

## Greater Manchester **Cancer**

### Achieving world-class cancer outcomes: Taking charge in Greater Manchester

#### Implementation annex #1

#### Provider Trusts

The Greater Manchester Cancer Board's cancer plan for Greater Manchester was ratified by the GMHSC Partnership Strategic Partnership Board in February 2017. The delivery of the ambitions that it contains will require contributions from each part of the cancer system. The Greater Manchester Cancer Board will hold each part of the system to account for its role in the delivery of the plan.

This document summarises the key actions required from Greater Manchester Cancer's **hospital provider trusts**. In addition to the trust-specific actions set out in the plan, all hospital providers will be expected to make the following contributions.

What	When
<b>1</b> <ul style="list-style-type: none"> <li>• Deliver a year-on-year improvement in the proportion of <b>cancers diagnosed at stage one and stage two</b> –               <ul style="list-style-type: none"> <li>○ Work with commissioners to agree data collection trajectories to ensure robust and timely staging data collection</li> </ul> </li> <li>• Reduce the proportion of <b>cancers diagnosed following an emergency admission</b> <ul style="list-style-type: none"> <li>○ Support primary care implementation strategies for all patients diagnosed as an emergency to have their cases looked at through a Significant Event Audit</li> </ul> </li> </ul>	<p>By June 2017</p> <p>By December 2017</p>
<b>2</b> Enable the delivery of the <b>system-wide pathways</b> to diagnosis and treatment set by clinical pathway boards, with a focus on streamlining the patient journey.	<p>By December 2017</p>
<b>3</b> Support pathway board efforts to review the <b>pathway MDT processes</b> 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>By December 2017</p>
<b>4</b> Ensure 85% of patients continue to meet the 62-day <b>cancer waiting time standard</b> . Work towards achievement of the 28-day faster diagnosis standard. Ensure sufficient capacity for timed pathways for lung and HPB to deliver a <ul style="list-style-type: none"> <li>• 50-day standard</li> <li>• 42-day standard</li> </ul>	<p>By March 2018 By March 2019</p> <p>December 2017 December 2018</p>
<b>5</b> Work with commissioners, clinical pathway boards, people affected by cancer and other stakeholders to develop and agree an <b>optimal Greater Manchester specification</b> for each tumour type.	<p>To a timetable to be set by Greater Manchester Cancer</p>

## APPENDIX 1

6	<p>Support the <b>implementation of the Recovery Package</b> through:</p> <ul style="list-style-type: none"> <li>• A contribution to the development of a standard Greater Manchester approach, and</li> <li>• Enabling all clinical teams to deliver each of its elements</li> </ul>	To a timetable to be set by Greater Manchester Cancer
7	<p>Ensure Greater Manchester Cancer agreed <b>stratified follow up pathways</b> of care are in place for</p> <ul style="list-style-type: none"> <li>○ Breast cancer</li> <li>○ Prostate and Colorectal cancer</li> </ul>	<p>By March 2018 By March 2019</p>
8	<p>Work with commissioners, clinical pathway boards, people affected by cancer and other stakeholders to develop and agree system-wide <b>follow-up protocols</b> and create a timetable for offering stratified follow up arrangements dependent on risk.</p>	By September 2017
9	<p>Work with commissioners, clinical pathway boards, people affected by cancer and other stakeholders to develop and agree a co-produced cancer <b>patient access charter</b></p>	By June 2107
10	<p>Ensure <b>access to a CNS or other key worker</b> for all cancer patients through identifying gaps in access by pathway and developing access improvement plans</p>	By December 2017
11	<p>Maintain oversight and <b>facilitate recruitment to the 100,000 Genome Project</b> in appropriate eligible pathways.</p>	From March 2017