

LTP aims

(1) By 2028, 75% of people will be diagnosed at an early stage (stage 1 or 2). (GM % stage 1 and 2 [2018/19, Q1] = 53.6%)
 (2) Delivery of National CWT standards

By 2028, 55,000 more people will survive cancer for five years or more each year. (GM figure would be approximately 2750)

Prevention

Early Diagnosis

Treatment

Personalised on-going Care

Appropriately skilled and resourced cancer workforce & sustainably funded core GM cancer alliance cancer team

GM System Priorities

CURE Smoking cessation programme sustained delivery in admitted patients with expansion into mental health and non-admitting services (Linked to GM population Health programmes)

Screening (deliver in conjunction with Population Health)

Uptake GM screening uptake improvement programme focusing on health inequalities

Effectiveness – FIT; Primary HPV screening; Targeted screening e.g. familial genetics testing (lynch etc.)

Lung Health checks phased sustainable roll out across all localities in GM initially through 3 localities (*Manchester, Salford, Tameside & Glossop*)

GP Education : Improve uptake of Gateway C Improving referral modules

Prehab4Cancer – 100% of patients offered appropriate prehab for Cancer before all treatment modalities

Integration of GM services - Delivery (i) established surgical (ISC) transformation programmes;(ii) GM-level psychology, SACT, lymphoedema, palliative care & acute oncology (iii) National service specifications

Advanced treatments – Ensure equitable access to latest treatments. Engage proactively in the national ‘Call for innovations/ investment fund’

Research – Improve access to trials for all patients (including shift towards early diagnosis research), investing in sample collection/ research expertise

Personalised Care
Ensure all appropriate patients have holistic needs assessment, care plan & health / wellbeing information

Personalised Follow up
Develop personalised tools & infrastructure, with initial focus on breast, prostate and colorectal before broader roll out to all patients by 2024

HPV – Deliver HPV vaccination programme in boys

Rapid Diagnosis Centres (RDC) –Through at least 2 RDCs 100% of patients having access by 2024

Genomics - Mainstream Genomic medicine across GM into all cancer pathways.

Deploy **National Quality of Life metric.**

Cancer Prevention Drugs - roll out in line with NICE Guidelines.

Accelerated timed Pathways – Adoption & further development across all disease pathways, using GATEWAY-C portal to improve awareness

MDT – Streamlining & standardisation with regular review of protocols, decision making and outcomes

Develop & **integrate PROMS** into digitally enabled personalised follow up tool(s) for all cancer pathways

Locality Cancer Priorities (Representing strategic commissioning & Provider Trusts)

Monitor, deliver, improve & sustain **CURE programme** (as above)

Screening – Develop & deliver screening uptake interventions through PCN & localities

Monitor, evaluate & deliver screening enhancements & **LHC program** in each locality

Prehabilitation – Partner in development and sustainable delivery of prehabilitation

MDT – Partner in MDT reform (see above)

Personalised follow up – Develop and sustainably deliver patient-friendly, digitally enhanced personalised follow up options

Monitor, deliver, improve & sustain **HPV vaccination programme** (boys/ girls)

Rapid diagnosis centres/ referral practice - multi locality planning & delivery for the local population through PCNs (GP referrals) and localities

Transformation - Partner in the setup and local delivery of improving specialist care models (ISC), psychology, SACT, lymphoedema, palliative care, acute oncology & national service specifications

Coordinate ‘people affected by cancer’ access to suitable **health and social care support** to enable effective personalised care/ follow up

Monitor, deliver, improve & sustain patient access to cancer prevention drugs in line with NICE defined targets

Accelerated timed pathways – 1) Monitor, deliver, improve & sustain & 2) Ensure sufficient local diagnostic capacity to deliver FDS

Genomics – Partner in the modernisation of pathology practice to integrate genomic medicine pathways into patient care in a timely manner

System dependencies

Population Health improvements in domains associated with cancer

Comprehensive access to **cancer intelligence** (eg FDS etc) to understand inequalities & evaluate progress

Deployment of digital radiology, digital pathology and radiotherapy **clinically-networked services**

Shared decision making tools