UHSM Karen Livingstone, Physiotherapist breast/lymphedema UHSM Julie Pieczarka Macmillan info and support manager, Mid Cheshire Vanessa Hickson, Keyworker, Tameside Beverley Gail Meenan, Macmillan Lead Nurse for Cancer and Palliative Care, SFT Julie Atkin-Ward , Macmillan Department Manager Liane Harris, GP, Cancer Lead Bury CCG Rachel Mcmillan , St Ann's Hospice and Neil Cliffe Centre representative Ann-Marie Kelly, Patient Information Manager WWL Sue Taylor, Patient representative Brain Hixson, Patient representative</p>
Pathway Manager:	Hodan Noor
Date agreed by Pathway Board:	15 th July 2014
Date agreed by Medical Director:	
Review date:	

Summary of objectives

No	Objective	Alignment with Provider Board objectives
1	Engagement with Manchester Cancer Pathway Boards and Beyond	Patient Experience
2	Clinical services engagement in relation to survivorship	Patient Experience
3	Plan for effective utilisation of Macmillan innovation fund working with pathway boards	Innovation and research
4	Develop patient/carer/relatives involvement strategy	Patient Experience
5	To ensure that the aims of cancer survivorship as described in objectives 1 to 4 also meets the needs of those 'Living With Cancer'	Patient Experience

Objective 1: Engagement with Manchester Cancer Pathway Boards, wider professionals and patients/public in relation to cancer survivorship

<p>Objective:</p>	<ul style="list-style-type: none"> • Communication strategy to engage with all stakeholders in Manchester Cancer by March 2015 • Ensure shared understanding of terminology and where LWBC fits with cancer specific services, palliative care and other services • Be able to share the LWBC ambition and key objectives and ensure the support and commitment from others to address the needs of people affected by the cancer experience or treatment • To seek a named ' cancer survivorship champion in each of the Tumour Pathway Board • To hold an annual education event in partnership with the School of Oncology to which all pathway board representatives will be invited Autumn 2014.
<p>Rationale:</p>	<p><i>What was the Pathway Board's motivation for choosing this objective?</i></p> <p>The rationale for development a communication strategy is to ensure a link between Manchester Cancer disease provider boards with Living with and Beyond Cancer pathway board. The objective is to support Manchester Cancer disease group in meeting the needs of patients/carers and relatives in the survivorship and living with cancer.</p> <p>To build effective and regular communication in the planning, implementing and reporting of work plans.</p> <p>To build common understanding and priorities and create a continuity of communication activity over the course of Manchester Cancer work programme.</p> <p>To ensure common understanding of language used glossary of terms will be included in the strategy.</p> <p>Education event during Autumn will support the facilitation of objective 3 and will engage pathway boards on the key priorities for effective Living with and Beyond Cancer utilising the National Cancer Survivorship Initiative recommendations.</p>
<p>By (date):</p>	<p><i>What is the target date for completion? If completion is expected beyond 2014/15 what progress is expected in year? If a phased approach is to be taken indicate this here.</i></p> <p>The strategy will be completed by November 2014 to support the education event for pathway boards.</p>

Board measure(s):	<p><i>Which of the Pathway Board's key measures will show it that the objective has been met? What are the performance standards that will be expected?</i></p> <p>Completed strategy and an education event are the key outputs expected from this objective.</p>
Risks to success:	<p><i>What factors will hinder or prevent the Board's ability to achieve the objective? How will these risks be mitigated?</i></p> <p>No risk identified</p>
Support required:	<p><i>What support does the Board need from Manchester Cancer to deliver its objectives and implement its vision?</i></p> <p>Existing operation support in the planning and facilitation.</p>

Work programme		
Action	Resp.	By (date)
Identify sub group	All	July
Develop communication strategy	All	August to November
Agree method for collecting glossary of terms	All	August to November
Identify agenda and location of the education event	All	September
Market the education event	All	September

Objective 2: Clinicians engagement in relation to survivorship

<p>Objective:</p>	<ul style="list-style-type: none"> • Undertake baseline mapping of the current management , by tumour site, through treatment, into follow up and beyond by March 2015 • Undertake an audit of current information provision at conclusion of treatment for cancer by tertiary and secondary • To focus in the first year on universal and consistent adoption of ‘Recovery Package’ elements , especially for those undergoing treatment aimed at cure • To ensure that adoption of these principles and tools can be utilised to enable change towards more flexible and individualised follow up care for patients where appropriate (see also use of Innovation Fund) • To agree some initial outcome measures to monitor progress and achievements
<p>Rationale:</p>	<p><i>What was the Pathway Board’s motivation for choosing this objective? What is the expected impact on the quality and experience of patient care and on the health of the wider population?</i></p> <p>The objective is to identify Greater Manchester’s position following the Living with & Beyond Cancer: Taking Action to Improve Outcomes paper (2013).</p> <p>It will also enable identification of priorities of work in response to the recommendations made by the National Cancer Survivorship Initiative (NCIS) on optimal care and support for people living with and beyond cancer.</p> <p>This work will be undertaken in partnership with the Palliative Care board and the Psychological Support Services.</p> <p>The action plan to implement the ‘Recovery Package’ following the recommendations for NCIS and the findings from the mapping exercise aims to support pathway boards in developing an two year strategy for addressing living with and Beyond Cancer in Greater Manchester.</p>
<p>By (date):</p>	<p><i>What is the target date for completion? If completion is expected beyond 2014/15 what progress is expected in year? If a phased approach is to be taken indicate this here.</i></p> <p>March 2015</p>

Board measure(s):	<p><i>Which of the Pathway Board's key measures will show it that the objective has been met? What are the performance standards that will be expected?</i></p> <p>The expected outcomes are as follows;</p> <ul style="list-style-type: none"> • Report on Living with and Beyond Cancer service provision and gaps to Macmillan and Manchester Cancer provider board. • Action plan to implement the Recovery Package by pathway boards
Risks to success:	<p><i>What factors will hinder or prevent the Board's ability to achieve the objective? How will these risks be mitigated?</i></p> <p>None identified</p>
Support required:	<p><i>What support does the Board need from Manchester Cancer to deliver its objectives and implement its vision?</i></p> <p>The mapping process potentially can highlight areas which require investments to meet the minimum national standards of care. Endorsement of Tumour Pathway responsibility to address LWBC and the implementation of the recovery package consistently in each pathway.</p>

Work programme		
Action	Resp.	By (date)
Identify sub group		July
Agree questions and methodology for mapping		July
Analyse findings and report		Oct
Draft action plan		Oct
Disseminate for consultation		Oct
Pathway boards Develop 2 year strategy for improvement		March 2015

Objective 3: Plan for effective utilisation of Macmillan innovation fund working with pathway boards

Objective:	<ul style="list-style-type: none"> • To support the tumour pathway boards to implement change, linked to use of the Macmillan Innovation Fund • Identify key objectives to support the innovation fund • Develop application process including criteria for selection and approval • Ensure that pathway Boards are accountable for use of funds against agreed aims, milestones and outcomes • Produce a report of the achievements for the Innovation Fund and promote shared learning
Rationale:	<p><i>What was the Pathway Board's motivation for choosing this objective?</i></p> <p>Manchester Cancer Living with and Beyond Cancer Pathway Board successful application from Macmillan received a total of £90K over a two year period to generate opportunity to test innovative ideas. This level of funding will allow for a number of the 15 individual cancer Pathway Boards to apply for funding for a variety of initiatives and interventions.</p> <p>In order to effectively manage the application, release and utilisation of funding, an implementation plan is needed facilitated by the Macmillan Project Manager. Macmillan development team will support this objective to encourage innovation in relation to Cancer survivorship and identify potential areas for future research.</p>
By (date):	<p><i>What is the target date for completion? If completion is expected beyond 2014/15 what progress is expected in year? If a phased approach is to be taken indicate this here.</i></p> <p>The pathway board plan to launch the innovation fund in October 2014, the process and the objectives of the innovation funds will be ready by this date. However, the evaluation of the impact of this investment will only be reported by 31st March 2016.</p>
Board measure(s):	<p><i>Which of the Pathway Board's key measures will show it that the objective has been met? What are the performance standards that will be expected?</i></p> <p>The measures for success are having clear objectives, application process, short turnaround times for teams to have access to the resources and evaluation to identify the return on investment.</p> <p>Report to Macmillan development team and Manchester Cancer provider board</p>

	on progress and successful applicants including progress of projects will be reported by March 2015.
Risks to success:	<p><i>What factors will hinder or prevent the Board's ability to achieve the objective? How will these risks be mitigated?</i></p> <ul style="list-style-type: none"> • Changes in project scopes post agreement • Changes in project leads or team • Restructure of services <p>The above risks will need to be taken into consideration during the development of the application process and contract.</p>
Support required:	<p><i>What support does the Board need from Manchester Cancer to deliver its objectives and implement its vision?</i></p> <p>None identified</p>

Work programme		
Action	Resp.	By (date)
Identify sub group		July to Oct
Identify funding priorities and criteria		July to Oct
Develop application process and marketing material		July to Oct
Develop shortlisting criteria and panel		July to Oct
Develop reporting progress mechanisms for successful applicants including timeframe		July to Oct
Progress report to McMillian Development team and Manchester Cancer provider board		March 2015

Objective 4: Develop a plan for the involvement of, and close working with, those affected by cancer including current and past patients, and those close to them.

<p>Objective:</p>	<p>To ensure people are at the heart of the developments of Manchester Cancer Living with and Beyond Cancer pathway board activities. The value, experience and skills of patient/carer/relatives are recognised and in order to improve quality a strategy is needed to develop approaches to maximise engagement.</p> <ul style="list-style-type: none"> • To develop information to attract interest from those with cancer experiences in the aims and work of the LWBC Board • To identify and implement a range of options for people to be able to contribute their experiences and the learning from these • To enable people to contribute ideas and to be able to develop and shape initiatives in partnership with professionals that underpin better experiences and outcomes • To design and/or, adopt the approaches and tools that will encourage shared decision making and self-management where suitable by confident, informed individuals • To incorporate this into educational materials and projects to raise awareness, knowledge and skills among professionals • To adopt and implement the recommendations from the Manchester Cancer user involvement work, including the Charter to ensure voices of users are heard and influence the work of the Board
<p>Rationale:</p>	<p>Nationally, there is a developing culture, enshrined in law and supported by national policy directives, that requires the active involvement of local communities in the planning and development of services.</p> <p>All provider board members are increasingly required to demonstrate externally that it has robust and effective mechanisms for involvement in place. For example, the Care Quality Commission (CQC) who is responsible for reviewing the quality of care that the Trust provides monitors these arrangements as part of their regular <i>'provider compliance assessments'</i> (CQC, 2009).</p> <p>Involvement of service users and carers is also increasingly promoted by the individual professional organisations of professional staff, these include The Royal College of Psychiatrists, Royal College of Nursing (RCN), various professional social care organisations (General Social Care Council, Commission for Social Care inspection, Skills for Care & Social Care Institute for Excellence) and the British Psychological Society who in May 2010 published <i>'Good Practice Guidelines to</i></p>

	<p><i>support the involvement of Service Users & Carers in Clinical Psychology Services'</i> (BPS, 2010).</p> <p>The recent government white paper, '<i>Liberating the NHS</i>' (DH, 2010) states that in the future service users and carers "<i>will have far more clout and choice in the system; and as a result, the NHS will become more responsive to their needs and wishes</i>". This will be achieved through greater shared decision making ('<i>no decision about me without me</i>'), ensuring that patients have choices about their care, increased control over their own care records, choice of provider, consultant led team and treatment, offering the opportunity to patients to rate the quality of care that they receive, an increasingly personalised care that reflects individuals' health and care needs and supports carers and a powerful new consumer champion, HealthWatch England, located in the CQC.</p>
By (date):	<p><i>What is the target date for completion? If completion is expected beyond 2014/15 what progress is expected in year? If a phased approach is to be taken indicate this here.</i></p> <p>The Board aims to have a comprehensive strategy by 31st March 2015.</p>
Board measure(s):	<p><i>Which of the Pathway Board's key measures will show it that the objective has been met? What are the performance standards that will be expected?</i></p> <p>The main measure of success is the final product an involvement strategy this will include consultation a report on the journey in achieving this.</p>
Risks to success:	<p><i>What factors will hinder or prevent the Board's ability to achieve the objective? How will these risks be mitigated?</i></p> <p>No risk factors identified</p>
Support required:	<p><i>What support does the Board need from Manchester Cancer to deliver its objectives and implement its vision?</i></p> <p>The development of the strategy will involve the full engagement of pathway board members and the operational support of Manchester Cancer staff in facilitating and coordinating the developments.</p> <p>Access to resources to support approved LWBC user initiatives including information materials and tools for users to adopt.</p>

Work programme		
Action	Resp.	By (date)
Identify sub group		July 2014
Draft vision and objectives		September 2014
Spectrum of involvement		October 2014
Focus groups		November 2014
First Draft		January 2015
Wider consultation		January 2015
Final draft		March 2015

Objective 5: To ensure that the aims of cancer survivorship as described in objectives 1 to 4 also meets the needs of those 'Living With Cancer'

Objective:	<ul style="list-style-type: none"> To establish a small working group that reports to both the LWCB and Palliative Care Boards and includes representation from both To explore and define the specific needs and concerns for those who are living alongside cancer, whether as a chronic condition or with progressing disease To consider the extent to which the current survivorship models can be applied to this group, where the requirements are different and where different approaches are required
Rationale:	Macmillan's report <i>Throwing Light on the Consequences of Cancer and its Treatment</i> (July 2013) describes the increased number of people facing poor health or disability after treatment for cancer and the need to develop support for the management of long-term condition, effects of treatment and reoccurrence of cancer.
By (date):	<i>What is the target date for completion? If completion is expected beyond 2014/15 what progress is expected in year? If a phased approach is to be taken indicate this here.</i> March 2015
Board measure(s):	<i>Which of the Pathway Board's key measures will show it that the objective has been met? What are the performance standards that will be expected?</i> Gap analysis of service provision and needs to be completed by March 2015.
Risks to success:	<i>What factors will hinder or prevent the Board's ability to achieve the objective? How will these risks be mitigated?</i> None Identified
Support required:	<i>What support does the Board need from Manchester Cancer to deliver its objectives and implement its vision?</i> The operational support of Manchester Cancer staff in facilitating and coordinating the developments.

Work programme		
Action	Resp.	By (date)
Identify sub group		Sept
Develop model of analysis		Nov
Discuss findings and identify priorities		February 2015
Report and recommendations to the provider board		March 2015

Appendix: Manchester Cancer Provider Board objectives

The Manchester Cancer Provider Board has identified the themes of its three key objectives. The precise wording of those objectives remains to be confirmed.

- 1. 1-year SURVIVAL:** Focus on improving 1-year pooled cancer overall survival rate, so that we halve the survival gap with the world's best (Sweden) for patients diagnosed in 2020, and approach their figures by 2025
- 2. Patient EXPERIENCE:** Achieve year-on-year improvement in patient experience aspiring to be the best performing conurbation in the National Cancer Patient Experience Survey
- 3. RESEARCH and INNOVATION:** Increase patient involvement in research (>40% by 2019) and be an international leader in developing innovation in clinical practice