Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 16 July 2019

Subject: Manchester Health and Care Commissioning Cancer Improvement Programme

Report of: Manchester Cancer Commissioning Manager, MHCC
Director of Population Health, MHCC
Director of Performance and Quality Improvement, MHCC

Summary

This paper describes the current overview of cancer services across Manchester, including commissioning arrangements, and outlines the proposed Cancer Improvement Programme for Manchester Health and Care Commissioning (MHCC). The paper also highlights those workstreams contributing to the delivery of the NHS Long Term Plan requirements and the recommended priority areas for 2019/20 and 2020/21 including:

- Early Detection of Cancer through improving uptake to national cancer screening programmes and expansion of lung health checks across the city.
- Faster Diagnosis through the implementation of best practice pathways.
- Achievement of Cancer Waiting Times Standards.

This proposed work plan will help to:

i. Improve the health and wellbeing of people in Manchester.
ii. Strengthen social determinants of health and promote healthy lifestyles.
iii. Ensure services are safe, equitable and of a high standard with less variation.
iv. Enable people to be active partners in their health and wellbeing.
v. Achieve a sustainable system.
vi. Avoid the risk of non-compliance with national requirements for cancer service delivery.

Recommendations

The Committee are asked to:

- Note the content of this report;
- Note the national requirements for cancer from the NHS Long Term Plan; and
- Comment on the suggested priority areas and workstreams.

Wards Affected: All

Alignment to the Our Manchester Strategy Outcomes (if applicable):

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	Developing and recruiting locally to health and care roles in cancer services will benefit residents
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Improving health outcomes in relation to cancer will reduce health inequalities
A liveable and low carbon city: a destination of choice to live, visit, work	Cancer prevention activities have positive environmental benefits e.g. physical activity/active travel
A connected city: world class infrastructure and connectivity to drive growth	Manchester has world class cancer treatment and research facilities that continue to attract investment

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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.

None

1. Introduction and Background

1.1 The breadth and scope of the cancer agenda is momentous, affecting all ages and throughout the health and care pathway from prevention, through diagnosis, treatment, living with and beyond cancer, palliative care, and bereavement.

1.2 Cancer incidence and deaths from cancer (cancer mortality) are higher in Manchester than the national average, with survival rates lower than the Greater Manchester average.

1.3 Well-being and supportive services are needed to help Manchester residents make good lifestyle choices to prevent cancer, as well as other cardiovascular and respiratory long term conditions.

1.4 The uptake of national cancer screening programmes is low and emergency presentations are high. Improvement in these areas will help to increase the proportion of patients diagnosed at early stage and improve cancer survival.

1.5 Cancer workload is increasing with more referrals for suspected cancer, complex treatments and more patients requiring support after diagnosis. Meeting this increasing demand requires stronger collaboration between commissioners and providers.

1.6 Cancer survival is improving in Manchester due to better treatments and multi-disciplinary team (MDT) working; cancer can be considered a long-term condition for many people.

1.7 More people living with and beyond their cancer diagnosis means that patients require on-going support for their condition. Commissioning new models of aftercare will mean that patients are supported to self-manage and sign posted to additional services without the need for routine hospital visits.

1.8 MHCC have built on the work of the Macmillan Cancer Improvement Partnership (MCIP) in Manchester by commissioning lung health check and screening service in North Manchester, developing a new model of aftercare for patients with breast cancer, and strengthening the primary care cancer standards.

1.9 The purpose of the paper is to describe the proposed Cancer Improvement Programme for MHCC:

- providing a comprehensive overview of cancer programmes and services in Manchester;
- highlighting those workstreams contributing to the delivery of the NHS Long Term Plan and Operational Planning Guidance requirements;
- clarifying MHCC role in delivery of each workstream;
- indicating the resource required to deliver each workstream;
- highlighting the likely financial implications for each workstream;

- providing an indication of priority across the cancer commissioning agenda; and
- recommending the priority areas for 2019/20 and 2020/21.

2. Context

Rates of cancer

2.1 The age standardised rate for cancer incidence in Manchester is 725.8 per 100,000 head of population, compared to 639.0 in Greater Manchester. The commonest cancers in Manchester are Breast, Colorectal, Lung and Prostate (see Figure 1 and 2).

Figure 1: Age Standardised Rate of Cancer Diagnoses per 100,000

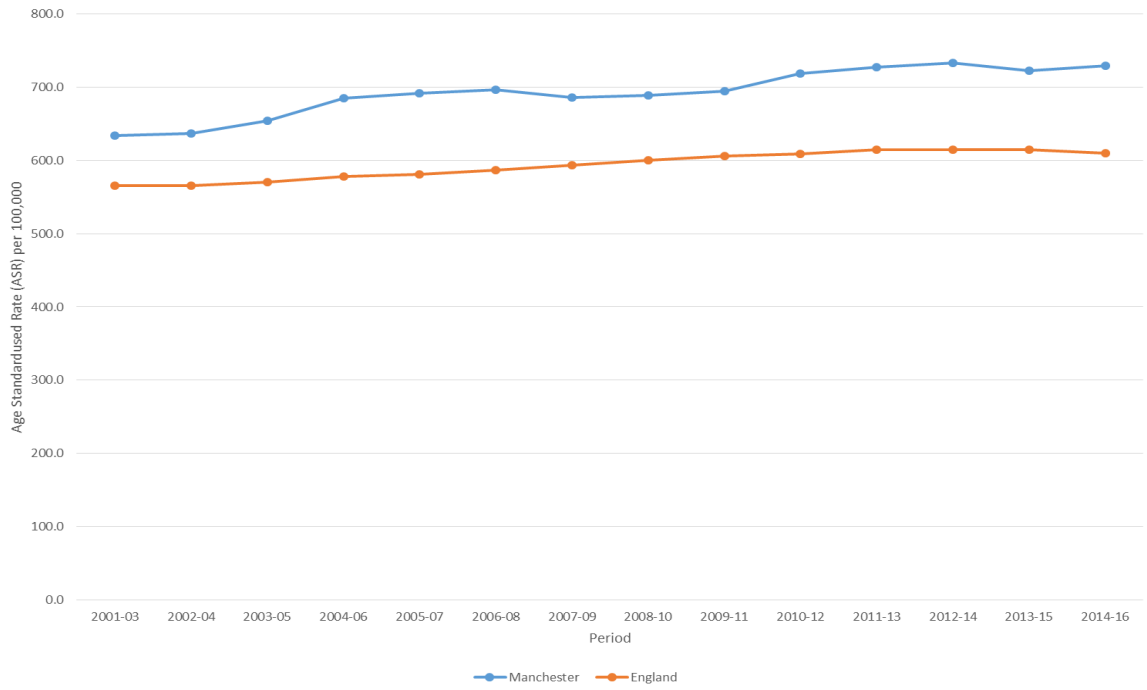
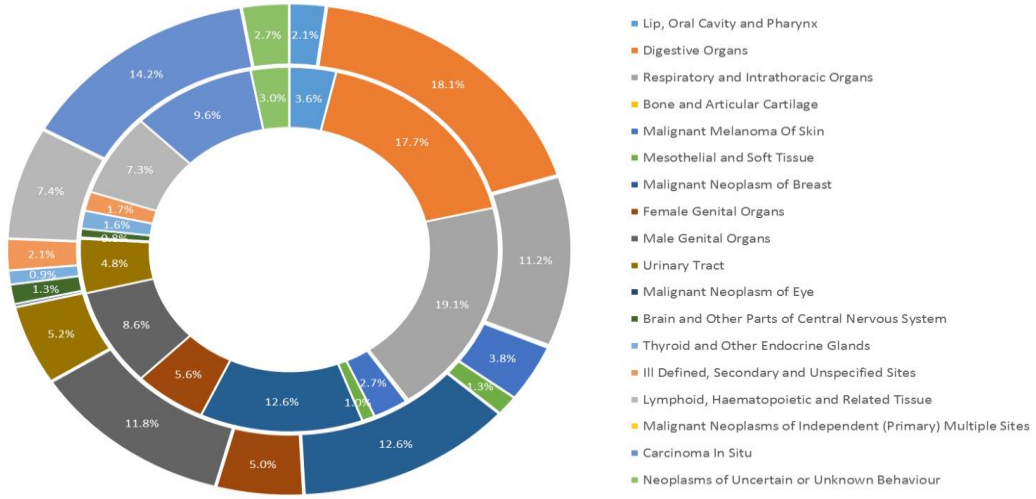


Figure 2: Newly diagnosed cancers by tumour site (2016) compared to Greater Manchester

Manchester = inner circle Greater Manchester = outer circle



2.2 The rate of premature death from cancer (age <75 years) is 194.5 per 100,000 head of population in Manchester compared to a national rate of 134.6 per 100,000 population, and 154.3 in Greater Manchester. Further, the rate of premature death from cancers that are considered *preventable* is also higher in Manchester (127.9 per 100,000 head of population) than Greater Manchester (89.7 per 100,000) and England (78.0 per 100,000 population) (see Table 1).

Table 1: Rate of premature deaths from cancer and respiratory disease in Manchester, Greater Manchester and England

2015-17 (rate per 100,000 population)	**Manchester CCG**	**Greater Manchester**	**England**
<75 premature mortality rate from all cancer	**194.5** (approx. 1160 people)	154.3	134.6
<75 premature mortality rate from all cancer (considered preventable)	**127.9** (approx. 760 people)	89.7	78.0
<75 premature mortality rate from respiratory diseases (considered preventable)	**46.4** (approx. 278 people)	25.7	18.9

2.3 The 1-year survival rate from cancer is 69.8% in Manchester, compared to 71.2% in Greater Manchester.

Social determinants of health

2.4 Life expectancy is lower in the City than in England: 75.8 years for men (compared to 79.5 in England), and 79.9 years for women in Manchester (compared to 83.2 in England).

2.5 There is a strong link between deprivation and increased incidence of cancer. In Manchester, seventy-five percent (75%) of lung cancer patients and 60% of breast cancer patients are from the most deprived localities.

2.6 Lifestyle choices relating to diet, exercise and smoking can increase the risk of cancer. There is a link between lifestyle choices, such as smoking, and deprivation. In Manchester the welcome recent reduction in smoking prevalence will be reported to the Committee in the Public Health Task and Finish report. However, deaths from smoking related diseases are 458.1 per 100,000 population compared to 274.8 per 100,000 population in England.

Screening

2.7 Screening uptake in Manchester is below the national minimum standard for all 3 national cancer screening programmes (breast, bowel, and cervical cancer). Reasons for poor uptake include a lack of public awareness of what screening involves, benefits of screening, i.e. early detection of cancer, a fear of being diagnosed, and accessibility to where screening is offered. The most recent screening coverage figures are lower in Manchester compared to Greater Manchester rates (see Table 2).

Table 2: National cancer screening programmes coverage

Screening programme	Manchester	GM	National Minimum Standard	National Target
Bowel	46.5%	55.9%	52%	60%
Breast	61.0%	68.9%	70%	80%
Cervical	64.7%	71.5%	80%	90%

Provision of cancer services and referrals for suspected cancer

2.8 There are two main Acute Trusts providing cancer services for the Manchester population:

- Manchester University NHS Foundation Trust
- Pennine Acute Hospitals NHS Trust

The Acute Trusts receive over 20,000 referrals each year from MHCC. There has been a consistent upward trend in the number of people being referred to

services with suspected cancer, with a 46% increase between 2013/14 and 2017/18 (see Table 3).

Table 3: All suspected cancer referrals by Manchester CCG, from 2013/14 through 2018/19

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19*
All suspected cancer referrals (SCR)	13,649	15,396	16,722	18,584	19,928	24,043

* The data for 2018/19 are incomplete and reflect data for a partial year.

2.9 There is one specialist cancer centre, Christie Hospital NHS Foundation Trust, which serves the Greater Manchester population as well as patients from across the North of England. Christie Hospital provides approximately 1500 treatments to Manchester patients each year.

Diagnosis

2.10 Over 2,000 people are diagnosed and treated for cancer each year in Manchester. Over half of all cancers in Manchester (54.7%) are diagnosed at an early stage (stage 1 and 2) that is more amenable to curative treatment, compared to 53.2% in Greater Manchester (see Table 4).

Table 4: New cancer diagnoses in Manchester

Year	2013	2014	2015	2016	2017
New cancer diagnoses	2245	2329	2413	2485	2383

2.11 23.9% of cancers are diagnosed via emergency presentation in Manchester, compared to 19.7% Greater Manchester average (see Table 5 and a more detailed breakdown is provided in Appendix 1.

Table 5: Routes to diagnosis

Manchester CCG -2016	Screen Detected	GP referral (all)	Emergency Presentation	Other Route
Breast	25%	65%	5%	5%
Colorectal	5%	37%	30%	14%
Lung	NA	47%	38%	14%
Prostate	NA	76%	13%	11%

Cancer Waiting Times

2.12 Performance against Cancer Waiting Times targets has been challenging over the last two years, with a decline in the achievement of the national / constitutional standards

2.13 Achievement of the 14 day standard for first appointment has declined due to an increase in the number of referrals for suspected cancer, and a national diagnostics workforce crisis. The national target is that 93% of patients should be seen within 14 days of a GP referral: 2016/17 – 95.8%, 2017/18 – 93.9%, Apr – Jan 2018/19 89.5%.

2.14 Achievement of the 31-day standard for first treatment within 31 days of decision to treat has been maintained. The national target 96% of patients should begin treatment within 31 days of decision to treat: 2016/17 – 98.6%, 2017/18 – 98.7%, Apr – Jan 2018/19 98.6%.

2.15 Achievement of the 62 day standard for first treatment has declined due to issues with diagnostic pathways, and complex patient needs. The national target 85% of patients should begin treatment within 62 days of initial GP referral for suspected cancer: 2016/17 – 85.1%, 2017/18 – 80.6%, Apr – Jan 2018/19 75.7%.

2.16 The number of new cancer diagnoses has not increased significantly to account for the decrease in patients treated within 62 days. The decrease in performance is linked to diagnostic capacity issues, rather than treatments.

2.17 Nationally mandated changes to the management of suspected cancer referrals and diagnostic pathways are planned that will streamline the process and ensure patients access the right diagnostic test at the right time, and meet the new 28 day Faster Diagnosis Standard (from 2020). Implementation of these redesigned pathways will be overseen by Greater Manchester Cancer through transformation funded projects, but will need to be sustained through a local commissioning process.

Living with and beyond cancer

2.18 One-year survival rates in England are improving over time (from 72.6% in 2012 to 74.8% in 2016) due to improvements in diagnostic techniques, multi-disciplinary working and effective treatments by specialist providers. The 3-year survival rate continues to improve (from 58.1% in 2012 to 66.0% in 2015). The 1-year survival rates between Manchester and Greater Manchester (GM) is narrowing (Manchester 69.9%, GM 71.8%)

2.19 Around 55% of patients survive more than 10 years after their diagnosis. In 2010 it was estimated that there were approximately 10,000 people living with and beyond their cancer diagnosis, and this is expected to double to 20,000 by 2030. More people are therefore living with cancer as a long-term condition and require ongoing support as a result of the cancer diagnosis as well as the effects of treatment.

3. Commissioning and Governance of Cancer Services

3.1 Manchester Health and Care Commissioning (MHCC) commission cancer services for the City of Manchester. This includes treatment for common cancers (breast and colorectal), diagnostic tests, supportive services for

patients living with and beyond cancer, and end of life care. NHS Trafford was until recently, the designated lead CCG for commissioning cancer services and would oversee the Christie contract on behalf of the local CCGs in Greater Manchester. They do not directly commission services from any provider on behalf of the GM CCGs.

3.2 The Greater Manchester Screening and Immunisation Team from GM Health & Social Care Partnership, and local population health teams have responsibility for cancer prevention and population awareness of cancer signs and symptoms, as well as delivery of national cancer screening programmes.

3.3 NHS England directly commission specialist treatments and interventions for cancer, as well as specialist services including primary care, cancer screening, chemotherapy and radiotherapy. However, in April 2018, NHS England delegated some specialised commissioning responsibilities to Greater Manchester Health and Social Care Partnership (GMHSCP) for surgery for several tumours as well as chemotherapy and PET-CT (Positron Emission Tomography – Computed Tomography).

3.4 Greater Manchester Cancer (GMC) is the cancer delivery programme of the GM devolved health & social care system. Greater Manchester Cancer System Board was established in September 2016 to facilitate the delivery of the GM Cancer Plan. Manchester is represented in the GM Cancer system through the GP cancer leads and cancer commissioning manager. This ensures that opportunities for innovation and changes to services and pathways benefit our population.

3.5 In summary, the commissioning and provision of cancer services is challenging in the context of multiple commissioners and providers for different cancer services and pathways. The complexity of the commissioning arrangements are a potential risk to the provision of integrated, timely and appropriate services for the Manchester population. Managing this risk requires close working partnerships locally, across GM and nationally facilitated by robust governance arrangements.

4. Cancer Programmes and Initiatives in Manchester

4.1 National, regional and local initiatives are in progress to improve outcomes for Manchester residents. The requirements and aspirations are outlined in documents including the NHS Long Term Plan Operational Planning Guidance 2019/20 and the Greater Manchester (GM) Cancer Plan, are reflected in the work programme within MHCC and GM. This work is described in the sections below.

4.2 It is important to note that many of the programmes and initiatives described in the sections below have been developed and championed in Manchester. For example, Macmillan generously supported a programme of service redesign through Macmillan Cancer Improvement Partnership in Manchester (MCIP, 2013-17). Selected local innovations are shown in Table 1.

Table 1. **Examples of local innovations in cancer services, Manchester**

Macmillan Cancer Improvement Partnership (MCIP) programme (2013-17) A locally commissioned service for cancer care in primary care – findings from the LCS have been used to support the development of primary care cancer standards A new model of aftercare for patients treated for breast cancer, including implementation of the Macmillan Recovery Package and stratified follow up for supported self-management Community based lung health checks and targeted investigations for people at increased risk of lung cancer. This has led to a service being implemented in North Manchester from April 2019, with a proposal for rollout across the city. New model of community based palliative care support for North Manchester – this is now being developed into a citywide service.
National Accelerate, Coordinate, and Evaluate (ACE) programme Pilot site for the National ACE programme, (supported by NHS England, Macmillan Cancer Support and Cancer Research UK) to test a Multi-Diagnostic/Rapid Diagnosis Clinic for patients with non-specific but concerning symptoms. This is now subject to national roll out, with a view to including patients with symptoms that could fit more than one tumour pathway.
Primary care standards and professional development Development of primary care standards for cancer and incentivising GPs to complete modules on Gateway-C, an online learning platform developed by one our Manchester GP cancer leads.
Palliative care Roll out and expansion of the community based palliative care service to cover Central & South Manchester from April 2019.
Lung health checks Implementation of community-based lung health checks in North Manchester from April 2019. Business case being developed for expansion and extension of the community-based lung health checks to cover Central & South Manchester.

Prevention

4.3 The Manchester Population Health Plan (2018-27) is the City's overarching plan for reducing health inequalities and improving health outcomes for our residents. Three lifestyle behaviours - tobacco use, unhealthy diet and a sedentary lifestyle - increase the risk of developing long-term conditions, including cancer, and are associated with the large majority of preventable deaths and health inequalities. Four initiatives are described below.

4.3.1 Smoke Free Manchester

The implementation of "Smoke Free Manchester", driven by Manchester's Tobacco Alliance, is providing stop smoking support. A more detailed update will be presented to the Committee under the Public Health Task and Finish Report item.

4.3.2 Healthy schools

The Healthy Schools Team deliver a Healthy Lifestyle component of their Whole School approach that utilises a range of curriculum linked teaching resources focussing on preventing and reducing the number of children that

are overweight and obese. In addition, there are weight management services commissioned to support families and adults to reduce and control their weight and to adopt healthier lifestyles.

4.3.3 Winning Hearts and Minds

Winning Hearts and Minds is a programme of work to improve heart and mental health outcomes in Manchester. It is a citywide programme with some targeted interventions in the most deprived areas of the city, in order to address health inequalities. Much of the targeted work is focused on north Manchester where health outcomes are poorest. Winning Hearts and Minds will be developed with Manchester Active (MCR Active), established and overseen by Manchester City Council partnering with Sport England and MHCC.

4.3.4 HPV vaccination programme

MHCC continue to support the GM Health and Social Care Partnership HPV (human papillomavirus) vaccine programme that protects against the two types of the virus that cause most cases (over 70%) of cervical cancer. Current results suggest that the HPV vaccination programme will bring about large reductions in cervical cancer in the future.

4.4 Early detection

4.4.1 National Cancer Screening Uptake

Greater Manchester Health and Social Care Partnership (GMHSCP) are currently procuring a cancer screening prevention and screening awareness engagement service across Greater Manchester. This will focus on priority areas and communities, using a diverse range of approaches and interventions that use a community development and social movement approach. The aim is to raise awareness of and uptake of the three cancer screening programmes: bowel, breast and cervical. The service will connect to all GM cancer screening/promotional activity in order to ensure a collaborative approach. As well as this Public Health England have launched a new national Cervical Screening Campaign.

4.4.2 Health professional awareness of cancer signs & symptoms (Gateway C)

GatewayC is an online cancer education platform developed for GPs, practice nurses and other primary care professionals. The platform aims to improve cancer outcomes by facilitating earlier and faster diagnosis and improving patient experience. The platform has been developed by GPs (including Manchester GP Dr Sarah Taylor), cancer specialists and patients. Courses are endorsed by Cancer Research UK and Macmillan Cancer Support. Each course is accredited by the Royal College of General Practitioners.

4.4.3 North Manchester Lung Health Checks

Implementation of community-based lung health checks, and ultra low-dose CT (**c**omputerised **t**omography) scans for those at increased risk of lung cancer in North Manchester started in April 2019. The ability to diagnose

conditions at an earlier stage will increase the number of patients having curative treatment, improve symptom management and increase survival.

A business case is being developed for expansion and extension of the community-based lung health checks to roll out across Central & South Manchester. The Health Scrutiny Committee in November 2018 supported the proposed wider rollout of this programme across the City. NHS England has stated an intention to roll out lung screening in community settings, based on the MCIP model, and this will be a national cancer plan objective for 2019 onwards.

4.5 Rapid Assessment

4.5.1 Pre-referral questions, investigations and examinations

MHCC have been working with primary care and secondary care colleagues to ensure that suspected cancer referral pro-formas contain the required information to ensure efficient processing and booking of patients into a test or out-patient appointment. Consideration is also being given to pre-referral investigations (e.g. scans/blood tests) which could inform the GPs decison to refer patients and streamline the diagnostic pathway in secondary care.

Faecal Immunochemistry Testing (FIT) can be used for patients at low risk of colorectal cancer prior to referral. MHCC estimates that 10% of all colorectal referrals could be avoided if FIT was used as a decision supporting test. This would also avert invasive colonoscopies as well as out-patient appointments, and reduce demand for our providers. This test is being implemented during 2019 by Pennine Acute Hospitals NHS Trust with support from the North East Sector CCGs. Further rollout across the city will be determined following this initial phase.

4.5.2 Straight to Test/One Stop Clinics

Triage by a clinician with an interest in cancer (not an oncologist) has been shown to be effective in directing patients to the most appropriate investigation or clinic. This does not yet happen uniformally but GP cancer leads in Manchester will continue to work with specialist colleagues to develop robust protocols to direct patients to an initial investigation (that may not require a follow up out-patient appointment) or to a clinic that has all investigations performed in a one-stop arrangement.

4.5.3 Multi Diagnostic Clinic (MDC)/Rapid Diagnosis Clinics (RDC)

Wythenshawe Hospital (part of Manchester Foundation NHS Trust (MFT)) was a pilot site for the National ACE (**A**ccelerate, **C**oordinate, and **E**valuate) programme to test a Multi-Diagnostic/Rapid Diagnosis Clinic for patients with non-specific but concerning symptoms. These patients would typically be referred on multiple pathways until a diagnosis was reached, which could take several weeks and require several out-patient visits.

The results of the pilot project showed that the majority of patients did not have a cancer diagnosis (as expected). All patients were informed of their diagnosis and either referred back to their GP or to an appropriate clinical

team within 14 days, and only one out-patient visit was required. Patient and GP satisfaction with this service was high. The MDC/RDC model is now subject to national roll-out following testing in Manchester and Oldham.

4.5.4 Best practice timed pathways

The aim of the 'best practice' timed clinical pathway for patients with lung, colorectal and prostate cancer is to ensure patients get through the diagnostic part of the pathway faster, meeting the new 28 day Faster Diagnosis Standard, and maximising the number of patients who might benefit from potentially curative treatment.

The lung pathway is based on the Health Services Journal (HSJ) award winning RAPID (**R**apid **A**ccess to **P**ulmonary **I**nvestigation **D**ays) pathway developed by the lung cancer team at Wythenshawe Hospital. This new way of working has seen the time to diagnosis reduced from 28 days to 14 days. Greater Manchester Cancer has been awarded transformation funding to implement these pathways with providers across GM from 2019.

4.6 High Quality Treatment

4.6.1 Reconfiguration of specialist cancer surgical sites

The reconfiguration of specialised services is being undertaken by the Greater Manchester Health and Social Care Partnership (GMHSCP), supported by the GM Transformation Unit. Currently sites across Greater Manchester do not meet the standards set out by the National Institute for Health and Care Excellence (NICE). Concentrating care within specialist centres will ensure clinical expertise and access to the most effective treatments for our patients. The specialist surgical services subject to reconfiguration are:

- **oesophageal** cancer (lead provider Salford Royal Foundation Trust)
- **urology** cancers; prostate (lead provider Christie Hospital); kidney & bladder (lead provider Manchester University NHS Foundation Trust), and
- **gynaecological** cancers (lead provider Manchester University NHS Foundation Trust, key/associate provider The Christie Hospital).

4.6.2 Pre-habilitation before cancer treatment

The importance of pre-habilitation and recovery pathways are being increasingly recognised by cancer patients and providers around the world. The elements of physical activity, nutritional management, well-being and psychological support appear central to improving patients' outcomes and quality of life.

GM Cancer will be the first regional system in the UK to introduce large scale pre-habilitation as a standard of care for cancer patients framed by the Macmillan Recovery Package (described below), with an ambition to support more than 2,500 patients through freely accessible preparation and recovery physical activity packages across GM over the next 2 years. This will give patients the best opportunity for good quality outcomes and long-term survival.

GM Cancer has been awarded transformation funding to deliver this package of care, working with healthcare and community GM leisure services, Macmillan, Health Innovation Manchester and the Manchester Allied Health Sciences.

4.7 Living With & Beyond Cancer

4.7.1 Supporting new models of aftercare and supported self-management

The Macmillan Recovery Package is being introduced to all new cancer patients across GM. The key elements include:

- Holistic Needs Assessment at key points; a written care plan to address identified needs
- Treatment Summary
- Health & Well Being Events
- Cancer Care Reviews

The GM Cancer Pathway Boards will also develop criteria for the stratification of patients. Combined with the recovery package, this will allow aftercare to be delivered based on the patients needs, and may include supported self – management for suitable patients. This means that outpatient capacity that could be used for new patients to be seen more quickly, or allow more time to manage patients with complex needs.

This model has been developed for breast and colorectal cancer patients at Wythenshawe Hospital. Central to this model is access to supportive services for patients (e.g. psycho-oncology, lymphoedema, information, physiotherapy, nutrition). There is also a protocol for patients needing to re-access specialist services through clinical nurse specialist triage. There is now a plan to roll out this new model of aftercare across Greater Manchester.

4.8 Palliative & End of Life Care

4.8.1 Citywide Palliative & Supportive Care Service

In 2013 Macmillan identified palliative care as an issue in Manchester, particularly in North Manchester which was a national outlier in providing choice for preferred place to die. Palliative care services in North Manchester were acknowledged as insufficient at the time by both North Manchester CCG and Macmillan and hence the area was identified to test an enhanced community specialist palliative care service.

A city-wide initiative will be rolled out across the city in 2019-20. The vision for Manchester is for all patients and their carers across the city to have 24/7 equitable access to high quality, consistent and supportive, palliative and end of life care when they need it, with accurate identification and proactive management of all their palliative care needs: physical, social, psychological and cultural.

5. Development of MHCC Cancer Improvement Programme

5.1 The requirement for cancer service improvements and developments, in order to meet the cancer waiting times standards and improve outcomes, is challenging. The development of new therapies and advances in cancer treatments will also mean that the demands will continue to grow.

5.2 To enable a coordinated approach to the delivery of the programmes and initiatives proposed, MHCC has developed a robust programme methodology to inform the Local Cancer Improvement Programme.

6. Recommendations

6.1 The committee are asked to:

- Note the content of this report;
- Note the national requirements for cancer from the NHS Long Term Plan; and
- Comment on the suggested priority areas and workstreams.