

**Report to:** **STRATEGIC COMMISSIONING BOARD**

**Date:** 16 December 2020

**Executive Member:** Councillor Eleanor Wills, Executive Member (Adult Social Care and Population Health)

**Clinical Lead:**

**Reporting Officer:** Dr Ashwin Ramachandra, Chair Governing Body  
Jessica Williams, Director of Commissioning

**Subject:** **MACMILLAN GP IN CANCER AND PALLIATIVE CARE**

**Report Summary:** Cancer is the leading cause of premature death in Tameside and Glossop and the rate of Deaths in Usual Place of Residence is below the national average. Strong clinical leadership has helped improve rates in the Locality but further work is needed.

NHS Tameside and Glossop Clinical Commissioning Group (NHS T&G CCG) have employed a Macmillan GP since 2014. Macmillan awarded a grant to NHS T&G CCG towards funding the post initially for two years, this was then extended to June 2019. The Macmillan funding was awarded and accepted on the basis that funding is available beyond this period, pending an evaluation. To maintain the post Public Health funding was utilised until June 20 when recurrent CCG funding was allocated.

The evaluation of the role has shown it to be key in keeping GPs at the centre of Cancer and Palliative and End of Life Care and ensuring system wide working to improve outcomes. It has contributed to the following:

- Narrowing the gap between NHSE and GM one year survival rates (against a National target of 75%), improving from 70.5% in 2015 to 72.1% in 2017.
- Increase in the numbers of Deaths in Usual Place of Residence (DiPR) from 34.7% in 2014 to 38.3% in 2017 (NHSE 44.9%).
- Reduction the number of deaths with an underlying cause of cancer below NHSE average of 27.2% (from 30.3 % in 2014 to 25.4% in 2018).
- Reduction in the number of people diagnose via an emergency admission from 119 per 100,000 in 2014/15 to 87 per 100,000 in 18/19 (NHSE 84 per 100,000).
- Improvements in coverage of bowel and breast screening.

A Macmillan GP is seen in GM as pivotal to the commissioning of outcomes in Cancer and Palliative and End of Life care and the intention is to recruit to a revised job description that refocuses the role on two key aims:

- Lead the Improvement in the quality of local cancer and palliative care outcome
- Reduce historic boundaries between Health and Social Care

This will enable the Strategic Commission to deliver key outcomes of:

- Increased screening, early identification and prevention (effective referrals)
- Personalised Care Planning
- Use of peer to peer support and Cancer and Palliative Care Champions (provide advice, guidance and support)
- Improved Outcomes for Cancer and Palliative Care
- Reduced unwarranted variation

**Recommendations:**

Strategic Commissioning Board be recommended to approve the recruitment in Q4 2020-21 of a Macmillan GP to the revised job description, with a view to the Macmillan GP commencing in post on 1 April 2021.

**Financial Implications:**

**(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**

Budget Allocation	£45k
Integrated Commissioning Fund Section	Section 75
Decision Body	Strategic Commissioning Board

**Additional Comments**

Funding was agreed earlier this year to fund the MacMillan GP until March 2021. This short term decision was made to give time for a full evaluation to take place, looking at the value for money associated with this post. This report is seeking authorisation to recurrently recruit to this post, to ensure:

- The benefits outlined below, that the post has previously delivered are maintained into 2021/22 and beyond.
- Strategic future service developments and priorities can be delivered.

The medium term financial plan developed before the outbreak of COVID-19 assumed that the MacMillan post would continue long term. Therefore budget is already in place to fund this post and the benefits describing in this report are already costed into financial plans.

However if SCB make a decision that a continuation of this role does not offer value for money, a saving of £45k p.a. could be made – though the operational benefits set out below would not be maintained in this scenario.

**Legal Implications:**

**(Authorised by the Borough Solicitor)**

SCB need to be satisfied that this is the best way to achieve deliverables and that it achieve value for money in reducing health inequalities.

**How do proposals align with Health & Wellbeing Strategy?**

The proposals align with the Developing Well, Living Well and Working Well programmes for action.

**How do proposals align with Locality Plan?**

The proposals are consistent with Longer and Healthier Lives (early intervention and prevention) strand of the Locality Plan

**How do proposals align with the Commissioning Strategy?**

The service contributes to the Commissioning Strategy by:

- Empowering citizens and communities;
- Commission for the 'whole person';
- Create a proactive and holistic population health system.

**Recommendations / views of the Health and Care Advisory Group:**

n/a

**Public and Patient Implications:**

Implications for those patients diagnosed with cancer, being treated for cancer, living with cancer and people affected by cancer. Also those patients who are approaching the end of their lives and/or in need of palliative care.

**Quality Implications:**

Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness.

**How do the proposals help to reduce health inequalities?**

Reduce local variation and improve service design, delivery and patient experience to improve access to services

**What are the Equality and Diversity implications?**

The proposal will not affect protected characteristic group(s) within the Equality Act.

**What are the safeguarding implications?**

Safeguarding is central to this role.

**What are the Information Governance implications? Has a privacy impact assessment been conducted?**

The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times.

**Risk Management:**

The Line Manager will provide clinical leadership and have oversight of work this role supports.

**Access to Information :**

The background papers relating to this report can be inspected by contacting Louise Roberts, Business Commissioning Manager:



Telephone: 07342056005



e-mail: [louise.roberts@nhs.net](mailto:louise.roberts@nhs.net)

## 1. BACKGROUND

- 1.1 Cancer is the leading cause of premature death in NHS Tameside and Glossop CCG (NHS T&G). We have a relatively high number of cancers detected late, and consequently reduced survival rates, compared to the England average and other CCGs across Greater Manchester. One of the challenges we face in NHS T&G relates to prevention and early diagnosis of cancer.
- 1.2 Palliative and End of Life (PEOL) Care aims to help people have a good quality of life for people nearing the end of their life; providing an holistic approach to their care. NHS T&G have poor rates of Deaths in Usual Place of Residence (National measure). Our challenge is ensuring people and their families are fully involved in choices around their care in their last year of life.
- 1.3 Key to supporting improvements in Cancer and Palliative Care is Clinical Leadership and Macmillan GPs are seen as pivotal to the commissioning of Cancer and PEOL care in Greater Manchester to:
  - Improve the quality of local cancer and palliative care.
  - Improve communication between primary care, secondary care and tertiary care.
  - Enhance awareness of cancer and palliative care.
  - Promote the use of end of life care tools in primary care in order to ensure patients can live and die in their preferred place of care.
- 1.4 NHS T&G have employed a Macmillan GP since 2014-15, in line with other CCGs across GM. Macmillan funding was awarded Quarter 4, 2014-15 for two years with an option to extend for an additional 12 months on understanding that, pending evaluation, the CCG had intentions to fund this post beyond this period (this is the usual Practice for grants given by Macmillan).
- 1.5 The service agreement between Macmillan and NHS T&G stipulated that when Macmillan payments end the CCG must continue to fulfil all the continuing obligations; section 3 of the agreement states: *“Employing the Macmillan Professional and providing the Service at your own cost; and continuing to describe the Professional as a “Macmillan Professional” and describing the Service as a “Macmillan Service” and displaying the appropriate branding and signage within the Service.”*

## 2. BENEFITS OF THE ROLE

- 2.1 The role has supported the Strategic Commission’s Cancer and Palliative Care agenda and helps reduce premature deaths (details can be found **Appendix 1 and 2**).
- 2.2 Key improvements include:
  - Narrowing the gap between NHSE and GM one year survival rates (against a National target of 75%), improving from 70.5% in 2015 to 72.1% in 2017.
  - Increase in the numbers of Deaths in Usual Place of Residence (DiPR) from 34.7% in 2014 to 38.3% in 2017 (NHSE 44.9%)
  - Reduction the number of deaths with an underlying cause of cancer below NHSE average of 27.2% (from 30.3 % in 2014 to 25.4% in 2018).
  - Reduction in the number of people diagnose via an emergency admission from 119 per 100,000 in 2014/15 to 87 per 100,000 in 18/19 (NHSE 84 per 100,000)
  - Improvements in coverage of bowel and breast screening.
- 2.3 Other key benefits has delivered include:
  - Extensive joint working across the system, leading the work plan for cancer
  - Maintaining links with GM
  - Keeping GPs at the centre of Cancer and PEOL Care
  - Providing advice to practices
  - Supporting the recovery planning
  - Supporting the GB lead with cancer expertise

- Leading Education, Training and Development
- Accessing additional external funding and resources - £2000 a year

### **3. FUTURE REQUIREMENTS OF THE ROLE**

- 3.1 The Macmillan GP role realised a number of benefits to the Strategic Commission but in order to sustain, progress and gain momentum in a number of areas there is a requirement refocus the role on two key aims:
- Lead the Improvement in the quality of local cancer and palliative care outcome
  - Reduce historic boundaries between Health and Social Care
- 3.2 With key outcomes including:
- Increased screening, early identification and prevention (effective referrals)
  - Personalised Care Planning
  - Use of peer to peer support and Cancer and Palliative Care Champions (provide advice, guidance and support)
  - Improved Outcomes for Cancer and Palliative Care
  - Reduced unwarranted variation
- 3.3 The revised job description can be found in Appendix 3 and the post will continue to be managed by the Governing Body GP with responsibility for Cancer with a formal process of objectives and appraisals in place, supported by the appropriate officer(s) in the commissioning directorate and with input from Macmillan.

### **4. FUNDING**

- 4.1 The Macmillan Grant Agreement (June 2016 to June 2019) of £19,850 per annum covered two sessions per week at £202.55 per session (plus travel expenses) for 49 weeks per year.
- 4.2 To ensure equity of pay with other clinical posts within the CCG it was agreed that the CCG would supplement Macmillan funding by £23,401 year to give a £43,251 post that covered two sessions per week (for 49 weeks per year) at £353.50 per session plus 26% on costs (pension contributions, salary increments and mileage).
- 4.3 To maintain the post from June 2019 to June 2020 TMBC Public Health funding was used with the CCG recurrent funding in place since June 2020.

### **5. NEXT STEPS**

- 5.1 The current post holder's contract ceases on March 2021 and the Strategic Commission subject to approval will go out for recruitment in Q4 2020-21 with the revised job description with tenure (permanent or fixed term) aligned to other clinical posts, with a view to the new Macmillan GP commencing in post on 1 April 2021.

### **6. CONCLUSION**

- 6.1 The redesigned Macmillan GP role will enable a greater focus on the Strategic Commission's Cancer and Palliative Care agenda and help reduce premature deaths.

### **7. RECOMMENDATIONS**

- 7.1 As stated on the report cover.

# APPENDIX 1

## 1 Benefits of the Macmillan GP

### The Macmillan GP has proven to be a vital link to:

1. Facilitating training, education and development within primary care and ensure knowledge exchange sessions between wider stakeholders
2. Enhancing the knowledge and skills of primary health care teams in providing care to cancer patients with regard to early diagnosis, pathways of care, symptom control and supportive and end-of-life care to ensure the delivery of optimal care as well as early recognition of needs at all stages of the cancer pathway
3. Enhancing knowledge and provision of information on the availability of services to cancer and palliative care patients and routes of access to services within the locality
4. Enable cancer patients to have a greater understanding of their condition, treatment and navigation of the services and support available to them (including self-management)
5. Support the use of and roll-out of National, Greater Manchester and Macmillan programmes
6. Represent patient views and opinions and ensure equity of service.

### Achievements to date include:

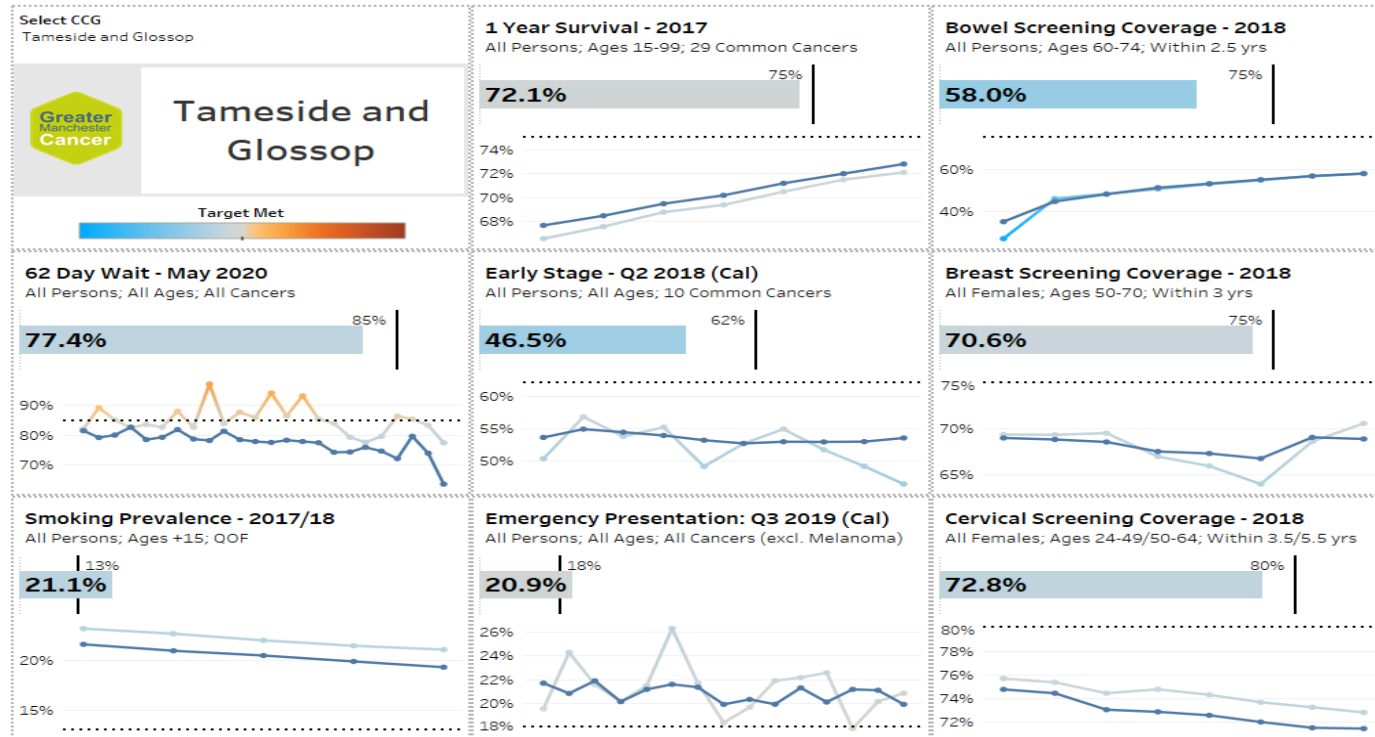
1. Improving Early Diagnosis of Cancer in Tameside & Glossop (e.g. GP endorsed letters for all Bowel screening invites from the central hub, teaching around NICE guidelines).
2. Review cancer risk prediction tools and implement e.g. Q Cancer Prediction tool.
3. Targeted communications to practices around awareness campaigns to include promotional material and link in with Be Well campaigns.
4. Set up a cancer champion in each surgery (clinical and clinical administrative role) to link with Macmillan information points and Greater Manchester cancer champions.
5. Significant Event Analysis (SEA) events, to identify recurrent themes in delayed diagnosis and consequently emergency presentations; barriers to diagnosis and early diagnosis.
6. Providing support of the implementation of the Recovery Package to ensure high quality care for patients living with and beyond cancer.
7. Providing advice to practices on improving their cancer diagnosis and care, including via the Primary Care Quality Scheme.
8. Identify solutions that reduce local inequalities, ensuring services are appropriate and considerate to the needs of the individual (to ensure none of the protected characteristic groups are disproportionately affected); for example tackling poor uptake of cancer screening for people with Learning Disabilities and ensuring this is addressed in the strategy plus working with Be Well Tameside and Hyde Community Action to increase screening uptake among Black and Minority Ethnic groups.
9. Represent the CCG and Primary Care on the Greater Manchester Pathway boards.
10. Address specific queries from GPs to improve patient experience and support.
11. Building up relationships with GPs and becoming established as a contact point for queries around cancer; providing advice, recommendations, and peer support.
12. GP education Target sessions for cancer and palliative care were very well received Topics covered were as follows:
  - Cancer
    - Improving screening uptake (particularly bowel screening)
    - Improving patient experience (user representative talk)
    - Hospital referral pathways – Breast, lower and upper GI
    - NHS T&G ICFT and GM Cancer – our position and best practice
    - New developments in early diagnosis (FIT, lung health checks, and more)
    - Prehabilitation for Better Outcomes
    - Living with and Beyond Cancer – the patient experience
    - CRUK facilitator update – education and audit
  - Palliative Care
    - Identifying your 1%
    - Hospice day services overview

– Symptom Control at the End of Life.

13. Support the Development of neighbourhood cancer data packs, which identified areas for improvement within each practice; used to highlight possible improvement areas. Information, advice and support provided from the Macmillan GP aimed to reduce practice and neighbourhood variation.
14. Access to additional grants from Macmillan to deliver an event for GPs on improving cancer diagnosis through Significant Event Analysis – which will follow on from the Knowledge Exchange event.
15. Delivering the three day Macmillan Practice Nurse Cancer course (supported by Macmillan) – which enables Practice Nurses to broaden their chronic disease management skills to care for patients living with and beyond cancer; enabling Practice Nurses to carry out Cancer Care Reviews as part of the roll out of the Recovery Package.
16. Key to developing a pilot and establishing the Direct Referral breast lump referrals pathway.
17. Key to reviewing, developing, implementing and embedding an agreed suspected cancer colorectal pathway (including straight-to-test), routine STT lower and upper GI pathways.
18. Support implementation of the Accelerated and Stratified Follow Up (FU) pathways as they are rolled out across GM and implemented locally (supports faster diagnosis, reduces FU appointments at hospital, embeds social prescribing and promoted self-care).
19. A series of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) events were held for GPs to coincide with the launch of the 'lilac form' at NHS T&G ICFT at the end of May. The aim of the sessions was to refresh knowledge of the guidance around DNACPR decision making, and to discuss difficult cases. Over 46 people attended the training which were held at a variety of venues (details available if requested).

## Evaluation of the contribution of this role 2014 to date

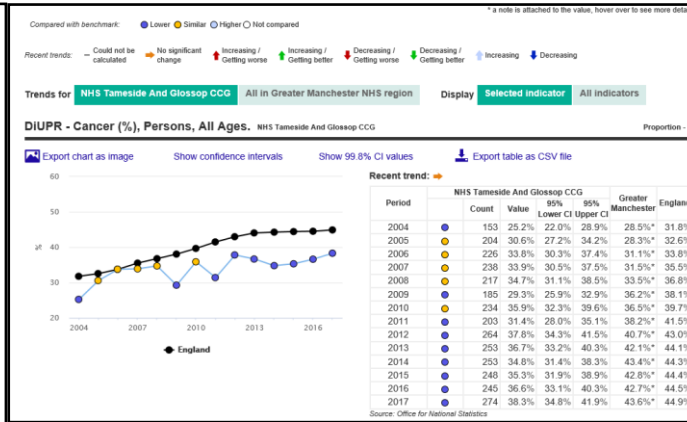
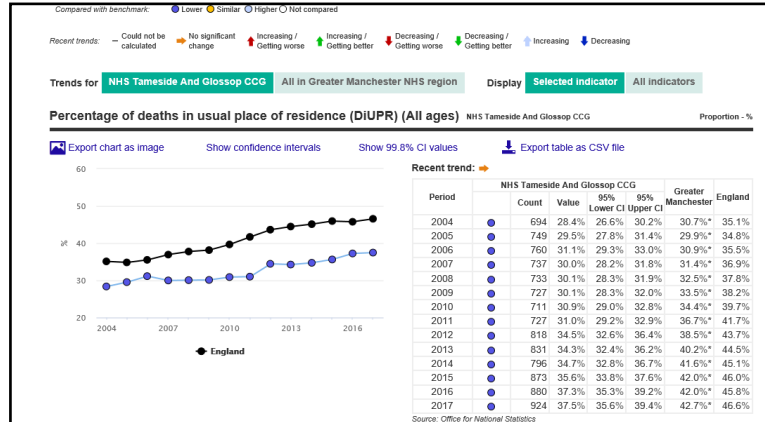
(Data <https://www.gmtableau.nhs.uk/#/site/GMHSCPublic/views/CCGKPIComparison/MetricsbyCCG>)





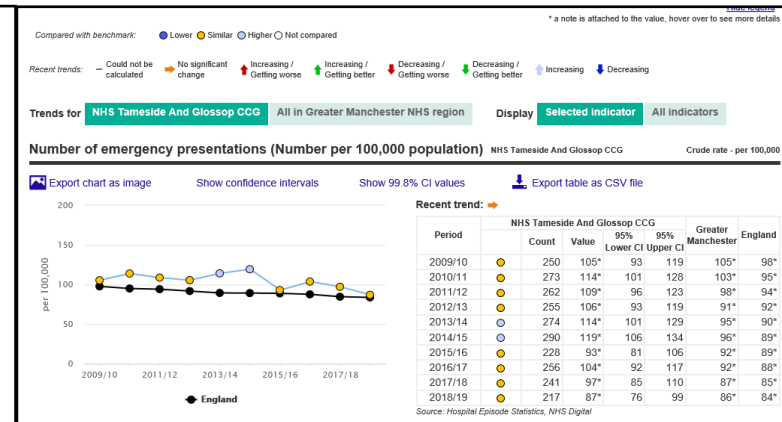
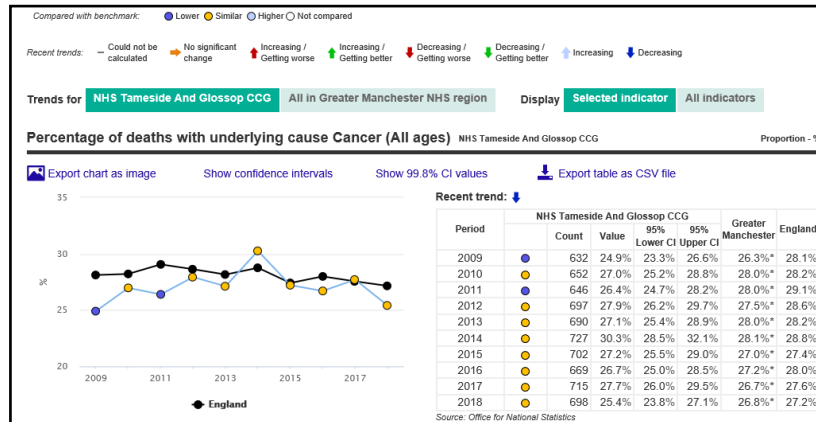
## Deaths in Usual Place of residence

The percentage of deaths in usual place of residence overall and for people with a primary diagnosis of cancer has improved but remains below GM and national average



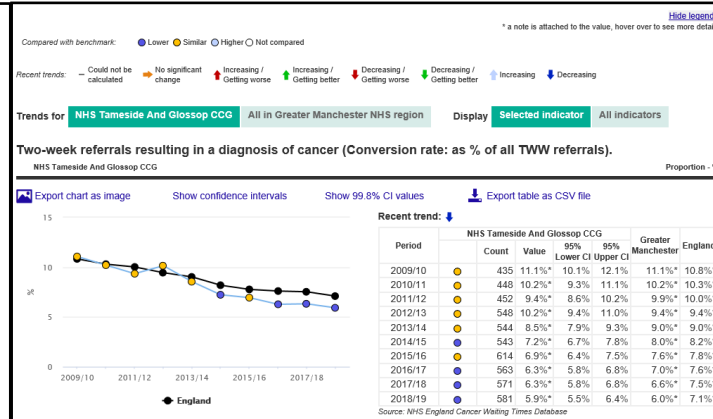
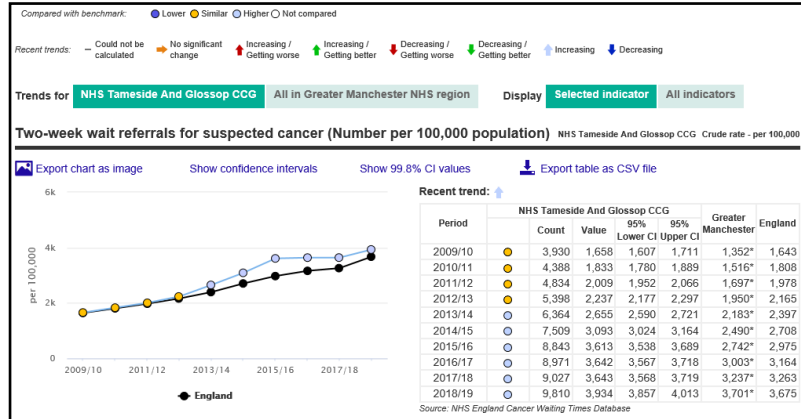
## Premature Death

The number of deaths with the underlying cause of Cancer has reduced to below national average. However the number per 100,000 diagnosed via an emergency admission, remain above the national average

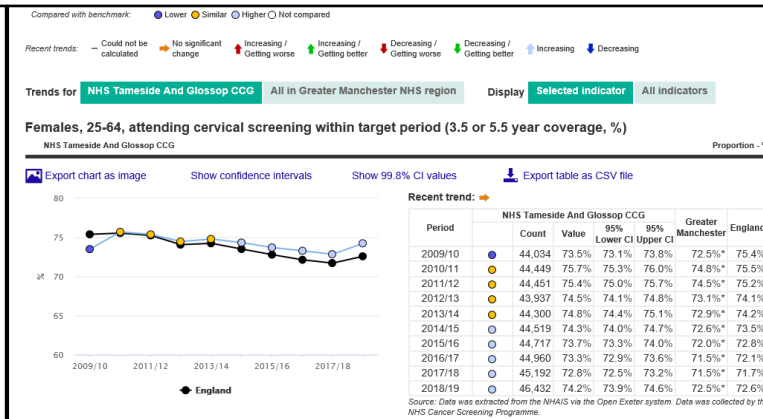
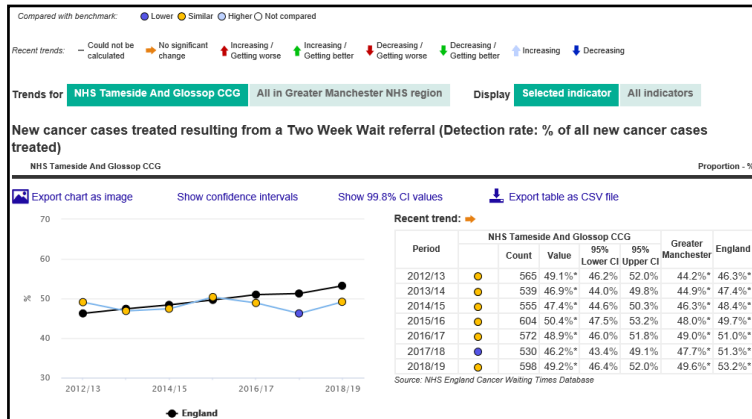


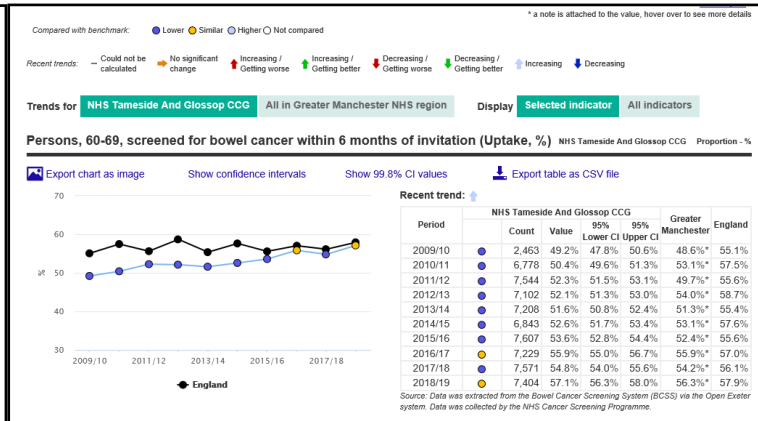
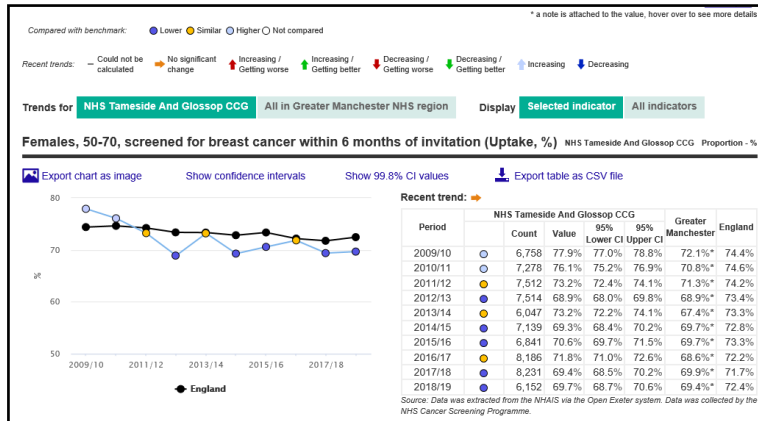
## Challenges:

Suspected Cancer referrals are increasing but the conversion rate is decreasing and is below national average

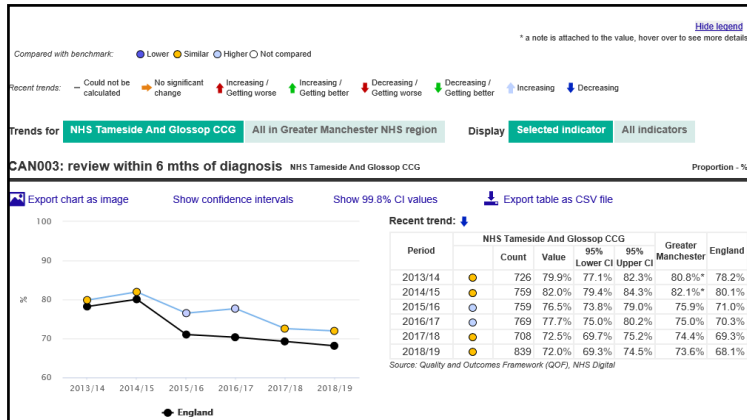


The detection rate and screening rates are below national average with the exception of cervical screening





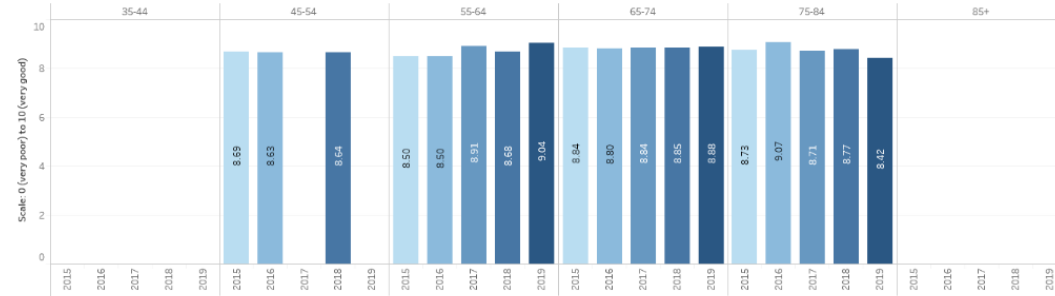
Cancer Care review carried out within 6 months of diagnosis within Primary is above national average but we need to ensure consistent personalised care reviews in a timely manner as part of the recovery package.



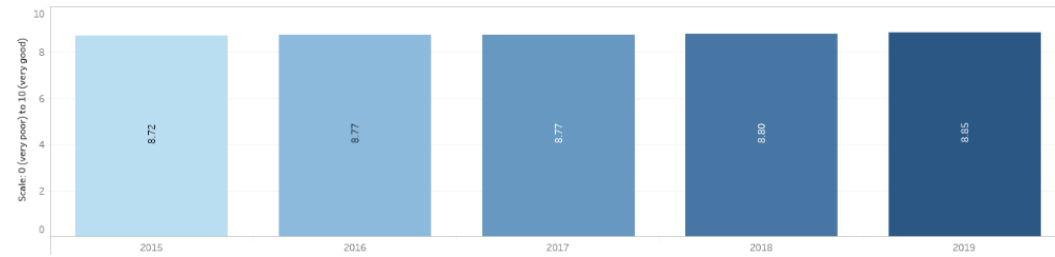
The 2019 National Cancer patient survey results for published in June 2020 <https://www.ncpes.co.uk/2019-ccg-level-results/> (119 surveys were completed, 55% response rate) showed an overall improvement in patient experience from the previous year with two key areas for improvement.

CCG: 021 - NHS Tameside and Glossop CCG | Sub-group: Age | Group: (All) | Survey year: (All)

CCG Results - Q61 (Overall Experience) by Sub-groups



CCG average for Q61 (Overall Experience)



**Cancer Dashboard Questions**

The following seven questions are included in phase 1 of the Cancer Dashboard developed by Public Health England and NHS England:

Q61. Patient's average rating of care scored from very poor to very good



- 81%** Q18. Patient definitely involved as much as they wanted in decisions about care and treatment
- 94%** Q19. Patient given the name of a CNS who would support them through their treatment
- 84%** Q20. Patient found it very or quite easy to contact their CNS
- 87%** Q39. Patient always felt they were treated with respect and dignity while in hospital
- 93%** Q41. Hospital staff told patient who to contact if worried about condition or treatment after leaving hospital
- 49%** Q55. General practice staff definitely did everything they could to support patient during treatment

**Questions Outside Expected Range**

	Case Mix Adjusted Scores			National Score
	2019 Score	Lower Expected Range	Upper Expected Range	
Q40. Patient given clear written information about what should or should not do after leaving hospital	92%	80%	92%	86%
Q43. Patient definitely found hospital staff to discuss worries or fears during their outpatient or day case visit	79%	63%	78%	71%
Q45. Beforehand patient completely had all information needed about radiotherapy treatment	100%	77%	96%	86%

	Case Mix Adjusted Scores			National Score
	2019 Score	Lower Expected Range	Upper Expected Range	
Q55. General practice staff definitely did everything they could to support patient during treatment	49%	50%	67%	58%
Q56. Different people treating and caring for patient always work well together to give best possible care	65%	66%	79%	73%

Revised Job Description



## Job Description

### GENERAL INFORMATION

<b>Job Title:</b>	<b>Macmillan GP for Cancer and Palliative Care</b>
<b>Band:</b>	two session a week on GP Sessional rate (3.75 hours)
<b>Directorate/Department:</b>	Commissioning
<b>Reporting to:</b>	Chair Governing Body leading Cancer
<b>Responsible for:</b>	Not Applicable
<b>Location/Base:</b>	Any base utilised by NHS Tameside and Glossop Clinical Commissioning Group
<b>Disclosure required:</b>	Yes as part of GP role
<b>Type of Disclosure Required:</b>	N/A
<b>Workforce Classification:</b>	Adult & Children

### ROLE PURPOSE

The purpose of this role is to provide clinical insight and leadership to improve outcomes for Cancer and Palliative Care for the population of Tameside and Glossop.

The aims of the post are to:

1. Lead the Improvement in the quality of local cancer and palliative care outcomes through:
  - Promoting public facing activities to increase awareness of Cancer and Palliative and End of Life care.
  - Fostering a culture of early identification including Cancer screening and risk based case finding.
  - Leading the development of personalised care planning for both elective and advanced care.
  - Reducing unwarranted variation and promoting equity of access.
  - Facilitate and enable the education and development of Primary Care teams to maximise early diagnosis and effective holistic management of individuals through neighbourhood and Trust based services.
  - Developing use of peer to peer support and 'Champions' in Cancer and Palliative and End of Life Care.
  - Reducing unwarranted variation and promoting equity of access.
  - Ensuring effective delivery of national and Greater Manchester strategies for example promoting Gateway C and GM Framework to improve Palliative and End of Life Care.

## 2. Reduce historic boundaries between Health and Social Care through:

- Facilitating integrated working and enhancing communication between the voluntary and statutory sectors including Health, Local Authority and Voluntary Community and Social Enterprise (sector) organisations.
- Using the personalised care principles and promote interdisciplinary working.
- Contributing to Locality Programme Boards including Palliative and End of Life Care and Cancer.
- Contributing to cancer and end of life service education planning forums to ensure that the training we provide and deliver is in line with national priorities.
- Working closely with Macmillan Cancer Support.

### Duties and responsibilities:

The principal roles of the post holder to deliver the above include:

1. To provide clinical leadership and represent the views of T&G practices in the commissioning process both with the commissioning officers and through the Health and Care Advisory Group (HCAG).
2. To work with individual practices, PCNs and neighbourhood teams enhancing skills and embedding effective systems and processes. Encouraging the sharing of best practice and learning across Neighbourhood practices e.g. encourage participation in Significant Event Analysis (SEA), Multidisciplinary Team (MDT) discussions, cancer care review, Advanced Care Plans etc.
3. Develop and promote local education and training opportunities across Primary care with a strong focus on GP staff, clinical and administration, through the NHS Tameside and Glossop Academy, representing and reporting into the Primary Care Group. Ensuring equitable access to education and training across all primary care professionals.
4. Involvement in local service development and redesign to ensure appropriate to local need and in line with national priorities including Macmillan's desired outcomes for people living with cancer.
5. To support outlying practices to identify reasons behind outlier status (including mitigating circumstances) and where appropriate provide support to develop remedial plans for improvement.
6. To formally report any neighbourhood issues to the CCG Governing Body, which have arisen from either patient or clinician feedback.
7. To work with Locality, GM and Macmillan colleagues to develop and deliver appropriate education to support future resilience for high quality care and promote the use of Macmillan primary care tools, resources and models of good practice.
8. To develop links with local specialist cancer and palliative care teams, local hospitals, nursing homes and residential homes, local hospices and social services.
9. To encourage, support or initiate research and audit into all aspects of cancer and palliative care service provision and education in primary care.
10. To attend a minimum of one national Macmillan GP conference per year, and participation in a Macmillan learning set.
11. Represent NHS T&G CCG and provide meaningful engagement with Greater Manchester Cancer (GMC) e.g. Primary Care representation on GMC Pathway Boards.

### Responsibilities statement:

This list is not exhaustive and the post holder may be required to undertake additional duties as required.

The range of duties and responsibilities outlined above are indicative only and are intended to give a broad flavour of the range and type of duties that will be allocated. They are subject to modification in the light of changing service demands and the development requirements of the post holder.

General:

Compliance with the Data Protection Act 1998 and Information Governance – the post holder is not entitled to use for their own benefit or gain, or to divulge to any persons, firm or other organisation whatsoever, any confidential information belonging to the CCG or relating to the CCG’s affairs or dealings which may come to their knowledge during employment.

Compliance with the Health & Safety at Work Act 1974 – the post holder is required to fulfil a proactive role towards the management of risk in all of their actions. This entails the risk assessment of all situations, the taking of appropriate actions and reporting of all incidents, near misses and hazards, and a statutory duty of care for their own personal safety and that of others who may be affected by their acts or omissions.

Compliance with CCGs Policies and Procedures including the Code of Conduct, and to be aware of and work within the CCG’s Equal Opportunities Policy and to treat all contacts, staff or clients, with dignity and respect.

Agreement:

The following parties have agreed this job description, accompanying person specification, duties and risk factor form, organisation chart and any supplementary information:

Signed: Employee	Date	Signed: Manager	Date: