

APPENDIX 2

TAMESIDE AND GLOSSOP INTEGRATED CARE ORGANISATION INTENTIONS AND ACTION PAPER

The table below provides an update on the contributions required by provider trust (T&G ICO) to meet the level of ambition across Greater Manchester; these will be developed further and have been incorporated into the Local Delivery Plan.

	What do we need to do? - Update on the local position and next steps required.	When
1	<p>Deliver a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two –</p> <ul style="list-style-type: none"> Work with commissioners to agree data collection trajectories to ensure robust and timely staging data collection <p>Local Actions Required</p> <ul style="list-style-type: none"> Greater Manchester Cancer Volunteers – Raising awareness and Changing Behaviour Implement the NICE suspected cancer referral guidelines Improve adherence to NICE suspected cancer referral guidelines Support pathway-specific efforts to deliver earlier and better diagnosis Encourage Serious Event Audits (SEA) Develop rapid cancer investigation units Pilot patient self-referral Reduce diagnostic waiting times Contribute to regional improvements in diagnostic services Agree data collection strategies to ensure robust and timely staging data collection. <p>Local Current Position</p> <ul style="list-style-type: none"> Work in progress within the Trust to improve access times and introduction of straight to test referral pathways Local Be Clear on Cancer roadshows promoted within T&G In addition to existing performance management mechanisms within the Trust, a dashboard has been developed to track and monitor performance against 6 KPIs of the GM Cancer Plan New straight to test pathway in place for Lung Cancer – SOP being tested and refined <p>Next Steps</p> <ul style="list-style-type: none"> Refine new straight to test lung pathway and incorporate lessons learnt Introduce more straight to test pathways into endoscopy Implement straight to test for breast cancer pathway <p>Reduce the proportion of cancers diagnosed following an emergency admission</p> <ul style="list-style-type: none"> Support primary care implementation strategies for all patients diagnosed as an emergency to have their cases looked at through a Significant Event 	By June 2017
		By December 2017

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	<p>Local Actions Required</p> <ul style="list-style-type: none"> • Audit of patients diagnosed with CA following an emergency presentation, including data from across the whole clinical pathway. • Analysis of the data provided from the Diagnosed with CA following Emergency presentation audit, assess the key reasons for the late presentation in to the specialist services. • Establishment of cross care working group to develop an Action Plan and implement. • Encourage the use of the Gateway C programme throughout the ICO FT. • In cooperation with local community and religious leaders develop a stagey for highlighting of the cancer agenda to the harder to reach communities, including symptom awareness. <p>Local Current Position</p> <ul style="list-style-type: none"> • Information has been gathered to allow for the audit of patients diagnosed with CA following Emergency presentation • Gateway C has been developed and is being fed out through GP forums. <p>Next Steps</p> <ul style="list-style-type: none"> • Full Audit to take place of the patients diagnosed with CA following Emergency presentation • Establishment of a cross care working group. • Identification of the local and religious leaders and establishment of the cross cutting group. 	
2	<p>Enable the delivery of the system-wide pathways to diagnosis and treatment set by clinical pathway boards, with a focus on streamlining the patient journey.</p> <p>Local Actions Required</p> <ul style="list-style-type: none"> • Adoption of the timed tumour site specific pathways provided by the GM Cancer Pathway Boards. • Introduce direct access for relevant pathways i.e. Breast lumps. • Introduce Straight to diagnostics where clinically appropriate. • Introduce 'One Stop' models where clinically appropriate. • Develop a capacity and demand model for all events in a cancer pathway to ensure that diagnostics can be performed and reported within the time frames expected. <p>Local Current Position</p> <ul style="list-style-type: none"> • Development work started on direct access to the Breast Service. • Straight to test colonoscopies are in place for patients referred with a suspicion of colon cancer. • Straight to test is in place for patients referred with a suspicion of lung cancer. • One stop model is in place for patients referred with a suspicion of breast cancer. <p>Next Steps</p> <ul style="list-style-type: none"> • Develop working groups for each tumour site where STT or one stop model in not in place to assess the appropriateness of introducing one or the other. 	By December 2017

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	<ul style="list-style-type: none"> Development of a capacity and demand tool for all events in each cancer pathway. 	
3	<p>Support pathway board efforts to review the pathway MDT processes and standardise the approach to streamline the MDT discussions in routine cases and create more time for complex case discussion. Explore sector based and GM based MDT approaches.</p> <p>Local Actions Required</p> <ul style="list-style-type: none"> Identify the Tumour site specific MDT's that would benefit from a sector/ specialist MDT model. Develop working relationships with other Providers to establish what links are required for sector/ specialist MDT's. Develop and implement a model for 'Paperlite' MDT's with the use of electronic systems for all information required for discussions. <p>Local Current Position</p> <ul style="list-style-type: none"> Number of MDT's are linked to specialist MDT's i.e. UGI, HPB and Lung Work underway to link LGI to Stepping Hill in line with the Healthier together programme. <p>Next Steps</p> <ul style="list-style-type: none"> Development of the plans for 'Paperlite' MDT's with clinical teams and exploration of the electronic solutions to provide relevant data. Review of all local MDT's to assess for opportunities to join specialist MDT's where possible. 	By December 2017
4	<p>Ensure 85% of patients continue to meet the 62-day cancer waiting time standard.</p> <p>Work towards achievement of the 28-day faster diagnosis standard.</p> <p>Ensure sufficient capacity for timed pathways for lung and HPB to deliver a</p> <ul style="list-style-type: none"> 50-day standard 42-day standard <p>Local Actions Required</p> <ul style="list-style-type: none"> Reduce diagnostic waiting times Contribute to regional improvements in diagnostic services Speed up pathways to treatment <p>Local Current Position</p> <ul style="list-style-type: none"> Trust consistently achieves the 62 day standard of 85% (91.3% for Qtr 1 of 16/17) New Lung cancer pathway introduced in June 2017 – performance data to be validated <p>Next Steps</p> <ul style="list-style-type: none"> Working with relevant stakeholders from across the health economy consider pathway redesign work to meet new standards for speedier 	By March 2018 By March 2019 December 2017 December 2018

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	diagnosis and pathway delivery	
5	<p>Work with commissioners, clinical pathway boards, people affected by cancer and other stakeholders to develop and agree an optimal Greater Manchester specification for each tumour type.</p> <p>GM led approach - awaiting progress and update prior to further local actions</p> <p>Local Actions Required</p> <ul style="list-style-type: none"> • Living With and Beyond Cancer group and End Of Life Strategy Group progressing. • Annual Dying Matters events organised. <p>Local Current Position</p> <ul style="list-style-type: none"> • Ensure access to seven-day specialist palliative care advice and assessment • Deliver choice in end of life care • Ensure that shared digital palliative and end of life care records are rolled out <p>Next Steps</p> <ul style="list-style-type: none"> • A detailed map of specialist palliative care provision against national standards and competencies by March 2018 • An innovative economic modelling proposal for the delivery of a seven-day specialist palliative care advice and assessment by March 2018 • Qualitative and quantitative evaluation tools to measure the impact of seven-day specialist palliative care advice and assessment services agreed by March 2018 • Dying Matters Coalition events across Greater Manchester by May 2018 	To a timetable to be set by Greater Manchester Cancer
6	<p>Support the implementation of the Recovery Package through:</p> <ul style="list-style-type: none"> • A contribution to the development of a standard Greater Manchester approach, and • Enabling all clinical teams to deliver each of its elements <p>Local Actions Required</p> <ul style="list-style-type: none"> • Consolidate current local practises in order to be ready for full implementation of the Recovery Package: written care plans based on holistic needs assessment; treatment summaries; cancer review in primary care and offer of health and wellbeing events. <p>Local Current Position</p> <ul style="list-style-type: none"> • Successful bid for Macmillan funding secured to recruit transformation team to steer, drive and deliver Recovery Package by GM timetable (yet to be agreed) • Active engagement in GM Recovery Package Implementation Group with two representatives from the Trust • Await agreed standardised GM approach to inform local implementation (standards expected by August 2017) • Data sharing and hosting agreement signed for the implementation of eHNAs based on the Macmillan model 	To a timetable to be set by Greater Manchester Cancer

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	Next Steps <ul style="list-style-type: none"> Recruitment process initiated to recruit living with and beyond cancer transformation team. Forecast for 3 team members to be in post by December 2017 Implementation of eHNAs within the Trust Meeting with clinical nurse specialists planned for early Sept to assess readiness and enablers required to support the full roll out of eHNAs Once Transformation Manager in post a detailed project plan will be developed to drive full implementation Continue to support GM's Recovery Package Implementation Group 	
7	Ensure Greater Manchester Cancer agreed stratified follow up pathways of care are in place for <ul style="list-style-type: none"> Breast cancer Prostate and Colorectal cancer Local Actions Required <ul style="list-style-type: none"> Stratified breast cancer pathway Stratified prostate and colorectal cancer pathway Next Steps <ul style="list-style-type: none"> Current provision of breast one-stop triple assessment clinics audited and plan developed by September 2017 Health and wellbeing events in place for all breast, colorectal and prostate cancer patients to support new aftercare pathways by March 2018, with models for other pathways developed by March 2019 New aftercare pathways defined and implemented for all breast, colorectal and prostate patients by March 2018 New aftercare pathways pilots begin in further tumour types by March 2019 Goals of Care tool tested in appropriate clinics at The Christie from March 2017 	By March 2018 By March 2019
Improved and standardised Care and Commissioning, provision and accountability.		
8	Work with commissioners, clinical pathway boards, people affected by cancer and other stakeholders to develop and agree system-wide follow-up protocols and create a timetable for offering stratified follow up arrangements dependent on risk. <p>GM led approach</p> Local Actions Required <ul style="list-style-type: none"> See point (6) above Next Steps <ul style="list-style-type: none"> See point (6) above 	By September 2017
9	Work with commissioners, clinical pathway boards, people affected by cancer and other stakeholders to develop and agree a co-produced cancer patient access charter <p>Local Actions Required</p>	By June 2107

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	<ul style="list-style-type: none"> Co-produced cancer patient access charter in place <p>Local Current Position</p> <ul style="list-style-type: none"> Work on this action is behind schedule - draft patient access charter to be developed and shared with stakeholder by September 2017 <p>Next Steps</p> <ul style="list-style-type: none"> Draft cancer patient access charter for discussion with service users in September 2017 Draft cancer patient access charter to be ratified by Cancer Steering Group and Cancer Board October 2017 	
10	<p>Ensure access to a CNS or other key worker for all cancer patients through identifying gaps in access by pathway and developing access improvement plans</p> <p>Local Actions Required</p> <ul style="list-style-type: none"> Ensure all cancer patients have access to a CNS or other key worker <p>Local Current Position</p> <ul style="list-style-type: none"> 2016 Patient Survey results:- <ul style="list-style-type: none"> Patient given the name of the CNS who would support them through their treatment – 97% Patient found it easy to contact their CNS 91% Get understandable answers to important questions all or most of the time – 93% CNS present at diagnosis – 45% in 2016 against 34% in the same year for Greater Manchester <p>Next Steps</p> <ul style="list-style-type: none"> Audit current position to inform potential improvement work 	By December 2017
11	<p>Maintain oversight and facilitate recruitment to the 100,000 Genome Project in appropriate eligible pathways.</p> <p>Local Actions Required</p> <ul style="list-style-type: none"> Development and implementation of local protocols for patient recruitment Engagement with GM development <p>Local Current Position</p> <ul style="list-style-type: none"> New initiative requiring engagement with GM development process <p>Next Steps</p> <ul style="list-style-type: none"> GM development workshop scheduled 	By March 2017