

**Manchester Health and Wellbeing Board  
Report for Resolution**

**Report to:** Manchester Health and Wellbeing Board – 25 March 2015

**Subject:** Cancer Improvement in Manchester: Macmillan Improvement Partnership (MCIP) Update

**Report of:** Janet Tonge, MCIP Programme Lead and Caroline Kurzeja, South Manchester CCG Chief Officer

**Summary**

Since the official launch of the Macmillan Improvement Partnership (MCIP) Partnership at the Town Hall in July 2014, significant progress has been made in establishing and implementing an ambitious cancer improvement programme across the city of Manchester. This report provides an overview of the change work since the last report to Health and Wellbeing Board on 19.3.14.

**Recommendations**

The Board is asked to:

- Endorse the direction of travel established by the improvement programme
- Note the risk caused by the current end date of 31 December 2015 and support the continuation of the programme

**Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
Getting the youngest people in our communities off to the best start	
Educating, informing and involving the community in improving their own health and wellbeing	The MCIP programme has at its heart local people affected by cancer who are fully included in its decision making groups and extensively in designing improvement work.
Moving more health provision into the community	Improvement work especially in phase 2 of the programme such as the changing the follow up of breast cancer includes work on recovery packages and moving routine follow up out of an acute setting.  Work to improve the skills and knowledge of non-cancer specialists in the primary and community health and social care work force recognises a need to support people living with and beyond cancer in the community.

Providing the best treatment we can to people in the right place at the right time	The MCIP programme is an ambition health care improvement programme extensively co-designed with local people, NHS providers and commissioners as well as Manchester City Council to help realise the ambition agreed at the Greater Manchester and Cheshire Cancer Summit in 2012 of a vision for 'world class' cancer care in Manchester.
Turning round the lives of troubled families	
Improving people's mental health and wellbeing	
Bringing people into employment and leading productive lives	
Enabling older people to keep well and live independently in their community	

**Lead board member:** Bill Tamkin, Chair, South Manchester Clinical Commissioning Group

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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

- MCIP Programme Plan and Project briefs
- Workforce scoping report
- CCG Commissioning Tool kit (online)

## 1. Introduction

1.1 Since the official launch of the Macmillan Improvement Partnership (MCIP) Partnership at the Town Hall in July 2014, significant progress has been made in establishing and implementing an ambitious cancer improvement programme across the city of Manchester. This report provides an overview of the change work since the last report to Health and Wellbeing Board on 19.3.14 and seeks endorsement for the direction of travel and support for programme continuation.

## 2. Background

2.1 Manchester has some of the poorest cancer outcomes in England:

- Manchester's cancer incidence is 720.3 cases per 100,000 population compared to 598.9 cases per 100,000 for England. North Manchester's rate is the highest and Central Manchester's rate the second highest in England.

Table 1 Manchester Cancer Incidence – all cancers

CCG	Incidence per 100,000 population (2012)	Number of cases
North Manchester	762.6 (highest in England)	713
Central Manchester	734.9 (2 <sup>nd</sup> highest in England)	600
South Manchester	717.3 (6 <sup>th</sup> highest in England)	734

Source: Cancer Commissioning Toolkit 2012

- Rates of premature mortality (i.e. before age 75) from cancer in Manchester are the second highest in England at 157.4 per 100,000 population, compared to 109.3 per 100,000 for England (*Cancer Commissioning Toolkit, 2012*). While, Public Health England data (local authority area, 2010-2012) places Manchester as the worse in England. The breakdown by CCG shows the breakdown by CCG area as below.

Table 2. Premature Mortality (all cancers, 0-74 age group)

CCG	Incidence all cancers deaths (under 75's) per 100,000 population (2012)	Number of cases (2012)
North Manchester	203 (3rd highest)	181
Central Manchester	168.8 (36th highest)	122
South Manchester	193.9 (6th highest)	178
All England	145	

Source: Cancer Commissioning Toolkit 2012

- 32% of the cancer premature mortality rate is accounted for by lung cancer. The average incidence of lung cancer across the three Manchester CCGs is: 160.9 per 100,000 population, compared to 84.8 per 100,000 population for England. North Manchester CCG has the highest

incidence of lung cancer in England and South Manchester CCG the second highest.

Table 3. Manchester Lung Cancer Incidence

CCG	Incidence per 100,000 population (2012)	Number of cases (2012)
North Manchester	189.6 (highest in England)	165
Central Manchester	122.6 (21 <sup>st</sup> highest in England)	90
South Manchester	169.8 (second highest in England)	155

Source: Cancer Commissioning Toolkit 2012

- The proportion of newly identified tumours first presenting as an emergency is also higher in Manchester than in England as a whole.

Table 4. Emergency presentation

CCG	% tumours first presenting as an emergency
North Manchester	27.9%
Central Manchester	25.6%
South Manchester	19.9%
England	20.6%

Source: Cancer Commissioning Toolkit 2012

### 3. MCIP Programme

3.1 To improve local health outcomes both the Manchester Cancer Commissioning Board and the Manchester Cancer Improvement Partnership (MCIP) have been established. MCIP's Board includes:

- People Affected by Cancer
- Macmillan Cancer Support
- North, Central and South Manchester CCGs
- Manchester City Council
- Central Manchester University Hospitals NHS Foundation Trust
- University Hospital of South Manchester NHS Foundation Trust
- The Christie NHS Foundation Trust
- Pennine Acute Hospitals NHS Trust
- St Ann's Hospice

3.2 By working together to tackle these significant issues Manchester has attracted £3.45m from Macmillan Cancer Support of which:

- £2.35m has been committed to phase one of the MCIP Programme – improvements in primary, community and palliative care across all tumour groups.
- £1.1m has been committed to phase two – improvements in breast and lung cancer pathways.

3.3 Together with project costs, this funding has allowed for creation of a skilled change team to work alongside partner organisations to provide capacity, programme management and improvement expertise not necessarily available otherwise. Macmillan Cancer Support funding has been given until December 2015.

3.4 The MCIP Programme Strategic Summary and programme overview are shown in the visuals in Appendix 1 and 2. These include work on:

- Primary, Palliative & End of Life (including learning and development)
- North Manchester Palliative Care Support
- Community Services (Learning and Development)
- Phase 2 - Lung Cancer improvements
- Phase 2 - Breast Cancer improvements

#### 4. **Progress and benefits** **Phase 1 projects**

4.1 **A new model of supportive Palliative Care in North Manchester:**  
The National Audit Office (2011) suggested that 40% people dying in hospital have no medical need to be there and 59% of people asked said they were frightened of dying in hospital. The new model being developed in North Manchester will support people to die in their preferred place and reduce emergency admissions. It will provide:

- Extra Palliative care consultants
- More community Macmillan nurses and
- More therapists 7 day a week 8 till 8 support, not Mon-Friday 9:00-5:00
- Treatment closer to home including own home
- Focus on support for living with cancer
- Support with everyday tasks
- One point of contact for patient & carers

4.2 Currently more people die in hospital in Manchester than the national average. In North Manchester this is 63.1%. The Midhurst model, on which the North Manchester work is based, had a 17.75% hospital place of death rate in 2012-2013. Monitor's economic evaluation of the Midhurst Service suggests that earlier access to community based specialist palliative care could reduce the total cost of care in the last year of life by 20 per cent.

4.3 North Manchester CCG have modelled that up to £0.7m per annum savings could be derived from hospital admissions avoided in the final 12 months of a patient's life through care being delivered in a more appropriate setting. The exact benefit will be known once the service has been fully developed and evaluated. The current information for place of death is shown below.

Table 6. Place of death baselines, 2008 - 2010 (year average)

Place	NMCCG		CMCCG		SMCCG		Manchester CCGs	England
	No.	%	No.	%	No.	%	%	%
<b>Hospital</b>	800	<b>63.1</b>	604	59.5	745	58.7	<b>60.5</b>	54.5
<b>Home</b>	282	<b>22.3</b>	227	22.3	290	22.8	<b>22.5</b>	20.3
<b>*Care home</b>	126	<b>9.9</b>	127	12.5	153	12	<b>11.4</b>	17.8
<b>Hospice</b>	35	<b>2.7</b>	34	3.3	52	4.1	<b>3.4</b>	5.2
<b>other place</b>	25	<b>1.9</b>	24	2.4	31	2.4	<b>2.2</b>	2.2
<b>Total</b>	<b>1268</b>		<b>1016</b>		<b>1271</b>			

\*(nursing or residential) Source: 2008-2010 ONS mortality data

### Driving systematic primary care improvements via a Locally Commissioned Service (LCS) and Primary Care training

4.4 The LCS is a package of improvements designed to drive systematic improvements in primary care which. These are based on an clear set of standards coproduced by local people affected by cancer and GP's working together with the MCIP team. Practices are currently being assessed against these standards. Once achieved they will lead to the awarding of a Quality Mark for general practice. A range of improvements (such as proactive use of the cancer register, improved templates for cancer reviews, better patient information, cancer champions (clinical and non-clinical) and training for practice staff are included.

4.5 Practice level data shows that there are currently **9703 patients** in Manchester on GP Cancer Registers that will benefit from these changes alongside new patients presenting with symptoms that could be cancer related.

Table 8. Number of patients on a GP Cancer Register

Data source – report from GP systems – Q1 2014-15	Number of patients on a GP Cancer Register	% of practice population
North Manchester	3359	1.7
Central Manchester	2845	1.3
South Manchester	3499	2.1

4.6 Primary care workforce training analysis conducted by the University of Manchester for MCIP showed that:

- 58% have not attended cancer care or communication skills training within the last two years
- 54% don't feel confident using bereavement risk assessment tools and making appropriate onward referrals

- 48% don't know about support services that they can help patients access
- 38% don't feel confident undertaking an HNA, and providing advice relating to rehabilitation and survivorship
- 38% don't feel confident explaining the range of treatments for their cancer and the potential side effects

4.7 A £130,000 training package has been developed which will help meet identified needs in the areas of:

- Communication
- Early Diagnosis
- Acute Oncology
- Survivorship
- Palliative & End of Life Care

This includes free high quality training alongside funded training. This will support Manchester to overtake the national average identified in the 2014 National Patient Cancer Experience Survey (NPCES) in which patients felt that only two thirds of practice staff did everything they could to support patients.

4.8 We are delighted that 90% of all Manchester primary care practices have signed up for the LCS.

### **Improving end of life and palliative care**

4.9 This is a jointly funded project with EPACCs, which has been developed to provide Facilitator support to all primary care practices and to quality assure the LCS in order to:

- Increase the numbers of patients on palliative care registers
- Increase the number of patients who have an advance care plan and recorded place of care
- Increase compliance with Gold Standards Framework

The total budget for this project is £185,000; £80,000 from MCIP and £105,000 from the 3 Manchester CCG's for a part time Clinical co-ordinator post and 3 Facilitators posts.

4.12 Practice level data (April- June 2014) indicates that:

- North Manchester CCG has the lowest numbers on Palliative Care registers: NMCCG 0.2%; CMCCG 0.3%; and SMCCG 0.4%.
- The Dying Matters Coalition suggests the percentage should be approximately 1% of the practice population.
- This indicates a gap of approx. **3611 patients** across Manchester not currently on palliative care registers who should be.

- This means that they and their families may lack support and have a higher risk of emergency admissions to hospital.

This project will help identify these **3611 patients** as well as facilitating better support for the **1512 patients** currently on the Palliative Care registers. Additional work is also underway in North Manchester which is cross checking patient information from the local hospital with GP registers to identify missing palliative care information.

Table 9. Number of patients on a GP Palliative Care Register

Data source – report from GP systems – Q1 2014-15	Number of patients on a GP Palliative Care Register	% of practice population	Number of patients we'd expect to be on a GP palliative care register (1%)	Gap
NMCCG	354	0.2	1770	1416
CMCCG	550	0.3	1833	1283
SMCCG	608	0.4	1520	912
<b>Manchester</b>	<b>1512</b>		<b>5123</b>	<b>3611</b>

### **Improving the Health and Social Care workforce's (non cancer specialists) knowledge of cancer**

- 4.13 A further piece of phase 1 work is to provide better care by improving non-cancer specialist's health and social care workforce's knowledge of cancer. The scoping of workforce requirements has now been completed will result in a training package of 200k and commissioning recommendations.
- 4.14 Key findings from the workforce scoping included those for Registered Nurses and Allied Health and Social Care Professionals such as:
- Only half were confident in giving health information, support and advice relating to risk factors for cancer
  - Less than a third were confident about making timely referrals to cancer services
  - Nearly two thirds lacked the confidence to assess and managing symptoms associated with treatment effects
  - Just over a third were confident to act as a key worker to undertake a holistic needs assessment
  - Only half of Practice Nurses and just over a third of Allied Health Care Professional's felt able to recognise when a person is dying

For Registered Professionals in Health and Social Care, Primary Assessment Officers, Reablement Managers and MEAP Assessors:

- More than a third lacked of confidence with using end-of-life care assessment tools.



- A quarter suggested they lacked understanding of the legal status of advance care planning.

A one year training programme is being to be developed to kick start this work and meet the key skill and confidence gaps within the MCIP timescales. However, given the skill and knowledge gaps found, the University of Manchester who conducted this analysis for MCIP suggest a 5 year programme is required and minimum cancer training standards need introducing.

## 5. Phase 2 projects

5.1 MCIP Phase 2 is in its design phase. Improvement projects have been extensively scoped and full project briefs for MCIP phase 2 work have been approved by the MCIP Board. In line with good programme management practice, the next step is to work up these projects briefs into full projects with detailed costings and other project initiation information. Once completed these are expected to go to the MCIP Board for final approval in June 2015. An overview of identified work is given below.

### Lung Cancer

5.2 Work on lung cancer has been identified as a major part of the MCIP phase 2 programme:

- In Manchester there are around 410 new lung cancer cases or 161 people per 100,000 diagnosed every year (significantly higher than the England average 85 per 100,000) (Cancer Commissioning Toolkit, 2012)
- Approximately 269 people die from lung cancer every year or 107 per 100,000 (significantly higher than the England average of 67 deaths per 100,000) in Manchester (Cancer Commissioning Toolkit, 2012).
- Smoking related deaths in Manchester are the highest in England (age-standardised per 100,000 population).
- Smoking rates in Manchester are 27.2% of the adult population compared to 22% nationally. This figure rises in adults who are employed in manual work, where 38.3% of those over 18 year old smoke (Manchester City Council, Joint Strategic Needs Assessment 2012).

Table 10. Smoking related deaths

Local Authority	Indicator value per 100,000 population (2009-2011)	Number of smoking related deaths per year
Manchester	356	768
England average	201	-

Source: Public Health Observatories Health Profile 2013

5.3 Identified lung cancer improvement projects are:

i. **Saving lives through earlier diagnosis of lung cancer**

This is a very significant, innovative and large scale programme of work which aims to identify Manchester residents who are at high risk of lung cancer and offer a diagnostic test so it can be found and treated. Lung cancer can be treated successfully if it is caught early enough, sadly approximately two thirds of the lung cancers in Manchester are at an advanced stage at diagnosis.

The project is in the early stages, but we are very hopeful that if fully implemented it would have a very significant impact on lung cancer outcomes. The approach on which this is based (US National Lung Screening Trial (NLST) found a reduced lung cancer mortality of 20%. As such, this improvement work has been included in the NHS England's national ACE Programme (Delivering earlier diagnosis through "Acceleration, Coordination and Evaluation"). A collaboration between NHS England, Cancer Research UK and Macmillan Cancer Support, the programme aims to scope and develop an evidence base to improve earlier diagnosis.

The ACE programme considers this improvement work could make a "valuable contribution to the faster diagnosis of cancer ambition set out in the recently published NHS Five Year Forward View". Representatives from the National Lung Cancer Clinical Reference Group have suggested that the learning from this and a similar project in Liverpool will be invaluable to determine 'what works' and be used as input into decision making for national policy and clinical guidance.

ii. **Optimising diagnostic and treatment pathways**

The diagnostic pathway for lung cancer is complex and can involve patients visiting different providers. Speed of diagnosis is important due to tumour stage at diagnosis and through this the type of treatment that can be offered. This project aims to reduce delays resulting from the need to have different diagnostic tests.

iii. **Improving palliative care**

The aim of this project is to improve links between teams caring for lung cancer patients and palliative care services. Having effective care plans and management of patients by specialist palliative care / end of life care teams, based on individual needs, will improve patient and carer experience and reduce unplanned admissions to hospital.

**6. Breast Cancer**

- 6.1 Across the three Manchester CCGs there are an average of 180.5 new cases of breast cancer per 100,000 population compared to an all-England incidence of 164.1 cases per 100,000 population. The incidence in North and South Manchester CCGs is close to the all-England incidence apart from in Central Manchester CCG, the incidence is the eighth highest in England. However, breast cancer mortality in Manchester is below the all-England rate of 36.4 per 100,000 population.

Table 11: Manchester Breast Cancer Incidence

CCG	Incidence per 100,000 population (2012)	Number of cases (2012)
North Manchester	168.8	89
Central Manchester	201.2	95
South Manchester	170.6	103

Source: Cancer Commissioning Toolkit 2012

Table 12: Manchester Breast Cancer Mortality

CCG	Mortality per 100,000 population (2012)	Number of deaths (2012)
North Manchester	35.5	18
Central Manchester	23.0	10
South Manchester	28.8	17

Source: Cancer Commissioning Toolkit 2012

6.2 The 10 year survival for breast cancer is 90% across in England. As Manchester has approximately 287 new cases diagnosed annually this means that while it is excellent that more patients are living and beyond cancer, hospital based on-going follow will therefore be at an increasing cost.

6.3 Work across Northern Ireland has transformed follow up into a self-management model for suitable patients that includes awareness raising around symptoms of concern, rapid re-access and wellbeing information/activities. The interim evaluation of this work indicated that with 41% of patients on this self-managed after care route resulted in:

- Reduced breast surgical waiting lists by 25%
- Reduced breast oncology waiting lists by 50%.

6.4 Breast cancer redesign projects are:

**i. Improving patient experience throughout the pathway using Holistic Needs Assessments and Written Care Plans**

This project will identify best practice and recommend tailored improvements for each Trust based on a review of their current practice. Results for the National Cancer Patient Experience Survey 2014 show that only one fifth of patients report being offered a written assessment and care plan.

**ii. Improving Support Services**

A recommendation is currently with the MCIP Board to prioritise development of commissioning cases for improvement work to three support services

**iii. A new model of monitoring and aftercare**

This is a large improvement project which will develop a recovery-oriented programme of support with a stratified approach to follow up based on patients' risk of recurrence and identified supportive needs.

It is based on the Northern Ireland model and will mean a shift away from face-to-face follow up for those patients identified as being able to self-manage. Early engagement with patients suggests this is a welcome approach as it would provide support in the first 12 months after treatment.

**iv. Improving the quality of life for people with advanced breast cancer**

Effective and sequential treatments for advanced breast cancer mean this is now considered a long term condition for a number of people which requires on going supportive care. Scoping has found variability in practice which suggests a need for improved support including anticipatory planning, supported self-management and better coordination between services.

**v. Information Project**

The project aims to improve communication between secondary and primary care, at the end of treatment. Good treatment summaries support improved communication between cancer services and primary care.

**7. Conclusion**

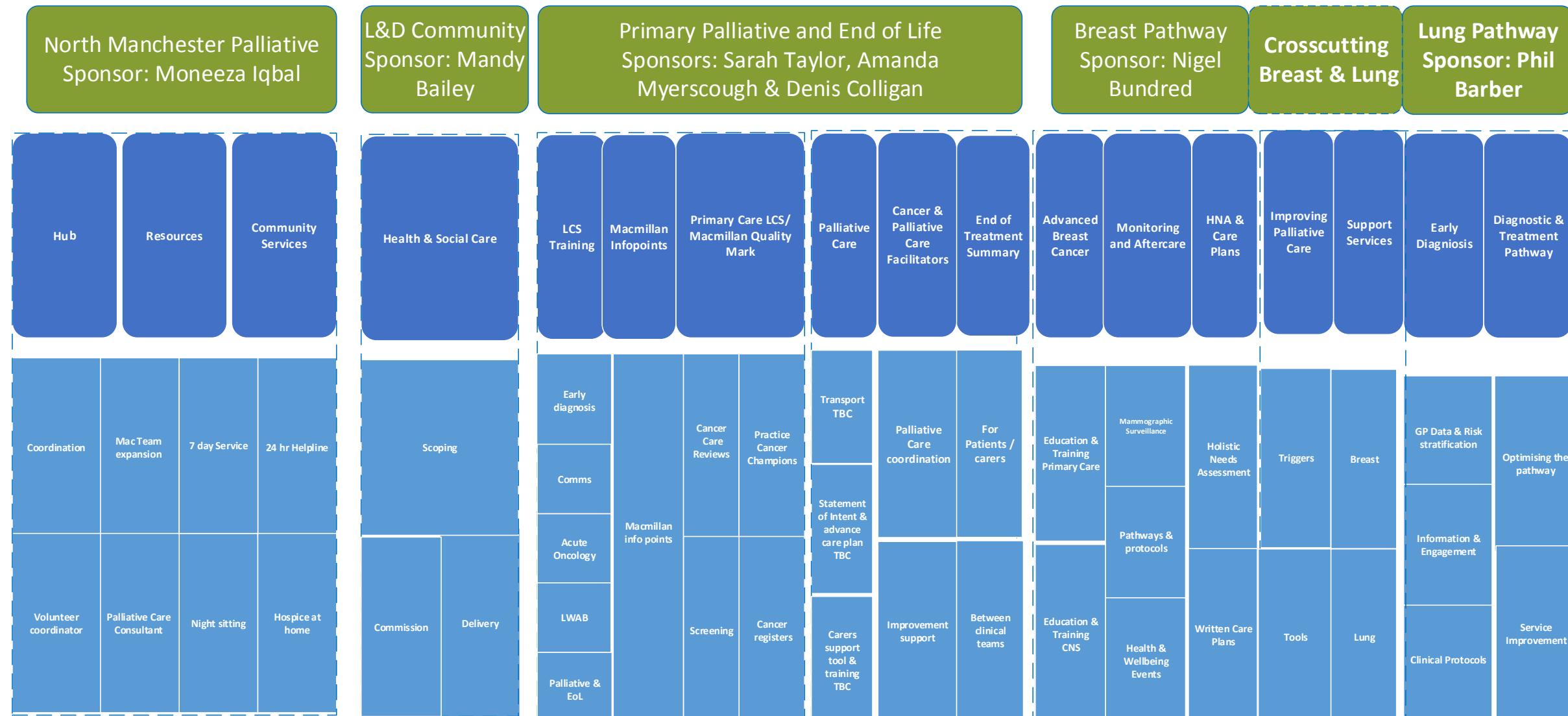
7.1 The MCIP Programme is delivering significant change work with clear benefit to local residents and which over the medium term should also result in cost savings.

7.2 A key risk for phase 2 work is the limited timescale remaining for the MCIP programme (end date 31 December 2015). Options for extending the programme, timescales and funding, to meet the high level of improvement ambition identified are being discussed by Macmillan Cancer Support and the Programme Chair on behalf of the partnership.

# MCIP Strategic Summary

VISION	<p style="text-align: center;">Our vision is that everyone in Manchester who is affected by Cancer will be able to say;  <b>“I had the best support and treatment from an expert team who made me feel cared for and in control”</b></p> <p style="text-align: center;">Together Macmillan Cancer Support, the local NHS, St Ann’s Hospice and Manchester City Council are working in Partnership with people affected by cancer to understand their needs and expectations to deliver a more compassionate and effective standard of care. Anyone in Manchester who is affected by cancer can be confident they will receive comprehensive information, care and support and be treated with kindness, dignity and respect.</p>								
Key Stakeholders	<b>Board Members</b> Macmillan Cancer Support South, Central and North CCG’s Central Manchester Foundation Trust The Christie Foundation Trust University Hospital of South Manchester		Manchester City Council Strategic Clinical Network St Ann’s Hospice Pennine Acute Trust People affected by cancer	<b>Other Key Partners</b>  Manchester Cancer Local voluntary groups					
Key Themes	<b>Primary and Palliative Care:</b> <ul style="list-style-type: none"> <li>Driving improvements in primary care via a Locally Commissioned Service leading to a Quality Mark for General Practice</li> <li>Improving palliative care through facilitated support and system improvements for cancer registers, advance care planning and Gold Standard Framework.</li> <li>Development of a new model of palliative care in North Manchester based on Midhurst principles</li> <li>Identification of current triggers for palliative care input and identify improvements for lung and breast cancer patients</li> <li>Improving support for carers (TBC)</li> </ul>	<b>Community Care:</b>  Driving improvements in cancer care by training non cancer specialists in relevant cancer care topics	<b>Lung Cancer:</b> <ul style="list-style-type: none"> <li>Improving the early diagnosis of lung cancer via risk stratification and targeted screening</li> <li>Reducing diagnostic delays for symptomatic patients</li> </ul>	<b>Breast Cancer:</b> <ul style="list-style-type: none"> <li>Developing a new model of post treatment follow up focusing on supported self management</li> <li>Identify best practice on holistic needs assessment for implementation in trusts</li> <li>Improving the quality of life for people with locally advanced or metastatic breast cancer through anticipatory planning, supported self management and better co-ordination between services</li> </ul>					
Enablers	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">Macmillan Care Support Funding</td> <td style="text-align: center; width: 33%;">Partnership Commitment</td> <td style="text-align: center; width: 33%;">Commissioning Support</td> </tr> <tr> <td style="text-align: center;">Skilled Programme Team</td> <td style="text-align: center;">Organisational Commitment</td> <td></td> </tr> </table>			Macmillan Care Support Funding	Partnership Commitment	Commissioning Support	Skilled Programme Team	Organisational Commitment	
Macmillan Care Support Funding	Partnership Commitment	Commissioning Support							
Skilled Programme Team	Organisational Commitment								
Values	<b>Macmillan's 9 Values</b>								
Values	<ul style="list-style-type: none"> <li>I was diagnosed early</li> <li>I understand, so I make good decisions</li> <li>I get the treatment and care which are best for my cancer, and my life</li> </ul>	<ul style="list-style-type: none"> <li>Those around me are well supported</li> <li>I am treated with dignity and respect</li> <li>I know what I can do to help myself and who else can help me</li> </ul>	<ul style="list-style-type: none"> <li>I can enjoy life</li> <li>I feel part of a community and I’m inspired to give something back</li> <li>I want to die well</li> </ul>						
CCG Outcome & national outcomes framework	<b>Domain 1 – Preventing people from dying prematurely</b> <ul style="list-style-type: none"> <li>Under 75 mortality from Cancer</li> <li>One year survival from all cancers</li> <li>One year survival from breast, lung and colorectal cancers</li> <li>Cancer: diagnosis via emergency routes</li> <li>Cancer: record of stage at diagnosis</li> <li>Breast Cancer: Mortality</li> </ul>	<b>Domain 2 – Enhancing quality of life for people with long term conditions</b> <ul style="list-style-type: none"> <li>People feeling supported to manage their condition</li> </ul>	<b>Domain 4 – Ensuring that people have positive experience of care</b> <ul style="list-style-type: none"> <li>Improving the experience of care for people at the end of their lives</li> </ul>						

# MCIP Programme Overview: Projects



User Involvement – Including Cancer Experience Forum Sponsor: Val Bayliss-Brideaux

Brand & Communications Sponsor: Nick Gomm