



Cancer Services Strategy Delivering a Vision 2016-2020



CANCER SERVICES STRATEGY

Foreword

To **improve outcomes** for people with cancer we need to **listen and reflect** the issues which matter most to patients when we deliver care. This strategy sets out **our commitment** to people with cancer who access our services and outlines how we will work in partnership with stakeholders to provide high quality care.

At The Shrewsbury and Telford Hospital NHS Trust (SaTH) we all believe that our role as individuals and as an organisation is to provide the **safest possible care at the highest level of quality** we can afford using the best evidence of what provides the greatest benefit to patients.

Our **key challenges** in improving cancer outcomes are to ensure **improved access** for patients with **reduced variation** for those in rural locations, our older population and those with low incomes. Overall we will work in partnership with our community providers to **improve the health of the population** we serve. We must ensure that the **people we employ** to deliver cancer services are **empowered and motivated** to deliver the high quality services that our population deserve.

This document sets out a **vision for cancer services** and seeks to inspire action that will lead to meaningful improvements for the lives of people with cancer who access our services now and in the future.



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VISION AND STRATEGIC AIMS



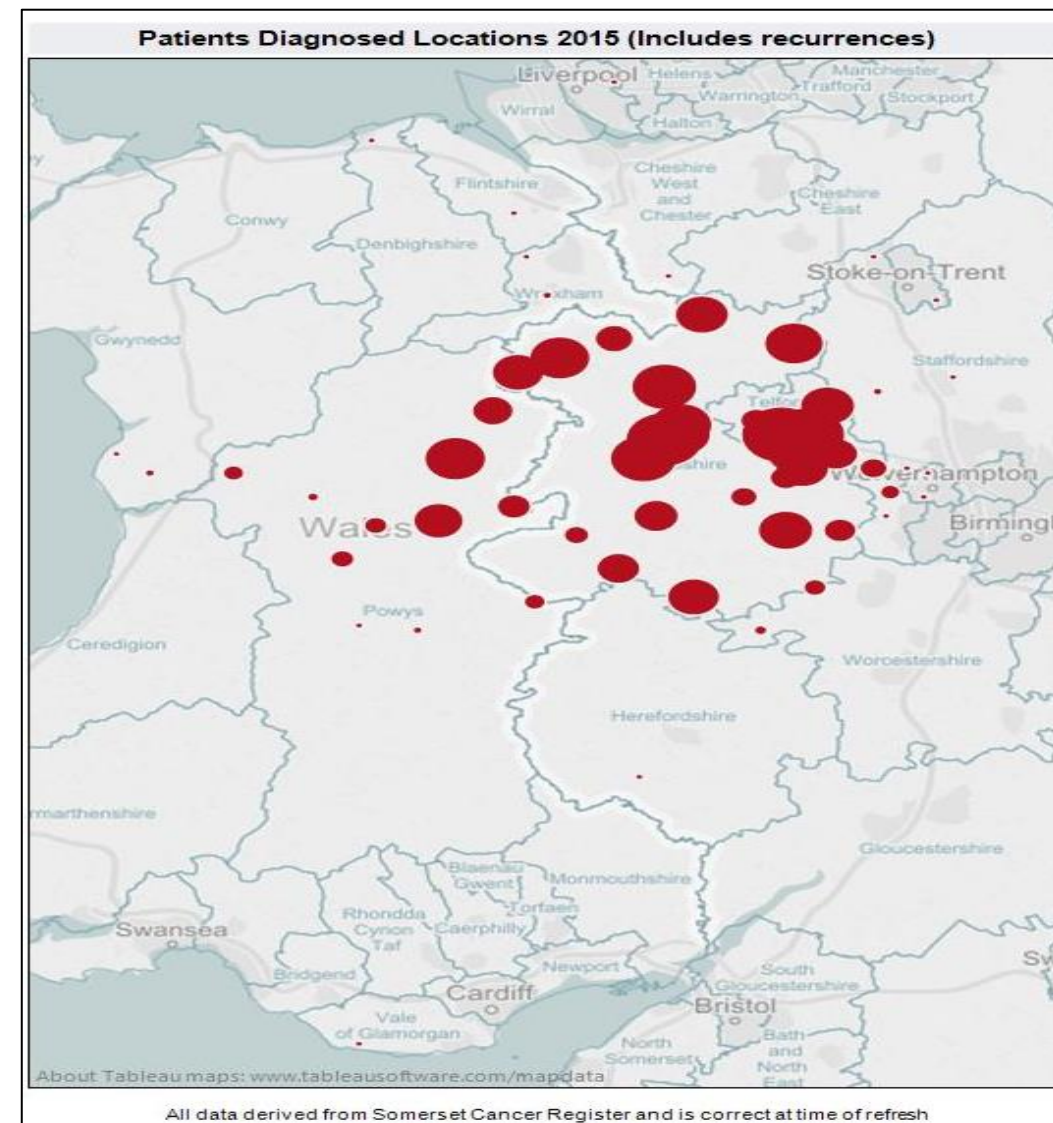
**IMPROVE
OUTCOMES FOR
PEOPLE WITH
CANCER**



- Put patients at the heart of design of cancer services to ensure they are responsive to patients' needs in every aspect of the cancer journey.
- Work in partnership with internal and external stakeholders to develop a shared vision for modernising cancer services
- To be the provider of choice for people with cancer in Shropshire, Telford and Wrekin and mid- Wales
- To be the employer of choice for staff with expertise in cancer services

Achieving these key strategic aims will enable the development of services- **by 2026 we will:**

- Serve a **population of 1 million** providing continuous improvement in cancer outcomes
- **Expand our cancer services** to provide improved access in Telford and mid Wales
- **Bring services closer to home** either through specialist in-reach or repatriation of key specialties
- Be the **centre of excellence** for provision of cancer services to the **largest inland rural population** in the UK
- Be a **centre of excellence for research and innovation**



Executive Summary

To ensure our services deliver safe and high quality care now and in the future.

Every two minutes someone in England will be told they have cancer. Half of people born since 1960 will be diagnosed with cancer in their lifetime. More than half of people receiving a cancer diagnosis will now live ten years or more. Cancer is the biggest cause of death from illness or disease in every age group (1).

Dedicated facilities exist across the 2 sites, Royal Shrewsbury Hospital and Princess Royal Hospital covering a catchment population of 520,000. 25% of the population live in rural locations making access to services a key issue.

In Shropshire the incidence and prevalence of cancer is higher than England average (2). The population in Shropshire and Powys is considerably older than the national average with 20% and 23% of the population aged > 65 years respectively in 2011, compared to a total of 16.4% for England and Wales. The ageing population is driving an increased prevalence in cancer. Whilst Telford has a younger than average population, deprivation is worse than England average with 15% of residents living in low income households.

In 2010 12,790 people were living with Cancer in the local Health Economy, this is predicted to grow to 27,300 by 2030 (3) (* excluding Powys NCIN Dec 2015) . By 2021 (2023 for Powys) the local population is estimated to grow by between 5% and 10% from 2011 (4) . Compared with National data 1 year and 5 year summaries of relative survival from cancer show that Shropshire is slightly above average (better) for men and women overall, but Telford and Wrekin men have a 4.1% worse relative survival at 1 year and 5% worse at 5 years. For women, Telford and Wrekin is average at 1 year, and actually 1.6% better at 5 years. (5)

Ensuring access to high quality service with reduced variation is necessary to improve outcomes.

(1) *Achieving World-Class Cancer Outcomes ,A Strategy for England 2015-2020*;(2)*Public Health England; Cancer services Profiles (Feb 2016)* (3) NCIN 2015 (4) Welsh Cancer Intelligence & Survival Unit website 2015 (5)*Cancer Review for Shropshire and Telford and Wrekin 2014/5 produced by WMSCN provided by Shropshire CCG*



- * Excluding Powys;
- Data NCIN Dec 2015

National Cancer Strategy

The NHS Five Year Forward View (FYFV) presents a vision for improving health including for all those diagnosed with cancer ensuring:

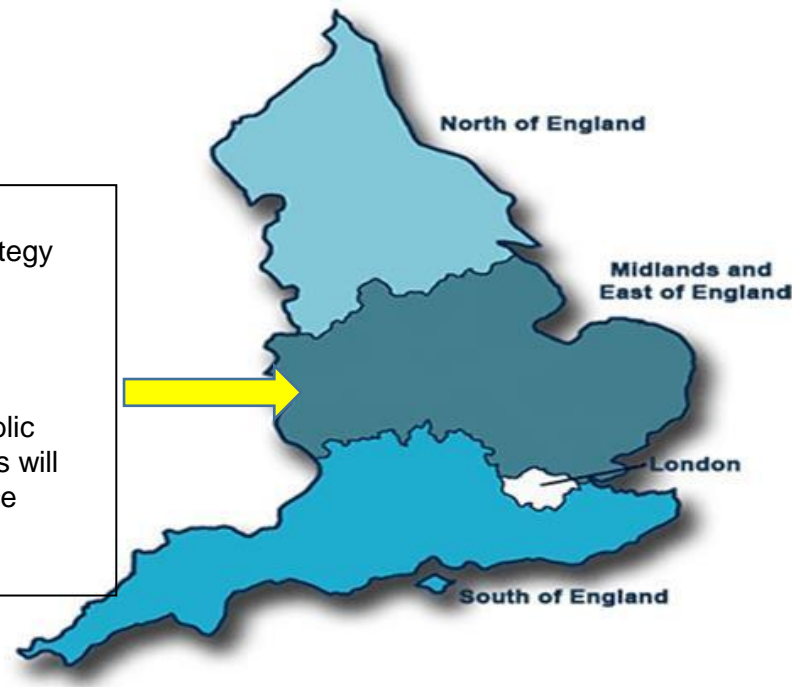
Better provision

Swifter diagnosis

Better treatment, care and after care

Achieving World Class Cancer

Outcomes: the National Cancer strategy will see the establishment of Cancer alliances of 3 million population with responsibility for planning of cancer services, designing care pathways particularly across providers, and public engagement with service design. This will drive service improvement and reduce variation.



Spearhead a radical upgrade in prevention and public health

Drive a national ambition to achieve earlier diagnosis

Establish patient experience on par with clinical effectiveness and safety

Transform our approach to support people living with and beyond cancer

Make the necessary investments required to deliver a modern, high-quality service

Overhaul process of Commissioning, accountability and provision

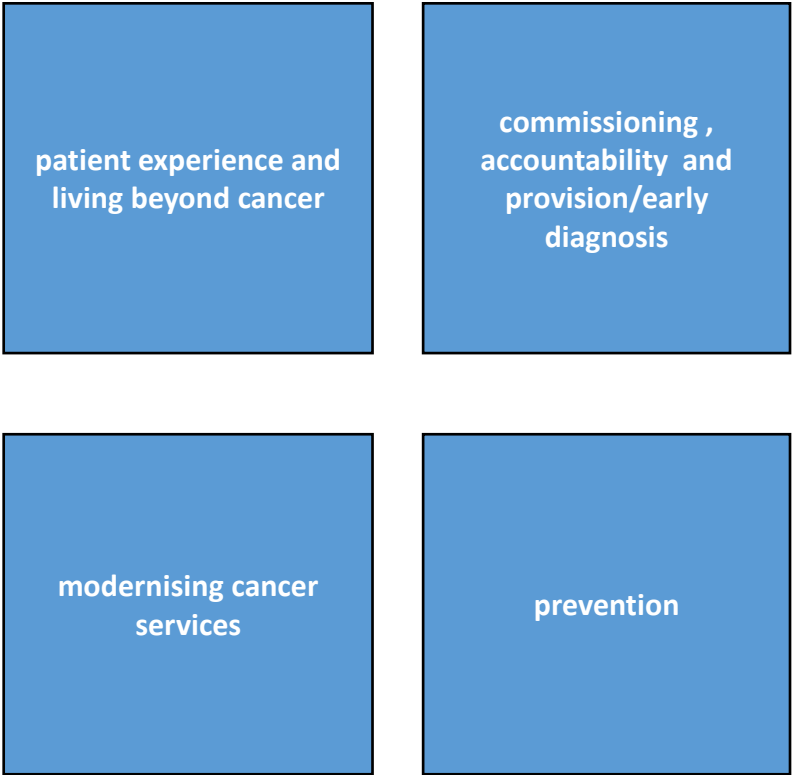
National Cancer taskforce priorities

Meeting the needs of our local population

In June 2014 the Shropshire CCG and Telford and Wrekin CCG submitted a joint draft five year strategic plan. The plan described the system vision for the next 5 years and was developed in consultation with our main provider organisations. In 2014/15 the CCGs advised of plans to undertake a review of cancer services.

Local Commissioning key priorities for 2016/17 have been defined based on National Cancer taskforce priorities (6)

We are working with Commissioners to achieve these priorities



6)Shropshire and Telford Local Cancer group 2016

Prevention, screening, education:

- Uptake and coverage of breast and cervical screening is higher than England average
- Bowel screening uptake and coverage is equal or better than England average
- we will **develop upstream health policies that encourage and facilitate improved lifestyles** to improve outcomes in cancer through reduced recurrence and prevention strategies



Providing high quality care locally



- Over 3300 new cases of cancer are diagnosed annually. Breast, skin, urology and colorectal cancers accounted for 65% of cancers diagnosed at SaTH in 2015. In 2015 > 20,600 patients were referred via 2week wait (>40 % increase since 2012).
- The Department of Radiology provides a wide range of imaging services including nuclear medicine, mammography room, CT scanning room, MRI and interventional radiology across both hospital sites. Access to PET-CT is available at Stoke with in-house Consultant expertise. The pathology department has an annual workload of 30000 cases. **Modernising and investing in support services** with enhanced digital systems , Consultant expansion, skill mix review and outsourcing opportunities to provide swifter diagnosis will be essential to providing high quality cancer care.

- Improved access through straight to test for patients with rectal bleeding; same day fine needle aspiration testing head and neck clinics; same day imaging for patients with haematuria will continue to be developed across tumour sites to deliver swifter ,earlier diagnosis.
- In 2012 a **state of art updated and expanded oncology centre** , funded by **Lingen Davies** ,opened comprising dedicated chemotherapy day centre for adult oncology and haematology and 2 Linear Accelerators, including Varian Truebeam . >20,200 radiotherapy fractions were delivered in 2015. Increasing demand in growth of 5% per annum together will see expansion of this service with an additional Varian Truebeam Linear accelerator by 2017. This will **enable capability to deliver Stereotactic Ablative Body Radiotherapy (SABR) and inspiratory breath hold techniques to improve treatment and minimise radiotherapy side effects.**
- The service has seen 27% increase in outpatient systemic anti -cancer treatments (SACT) , > 10,300 attendances in 2015. Developing chemotherapy **services close to home and investing in pharmacy provision will ensure capacity to meet rising demand.**



Providing high quality care locally

- The introduction of **Acute Oncology Team** in 2014 has **improved the experience and care of patients** admitted acutely with cancer related illnesses. Community based **24 hour telephone helpline** care co-ordination is provided by ShropDoc with Macmillan funding. Clinical Nurse Specialist service is provided across 2 sites with plans to increase medical access
- A dedicated paediatric oncology unit opened in 2014 in the Women and Children's unit. There is provision in the Trust for **Teenager and Young Adult (TYA) patients** to be treated in appropriate facilities, both as an inpatient and as an outpatient or day case. This service is in **development with workforce establishment planned as part of the Trust's strategic objective.**



- **Research and innovation** will be supported to increase portfolio across a range of studies and tumour sites. The research team proactively screen clinics to identify and **ensure all eligible patients have access to clinical trials**. In 2014/15 SaTH exceeded planned recruitment 409 vs 376. **Highest recruitment nationally** was achieved for MAMMO-50 and PRINCIPAL, and top 10 for STAMPEDE and IMPORT- LOW. Service innovation **linking with the IT strategy** , will support 2 pilot projects, funded by Lingen Davies using **Digital technology** applications to enable patients to monitor treatment side effects of chemotherapy via mobile phone or other device and transform long term follow up care of people with prostate cancer living with and beyond cancer . This aims to empower patients to self – manage and will support the development of integrated electronic patient held records including access to results of investigations.

Providing high quality care locally



- **Keyworker access** to ensure patients are supported through the cancer pathway will continue to be improved to ensure we are **responsive to patients needs**.
- A **dedicated support centre**, The Hamar centre provides a range of services to meet patients' needs including counselling, clinical psychologist and complimentary services. In addition Macmillan Cancer Information Service are based across both sites and the addition of the Macmillan funded benefits team **ensures patients and their families are fully supported**.
- The **Macmillan integrated therapy service (MITS)** provides integrated **accessible, timely and appropriate service to people with complex needs**. An in reach/out reach model is recommended engaging community partners, enabling MITS to function effectively at the interface between acute and community services to provide equitable access for people living with cancer, their families and carers.
- For people with cancer requiring **end of life care** we will ensure the principle of '**Getting it right every time -One chance to get it right**'. We will ensure every family gets correct information about care after death, regardless of who delivers this information. Key achievements include the development of end of life care plan, development of swan scheme and bereavement suite.
- SaTH has a **strong commitment to developing staff** with expertise in delivering cancer care and ensuring we are an employer of choice for those staff. We are committed to developing and supporting our unique and **valued team of volunteers** to enhance patient experience. Volunteer support has seen an increase in chemotherapy nursing time of >200 hours to invest in chemotherapy capacity to improve services for patients.
- **Financial sustainability** is key to ensuring future **robust high quality service delivery**. The **sustainable services programme** will put the right people at the right time in the right place for patient care . Patient care has been greatly enhanced by the contribution of local and National charities.



Meeting the needs of our patients 2014/2015

Shrewsbury and Telford Hospital NHS Trust cancer patient satisfaction survey 2015
44.4% return n= 920 (Audit department)

- You rated our care for you as good/excellent 97%
- You told us you were treated with respect and dignity 94%
- When you had an operation you were told what would happen 98%

Vision 2020

to be rated in top 20% of trusts for
National Cancer Patient Experience
Survey

- 1 in 4 patients who had a keyworker found them difficult to access
- 7 out of 10 patients were not offered a written care plan
- 1 in 2 patients were not offered a holistic needs assessment
- More than 1 in 3 were not offered information about the MDT
- 3/4 patients were not asked about participating in clinical research (1 in 2- would liked to have been)



Ensure patients with cancer have access to a keyworker at all stages of their journey.



The clinical research team achieved beyond target recruitment for 2014/15 , 409 (target 376). The team proactively screens attendances to clinic and MDT to ensure trials are offered to eligible patients .

Providing high quality care locally

- Operational Multi-disciplinary teams are established for all main tumour sites and engage with peer review. During 2015, 2 external assessments were undertaken- Haematology and Head & Neck. Internal validation was undertaken for other sites.
- Access to a palliative care Consultant is available on site through Severn Hospice with dedicated palliative care nurse specialists and MDTM on site. Increasing access to **Palliative Care Consultant input within SaTH is a key priority.**
- Specialist MDT surgical input is provided for brain/CNS, lung, upper gastrointestinal and gynaecology oncology with surgical expertise from UHNM and Wolverhampton. Specialist MDT referrals are sent to Birmingham (UHB) for: advanced melanoma, germ cell tumours, hepatobiliary surgery and stereotactic radiosurgery; referrals for sarcoma are sent to Oswestry (RJAH).
- **We will work with tertiary and specialist providers to ensure seamless services across pathways and where appropriate provide services as close to patients home as possible, either through inreach or repatriation of services .** Currently 10% of patients from mid Wales. Improving access to services for patients from mid Wales is a key priority.
- Support to ensure effective MDT working with appropriate time allocation and staff development will create the environment to support delivery of best practice and continuous improvement in care.



Vision 2020:

Ensuring effective MDT leadership and membership to transform service models and improve quality and safety across all aspects of patient journey will deliver improved outcomes in cancer care.

Results of Peer Review Annual Assessment 2015

Compliance with Peer Review Measures range from 53-100% (validated self -assessment and external peer review)

Vision 2020: Improve compliance > 90% in peer review measures

Key Achievements

- Implementation Bowel scope screening
- Developing End of Life Care plan Implementing Swan scheme ; bereavement suite
- Development of the cancer patient charter in conjunction with cancer services and local patients
- Design and implementation of lung cancer support and information programme run by Clinical Nurse specialists and therapies team
- Establishing survivorship group to develop digital health solutions to improve follow up care for people with cancer
- Recruiting to key sites (pathology, oncology, radiography)

Key Objectives for improvement:

- Expand keyworker support and improve access
- Improve cross cover for histopathology
- Improve radiology access and cross cover including sustainable service model for breast radiology
- Key investment in support services will be needed to deliver improved outcomes

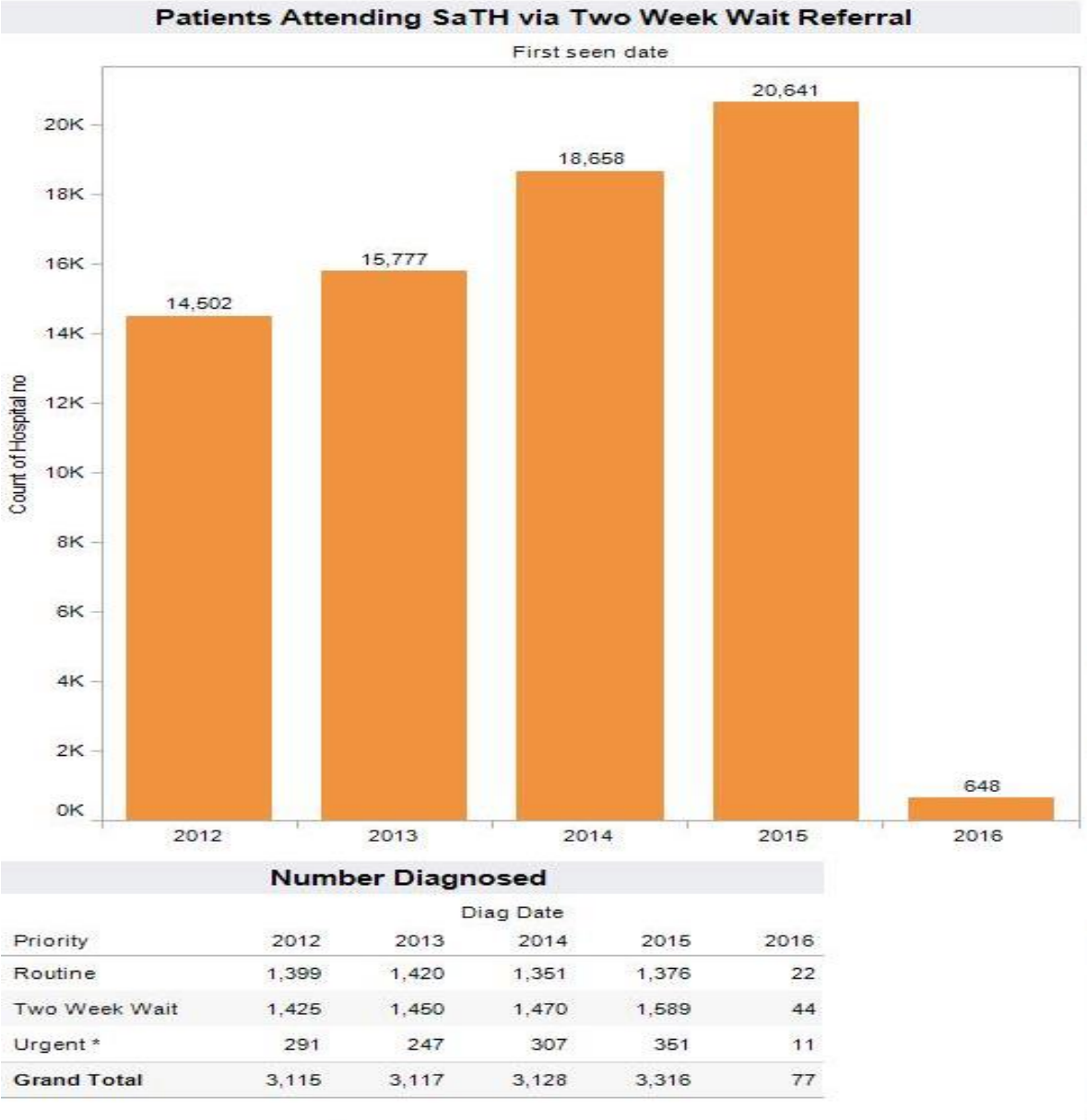
Patients attending Shrewsbury and Telford Hospitals NHS Trust via 2ww (2 week wait) pathway (Data Cancer Services Jan 2016)

- Since 2012 we have seen > 40% increase in referrals via 2ww referral pathway (2015: 20,641 patients).
- 2ww referrals are higher than England average for breast, colorectal, skin (7) and lung cancer (8).
- The National Cancer Strategy (9) and NICE guidance (10) will see increased referral via 2ww pathway
- Cancer waiting times currently not met consistently; dedicated weekly PTL meetings with robust performance monitoring and improved integration of the cancer services team with the operational function will strive to ensure continuous improvement in this area

Vision for 2020

- To ensure the delivery of continuous improvement in cancer treatment waiting times
- service review and redesign to ensure capacity to meet rising demand
- We will work closely with primary care to optimise referral pathways.

(7) PHE England Cancer Services Profiles Shropshire Feb 2016 (8) PHE England Cancer Services Profiles Telford and Wrekin Feb 2016 (9) Achieving World-Class Cancer Outcomes ,A Strategy for England 2015-2020 (10) Suspected cancer: recognition and referral NICE guidelines NG12, June 2015



*Urgent Category - Mainly screening patients

Cancer Services Strategic Plan 2016-2020

<p>Our AIM</p> <p>Our Guiding Principle</p> <p>Our Vision</p> <p>Our values</p>	<p>To improve outcomes for people with cancer</p> <p>Putting Patients First</p> <p>to ensure that the interests of our patients, and providing the best possible care to them, are at the heart of everything we do.</p> <p>Proud To Care Make It Happen We Value Respect Together We Achieve</p>
STRATEGIC GOALS	OBJECTIVES BASED ON OUR STRATEGIC PRIORITIES
<p>Quality and Safety</p> <p>Providing safe services, consistently delivering healthcare standards and improving the patient experience</p>	<p>Ensure the delivery of continuous improvement in cancer treatment waiting times to meet future demand</p> <p>Respond to Patient satisfaction surveys to ensure continuous improvement in patient experience</p> <p>Implement Cancer peer review priorities</p> <p>Implement the National Cancer strategy</p> <p>Develop approach to Managed Equipment Services</p> <p>Access to radiology; ensure robust pathology service with key modernisation and investment (support services)</p>
<p>People</p> <p>Supporting and developing a responsive workforce to meet the changing needs of our communities and the services we deliver</p>	<p>Ensure patients with cancer have access to a keyworker at all stages of their journey (scheduled care/unscheduled care)</p> <p>Continue our partnership with voluntary sector to enhance service redesign</p> <p>Through our people strategy support and engage with our workforce to make our organisation a great place to work for staff with specific expertise in cancer services</p> <p>Establishment of Schwartz rounds to support staff and improve cancer care</p>
<p>Innovation</p> <p>Striving for excellence through technology and innovation</p>	<p>Digital Radiology Business Case</p> <p>Installing additional and replacement Truebeam Linear Accelerators</p> <p>Explore digital health solutions to improve patient and provider experience and access</p> <p>Strong portfolio of cancer research with increase in commercial trials</p>
<p>Community and Partnership</p> <p>Working with partners to improve the health and wellbeing of our community</p>	<p>Ensure our priorities of care are aligned with the CCGs</p> <p>Engage with GP's to facilitate more regular discussions between primary and secondary care, to optimise referral pathways.</p> <p>Develop a more structured and strengthened partnership with charitable sector</p> <p>Ensure cancer care delivery is developed with Sustainable services priorities</p> <p>Respond to new care models outlined in 5 Year Forward view</p> <p>Radiology :Increasing GP Direct Access and community service provision</p> <p>Therapy Care Group :Joint working with the Community Trust to develop alternative service models within the community</p> <p>Pharmacy Care Group : Business case for improved access to systemic anti cancer treatment (SACT)</p>
<p>Financial Strength</p> <p>Building a sustainable future</p>	<p>Deliver CIP; pathway design to improve patient care across sites and care providers</p>

Tier 1 Cancer Strategy 2016-2020 *to be developed in line with business planning & CCG task and finish group priorities*

- Aim and Vision to improve outcomes for people with cancer : Put patients at the heart of design of cancer services to ensure they are responsive to patients' needs in every aspect of the cancer journey. To Work in partnership with internal and external stakeholders to develop a shared vision for modernising cancer services To be the provider of choice for people with cancer in Shropshire and Telford and Wrekin and surrounding region. To be the employer of choice for staff with expertise in cancer services

Cross cutting strategic themes and standards	Benchmarking and baseline data	Vision for 2020	Measurement (KPI)
Quality and Safety			
Excellence in patient experience of cancer care	National and local patient surveys Some areas of good practice Some areas rated bottom 20%	Rated in top 20% of trusts for National Cancer patient experience survey	Ranking from annual report of National Cancer Patient Experience Survey
Care provided by fully functional cancer MDTs	Compliance with Peer Review measures (53-100%)	Improve compliance > 90% in peer review measures	Overall compliance with National Peer Review Measures; serious concerns/intermediate risks following peer review revalidation; Compliance with Specialist commissioning service specification
Timely cancer treatment based on capacity to meet increased demand	Cancer waiting times currently not met consistently	Consistently meet all cancer waiting times with capacity to meet demand based on site specific annual growth	Cancer performance measures
Offer appropriate specialised care close to patients home	Currently no dedicated regional TYA facility Currently limited chemotherapy provision at PRH or community Scope expansion of service to mid Wales	Established regional TYA facility Establish chemotherapy unit PRH/alternative service delivery models	Scope of service delivery close to home undertaken for appropriate sites

Draft Tier 1 Cancer Strategy 2016-2020 *to be developed in with line business planning & CCG task and finish group priorities*

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Cross cutting strategic themes and standards	Benchmarking and baseline data	Vision for 2020	Measurement (KPI)
People			
Cancer services workforce capacity	Not all patients have access to keyworker	Workforce numbers in line with National guidance All patients to have access to a keyworker to support them across the whole pathway	Peer Review Measures Number of patients with end of treatment summaries > 95% Implement holistic needs assessments all MDTs 100%
Innovation			
Maintain strong research portfolio	The clinical research team achieved beyond target recruitment for 2014/15 , 409 (target 376); minimum 5 commercial trials	Expand current cancer commercial trials portfolio to 2 per WTE oncologist Locally generated cancer research studies with potential to lead to larger multicentre studies	Data from Dept. Research and Innovation
Establish design centre to support innovation in service design	Support for pilot projects for innovation though charitable funding	Be a centre of excellence for service innovation	
New cancer diagnostic and treatment developments	Site specific developments in discussion phase	Realisation of site specific developments with fully functional services adapted to clinical need. Eg access to robotic surgery, complex radiotherapy services (with capability to deliver SABR)	

Tier 1 Cancer Strategy 2016-2020 *to be developed in line with business planning & CCG task and finish group priorities*

Cross cutting strategic themes	Current benchmarking and baseline data	Vision for 2020	Measurement (KPI)
Community and Partnership			
Seamless clinical pathways from diagnosis to community care (including end of life care)	<p>Pilot initiative of support programme in lung cancer encompassing elements of recovery package</p> <p>Pilot project use of digital technology for follow up care</p>	<p>Agreed and functional cancer pathways agreed across all tumour sites National Survivorship programme embedded in cancer care. Roll out National Cancer Survivorship Initiative Recovery package initiatives for all sites</p> <p>Use of Digital technology in patient follow up</p>	<p>Ranking from annual report of National Cancer Patient Survey Recovery package output measures</p> <p>Number of patients with digital access to care plans</p>
Financial Strength			
Continuous improvement through pathway mapping across all cancer MDTs	Improved access to services; Straight to test for patients with rectal bleeding; same day fine needle aspiration testing head and neck clinics; same day imaging for patients with haematuria	Provide a financially sustainable service	Performance against CIP