Cancer Strategy
2018 – 2020

‘Working in partnership, we will achieve world class cancer outcomes for the population we serve.’
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Preface

Each year over 280,000 individuals in England are diagnosed with cancer a figure which is growing by around 2% per annum. Around 130,000 still die from the disease each year and this figure has remained relatively constant as the incidence has increased. Currently an estimated 2 million people are living in England who have had a cancer diagnosis and this is expected to rise to 3.4 million by 2030. Almost everyone will know someone who has had cancer and surveys show that people fear cancer more than anything else.

In 2000 the NHS Cancer Plan was published which set out a ten-year national strategy to reorganise, standardise and rejuvenate cancer services to compare with the best in Europe. In 2007 the Cancer Reform Strategy was published which built on the progress made since the publication of the NHS Cancer Plan (2000) and set a clear direction for cancer services until 2012 and beyond. Achieving World Class Cancer Outcomes – a Strategy for England 2015-2020 was published in July 2015 by an Independent Task Force which includes a series of initiatives, across the cancer patient pathway, to be taken forward over the next five years. In May 2016 an implementation plan to support the delivery of the cancer strategy was published. The national strategy emphasises the importance of earlier diagnosis and living with and beyond cancer to deliver outcomes important to patients.

There has been considerable progress made on cancer over the past fifteen years. Cancer mortality has fallen, survival rates in this country have never been higher and patients’ experience of their care has improved. Progress has also been made against smoking, detecting more cancers early through screening and delivering faster diagnosis and treatment. Multi-disciplinary teams now provide more co-ordinated and higher quality care for patients. Whilst there may be much to celebrate since the first NHS Cancer Plan was published in 2000, there remains much more to do.

The Department of Health in ‘Improving Outcomes: A Strategy for Cancer 2011’ made a pledge to set the following challenges;

- Reduce the incidence of cancers which are preventable
- Improve access to screening and introduce new screening programmes where evidence exists
- Achieve earlier diagnosis of cancer
- Ensure all patients have equal access to the best possible treatment

Achieving World Class Cancer Outcomes – a Strategy for England (2015), developed by an Independent Cancer Taskforce, further builds on these pledges and makes ninety six (96) recommendations of which six key priorities were identified for the next five years:

- Spearhead a radical upgrade in prevention and public health,
- Drive a national ambition to achieve earlier diagnosis
- Establish patient experience as being 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 the process for commissioning, accountability and provision

Whilst a number of the priorities are aimed at national policy makers and beyond the gift of the Trust, threaded throughout the strategy are these pledges and recommendations.

We are committed to continuously improving cancer care and commend this strategy to you.
1. Introduction

North Tees & Hartlepool NHS Foundation Trust (referred to as the Trust) provides health care services to a population of 400,000 people predominantly covering an area from Easington in the North, Stockton in the South, Hartlepool in the East and parts of Sedgefield in the West. The Trust is a designated Cancer Unit which provides secondary care cancer services for common cancers to the local adult population. The Trust also hosts the Screening Centres for breast and bowel cancer, provides the Cervical Screening Pathology Services and complies with the Screening Quality Assurance Service (SQAS) (formally known as Quality Accreditation Review Committee (QARC)) requirements for Screening Programmes. Due to the advent of patient choice and as a provider of National Breast and Bowel Screening Programmes, services are provided to wider populations including Teesside and South Durham.

The Trust provides a wide range of health services covering general Acute and Community hospital services including Outreach facilities in local community settings. The Trust currently delivers services from two major hospital sites: the University Hospital of North Tees and the University Hospital of Hartlepool.

The Integrated Care Systems (ICS) offer the opportunity for the Trust to work in partnership across the local health communities to ensure that a focus on improving outcomes for people with cancer is embedded firmly in the context of improving outcomes for the whole population. New models of cost effective care which meet the needs of patients across the whole patient pathway are being developed as part of the overarching transformation programme. These models must be fully integrated, be of the highest clinical governance standard and be co-ordinated between service providers.

1.1 North Tees and Hartlepool Cancer Services

North Tees & Hartlepool NHS Foundation Trust provides cancer services in alignment with the Trust’s overall strategic direction, values and aims.

The Trust has made significant improvements in cancer services over several years, both in developing services and improving access to cancer services across the organisation.

The Trust’s overall cancer vision is to ensure the delivery of first class cancer services, as outlined below;

**Cancer Vision / Mission Statement - “First Class Cancer Services”**

Patient centred care
- Best possible outcome and service quality
- First choice for patients and their families
- Support innovation, efficiency and productivity

The Trust's Cancer Services Department has key relationships with:
- Northern Cancer Alliance
- Northern England Clinical Networks
- Tees-wide Locality
- Cancer Centres in South Tees NHS Foundation Trust and Newcastle NHS Foundation Trust
- Local Hospices
- Service Users and Carers
- Voluntary Sector
- Macmillan Cancer Support
2. **Aims and objectives**


The six priority areas within the document are:

- Spearhead a radical upgrade in prevention and public health
- Drive a national ambition to achieve earlier diagnosis
- Establish patient experience as being 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 the process for commissioning, accountability and provision

The aim of the Trust’s Cancer Strategy document is to implement the national cancer strategy by:

- Providing a basis on which to build a vision for the future of local cancer services to deliver objectives as set out in the Cancer Reform Strategy and Achieving World Class Cancer Outcomes.
- Demonstrating the commitment of the Trust to involve service users in developing cancer services.
- Setting out the Trust’s priorities, aligned to national policy and local plans, for delivering cancer services over the next three to five years.
- Clarifying the role of the departments in delivering cancer service priorities.
- Offering assurance that the necessary planning, performance management and risk management processes are in place to deliver patient quality and safety.
3. **Prevention**

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**Cancer Strategy Intent**

*To contribute to cancer health promotion activities through awareness raising with patients, their families and carers.*

*Work in collaboration with primary care to fully utilise opportunities such as community and social care contacts.*

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An estimated 4 in 10 cases of cancer could be prevented largely through modification of lifestyles. The main risk factors for causes of cancer are outlined in the Achieving World Class Cancer Outcomes – A Cancer Strategy for England:

- Tobacco
- Alcohol Consumption
- Obesity, diet and physical activity
- Exposure to UV
- Other exposures such as air pollution, occupational risks, infections (including Human Papilloma Virus (HPV) and radiation.

The Trust actively participates in the National Health Promotion Awareness Campaigns including Promoting Smoking Cessation, Alcohol Awareness, Healthy Lifestyles and Excessive Exposure to Sun and Sun Beds. Examples of health awareness initiatives include;

- Supporting the Northern Cancer Alliance as well as the Tees-wide Locality Prevention Initiatives, such as ‘Be Clear on Cancer Campaigns’.

- Being part of the NHS Smoke Free Pledge as part of a national programme to help the whole NHS go smokefree.

- School Nurses regularly promoting health awareness throughout the schools within North Tees and Hartlepool.

The Trusts adopts the philosophy that each contact with a patient, either in community or within the Trust, is a health promotion or health prevention contact. Following a review of the Trusts Outpatient Department, part of the transformational action is to provide further health promotion activities within the outpatient setting.
4. Diagnosing Cancer Earlier

**Cancer Strategy Intent**

To continue to host the established screening centres for breast and bowel cancers in the Trust and to provide streamlined pathways with good links to relevant MDTs.

To continue to explore possible new screening interventions as recommended nationally.

To support and be responsive to the introduction of National Screening Programmes and diagnosing cancer awareness Initiatives.

To continue to support and be responsive to “Be Clear on Cancer” awareness campaigns.

To support and be responsive to National Diagnostic Cancer Fund initiatives to improve diagnostic capacity.

To manage capacity and demand for diagnostic services in relation to cancer diagnosis.

To support and be responsive to the introduction of the 28 Day Faster Diagnosis Standard.

To seek the development of Rapid Diagnostic and Assessment Centres.

To contribute to awareness raising through Network Site Specific Group (NSSG) activities and the Multi-Disciplinary Teams.

To provide feedback to primary care on the appropriateness of two week rule referrals.

*Ensure participation in National Institute for Health Research (NIHR) screening clinical trials to enable patients to have early access to such programmes.*

Generally, it is agreed that later diagnosis has been a major factor in the poor survival rates in England compared with other countries in Northern and Western Europe. Much of the focus of current work is to achieve earlier diagnosis, to do this the Trust will:

- Ensure access to high quality screening programmes where there is evidence that these save lives (breast, cervical and bowel cancers).
- Work collaboratively with primary care to raise patient awareness at point of referral.
- Facilitate earlier diagnosis in primary care, by eliminating delays and providing Primary care with better access to diagnostic tests.
- Promote awareness and early presentation, especially among those groups in society most likely to delay seeking advice.
- Identify areas within the diagnostic pathway to increase capacity and enable rapid access to key diagnostic tests, developing outline business cases to enable the Trust to be in a position to actively compete for funds from national funds.
4.1 Screening

There are three National Screening Programmes established for breast, bowel and cervical cancers. It should be acknowledged that the bowel and cervical screening programmes are also prevention programmes identifying pre-malignant changes enabling treatment to prevent the development of bowel and cervical cancers. The Trust hosts the Breast and Bowel Screening Centre for Teesside and South Durham and the Cervical Screening pathology service for Teesside. The Trust will continue to support and participate in all three screening programmes for the local population. The Trust strives to ensure that all screening programmes fulfil Screening Quality Assurance Service (SQAS) requirements with local MDTs working closely alongside Screening Centres to provide streamlined pathways, and timely treatment.

From 2018, NHS England will be introducing a new bowel cancer screening test for over 4 million people that is easier to use than the current test. The faecal immunochemical test for haemoglobin (FIT) will replace the faecal occult blood test (FOBT) and is expected to increase the take up of bowel cancer screening by around 7%. Bowel cancer is the fourth most common cancer in the UK. If it is detected at an early stage, before symptoms even appear, it is easier to treat and there is a better chance of survival. With up to a third-of-a-million more people expected to self-administer the FIT test, it will increase the number of early-stage bowel cancers that are detected.

From April 2019 a new cervical cancer screening programme will be introduced. More than 99% of cervical cancers are caused by Human papilloma virus (HPV). The introduction of primary HPV testing for cervical cancer will see more than three million women a year tested and could prevent around 600 cancers a year.

Evidence relating to possible new screening interventions is constantly evolving as new tests are developed and clinical studies are undertaken. The Trust will review and actively explore the possibility of participating in newly emerging screening programmes, further building on our expertise of hosting screening services within the Trust.

4.2 Raising Public Awareness

The Trust endeavours to continually raise public awareness of cancer symptoms, encouraging people to seek help early and promote early diagnosis in primary care by working in collaboration with colleagues.

The Trust will contribute to the provision of specialist knowledge in awareness raising, development of guidelines through the Northern Cancer Alliance, North of England Strategic Clinical Networks (NESCN) Network Site Specific Groups (NSSGs) and through the Cancer Patient and Carer Group and scrutiny forums. The Trust will continue to be actively involved with the Cancer Alliance for the region, in raising public awareness.

4.3 Facilitate Earlier Diagnosis in Primary Care

The Trust has a well-established two week referral process with streamlined pathways to all cancer types treated in the Trust. The Trust plans to maintain;

- Adherence to national guidelines for two week referrals
- Referrals by pre-agreed proformas with Primary Care
- Referrals to a Central Booking Office in the Trust
• Direct booking on the E-Referral System for all two week referrals
• Provide patients with choice in their appointment
• Streamline pathways of care by specialist MDTs
• Access to diagnostics.

The Trust will maintain rapid primary care access to specialist diagnostic services with specialist trained staff including Radiology, Endoscopy and Pathology. Further development of ‘One Stop’ services will be considered where appropriate.

4.4 28 Day Faster Diagnosis Standard

A new cancer diagnosis standard, designed to ensure that patients find out within 28 days whether or not they have cancer, will be introduced in 2020.

To prepare for the future 28-day standard, NHS England recently introduced a new Cancer Waiting Times System (April 2018) which has been implemented within the Trust replacing the National ‘Open Exeter’ cancer waiting times system. Data is currently being collected and monitored within the Trust in preparation for data collection for all patients starting in 2019, and full monitoring against the standard from April 2020.
5. Ensuring better treatment

**Cancer Strategy Intent**

To ensure the Trust consolidates and continues to develop as a specialist treatment provider for adult cancers.

Ensure that the requirements of the National Cancer Action Team document “Characteristics of an Effective MDT” (DOH 2010) are implemented and all MDTs in the Trust are fit for purpose, including those that Trust personnel are members of in partner organisations.

To support and be responsive to the 10 recommendations of the National MDT Effectiveness Task and Finish Group

To ensure equitable access to supportive and palliative care along the patient pathway.

The Trust will consider were appropriate, cost effective and enhancement to patient care, investment in new technologies to further develop market share in specialist treatments.

To ensure equitable access to specialist cancer nurses, and allied health professionals, including Psychology for all patients along each tumour pathway as per the requirement of Improving Outcomes Guidance (IOGs) and National Best Practice. This will be an on-going rolling programme.

To continually review the patient pathways to ensure they are patient focussed and support the achievement of the cancer access targets.

Clinical teams will be supported to develop multi professional collaborative working across the organisation to provide leading edge surgical cancer treatment for patients.

To ensure all MDTs and cross cutting teams participate in the Quality Surveillance Programme and are supported to do so.

Over the last 10 years the Trust has made great efforts to ensure timely and high quality care for cancer patients. A number of drivers for ensuring better treatment have been introduced nationally, at Network and local level. These include;

- Full implementation of Improving Outcomes Guidance
- Unification of MDTs across sites with the refurbishment and modernisation of the Trust MDT rooms
- Improvement in meeting Quality Surveillance Programme Quality Measures
- Going further on cancer waiting times
- Expanding training in Laparoscopic techniques and other surgical innovations
- Repatriation of Chemotherapy patients and improvement in delivery of chemotherapy in line with National and Network Guidance
- The development of the Acute Oncology team in line with the recommendations of the National Chemotherapy Advisory Group (NCAG) Report (2008) within the Trust.
- Timely evaluation of new cancer drugs
- The introduction of new innovations in cancer treatment
Designated Treatment Hospital for Teenage and Young Adults (TYA)
- Cancer Services Outcomes Dataset (CSOD)
- Surveillance monitoring in Prostate cancer
- The clinical leadership and involvement on the Northern Cancer Alliance, NSSGs, clinical groups and Northern Cancer Alliance Chemotherapy Group will continue to be supported and reflected in job plans.

5.1 Service Developments

One of the Trusts Strategic aims is to improve and grow its healthcare services to better meet the needs of its patients, commissioners and the Trust.

The Trust is proud of its achievements in the development of new and innovative techniques and procedures. Laparoscopic surgical techniques have been implemented within the Trust for several years within colorectal surgery for both elective and emergency admissions and the colorectal team also offers Trans-anal Endoscopic Micro Surgery (TEMS). The Colorectal Team host service improvement courses in Colorectal Laparoscopic Surgery. Laparoscopic techniques have been introduced and developed within other tumour groups including Gynaecology and Urology. Expertise in the provision of laparoscopic surgical techniques will be maintained and expanded. The Trust will be actively involved in strategic discussions regarding further centralisation of cancer surgery, particularly those tumour groups where some designated surgery takes place within the Trust for example urological and gynaecological cancers.

A number of actions have been implemented with operational and clinical accountability strengthened, the tracking system reviewed, internal escalation processes embedded and capacity and demand reviews. However the Trust continues to experience pressures with regards to delivery of the national cancer standards. As such, it was recognised that performance against such standards required robust governance and monitoring, a focused Executive Led Cancer Recovery Group has been established and further service developments implemented including:

- Daily vetting of all Lung Cancer two week rule referrals.
- Optimal Lung Pathway Implemented - Direct to Test (chest x-ray), if abnormal patient sent straight for CT scan and clinic appointment same day.
- Patients now able to have TRUS/biopsy under heavy sedation within Radiology rather than having a GA within Theatre
- Endoscopists now requesting a CT scan directly after endoscopy procedure for those patients on the Upper GI pathway, for those with negative results and experiencing weight loss.
- Hysteroscopy procedures moved from day case theatres to the Outpatient setting, releasing theatre capacity.
- Colorectal patients now able to leave clinic with an endoscopy appointment.
- Opening of a Cancer Information Centre at the University Hospital of North Tees with a satellite centre at the University Hospital of Hartlepool to enable patients, carers and health care professionals to access robust cancer information and benefits advice.
5.2 Multidisciplinary Team Working (MDT)

The National Institute for Clinical Excellence (NICE) have published Improving Outcomes Guidance (IOG) for each tumour group. These recommend, through Cancer Networks, configuration of cancer diagnostics, treatment pathways and MDT membership to improve clinical outcomes. As a Cancer Unit the Trust provides treatment for common cancers in line with IOG Guidance. The local MDTs work closely with centre MDTs at South Tees Hospitals NHS Foundation Trust and The Newcastle Upon Tyne Hospitals NHS Foundation Trust as prescribed by service configuration in NICE and Network guidance.

There are ten (10) cancer MDTs established within the Trust, eight (8) of which are cancer unit MDTs (Appendix 1). The Trust hosts the Teeswide Breast MDT discussing patients with breast cancer from across Teesside by a single unified MDT. The Trust also hosts the T1 Rectal Cancer Local Excision MDT for the southern part of the Network. The Trust will continue to support all MDTs, and local MDTs will continue to work with specialist centre MDTs to ensure streamlined pathways and timely discussion in centre MDTs in line with NICE Guidance. The Trust has good compliance with core membership and cover associated for MDTs, identified within the IOG documents and will continue to strive to achieve emerging Quality Surveillance Programme measures, particularly in relation to the MDT attendance being quorate. The Trust will continue working in collaboration with South Tees Hospitals NHS Foundation Trust and the Clinical Commissioning Groups (CCGs) to ensure adequate Oncology cover.

5.3 MDT Effectiveness

In 2016 it was recognised that there was a need to redefine the role and function of the MDT meeting to reflect the current environment in which MDTs work and keep up with the changes in oncology practice whilst maintaining the many benefits and continuing to meet patients’ expectations.

The perceived value of multidisciplinary decision making was that they arrived at the most appropriate clinical management recommendation taking into account not only the best evidence but also patient preference thus providing a holistic approach to the process. The reality of MDT functioning has however taught us that while the MDT meeting is well placed to make technical recommendations, the absence of the patient from the discussion despite representation of patient’s views provided by advocates such as Clinical Nurse Specialists (CNS) means that holistic recommendations are difficult to achieve. In addition the increasing burden of the rising number, duration and complexity of MDT meetings means that frontline clinical staff spend increasing amounts of time in meetings with an inevitable impact on reducing time for direct patient contact. The quality of discussion around each clinical case is also often impacted upon by shortage of available time.

In these days of precision medicine and patient centered care, where management decisions are driven by patient and tumour specific biomarkers, it is ultimately the patients’ personal wishes and aspirations that should be the primary determinant of the management choice within a range of clinically appropriate treatment options. This requires more time for direct patient contact which is in apparent conflict with the rising demands of the MDT.

There is therefore a need to rebalance the MDT meeting process and this can be achieved by streamlining the functioning of the MDT meeting allowing more time for individual
patient contact. This should be achievable without risk to the principles of multidisciplinary working which remain at the core of technical decision making and patient management.

The Trust will continue to support and be responsive to the recommendations of the National MDT Effectiveness Task and Finish Group by ensuring membership on the Northern Cancer Alliance MDT Effectiveness Group and driving implementation of the recommendations within the Trust.

5.4 Pathway Development

Working in partnership with neighbouring providers, the Trust will collaborate on reviewing patient pathways to ensure that communication between professional and information flows are timely and robust to facilitate continuity of care.

The clinical teams have developed streamlined pathways in line with National/Regional guidance for the benefit of the patients. Further work is required to build capacity in diagnostic and surgical areas to sustain this achievement. The Trust will continue to work on achieving all access targets as outlined by Going Further on Cancer Waits (GFoCW).

Drug treatments for cancer have developed substantially with combination Drug Therapies, Hormonal Therapies and New Generation Anti-cancer treatments targeted at Molecular Abnormalities. The Trust follows all NICE recommendations for drug therapy and will continue involvement at a regional level for participation in the NESCN Chemotherapy Group. The clinical representatives on this group will be supported to continue this leadership and involvement.

The Pharmacy department offers an integral and essential service in the support and delivery of Cancer Therapy Provision. The Trust will continue to review and assess the demands on this service to ensure capacity meets demand in ever increasing delivery of cancer treatments.

5.5 National Cancer Audits

Multidisciplinary teams are contributing to nationally designated clinical audits relating to different cancers. These are;

- National Lung Cancer Audit (LUCADA)
- National Colorectal Cancer Audit (NBOCAP),
- National Head and Neck Cancer Audit (DAHNO),
- National Oesophago-gastric Cancer Audit
- National Breast Cancer Audit (BASO)
- National Prostate Cancer Audit
- Nephrectomy Audit (BAUS)
- Breast Cancer Clinical Outcome Measures (BCCOM),

The Trust recognises there is a need to build on the current clinical audit activity within the Trust to support cancer. Clinical teams from the Trust participate in National Comparative Audits and in recent years the quality of the data collected and submitted has improved because of collaborative working with Central Cancer Service Teams and the clinical teams. As highlighted in the Achieving World Class Cancer Outcomes – A Strategy for England document, there is a need to further develop and roll out Clinical Audit for cancer. This is expanded further in the section of information.
6. Living With and Beyond Cancer

Cancer Strategy Intent

To maintain the Cancer Patient Information and Support Centre within the Trust in collaboration with partner organisations.

To systematically implement Cancer Survivor Initiatives within the Trust, including key elements of the Recovery Package and Stratified Follow-up Pathways.

To ensure equitable access to a Specialist Cancer Nurse for all cancer patients.

Working with partner organisations within the Region to access approved training for clinical team members.

To support and contribute to the locality and regional groups for Supportive and Palliative Care.

To continue to support patients and carers involvement in service and pathway design, and continue to support patient surveys and help in implementing actions from these surveys.

Incidence and survival rates for cancer are improving which means the number of people living with cancer is growing considerably, however many patients are left with physical and psychological effects from diagnosis and treatment. Achieving World Class Cancer Outcomes – A Strategy for England recommends that transformation is needed in the approach to support people living with and beyond cancer.

Throughout the care pathway, patients and carers need access to high quality information and support, psychological support and co-ordination and continuity of care, provided by professionals who have competencies in face to face communication to empower patients so they can take an active role in decisions about their care and treatment including place of treatment.

Following the closure of the George Hardwick Information Centre within the Trust, a significant gap for patients, carers and professionals gaining equitable access to robust, high quality information emerged. In partnership with Macmillan Cancer Support a Cancer Information and Support Centre was opened in June 2016 and there is a strategic intent to maintain and develop this facility within the Trust. This will continue to provide a central point of contact for patients and carers for survivorship, information and benefits advice.

The Cancer Information and Support Centre continues to make a valuable contribution to cancer services. 14 volunteers have now been recruited and the Centre has set up further ‘Living with and Beyond Cancer’ initiatives such as ‘Craft and Chat’, Gardening Group, Look Good - Feel Better Sessions, Walking Group and Headwear. Working closely with ‘Catalyst’ the leading voice of the Voluntary, Community, and Social Enterprise sector and other voluntary sector agencies maximises the access to services in the community. A series of ‘Living with and Beyond Cancer’ events have been scheduled throughout 2018-19.
A ‘Holistic Needs Assessment’ (HNA) has been adopted throughout the Trust and is now offered to all newly diagnosed cancer patients. Psychology Level 2 Training is available and will enable staff to recognise patients who are struggling with the psychological effects of cancer and support them appropriately. The Trust is also working towards the implementation of treatment summaries and stratified follow-up.

There is financial impact to cancer patients, for example increased travel costs and loss of earnings. Benefits advice is provided to patients within the Trust via visiting Citizens Advice Bureau and West View Advice Service Advisors. As a result of the 2010 National Cancer Patient Experience Survey, the Macmillan publication “Helping with the cost of Cancer”, outlining information about free prescriptions and local support groups, is now included in all patient information packs.

The role of the Specialist Nurse for Cancer is recognised as being vital in the management and support of the cancer patient and in the development of the MDT functioning. Every patient who is diagnosed or treated at the Trust will have access to a Specialist Nurse for Cancer (Key worker) whilst in the care of the Trust. This reflects the priority declared in the Achieving World Class Cancer Outcomes documentation on access to Specialist Cancer Nurses.

The Cancer Nurse Specialist (CNS) census has confirmed that within the next 5 years there will be a significant number of CNSs reaching retirement age. The Trust has developed trainee CNS posts to attract and develop our future CNS workforce. Macmillan have also been very supportive in funding development posts to give nurses the opportunity of secondments to CNS teams, working alongside the CNS with a view to obtaining experience within the specialities, which is advantageous for future proofing CNS provision.

Patient and carer involvement in the development and review of services, review of pathways and information, and measuring patients experience is essential. The Trust has an active Cancer Patient and Carer Group who have first hand experience of cancer and are able to share their experiences to improve and develop cancer services at all levels including strategic level meetings.

All teams participate in the annual National Cancer Patient Experience Survey, which is part of the NHS Cancer Patient Experience Survey Programme designed to monitor national progress on cancer care and to help drive local improvements. The Trust also seeks the views of carers and relatives by continuing to rollout the Family’s Voice, an innovative tool promoting communication between family and carers and clinical staff. The Trust is committed to the continued participation in patient experience initiatives and developing appropriate action plans to address any issues raised.

The number of people surviving and living with cancer is growing and will continue to grow. Integration of services for cancer survivors is poor across health care providers. The Trust will collaborate with Commissioners, Primary Care, neighbouring provider organisations and the Northern Cancer Alliance on Cancer Survivor Initiatives, particularly the rollout of the Recovery Package.

The Trust has implemented the AMBER Care Bundle to support patients with an uncertain recovery. The AMBER Care Bundle empowers patients, families and professionals to work together to embrace better comprehensive advance care planning where there is uncertain recovery despite full treatment and support.
End of Life care is a key component of ensuring that care is delivered in the most appropriate place. The End of Life care strategy will be embedded throughout cancer services. Access to specialist support services for patients along the whole care continuum and in various care settings are key to the success of the Acute Oncology Service, Improving Outcomes Guidance and End of Life Strategy Implementation.
7. Reducing Inequality

Cancer Strategy Intent

To work in partnership with the Tees Cancer Locality Group and the Northern Cancer Alliance on developing equality initiatives to manage clinical outcomes.

Reducing inequalities in cancer services and outcomes is one of the major goals of the Achieving World Class Outcomes – a strategy for England. The Trust will work with the Network and other partner organisations in ensuring services promote cancer equality, regardless of any personal characteristic, in access to diagnostics and secondary clinical services according to clinical needs.

Within all Trust policies the following commitment is made, “the Trust is committed to the fair treatment of all, regardless of age, colour, disability, ethnicity, gender, gender reassignment, nationality, race, religion or belief, sexual orientation, or any other personal characteristic”. Leaflets from all specialties are available in any language and/or Braille as and when identified.

When reviews of services and pathways are undertaken, the range of groups identified as experiencing inequalities in the Achieving World Class Outcomes – a strategy for England will be incorporated into the review to ensure any potential inequality is eliminated.
8. Delivering Care in the Most Appropriate Setting

**Cancer Strategy Intent**

To provide specialist Chemotherapy services in the appropriate settings.

The Trust is fully committed to the development of all initiatives in transforming inpatients care such as Enhanced recovery, Acute Oncology Service and Day Case Surgery where appropriate.

Through the leadership of Specialist Palliative Care teams, the End of Life Care Strategy will be embedded throughout cancer services.

For all families to be offered the booklet 'Family’s Voice’ for those patients on the End of Life Care Pathway.

Delivering high quality cancer care requires a balance between ensuring appropriate levels of specialism and delivering treatment and care in a location which is convenient for patients.

New models of cost effective care which meet the needs of patients across the whole patient pathway are being developed as part of the Integrated Care System. These models must be fully integrated, be of the highest clinical governance standard and be co-ordinated between service providers. The Trust will look at survivorship initiatives relating to self-managed care and risk stratification of patients who have completed active treatments. It is recognised that follow up for many patients is ineffective, especially for those at low risk of recurrence. Initiatives to discharge suitable patients from routine follow up and ensure they have access to MDT teams via the specialist nurse if necessary will be considered. Wider use of telephone follow up and holistic needs assessment prior to discharge with comprehensive discharge interviews and documented discharge plans for suitable patients is all designed to help patients move forward in living with cancer.

The establishment of the Acute Oncology Service has facilitated the improvement of patient care and delivery of care in the most appropriate setting by minimising length of stay, preventing unnecessary admissions and establishment of ambulatory care models.

The Trust has adopted the regional policy of ‘Deciding Right’ which focuses on discussions with patients about the future and planning for the future. The development of the ‘Family’s Voice” is an innovative piece of work which involves gathering feedback from relatives about the care of patients on the End of Life Care Pathway. It is now Trust policy that Chaplains are called regarding every patient who is started on the Caring for a Dying Patient Document. The community have launched an initiative in which Chaplains are also available to provide spiritual support to all those patients and their families when they are commenced on the pathway within the community setting.

Understanding what is important to our patients and their families receiving Palliative and End of Life Care is extremely important to us. We are currently undertaking a project with Care Opinion and Hospice UK, asking patients and their families or loved ones to share their story of the care they have received, what was good and what could have been better, in an effort to develop our services and practice.
9. Building for the future

**Cancer Strategy Intent**

- To develop a workforce plan, recruitment and training strategies for all cancer professionals.
- To undertake a training needs assessment and workforce planning exercise across all professional groups providing specialist cancer services.
- To understand and effectively manage capacity and demand

The Integrated Care System (ICS) has enabled an ambitious system wide care strategy to be developed, with full engagement of clinicians and wider stakeholders to provide better quality of care and outcomes for patients in the longer term. The ICS offers the opportunity for the Trust to work in partnership across the local health communities to ensure that a focus on improving outcomes for people with cancer is embedded firmly in the context of improving outcomes for the whole population. The Trust will continue to provide high quality, safe and sustainable services ensuring all pathways are available to all patients throughout this process.

Successful implementation of the cancer strategy depends on the training and development of the cancer workforce. A skilled and flexible workforce with appropriate facilities and training supported by clear leadership are prerequisites to delivering world-class cancer services. The Trust is committed to working with partner organisations to ensure the plan to address shortages in the skilled professional cancer workforce is implemented. The Trust will endeavour to ensure better links exists between Health and Social Care to ensure a smooth transition from admission to discharge and that adequate support exists.

With the increase in cancer incidence and survival, it is inevitable that extra pressures will affect the cancer workforce. Succession planning will be incorporated into each cancer group’s specialist nursing team, with training requirements provided in partnership with the universities and clinical teams.
10. Information and Outcomes

**Cancer Strategy Intent**

*To continue to work in collaboration with the Trust Clinical Audit Team in participating in National, Regional and Trust Patient Experience Surveys.*

*To undertake annual patient experience exercises, including surveys, facilitated by the Trust Clinical Audit Team and specialist cancer nurses.*

*To further develop and roll out clinical data collection, clinical audit and outcomes analysis for cancer across the organisation in accordance with dataset requirements.*

*To accurately collect Cancer Outcomes and Services Dataset (COSD).*

*To accurately monitor, record and upload Cancer Waiting Times Data in accordance with National requirements.*

Collecting and using information is central to delivering world-class cancer services and informing patient choice. The Trust has a good reputation for being at the forefront of cancer information collection, participation and collaboration with partner organisations on cancer information systems. The Trust uses the Somerset Cancer Information System to support the cancer information agenda.

Nationally, weaknesses have been identified around the integration of the various systems, easy access to the data, resources to support data collection and reporting and analysis across all spectrums, particularly in relation to clinical outcomes data.

The Trust is collecting the Cancer Outcomes and Services Dataset in line with national requirements. Benchmarking data indicates that the Trust performs well against the majority of indicators.

There is a need to build on clinical audit activity within the Trust to support cancer. Clinical teams from the Trust participate in National Comparative Audits and the quality of data submitted is good.

Patient experience surveys are an excellent way to evaluate the importance of services to patients, monitoring compliance with the Improving Outcomes Guidance requirements and service development. The clinical audit team at the Trust has led a number of patient experience surveys and will continue to work with the specialist cancer nurses on participation in national, regional and Trust patient experience surveys. The annual National Cancer Patient Experience Survey Programme allows the Trust to monitor shifts in patient satisfaction year on year, and using benchmarked results can measure performance with other Trusts nationally. Survey results are used to continually influence the development and implementation of improved patient pathways.
10.1 Cancer Waiting Times

Cancer Waiting Times standards monitor the length of time that patients with cancer or suspected cancer wait to be seen and treated in England.

These were first introduced through the NHS Cancer Plan (September 2000) and extended in the Cancer Reform Strategy (2007). A review of the standards in 2010 led to confirmation in Improving Outcomes: A Strategy for Cancer (2011) that they would be retained. The review found that shorter waiting times can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes. Shorter waiting times can also help to ease patient anxiety and improve experience.

The Trusts Cancer Services Team collects the following waiting times data:

- **62 Day Classic target** – Receipt of GP Urgent referral to 1st treatment
- **31 Day Classic target** – Decision to treat to 1st treatment
- **31 Day Subsequent treatment** – Decision to treat to any subsequent treatment which could include
  - Surgery
  - Drug treatments (chemotherapy and hormones)
  - Radiotherapy
- **62 Day Screening Target** – Date of Recall to 1st treatment
- **62 Day Consultant Upgrade** – Date of upgrade to 1st treatment
- **31 Day Rare Cancer Target** – Receipt of GP Urgent Referral to 1st treatment for:
  - Testicular cancers
  - Paediatric cancers
  - Acute Leukaemia
- **14 Day Target for Breast Symptomatic Referral (Cancer not suspected)**

All patients who are uploaded to Somerset by the Trust Information Management Team are proactively tracked, on a daily basis to ensure that the cancer targets are met whenever possible. If a patient does not have their treatments or tests booked within a timely manner there is an escalation process to be followed.

The Trust continues to strive to achieve all of the cancer waiting times targets, despite the significant pressures in the system, and closely monitor performance through the agreed governance structure.
11. Cancer Management and Leadership

**Cancer Strategy Intent**

The Cancer Strategy Group makes a commitment to ensure effective performance management of the Cancer Strategy and cancer pathways.

To continue with the Cancer Strategy Group on a monthly basis with review of the Strategy at this group twice a year.

To continue with the Cancer Steering Group on a quarterly basis with review of the Strategy at this group.

The cancer services team will continue to provide co-ordination and facilitation for cancer services within the Trust, working closely with corporate directorates, clinical and nursing leads.

**Cancer Management and Leadership Structure**

- Medical Director
- Interim Director of Planning and Performance
- Cancer Lead Clinician
- Associate Director of Operations
- Lead Cancer Nurse
- Cancer Services Manager

Cancer services within the Trust sits within Planning and Performance, under the executive leadership of the Interim Director of Planning and Performance, the Medical Director and the Associate Director of Operations.

In line with national cancer standards requirements, the Trust has in place a designated Cancer Lead Clinician, a Cancer Lead Nurse and a Cancer Manager and is monitored via the National Quality Surveillance Programme.
The Cancer Strategy Group governs the strategic management and delivery of key developments and performance indicators. Expertise for cancer services development within the Trust is via the Cancer Steering Group which has representation from every MDT, cross cutting group, nursing, research, information and the cancer services team. This group is chaired by the Cancer Lead Clinician.

The Trust has always taken a proactive approach to develop leadership and to ensure governance processes are in place to support delivery of the Cancer Strategy. The Trust has specifically spent a lot of time and utilised professional development monies (CPD) to enhance the leadership and management capacity within the organisation. A range of programmes working with Durham University have been delivered including a Clinical Leadership Programme for Clinical Directors, which has subsequently enabled the Clinical Directors, their management teams, other directorates and central department management teams to have an equitable understanding around the leadership and management needs of the organisation in line with the collegiate application of service line management.

The Cancer Strategy is embedded throughout the development of work plans. Progress of implementation is reported within annual reports, in line with the National Quality Surveillance Programme, involving both internal and external verification.

Cancer service provision cuts across all divisions, departments and services within the Trust with the operational responsibility for the delivery of services sitting within the individual directorates. Each tumour group has a nominated General Manager who is accountable for the delivery of the cancer waiting times and the implementation of the Improving Outcomes Guidance, working across organisation boundaries to fulfil this requirement, whilst raising and discussing any pathway related issues at the directorate Service Level Management (SLM) meeting.

The cancer services team provide a co-ordination and facilitation role for cancer services within the Trust, working closely with Corporate Directorates, Clinical and Nursing Leads, General Managers and other personnel across the organisation. The Cancer Services Team are the first point of contact within the Trust for any cancer related enquiries and represent Cancer Services at the Northern Cancer Alliance, Clinical Commissioning Groups (CCG’s) and locality groups. They are primarily responsible for co-ordinating the Trust involvement with National Quality Surveillance Programme, performance monitoring against cancer access targets, data collection for audit, cancer registry, and cancer waiting times.

The Trust will continue to ensure leadership and governance structures are in place to effectively manage the cancer services and substructure.
12. Research

**Cancer Strategy Intent**

To continue to increase the number of NIHR portfolio studies trials opened in the Trust.

To continue to increase the number of patients recruited into clinical trials, ensure equity of access to trials for all patients and ensure patients recognise that a clinical trial may be one of their treatment options. To also support clinical support services to enable them to also support trials.

To continue to support all MDTs in their contribution to cancer research.

To continue to work collaboratively with the National Institute of Health Research Clinical Research Network: North East and North Cumbria to achieve these goals.

A key part of the Achieving World Class Cancer Outcomes relates to research and the need to ensure that every patient is given the opportunity to enter a clinical trial. The Cancer Reform Strategy states that "in order to ensure that we build for the future of cancer services there is a need for increased support for research". This statement underpins the need for promoting research to fill the gaps in the evidence and spreading good practice. Achieving World Class Cancer Outcomes emphasises that research continues to be pivotal in developing our understanding of and preventing, managing and curing cancer and it will therefore remain essential if driving improvement is to continue.

The Trust is a member of the National Institute of Health Research (NIHR): North East and North Cumbria (NENC) and endeavour to increase recruitment into NIHR trials, in particular Randomised Controlled Trial (RCT) recruitment and commercial trials in line with the NIHR 5 year strategy.

Since the original Strategy was published, the Health and Social Care Act 2012 made new commitments to research and embedding research as a core function of the health service. The National Institute for Health Research (NIHR) and Clinical Research Network: NENC are working to 6 high level objectives, which have been agreed with the Department of Health. These objectives include increasing the number of participants recruited into NIHR studies, increasing participation in commercial trials and tight performance metrics relating to the time taken to recruit the first patient.

As a result these are now our focus when opening and running the cancer clinical trials and will be closely performance managed by both the NIHR CRN and the Trust Research & Development department. Monthly reports relating to recruitment performance are now distributed to directorates to highlight performance against pre-determined recruitment targets and this will be supplemented by information on time to recruit first patient. The Trust is proud to have a particular strength in recruiting to Surgical Oncology trials in this research network and the surgeons in the Trust are working to sustain their achievements.

Each MDT has identified a nominated research lead who actively reviews the portfolio of studies open to the MDT and highlights barriers to recruitment and this role should be strengthened and identified in the job plans and appraisal. This is good practice and is a peer review requirement, as every eligible patient should be offered the opportunity to participate in clinical trials.
The Trust and all teams are committed to increasing the number of RCT trials opened in the Trust as well number of patients recruited.
### Appendix 1 - North Tees and Hartlepool Foundation Trust MDT Table

<table>
<thead>
<tr>
<th>Tumour Site</th>
<th>Unit or Centre MDT</th>
<th>Frequency of MDT Meetings</th>
<th>Host hospital for MDT Meetings</th>
<th>IOG published</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>Centre</td>
<td>Weekly – Monday (pre-operative) Tuesday (post-operative)</td>
<td>North Tees</td>
<td>August 2002</td>
</tr>
<tr>
<td>Colorectal</td>
<td>Unit for colorectal cancer and Centre MDT for T1 cancer local resection</td>
<td>Weekly – Thursday</td>
<td>North Tees</td>
<td>June 2004</td>
</tr>
<tr>
<td>Gynae</td>
<td>Diagnostic service</td>
<td>N/A</td>
<td>Once diagnosed referred to JCUH for MDT discussion and treatment.</td>
<td>January 2002</td>
</tr>
<tr>
<td>Lung</td>
<td>Unit</td>
<td>Weekly - Tuesday</td>
<td>North Tees</td>
<td>February 2005</td>
</tr>
<tr>
<td>Upper Gastrointestinal (UGI)</td>
<td>Unit</td>
<td>Weekly – Tuesday</td>
<td>North Tees</td>
<td>January 2001</td>
</tr>
<tr>
<td>Urology</td>
<td>Unit</td>
<td>Weekly - Thursday</td>
<td>North Tees</td>
<td>September 2002</td>
</tr>
<tr>
<td>Thyroid</td>
<td>Video link into Centre MDT (JCUH)</td>
<td>Monthly – last Friday of the month</td>
<td>JCUH (South Tees)</td>
<td>November 2004</td>
</tr>
<tr>
<td>Haematology</td>
<td>Centre (JCUH video link into MDT)</td>
<td>Weekly – Wednesday</td>
<td>JCUH (South Tees)</td>
<td>October 2003</td>
</tr>
<tr>
<td>Specialist Palliative Care</td>
<td>Unit</td>
<td>Weekly – Wednesday</td>
<td>North Tees</td>
<td>2004</td>
</tr>
<tr>
<td>Cancer Of Unknown Primary (CUP)</td>
<td>Unit</td>
<td>Weekly – Tuesdays</td>
<td>North Tees</td>
<td>July 2010</td>
</tr>
</tbody>
</table>