Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 2 November 2016

Subject: Macmillan Cancer Improvement Partnership (MCIP) Progress Update

Report of: Janet Tonge, MCIP Programme Director
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Summary

The purpose of this paper is to give an update on the cancer improvement work of the Macmillan Cancer Improvement Partnership (MCIP).

Recommendations

The Board is asked to

i) Note the progress made by the MCIP Programme in cancer care improvements

ii) Recognise the significant role Macmillan Cancer Support has played in funding and sponsoring this cancer change programme

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Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	Improvements to the health and care of people with: • palliative care needs– integration and improved co-ordination

	• breast cancer – more well-being support and financial sustainability in new aftercare model • lung cancer – early diagnosis Reduced variation in primary care/ standards improvement Building the skills of the health and social care workforce to better care and support people with cancer
Self-care	

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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 Board reports including external evaluation documents

1.0 Introduction

1.1 The purpose of this paper is to give an update on the cancer improvement work of the Macmillan Cancer Improvement Partnership (MCIP).

2.0 Background

2.1 The Macmillan Cancer Improvement Partnership (MCIP) was officially launched in 2014. It is funded by Macmillan Cancer Support (£5.65m) and works via a partnership between commissioners and providers together with people affected by cancer to plan and implement quality improvements in cancer care. MCIP is hosted by the Manchester CCGs, is chaired by SM CCG Chief Officer, Caroline Kurzeja and its Programme Director is Janet Tonge. The MCIP Partnership Board consists of:

- North, Central and South Manchester CCGs
- Macmillan Cancer Support
- Manchester City Council (Public Health & Adults Social Care)
- 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
- People Affected by Cancer (patients and carers)

2.2 Our shared vision is that local people will be able to say they have the best cancer support and treatment from an expert team who make them feel cared for and in control. Our ambitions are in line with GM Devolution transformation in the areas of:

- Radical upgrade in population health prevention
- Transforming care in localities
- Standardising acute hospital care
- Standardisation of clinical support and back office functions

2.3 By coming together to tackle these significant issues Manchester attracted £5.65m of funding from Macmillan Cancer Support. Together with service 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 otherwise available. Programme funding is in place until December 2017.

3.0 Progress update

Phase 1

3.1 Phase 1 work focussed on primary, community and palliative care improvements. Summary information is given below. More information is available including external evaluations on request.

Project 1: Helping primary care provide better support for people with cancer

3.2 We wanted to raise the standards and the level of consistency provided by primary care services in Manchester. This links to transformation aims in transforming care in localities and standardisation of clinical support. We worked with local commissioners and people affected by cancer to develop a comprehensive set of 24 'cancer standards' for GP practices. The LCS 8 domains of care on which the 24 standards were based were:

- Cancer Champions
- Screening
- Patient Information / Referral / Engagement
- Cancer Diagnosis
- Cancer Care Review
- Registers
- Advanced Care Planning
- Education

3.3 90% of Manchester's GP practices signed up to achieve the standards. An experienced nurse facilitator was appointed to support practices in each CCG area. We also delivered over 350 training sessions to staff who became 'cancer champions' (clinical and non-clinical).

3.4 There was already lots of good practice across the City, but our research identified that early diagnosis rates, outcomes and support needed improvement and that there was variety in the ways in which people used some clinical systems/processes and support offered:

- The project supported breast and bowel screening uptake. The number of practices contacting people who did not respond to screening invitations increased by 193%, from 27 to 79. One practice that followed-up breast cancer screening non-responders resulted in 7 people having a confirmed diagnosis.

- Increased numbers of practices (27 to 78) were contacting all patients within a week of them being notified of a cancer diagnosis to offer advice and support. The number of people on cancer registers also increased, enabling greater care coordination.

- 129% increase in practices (from 34 – 78) reviewing new diagnoses of cancer by the Clinical Cancer Champion and undertaking a significant event analysis if there has been a delay in diagnosis

- 305% increase of practices (77 from 19) reviewing all patients either in person or by phone within 3 months of diagnosis. Using the new cancer care review template and offering patients appropriate follow up

- 93% of staff reported an increased confidence in advising and supporting people affected by cancer as a result of attending the training. Such as 271% increase in number of practices (21 to 78) records bereavement and contacts the bereaved (where possible) and is able to signpost to support services. Increased number of practices (45 to 79) informing patients of their entitlement to free prescriptions.

- The number of people on palliative care registers increased by 55% enhancing end of life care co-ordination. The number of practices having regular meetings to discuss patients on the palliative care register increased from 49 to 76 practices. There was a 166% increase in practices risk rating patients on the palliative register (77 from 29). This proactive approach helps avoid crises, in turn reducing emergency presentations and unplanned hospital admissions. It also improves the patient and carer experience.

- The new clinical and non-clinical 'cancer champions' who made multiple practice based improvements. Macmillan Information Points were established in 96% of GP surgeries.

68 practices (86.25%) have fully achieved all the standards; 11 practices partially achieved the standards**.**

Project 2: Educating community staff about cancer

3.5 The aim was to increase the cancer-specific knowledge, skills and awareness of clinical and non-clinical staff working in primary, community and palliative care. This links to transformation aims in transforming care in localities and standardisation of clinical support. Scoping commissioned by MCIP and conducted by The University of Manchester identified considerable skills and confidence gaps amongst non-cancer specialists in the community and palliative case.

3.6 We delivered training sessions to more than 280 staff, covering cancer awareness, living with and beyond cancer, end of life and palliative care and course evaluation shows this increased the number of professionals who:

- Are confident in advising and supporting people affected by cancer
- Are confident signposting people living with and beyond cancer to supportive services and resources

3.7 We have now partnered with Macmillan Cancer Support, University Hospital South Manchester and Dynamic Business Services to develop a cancer e-learning programme for community staff. Our e-learning programme will build on these successes and ensuring the continuing development of the cancer-specific knowledge and skills of community staff. It will:

- Increase the number of professionals who demonstrate an understanding of the potential psychosocial consequences of cancer diagnosis and treatment
- Increase the number of professionals who understand the legal status of advanced care planning
- Be more sustainable and accessible to a broader group of people

Project 3: The North Manchester Macmillan Palliative Care Support Service

3.8 This new community-based palliative care service was launched in North Manchester in April 2015. It ensures that patients with life-limiting illnesses access the care and support they need. This links to transformation aims in transforming care in localities. The service is open-referral and operates 7 days a week. The team provide visits and care in the home, and round-the-clock telephone advice. They help with managing pain and sickness, and provide emotional support. There are daily meetings between the palliative care team and district nurses, which has massively improved the ability to deliver timely care to patients and their carers. A new Assistant Practitioner also supports clinicians and patients to implement their care plans.

3.9 This project is demonstrating significant outcomes for patients, carers and primary and secondary care services.

- 100% of patients are contacted on the day of referral to the service to ensure safety.
- 86% of GP practices now have regular palliative care meetings, and the number of patients on GP palliative care registers has increased by 91%. This promotes care coordination and greater integration between General Practice and community teams and ensures patients receive appropriate support.
- 82% of patients on the caseload died in their recorded preferred place of care in 2015/16 compared with 59% in 2014/15.
- Feedback from people affected by cancer shows that the service prevented A&E visits and crisis events, especially in relation to pain management and easing anxiety or fear.
- Patients and carers also reported feeling better supported and report more integrated care and sustained support.
- The confidence and knowledge of District nurses increased as a result of information shared and skills developed at MDT meetings.
- Feedback from a CQC inspection was Outstanding

This approach is now forming a model for consideration by the rest of the city as part of a GM Transformation bid.

4.0 MCIP Phase 2/3

4.1 Phase 2 work was focused on scoping and designing phase 3 implementation plans for lung and breast cancer pathway improvements. MCIP Phase 3

quality improvement work is well underway with several significant change projects are now operational.

4.2 Work on lung cancer was identified as a major part of the MCIP programme because:

- In Manchester there are around 374 new lung cancer cases or 149 people per 100,000 diagnosed every year (significantly higher than the England average 83 per 100,000) (Cancer Commissioning Toolkit, 2013)

- Survival of early stage lung cancer is much better than stage 3 and stage 4 lung cancer (stage 1 survival at 5 years 58-73%; stage 3B and 4 survival 2% - 13%). Most Manchester lung cancers are currently diagnosed at stage 3 and 4 when treatment options are limited.

Focus on Lung Cancer Early Diagnosis

Lung Health Check Summary project information

4.3 MCIP has established the first community based one-stop Lung Early Diagnosis Service in England. The pilot aims to find lung disease, especially lung cancer, at an earlier stage – survival rates from lung cancer are much higher when it is detected sooner. This links to transformation objectives in ambitions for a "Radical upgrade in population health prevention". Fewer people dying early from cancer has been identified as one of the high level outcomes in the Health and Social Care devolution programme with a KPI to improve premature mortality from cancer. Lung cancer is a very significant cause of cancer premature mortality in Manchester.

4.4 The MCIP Lung Early Diagnosis pilot seeks to test an approach to:

- Increase the number of lung cancers diagnosed at early stage
- Increase the proportion of patients diagnosed with lung cancer that can be offered curative treatment

It has been locally developed based on population need and designed to provide early diagnosis of lung cancer to allow more people to be offered curative treatment. It is commissioned by MCIP and is being run by the United Hospital of South Manchester. It is part of an NHS England ACE programme for cancer innovation and is based on recent RCT evidence from the National Lung Screening Trial in the US, which demonstrated a 20% reduction in lung cancer mortality between Chest X-Ray and low dose CT groups (Aberle et al., 2011).

4.5 Evaluation of the pilot will be fed back locally and nationally. 14 GP practices are participating in the pilot. The ambition is for this to be delivered throughout Manchester if there is a successful evaluation and future funding consideration.

What is the service?

4.6 The Lung Early Diagnosis pilot is in two parts: a Lung Health Check including spirometry, assessment of lung cancer risk and a low dose CT scan (if above the risk threshold). Its community based with a one-stop shop design to make participation easy from a patient perspective. The service is for those at high risk of developing lung cancer namely current and ex-smokers, aged 55-74. Patient information is provided to help possible recipients decide if it is something they would like to take-up. The service is provided in a community setting in mobile facilities.

- Lung Health Check: Conducted by a respiratory nurse including questions about symptoms, spirometry and calculation of lung cancer risk.

- Low Dose CT scan: If people were assessed as at high risk, they are offered an immediate, on-the-spot, low-dose CT scan.

4.7 Where immediate concern is evident participants are assessed by the multi-disciplinary team and if appropriate move into the pathway for further diagnosis testing and treatment. A lung nodule risk management protocol is being used to reduce unnecessary procedures. Those with suspicious nodules are invited back for a three month check-up scan.

4.8 Other significant findings indicated by the CT scan are flagged by the radiologist and are sent to the GP so that GPs can make onward referrals. All those scanned will be offered a second low dose CT scan 12 months after their first by UHSM.

What has been done so far?

4.9 The pilot started on 13th June 2016 with the first wave running until 27th August. It operated in 3 accessible community locations using mobile facilities – one each for north, south, and central Manchester. For this phase 1 there were 800 lung health checks and CT scans available for CCG area and the service was offered for 20 days from each site.

4.10 Manchester based qualitative research suggested that a service of this type would be welcomed and found that many current and former smokers were worried about possible lung disease including cancer. They felt the service would offer the benefit of early treatment or reassurance about lung health. Though, not all who were positive in principle about the service said they would take up the offer (Tonge, 2016). To support take up and explain what the new service was about, participant information materials were written in conjunction with patient representatives and members of the community who were smokers and ex-smokers. Grass roots community based engagement conducted by Manchester Council, MCIP and CCG teams was carried out in each of the three locations to build awareness and understanding about the pilot and patients in the correct age range were written to offering an invitation for a lung health check.

4.11 We are delighted that all available health check slots were rapidly filled in each of the three localities. To date there has been in excess of 2000 Lung Health

Checks and 1000 CT scans delivered to patients across the city. This is a major achievement for a pilot service in areas where screening uptake is often lower than we would like. Due to this success, an additional demand list was created allowing for a potential 700 additional health checks and scans across the city. Funding from MCIP and North Manchester CCG has enabled these additional appointments to be offered.

4.12 The United Hospital of South Manchester (UHSM) clinical team are working to validate all of the lung health checks and CT scans from phase 1, details of all patients and their outcomes have been sent back to GP's. 3 month scans are being offered to some patients based on the initial CT findings. The UHSM team are currently contacting and booking these patients in for a follow up scan

Learning from the pilot and evaluation plans

4.13 The learning from the pilot will be used to develop options about how we can detect lung cancer and COPD earlier. The benefits from the pilot fall under three categories:

- Outputs from project development
- Knowledge gained from project
- Better outcomes in participants

4.14 A large amount of knowledge will be gained from the pilot:

- Clinical findings including lung cancer tumour stage, COPD and other significant findings;
- Clinical protocols for managing lung cancer using low dose CT scans;
- Knowledge about significant findings other than lung cancer and associated protocols;
- Understanding about the acceptability of the service to smokers and ex-smokers;
- Knowledge about effective recruitment into a lung health check;
- Participant materials to promote and develop the pilot service;
- Cost effectiveness data;
- Service specifications for a lung health checks and CT scan service;

4.15 The team are now starting the work to evaluate the outcomes from phase 1 of the pilot including:

- Clinical outcomes – reports on the clinical outcomes, cancer staging, suspicious nodules, COPD and other significant findings such as cardio-vascular
- Communication and engagement analysis – consideration of engagement approach and patient information
- Attendance analysis of the demographics of who attended
- Patient and staff feedback –interviews will be held to gather thoughts and experiences from all of those who have been involved in the pilot

- GPs – feedback gathered practice by practice through the pilot process
- GPs -a feedback session will be hosted by MCIP to gather the collective views and suggested improvements to the operational model.
- KPI /contract performance
- Cost benefit analysis

4.16 MCIP is working with the pilot's key stakeholders to write evaluation reports, we expect that the first one will be on engagement and take up; the next will include the clinical findings. We plan to use the evaluation information to design a wider operational model and make a case for future funding. Early findings suggest we will achieve the goal of identifying lung cancers and other lung respiratory diseases earlier but we need to fully scrutinise the data to report on clinical outcomes.

5.0 Breast Cancer Programme

5.1 Breast cancer was identified as a major part of the MCIP programme because:

- Approximately 300 patients are diagnosed with breast cancer every year in the City of Manchester.

- As the incidence of breast cancer and survival rates continue to rise, the current after care model will become unsustainable. There are a minimum of 1500 routine breast cancer aftercare appointments at Acute Trusts and a minimum of 1500 surveillance mammograms.

- Traditional follow up has been framed around cancer as an acute illness which does not fit with the changing picture of breast cancer as a long term condition for many people. Aftercare services need to become more holistic in their approach, reflecting the fact that people are surviving longer and needs are changing.

The related projects link to transformation objectives in ambitions for standardising acute hospital care and standardisation of clinical support.

Breast Project 1 - A new model of monitoring and aftercare for primary breast cancer follow up

5.2 MCIP has been working with clinical teams across Manchester to transform breast cancer aftercare for primary breast cancer patients. A new follow-up pathway and protocols has been designed which promotes supported self-management by tailoring intervention according to need and supporting recovery and health and wellbeing.

5.3 The new model of aftercare for primary breast cancer patients is now live in Pennine Acute Trust and expected to go live at UHSM in mid-November. A paper setting out more detail on the new pathway will be considered be presented to the CCG's Clinical Standards Committee. These changes will improve patient experience, be a more effective use of resources, and release clinic capacity for new patients and follow up of more complex patients.

Breast Project 2 - Improving support for patients with advanced breast cancer

5.4 MCIP is facilitating community and hospital teams to work together closely so there is a more consistent support is in place for patients with advanced breast cancer. By clearly defining the responsibilities of professionals who care for patients with advanced breast cancer, and by describing the current processes for transferring patients across cancer care settings, stakeholders have developed a new, patient centred pathway. Holistic Needs Assessments and Treatment Summaries will be offered to patients as part of this new pathway.

5.5 We are doing this because people diagnosed with advanced breast cancer, along with their families and carers, have complex needs which may require support and care over a period of time and often cross between different cancer care settings. Research found gaps in information provision and care coordination.

6.0 Conclusion

6.1 Alongside the patient benefits described above, commissioners are benefitting from:

- The development of more affordable services through revising pathways to both better support patients and managing increasing costs by changing follow up protocols and approaches and avoiding unnecessary emergency admissions by providing more comprehensive and better co-ordinated palliative care

- Reduced variation in primary cancer care through improvements to practice based systems and providing enhanced primary care cancer education – both clinical and non-clinical so that systems and processes are used to better effect.

- Better health outcomes and patient experience – such as more cancers diagnosed especially at an earlier stage

- Improved access to cancer education for staff, which has raised awareness of the role primary and community staff can play in supporting people affected by cancer

- A more empowered patient population, who are taking an active role in ‘self-managing’ their recovery from cancer. Supported self-management has been shown to improve health outcomes and experience, and reduce unplanned hospital admissions.

- More integrated models of care, from ‘virtual integration’ through shared protocols to improved communication across cancer care settings

- A more holistic approach to improving care, by offering Holistic Needs Assessments and Health and Wellbeing Events

7.0 Recommendations

iii) Welcome the progress made by the MCIP Programme in cancer care improvements

iv) Recognise the significant role Macmillan Cancer Support has played in funding and sponsoring this cancer change programme