

Greater Manchester **Cancer**



Greater Manchester Cancer **Review of 2017**

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Foreword

Around 16,000 people in Greater Manchester are diagnosed with cancer every year. People in the area have a greater chance of getting cancer than the national average. Around 800 fewer people in Greater Manchester would have the disease if our incidence of cancer were the same as the England average. Despite this, our patient outcomes and system performance are in many areas among the very best.

In late 2016, a fully integrated cancer system across Greater Manchester and Eastern Cheshire came into being. Known as Greater Manchester Cancer, it brings together the knowledge and skills of cancer specialists and allows focused and coordinated improvement work to take shape.

Greater Manchester Cancer is part of the new devolved health and care system for Greater Manchester. Our vision is simple: we want to achieve world-class outcomes and experience for the people of Greater Manchester.

In January 2017, the devolved health and care system agreed a comprehensive plan for cancer across Greater Manchester. This plan gives a local focus to the framework provided by the national cancer strategy, Achieving world-class cancer outcomes. Building on previous activities, this ambitious plan hopes to bring curative treatment to an additional 1,300 people by 2021, and deliver huge benefits in other outcomes, patient experience and the streamlining of care. To achieve these objectives, Greater Manchester Cancer is overseeing a broad range of projects covering the whole pathway from prevention through to palliative and end-of-life care.

We work with many partners to achieve our goals, including, most importantly, a large number of people affected by cancer who are integrated into all our projects and boards, and who receive mentoring and training to help us design services around their needs. Our system ensures all voices are heard, including

all providers of cancer care (hospitals, primary care, community and social care), public health, councils, commissioners, the universities in Greater Manchester and the charitable or third sector.

Working as a system has enabled us to make more effective progress. In 2017, 150 more patients are estimated to be living with cancer for a year or longer, compared with 2016. Greater Manchester cancer patients now have a much higher chance of surviving cancer than previously: since the start of the millennium, patients' outcomes have improved such that over 2,000 more people are living a year or longer after diagnosis.

We have also made great progress in terms of patients presenting earlier with their disease, and hence having a greater chance of cure. Over the last five years, for example, the proportion of patients presenting as an emergency (with more advanced cancer) has reduced from 24 per cent to less than 20 per cent.

In 2017, we were able to present very exciting work on developing lung cancer screening that showed a huge benefit by targeting patients more effectively. The pilot project illustrated that more than 750 lung cancer patients could be diagnosed much earlier at a curative stage and therefore fully treated if the screening were rolled out in full across Greater Manchester. This work has earned international recognition and plans are in place to expand the programme nationally.

The annual National Cancer Patient Experience Survey published in 2017 shows that we continue to have better feedback than comparable city regions, with an average rating of 8.8/10 for our cancer care, and we continue to improve year-on-year.

In prevention, we have seen a three-fold increase in people giving up smoking in the last year, with 31,000 fewer adults smoking tobacco. As lung cancer is the biggest killer in Greater Manchester, this is excellent news and will save many lives in future years.

Greater Manchester also continues to be the leading cancer alliance in England in terms of achieving the national Cancer Waiting Times. Over the last three years, despite a growth in suspected cancer referrals of just under a third, we have continued to treat patients in a timely manner despite a backdrop where England as a whole has continued to fail the waiting time target.

Greater Manchester has been recognised nationally and internationally as a system leader for cancer. Along with our London partners, we have come together as the national Cancer Vanguard, designing and testing new models of care for cancer patients before a broader rollout across England. The projects we have developed as part of this programme have delivered some notable successes. This year we also received a delegation from the Netherlands wanting to replicate some aspects of our system approach to cancer.

Despite these successes there remains huge ambition to transform cancer care across the whole of Greater Manchester. This review highlights the progress we have made in the last year, and looks forward to continuing improvements.



Richard Preece
*Chair of the
Greater Manchester Cancer Board*



Dave Shackley
*Medical Director of
Greater Manchester Cancer*

Prevention and screening

Research shows more than 40 per cent of cancer cases are preventable, which means that some 6,000 of the 16,000 cancers diagnosed in Greater Manchester and Eastern Cheshire each year could be avoided. This is why we have devoted significant resources to cancer prevention and early detection.



Cancer champion Gilbert Morgan, who was diagnosed with prostate cancer in 2014, helps raise awareness about the disease

Cancer Champions

The cornerstone of our prevention work is a movement to recruit 20,000 Cancer Champions across Greater Manchester. This is a unique and revolutionary initiative that aims to mobilise communities to take control of their own health and wellbeing. Cancer champions are individuals who share cancer prevention and early detection messages among their families, friends and colleagues, encouraging people to take an active role in their health and wellbeing.

Led by the third sector, the project has the potential to be a truly radical way of driving real change in our communities and has gained powerful insights into the priorities communities feel are important for improving

cancer prevention. Officially launched in January 2017, we now have more than 2,000 Greater Manchester cancer champions.

We have developed a digital platform which will support this movement

by helping cancer champions broaden their knowledge, improve access to information and enrich their social networks. The platform – <https://www.icangm.co.uk/> – will also support people who have already received a cancer diagnosis by providing a directory of organisations, services and resources for people living with and beyond cancer.



Smoking

Smoking remains the largest single cause of cancer in Greater Manchester, representing half the preventable cases and we have launched an ambitious plan to reduce smoking at a pace and on a scale greater than any other major city region in the world. We plan to reduce adult smoking rates from the 20 per cent it was in 2015, to 13 per cent by 2021. By 2027 we aim to make smoking history altogether, delivering a tobacco-free generation and reducing adult prevalence to less than five per cent.

Excellent progress was made in the last 12 months, with the smoking rate falling from nearly 20 per cent of adults to the current rate of just over 18 per cent – this means more than 31,000 people in Greater Manchester quit smoking in the last year, much higher than the long-term quit rate of 10,000 per annum.

The success of Greater Manchester's Making Smoking History strategy depends in part on gaining insights into the behaviour and attitudes of smokers. Our Vanguard Innovation programme over the last 18 months has funded various projects to give us a much clearer picture of the obstacles

to quitting among our smoking population. We used this understanding to amplify the national Stoptober campaign.

Our delivery is building pace in 2018, with an integrated multi-media smoking quits campaign, Don't Be The 1, and the introduction of the CURE stop smoking programme, involving hospitals and the community. The CURE programme involves a series of evidence-based steps starting in hospitals, proven to support long-term quits, and builds on innovation just reported in Ottawa, Canada. This could save many hundreds of lives each year if the benefits seen in Canada are translated to Greater Manchester.

People across Greater Manchester are being invited to become history-makers and take part in a conversation and survey about our plans to deliver a tobacco-free future, breaking an inter-generational cycle of tobacco harm.

Cancer Research UK has also worked to urge all 10 local authorities in Greater Manchester to sign up to the Local Government Declaration on Tobacco Control – a statement of commitment made to prioritise tobacco in public health work, and to deliver comprehensive action on tobacco locally.

One in every two smokers will die from a smoking related illness.

Don't be the one.





Screening

Screening plays a vital part in the early detection of cancer, allowing the detection of disease at an earlier stage when it is most often curable.

In Greater Manchester more than 300,000 people access bowel, breast and cervical cancer screening annually: the number of people who have had a cancer detected by screening has almost doubled over the last 10 years. However, historically Greater Manchester has a lower uptake of cancer screening compared with other places in England. There are many reasons for this.

To try to improve screening uptake, we have used the latest theories about behaviour to

test and inform the content of the letters that invite people to cancer screening. We expect this work to improve uptake, especially among those people least likely to participate in screening.

We are working with those organisations that provide screening to better understand why some patients do not attend appointments. We want to ensure appointments include experiences that patients feel should always happen, improving the individual's experience of screening. We also want to identify 'teachable moments', specific events or circumstances that could increase the likelihood of someone changing their behaviour and ultimately reduce their risk of preventable cancer. In addition, we always look to learn from best practice elsewhere to drive improvement.

Bowel cancer screening uptake continues to be below the national average in Greater Manchester, with large variations in uptake across different demographic groups and populations. We commissioned in-depth qualitative insight to better understand our population and address their barriers to engagement. We have developed a bespoke 'Get-Talking Bowel Spoken Word Toolkit' which enables individuals, cancer champions and healthcare professionals to influence those least likely to engage and motivate them to participate.

Lung Health Check Pilot

A lung health check project, offering smokers and ex-smokers free health checks and scans in supermarket car parks, is already saving lives in Manchester.

In a unique experiment in an inner-city area, the lung health check pilot scanned more than 2,500 people in several areas of Manchester where smoking levels are high, and discovered many cases of very early treatable disease. In lung cancer it is rare to find people with early disease and average survival rates are very low compared to other cancers.

The pilot screening project demonstrated that 80 per cent of the 42 cases of new lung cancer, diagnosed from 14 GP practice areas, were early-stage diagnoses and thus curable.

The results have drawn international interest, with NHS England wanting to support an expansion of this pilot across England in 2018 and beyond. We are exploring the feasibility of expanding the lung health check work across Greater Manchester. We aim to identify more cancers early enough to be treated.

The pilot was funded by Macmillan Cancer Support and Manchester Health and Social Care Commissioning (MHCC) through the Macmillan Cancer Improvement Partnership (MCIP). It was devised and implemented by Manchester University NHS Foundation Trust (MFT) and MCIP and underpins the importance of collaborative working across

the healthcare sector. A significant research study ran alongside this pilot - please see p25

Michael Brady (pictured), aged 64, was one of those diagnosed with lung cancer. He said:

‘They told me I had early-stage lung cancer but because they caught it early, my doctor said they could treat it and told me not to worry. This lung scan saved my life. I could have gone for two or three years without realising but thankfully they have caught it at the right time.’



Practice Cancer Champions

A separate Cancer Research UK project is delivering an education and training programme called Practice Cancer Champions. This is for non-clinical staff in GP surgeries across Greater Manchester, equipping them with knowledge about cancer prevention, risk factors and the importance of screening.

More than 110 practices now have a Practice Cancer Champion where they lead on delivering evidence-based interventions to improve the uptake of screening. Examples of the benefits include identifying and contacting people who have not responded to bowel screening opportunities, or helping patients understand how to complete the bowel screening kit. Further training sessions are planned in 2018 to develop more expertise in cancer within GP surgeries.

Early diagnosis

While cancer survival is improving, England still lags behind other comparable countries, remaining about 10 per cent lower than the European average.

Early detection of cancer greatly increases the chances for successful treatment and is, therefore, key to improving our cancer survival rates. One of the principal reasons for the UK's lower survival rate is that many cancers are not diagnosed early enough. As such, we have launched a series of initiatives to improve the numbers of cancers diagnosed at an earlier stage. These focus on encouraging people to visit their GP as soon as possible, ensuring the timely referral of suspected cancer, and rapid access to high-quality and responsive diagnostic and treatment services.

We are developing an innovative online system to allow individuals to refer themselves to a GP for further investigations for suspected cancer. This patient self-referral platform, which is being developed in conjunction with the University of Manchester, allows individuals, with appropriate supervision, to assess their symptoms and if necessary refer themselves to a family doctor.

Users of the system answer a series of questions and a computer formula then calculates the likelihood that they may have cancer and hence the need, or not, for a GP assessment. The system aims to help overcome some of the barriers that prevent people contacting their GP. For users who don't have significant symptoms, the programme can also calculate the individual's risk of developing cancer in future and offer realistic lifestyle advice. A pilot scheme to test the project is under way.

Progress in pathology

We've embarked on a project to test out the latest technology in cancer pathology. The scheme explores the benefits of digital pathology, also known as virtual microscopy. This innovative technology is based on capturing digital images of tissue samples.

Currently, pathologists - doctors who make decisions on the type and nature of the cancer by reviewing biopsies - examine samples on glass slides under a microscope. If the specialist needs a second opinion, the slides typically have to be transported to another site.

The technology being trialled allows a digital image to be shared among specialists, regardless of their location, so they can reach a diagnosis more quickly. Broad adoption of this technology in future will put Greater Manchester in a position where it can benefit from computer-aided diagnosis, a likely development in the coming few years which will support the doctors in making accurate diagnoses more quickly.



Laurence Smythe, from Hale, was treated at a multidisciplinary diagnostic centre after complaining of stomach pains. He was given peace of mind after an infection was diagnosed, an outcome he described as 'absolutely joyful'.

Faster diagnosis

A successful scheme took place earlier this year to test a faster diagnosis clinic that aims to limit to seven days the time between a GP referral and a cancer diagnosis. The clinic – a multidisciplinary diagnostic centre – brings together under one roof a number of cancer specialists and offers patients a range of investigations to deliver a speedy diagnosis. A pilot project at Withington Community Hospital identified a number of cases of cancer more quickly than if the patients had followed a conventional pathway. On average, patients received their diagnosis more than two weeks sooner than normal. It also gave peace of mind to those individuals who did not have cancer.

Greater Manchester is one of five national pilot areas for an initiative known as ACE – Accelerate, Coordinate, Evaluate – that also aims to improve early diagnosis performance. The ACE project is being piloted at the Royal Oldham and Wythenshawe hospital sites and has been funded initially by NHS England, Cancer Research UK and Macmillan Cancer Support. It is aimed at patients with non-specific but concerning symptoms. The project involves GPs carrying out a series of tests before referring to a specific clinic where same-day investigations and results are available.

The first six months have been very encouraging: the average referral to diagnosis rate is 20 days, against the forthcoming

national 28-day standard (to be adopted by 2020). On the Oldham site, more cancers were diagnosed than would normally be seen on initial referral. The pilot is being nationally evaluated and an interim report is expected in March 2018.

We have also had considerable success with another project in Bolton. It focuses on three types of cancer – upper gastrointestinal (GI), lower GI and lung – and aims to give patients a confirmed diagnosis or exclusion of cancer within 28 days of a referral from a GP. This is achieved by fast-tracking patients with concerning symptoms straight to tests which confirm whether or not they do have cancer.

Patients diagnosed with cancer as an emergency have a much worse outcome than patients diagnosed via a managed pathway. Through our early detection and diagnosis plans, Greater Manchester Cancer and partners are seeking to reduce the number of people diagnosed by this route.

To help us make improvements, Cancer Research UK is working with CCGs, Macmillan GP leads and individual general practices to encourage doctors to reflect on the patient's journey in such cases by completing a Significant Event Analysis (SEA). This work has helped identify areas to improve. Projects such as this have led to the marked reduction in patients being diagnosed with cancer after an emergency presentation.

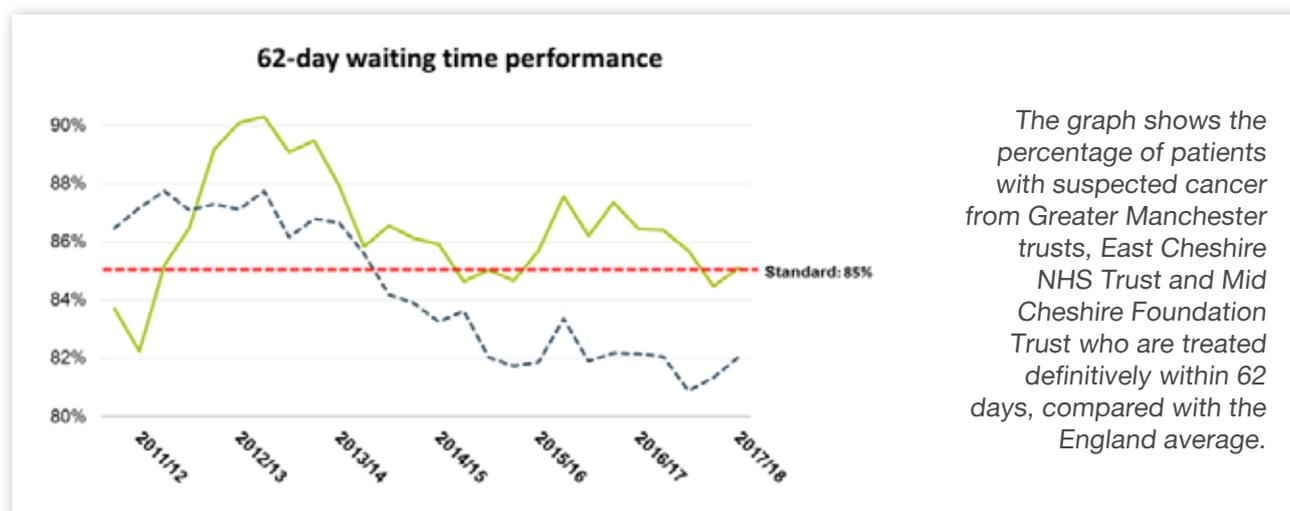
Improved and standardised care

Every year, GPs refer more patients with a suspicion of cancer for urgent assessment. There has been a 28 per cent growth in the number of such referrals in Greater Manchester in the last three years.

Where cancer is confirmed, patients should be treated definitively within 62 days in the vast majority of cases. The performance of Greater Manchester's cancer network is rigorously assessed against this standard and compared to other areas of England.

We are glad to report that, in terms of our 62-day wait performance, we have continued over a number of years to be the

top performing cancer 'alliance' in England. Compared with comparable conurbations, we are seeing 50 per cent more patients within seven days of referral. Nevertheless, while we continue to meet the national minimum standard, we are committed to improve our performance and treat patients more quickly. As such, we have detailed plans to substantially improve our performance, many of which are outlined in this report.



Cancer Vanguard

Along with our London partners at the Royal Marsden and University College London Hospitals, Greater Manchester is a partner in the national Cancer Vanguard, designing and testing new models of care for cancer patients before a broader rollout across England. Many of the projects are designed by NHS staff from Greater Manchester. The vanguard has had access to a £14million fund over the last 18 months to test new ideas, some of which have led to improved patient experience and outcomes and are being integrated into normal practice.

One of the main projects is testing and then providing guidance for the broader NHS on how best to investigate and treat cancer patients in the four 'high priority' areas (lung, bowel, oesophageal/stomach and prostate cancer) where the impact of slow diagnosis is most keenly felt.

The principle is to describe the 'best practice timed pathways' and associated support and guidance so that all patients across the country can benefit from advances in streamlined diagnosis and treatment seen in leading centres.

Multi-disciplinary team cancer meetings are being reformed.

For example, in Greater Manchester, with full adoption of the lung cancer proposal (refined for our system), we plan in the near future to treat everyone referred in with suspected cancer within 28 days, rather than the current 62 days. This requires hospitals to better coordinate care, including sharing scanners, reporting results more quickly and supporting patients to manage their own care.

Greater Manchester is co-leading a national conference to share the four pathways with partners from around the country in February 2018, and, alongside NHS England, published preliminary guidance for cancer alliances in autumn 2017. The ambition is for all alliances in England to fully adopt all the 'vanguard-designed' pathways by 2020.

Multi-disciplinary teams

Another area of continuing reform is in the multi-disciplinary team cancer meetings (or MDTs). These are compulsory meetings where all suspected or proven cancer cases are discussed and care coordinated and agreed by doctors, nurses and other professionals. Because of the increasing numbers of patients, it is becoming more difficult to hold detailed discussions of the most complex cases. The reform and restructuring of MDTs in Greater Manchester is allowing us to minimise variations in care, offer more research opportunities and ensure the right

people are always present during complex discussions. Lung and colorectal cancer have been early priorities and in 2018 we will expand this work into other cancer areas.

In Greater Manchester, we benefit hugely from a series of coordinated, clinically-led pathway boards, where experts in certain cancer conditions come together from across the city region to agree and coordinate improvement work. Only London has a similar comprehensive clinical network with formally agreed improvement plans.

In the last year we have developed a new Psychological Support Board, a key priority for our patient group, and in early 2018 we will also set up a further two boards in primary care and in genomic medicine.

Our pathway boards have been working to develop system-wide guidelines, protocols and quality standards to improve and standardise the cancer care that the people of Greater Manchester receive. They have worked extensively with colleagues, commissioners and people affected by cancer to begin to change services to deliver these best practice standards.

In an exciting development, one of these boards – the Palliative and Supportive Care Board – is chaired by a patient, demonstrating our determination to ensure people affected by cancer are at the heart of the decision-making at our clinically-led pathway boards.

Key developments from our pathway boards in 2017 include:

Blood and lymph node (haematological) cancer

In late 2017 we agreed a new model of testing and diagnosing this type of cancer so that we will be able to offer a streamlined, comprehensive service rather than sending up to 50 per cent of our samples to neighbouring cities for analysis. This will mean quicker results for our haematology patients and a more rapid diagnosis.

Hepato-pancreato-biliary (HPB) cancer

A more rapid diagnosis of this group of cancers can be achieved by having a system-wide jaundice pathway and series of integrated jaundice clinics. In 2017, significant progress was made in this process and a fast-track referral process for surgery at the specialist centres has been refined, leading to better outcomes for this often aggressive group of cancers.

Lung cancer

Lung cancer remains the biggest single cause of premature death in Greater Manchester. Alongside work on tobacco use, the lung board has redesigned the pathway for patients to ensure faster diagnosis. This 'optimal lung pathway' will be in place in 2018, and our ambition is for patients to be seen within 14 days of suspicion of lung cancer. To achieve this, the pathway board has developed a new patient-centred surgical referral pathway and a complex early-stage lung cancer MDT clinic, as well as new treatment algorithms, or formulas, for chemotherapy and radiotherapy pathways. All of this will set the standards required to deliver an efficient, high-quality lung cancer service, and the work is being seen as a model for others to follow across England.

Urological cancer

Our specialists lead the national work on describing, testing and refining the most effective way of speedily diagnosing and treating prostate cancer. The new use of MR scanning and new biopsy techniques have meant a new approach had to be developed. The project will deliver faster diagnosis and reduce the need for prostate biopsies (which are often uncomfortable for patients and have significant associated risks). The national rollout of this work will be complete by 2020 with earlier implementation in Greater Manchester.

Gynaecological cancer

We aim to create a 'single service' for these cancers to ensure an equitable approach to treatments, robotic surgery and trials and new treatments. We also aim to develop one-stop clinics to fast-track diagnosis.

Colorectal cancer

The pathway board will be rolling out the 'straight-to-test' pathway for almost 70 per cent of all GP referrals in 2018. Currently, patients have to see a specialist first before any tests: going straight to test will reduce the time to diagnosis and treatment by 7-10 days. Work will also complete in early 2018 on reforming the MDT process to further speed up treatment times.

Acute oncology

In 2017 the acute oncology pathway group carried out a review which highlighted additional needs in the services we provide, plus a patient experience survey to understand patients' needs when presenting with acute complications of their cancer. In response,

we have developed a service specification for acute oncology aiming to enhance patient experience, clinical effectiveness and health outcomes, and maximize efficiency of our services for all patients.

Head and neck cancer

Human papilloma virus (HPV) vaccination is currently offered only to girls in England but there is a growing problem with HPV infections causing more cancers in our population. Greater Manchester clinicians are examining the case for extending vaccination to schoolboys, and there is a significant engagement programme with patients affected by cancer and local schools. This board is also testing, with CRUK, the use of an information bus with a pop-up clinic examination room in city centre locations, and will be providing public information sessions on the risks of head and neck cancer and signs and symptom advice.

Upper GI cancer

2017 saw much preparatory work taking place prior to a major reconfiguration of services in 2018. This will allow all patients across Greater Manchester to access the same high-quality care, no matter where they live. It will mean more access to research opportunities and innovative treatments, and patients can expect better outcomes in oesophageal and stomach cancer as a result.



Greater Manchester recently secured a large grant from the Health Foundation to develop ERAS+ (Enhanced Recovery After Surgery+). This will be developed further into a comprehensive programme for all patients across the city region within two years. ERAS+ is an innovative package of measures delivered to patients before and after major treatment for cancer. These will be delivered according to patient need, and care can be given in the community, GP practices or hospitals. The packages involve improved education for patients to facilitate better self-care and management. The emphasis will be on promoting long-term wellbeing and will involve digital support tools and other resources to support patients and their relatives.

The Christie Cancer Centre became only the seventh site in the world to host a pioneering MR-guided linear accelerator radiotherapy machine. This technology combines magnetic resonance imaging (MRI) scanning and tumour-busting radiotherapy treatment in one machine. Known as an MR-linac, it locates tumours very precisely, tailoring the shape of the x-ray beams to lock on to the tumour during treatment, even when tumour tissue is moving, for instance in the lung as a patient

breathes. Once fully operational in 2018, the machine will deliver some of the most precise radiotherapy available in the UK.

The Christie also opened the doors in 2017 to a new £7.6m day patient centre, the Integrated Procedures Unit (IPU), a state-of-the-art facility that brings together five services under one roof: plastic surgery, endoscopy, radiology, pain management and day case procedures. It aims to shorten waiting times and offers patients a more seamless experience of their care, while its longer opening hours mean it is more convenient for patients who have to fit appointments around work.

The first patients are due to be treated at the UK's first high-energy proton beam therapy (PBT) centre at The Christie in August 2018. Proton beam therapy is a specialist form of radiotherapy that targets certain cancers very precisely, reducing side-effects and improving rates of success. The therapy is particularly appropriate for certain cancers in children who are at risk of lasting damage to organs that are still growing. The Department of Health and NHS England are funding the centre and a similar site at University College London Hospitals NHS Foundation Trust. Both sites will treat up to 750 patients a year.



Artist's impression of the PBT centre at The Christie



Using medicines better

Greater Manchester has led the way in developing a new approach to the provision of cancer medicines. Our pharmacists have been at the forefront of a project to find innovative ways of working with the pharmaceutical industry that deliver better results for patients. As part of a project known as the Pharma Challenge, we asked commercial partners to work with us on the basis that they knew best how to get the most from their medicines. The collaboration resulted in six partnerships with the pharmaceutical industry, including a project to deliver a cancer treatment out

of hospital, and an education scheme to introduce hospital staff to a new generation of medicines known as biosimilars. The introduction of biosimilar medicines will support greater access to more cancer medicines, especially new treatments.

Meanwhile, Macmillan Cancer Support opened their latest information centre at Tameside Hospital, their eleventh such service in the Greater Manchester and Eastern Cheshire area. Work is also due to start on an extension to the information centre at Wythenshawe Hospital. Macmillan's investment in services in Greater Manchester in 2017 reached more than £6m.

Living with and beyond cancer

We are developing options for suitable patients to select 'streamlined' aftercare (sometimes called follow-up) in Greater Manchester that is better tailored to their needs. This is a more personalised approach, initially for those patients who were treated at early stages of breast, colorectal and prostate cancer. It will mean many more patients do not need to constantly travel back and forth to hospital for frequent follow-up when the risk of their cancer returning is low. A digitally enhanced clinical service will coordinate the surveillance tests in a more structured way. This service is up and running in some areas of Greater Manchester and will be extended over the next 12-18 months for all suitable patients.

Treating the individual

A new broader plan to create 'bespoke' packages of care across all cancer types is well under way. This 'recovery package' will be available for all patients nearing the end of their treatment by 2019. The package, developed by Macmillan Cancer Support, will improve the quality of life and the general health and wellbeing of patients. It will also give them the confidence to



manage their conditions themselves, as well as freeing resources to allow healthcare staff to focus on new patients and those with more complex needs. The recovery package includes a thorough assessment of a patient's needs, and a plan that spells out how these will be addressed. It also includes a summary of the different stages of treatment that a patient has had, and an invitation to a health and wellbeing event. Our hospital trusts are working well together to make this ambition a reality.

We are also testing a web-based system that helps those cancer patients whose disease cannot be cured make crucial decisions about their treatment. This digital platform, known as Can-GUIDE (Cancer Goal Use in Decisions), features a series of films based on real experiences that help patients explore the implications of certain courses of treatment. Individuals can see how patients in similar situations to themselves arrived at decisions about what they wanted and expected from their care. This work is part of a programme of work that enables patients to formally record their goals and values, and give details of what they hope to achieve from their care.

Supporting our patients

Palliative care is an important part of cancer services and we are developing an approach for Greater Manchester that is standardised and fair to all patients. There is a plan to begin testing and evaluation of enhanced access models for seven-day face-to-face specialist palliative care advice and support in two early adopter localities in 2018. Our longer-term ambition is to provide access to specialist palliative care support seven days a week for patients whatever the setting, whether in hospital, in a hospice or in the community. Therefore the funding will include the development of a wider enhanced seven-day specialist palliative care implementation plan for other areas across Greater Manchester.

We are leading the way in developing services that are better designed to meet the needs of cancer patients. Enhanced supportive care (ESC) is designed to prevent and manage the adverse physical and psychological side effects of cancer and cancer treatment. The national clinical lead for the ESC programme is Manchester-based. ESC allows for the delivery of a package of care to patients very early in their cancer treatment. This has been shown in a research setting to produce better outcomes for patients and may even extend their lives. A number of principles underpin the care pioneered at The Christie, including teams working together more closely and harnessing technology to improve communications.

In 2018 we are reviewing our acute oncology services with plans to widen the same or next-day access to urgent oncology services with 'drop-in' clinics and a city-wide telephone advice service. This will allow patients to access specialists in a much more timely way and enable people to avoid being admitted to hospital, instead receiving better care in the community.



Governance and accountability



Greater Manchester aims to implement in full the key recommendations of the national cancer strategy by 2021. The creation of the Greater Manchester Cancer Board is a significant step in that direction. The separate cancer commissioning and provider boards have been dissolved, and the new board that replaces them brings together people affected by cancer, commissioners and providers of cancer services, and representatives from public health, primary care and cancer education and research.

The Greater Manchester Cancer Board is responsible for the implementation of the cancer plan for the area, *Achieving World Class Cancer Outcomes: Taking Charge in Greater Manchester 2017-2022*. It collectively holds the system to account for its performance across the whole cancer pathway and provides a mechanism for scrutiny and accountability across partner organisations.

It also actively manages and holds to account Greater Manchester's cancer clinical network, Greater Manchester Cancer, along with Greater Manchester Cancer Vanguard Innovation, which is part of the national Cancer Vanguard.

A new team – Greater Manchester Cancer – provides clinical and managerial leadership and support to the whole cancer system in the area. It also monitors progress against the milestones of the Cancer Plan.

The Greater Manchester cancer pathway boards are the primary source of clinical opinion to Greater Manchester Cancer. These boards are made up of colleagues from across the region and across the professions involved in the pathway. The boards agree a programme of work that aims to deliver improvements in clinical care and patient experience.

Patient experience and user involvement

Patients in Greater Manchester generally rate their experience of cancer services very highly, and the latest figures from the 2016 National Cancer Patient Experience Survey are encouraging. When asked to rate their care on a scale of zero (very poor) to 10 (very good), patients gave an average rating of 8.8, which is a slight increase on the previous year.

Through the Vanguard Innovation work, we have been trialling a system to capture and analyse feedback from cancer patients in Greater Manchester and Eastern Cheshire. The system has been commissioned from iWantGreatCare (iWGC), the single largest source of patient feedback in the world and a company that operates in 23 countries. It provides real-time feedback from cancer patients at every stage in their treatment journey, and it aims to improve patient experience and ensure patients and their families play an equal role with clinicians in shaping cancer services. Alongside this, our service user representatives have continued to support the development and design of patient experience surveys being developed for different types of cancer.

Greater Manchester Cancer has continued work with Macmillan to further develop the User Involvement Programme which is supported by a dedicated team. It is a cornerstone of cancer services in Greater Manchester that People affected by Cancer (PABC) should continue to play a meaningful role and are effectively integrated into all stages of how we design and deliver our services.

This year, the programme has continued to build on the solid foundations established during its first two years. Our pathway boards oversee services for each different type of cancer, and there are now two Service User Representatives on every pathway board, ensuring the patient voice is embedded in everything we do. The programme has



developed small communities for eight of the pathways: these bring together a broader range of PABC who get involved and bring their views to the work of the pathway boards. Two Service User Representatives also sit on the Greater Manchester Cancer Board, bringing the voice of PABC to the city region's strategic work – and are valued members of the board.

A recent external evaluation of the programme showed a positive shift in culture: our Service User Representatives reported that

professionals treat them as equal partners in the work we do and value their contributions. Our professionals stressed the importance of having user involvement from the very beginning of service redesign and commented on how this has been extremely valuable in the development of our work.

The patient voice has never been more important and Greater Manchester Cancer can now call on a group of more than 100 PABC to use their insights and expertise in developing services.



A patient's perspective

Saeed Shakibai, aged 67, was diagnosed with colorectal cancer in 2009. He is now an active Macmillan service user representative who helps to shape new ways of delivering cancer services.

“Whether you are diagnosed with cancer or know someone with cancer, you know it is hard to swallow. But accept it you must, and moving forward is the only option. You find yourself fighting the dark clouds daily and looking for a ray of sunshine. I found my ray of sunshine in the User Involvement Programme.

I realised Greater Manchester Cancer worked closely with Macmillan on many projects, and through the User Involvement Programme I could be involved too. I

realised people want service users like me to be involved, and value the inside knowledge we have, based on our close encounter with cancer.

In the last two years I have been involved in a number of projects, working very closely with clinical and non-clinical people who are giving their every waking hour to finding new ways to improve cancer services. I've seen at first hand how schemes such as Gateway-C, the online platform that helps GPs detect cancer symptoms, can make a major difference to the way we do things.

I am sure my colleagues would agree that I like to get to grips with a subject and challenge conventions. This isn't because I like to create difficulties but because I genuinely care about the way services are developed. However well-intentioned the clinicians and other health professionals are, they can't always see things from the patient's perspective. That's where I come in.

I can sense real urgency in the way we're improving cancer care in the area. Things are changing for the better, in some cases very quickly. The people I work alongside have a strong sense of purpose.

I used to be angry about my cancer – now I'm passionate about being involved and making a difference, and it is because of my cancer that I've met so many wonderful people. How good is that?!”

Research

Our research strength and capability continue to grow, delivering world-leading and life-changing research for the benefit of our population. At The Christie NHS Foundation Trust alone, one in seven patients were offered therapies through participation in research studies.

Our research focuses on prevention and early detection, developing personalised medicine approaches that target specific therapy to an individual's cancer, through to living with and beyond cancer. We are investigating everything from understanding the molecular and cellular basis of cancer to the development and testing of novel treatments.

In April 2017, the National Institute for Health Research (NIHR) Manchester Biomedical Research Centre (BRC) came into being. It provides more than £12m of funding for the discovery and translation of lab-based science into cutting-edge treatments. The three cancer themes – advanced radiotherapy, precision medicine and prevention and early detection – are making good progress and plans are already in place for the development of further themes, such as survivorship, in time for the next competition in 2022.

The NIHR Manchester Clinical Research Facility (CRF) at The Christie received renewal funding of £4.5m (as part of £12.5m awarded to a unified The NIHR Manchester CRF) for the continued development of specialised early-phase cancer experimental research infrastructure. A main aspiration over the next few years will be on increasing the quantity and quality of clinical research and to provide access to these trials for the more impoverished and ethnically diverse communities. In September 2017, a £3m investment expanded the unit to provide more experimental cancer medicine treatment facilities and an improved patient experience. The expansion will help Manchester build on its success as the leading experimental cancer medicine centre in the UK, to become one of the largest in Europe by 2020.

Our research partners

Salford Royal Foundation Trust and The University of Manchester were awarded £6.7m NIHR funding for the next five years to help Greater Manchester continue innovative research into patient safety in primary care and across transitional care settings on issues such as informatics, medication safety and safer care for marginalised groups.

Manchester Cancer Research Centre successfully renewed its status as a Cancer Research UK 'major centre', one of only two such centres in the UK, and attracted £39m funding over the next five years. Cancer Research UK itself invested £26m in research in Greater Manchester in 2016-2017.





In August 2017, the research community in Greater Manchester received a significant boost when Professor Rob Bristow from Canada, one of the world's leading prostate cancer experts, took up post as the Director of the MCRC. Professor Bristow is currently leading a refresh of the cancer research strategy across Greater Manchester. This will focus on partnership working to deliver world-leading research for the improvement of patient outcomes. We were able to recruit

many other scientists of international repute to Manchester in 2017 and our standing as an international cancer research centre continues to grow.

The year was our strongest to date for patient recruitment to cancer trials. This was reflected in the annual NIHR research activity league table which Greater Manchester topped in terms of patients recruited per 1,000 of population.

Research innovation

Many breakthrough studies changed the lives of our citizens in 2017. One case featured a Rochdale breast cancer patient who had already tried nine different treatments. She had been fighting secondary breast cancer since being told in 2004 that her cancer was treatable but not curable. She became the first patient in the world to be given an exciting new combination of immunotherapy drugs.

Researchers from The Christie and the University of Manchester are also set to lead a new precision medicine study for prostate cancer as part of a major new research programme launched by Prostate Cancer UK. The research drive will tailor treatments for men based on the genetic make-up of their cancer – a move which has the potential to extend the lives of 9,000 men every year in the UK. Prostate Cancer UK has awarded £1.4million to the nationwide study.

Greater Manchester scientists led a review showing that ovarian cancer survival rates in the UK could be improved by 45 per cent if patients were treated in specialised, regional centres rather than general hospitals. Their work proved that the survival rate improvement, from the average of two years to about three years, would not require new treatments but, rather, the optimal use of currently available surgical techniques and drugs.

The Manchester surgical oncology group led a study which found that a number of people with rectal cancer will be able to avoid surgery, without their treatment being undermined. The work showed that, for about 15 per cent of patients, the cancer completely disappears after having just chemo/radiotherapy treatment without surgery.

The Christie pathology breast tumour team, with partners across Manchester, carried out the analytical work for a multi-centre clinical trial. The results showed that around a quarter of women, with a type of breast cancer known as HER2 positive, who were treated with a combination of targeted drugs before surgery and chemotherapy, saw their tumours shrink significantly or even disappear. This ground-breaking result offers the opportunity to tailor treatment to individual women.

Increasingly, the concept of personalised and precision medicine treatments, developed through research, will become more widespread – patients will benefit as treatments become more specific to the sub-type of cancer, meaning more effective treatment and fewer side effects.



The future

A clinical research study linked to a landmark community screening pilot is helping to revolutionise the detection of lung cancer. The feasibility study was set up to run alongside the pioneering Manchester Lung Screening Pilot, the UK's first NHS community-based, CT lung cancer screening service (see page 09)

The pilot invites people at risk of lung disease to attend a lung health check at a special facility in a supermarket car park. More than 800 participants have been recruited to the study while attending their check-up.

The team behind the study is based at University Hospital of South Manchester NHS Foundation Trust in the Thoracic Oncology Research Hub (TORCH). With funding from Cancer Research UK Manchester Institute, TORCH has collaborated with a number of experts from across the field of lung disease and the team is excited by the study's potential.

The Manchester Lung Screening Pilot has already delivered hard evidence that CT scanning of high-risk people helps identify lung cancers sufficiently early to cure them. Now the study could help identify a biomarker and provide definitive criteria to determine which people should be given the potentially life-saving CT scans.

Education

We have created an online platform to help GPs and other primary care professionals detect the early signs of cancer which is currently being rolled out across Greater Manchester and Eastern Cheshire and the north of England. Gateway-C features interactive films, based on real-life consultations, and other resources to help family doctors make cancer referrals more efficiently. Almost one fifth of patients who are diagnosed with cancer in Greater Manchester are diagnosed in A&E departments. Very often, patients are diagnosed too late to benefit from effective treatment. Gateway-C helps our efforts to diagnose cancer earlier and its online content has been developed with the expert guidance of GPs themselves.

Gateway-C's learning zones have been accredited by the Royal College of GPs and endorsed by Cancer Research UK. A pilot study to assess the scheme's effectiveness showed that GPs rated the learning zone as excellent: more than 90 per cent said they referred back to their learning during consultations and almost 95 per cent said it had helped them with referrals. Nearly 400 of the city region's 500 GP surgeries have so far signed up to Gateway-C's learning zones.

Our strategy

Greater Manchester now benefits from a cancer education strategy that sets out our ambitions for educating those health professionals who work in cancer services. By ensuring our workforce is well trained and educated we can deliver on our ambitions to provide world-class services for patients.

The vision is that everyone involved in cancer prevention and care will have access to world-class training, education and information. The strategic education plan aims to raise standards across Greater Manchester by providing this level of education and training.

A range of initiatives will contribute to our long-term goals right across the spectrum of cancer services, from cancer prevention to living with and beyond cancer. For example, we aim to train our health and social care workforce to become ambassadors who can help public health messages about lifestyle and screening reach a wide audience.

One of our main priorities is to ensure that the progress we make in the area of research is rapidly translated into practice, so that patients benefit from breakthroughs in research as soon as possible. We will also create a forum for our doctors, nurses and other professionals to share ideas and best practice, as well as support and promote best practice in any way we can.



