APPENDIX 2

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester **Cancer**

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

Implementation annex #2

Clinical Commissioning Groups

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's **Clinical Commissioning Groups**. In addition to the locality-specific actions set out in the plan, all localities will be expected to make the following contributions.

	What	When
1	Strengthen existing tobacco controls and smoking cessation services, in line with **reducing smoking prevalence** to below 13% nationally • Implement locality requirements outlined in the Greater Manchester tobacco control plan (expected April 2017) • Ensure effective and accessible locality based smoking cessation services are in place	By March 2020
2	Work in partnership with local Voluntary Community and Social Enterprise (VSCE) sectors to test a GM wide **social movement focused on cancer prevention**	By March 2019
3	Oversee roll out primary care **prescribing of drugs to prevent breast cancer**, subject to GM business case agreement	By May 2017
4	Improve access to, and uptake of, three national **cancer screening programmes** (bowel, breast, and cervical) and ensure a locality contribution to the overall GM targets of: • Achieve bowel cancer screening uptake (FIT and scope) of 75% • Increase cervical screening coverage to 80% • Increase breast screening coverage by 10% to 75%	By March 2020 By March 2021

5	**Improve one-year survival rates** to achieve 75%.
	• Deliver a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two –
	  ○ Agree data collection trajectories with providers to ensure robust and timely staging data collection
	  ○ Work in partnership with local Voluntary Community and Social Enterprise (VSCE) sectors to raise awareness of the signs and symptoms of cancer and encourage earlier presentation and advice seeking
		By March 2020
		
		April 2017 onwards

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	• Reduce the proportion of cancers diagnosed following an emergency admission
	  ○ Contribute towards a GM reduction in the proportion of cancers that are diagnosed as an emergency to below 18%
	  ○ Implement strategies for all patients diagnosed as an emergency to have their cases looked at through a Significant Event Audit
		By March 2020
		
		By December 2017

6	Drive earlier diagnosis by:
	• **Implementing NICE** referral guidelines
	  ○ Ensuring primary care adherence to use of updated standardised suspected cancer referral process and forms
	  ○ Support a GM approach to training and education for primary care professionals on cancer symptoms and referral processes
	• Ensuring local provision of **GP direct access** to key investigative tests for suspected cancer
		By March 2018

7	Work with providers, clinical pathway boards, people affected by cancer and other stakeholders to develop and agree a co-produced cancer **patient access charter**	By June 2107
8	Commission sufficient capacity to ensure 85% of patients continue to meet the 62 day **cancer waiting time standard**. Work towards achievement of the 28-day faster diagnosis standard. Ensure sufficient capacity for timed pathways for lung and HPB to deliver a • 50-day standard • 42-day standard	By March 2018 By March 2019 December 2017 December 2018
9	Work collaboratively to develop a commissioning plan for an **integrated acute oncology service** for implementation in 2018	By October 2017
10	Work collaboratively to develop and commission comprehensive **lymphoedema** services	By March 2020
11	Work with clinical pathway boards, hospital providers, people affected by cancer and other stakeholders to develop and agree an **optimal Greater Manchester specification** for each tumour type.	To a timetable to be set by Greater Manchester Cancer
12	Lead the **implementation of the Recovery Package** through: • A contribution to the development of a standard Greater Manchester approach, and • Building the delivery of each of the Recovery Packages elements into commissioning specifications	To a timetable to be set by Greater Manchester Cancer

13	Ensure patients have access to Greater Manchester Cancer agreed **stratified follow up pathways** of care for
	  ○ Breast cancer
	  ○ Prostate and Colorectal cancer
		By March 2018
		By March 2019

14	Work with providers, 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.	By September 2017
15	Ensure all patients have access to a **clinical nurse specialist** or other key worker	By December 2017

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