

# ANNUAL REVIEW



## 2018 - 2019

**HUMBER, COAST AND VALE CANCER ALLIANCE**  
ACHIEVING WORLD CLASS CANCER OUTCOMES FOR OUR COMMUNITIES

# INTRODUCTION

Welcome to our first Annual Review which provides a brief summary of work undertaken in 2018/2019.

Over the last 12 months we have made significant progress to improve cancer care and outcomes for patients. We have been working with passionate and committed Clinical Leaders to improve and develop rapid diagnostic pathways and continued to focus on our four main areas of work:

- Awareness and Early Diagnosis
- Diagnostics
- Treatment and Pathways
- Living With and Beyond Cancer

Cancer survival is the highest it has ever been. In Humber, Coast and Vale the percentage of people surviving at least one year following diagnosis has increased from 64.5% in 2001 to 71.6% in 2016. More cancers are also being diagnosed early, when curative treatment is more likely. Despite this, too many people in our area have their lives cut short or significantly affected by cancer, with the consequent impact on their families and friends.

We want to ensure that patients present to primary care sooner, and are diagnosed earlier, so that outcomes are likely to be more successful. This is why we are focussing on awareness and early diagnosis as one of our main areas of work. Over the last 12 months, we have introduced projects such as Cancer Champion training, which helps to raise awareness of cancer signs and symptoms across our communities. Hull has been selected to be part of ten pilot sites to introduce the new NHS Targeted Lung Health Check Programme in 2019/2020 which will also help to support our ambition of diagnosing more cancers earlier.

Other areas of work include the move towards digitalisation of pathology testing and development of network model of radiology reporting, which will improve how quickly patients and clinicians can make diagnosis. Work has also commenced on the roll out of Faecal Immunochemical Test (FIT) across Hull and East Riding and the development of a Cancer Care Review for patients living with and beyond cancer.

We are working with Health Education England to understand the issues and challenges within our workforce to inform the development of a workforce strategy. We have strengthened our partnership with Macmillan Cancer Support who have funded a number of roles within our core programme team and across the three provider Trusts within our area; York Teaching Hospital NHS Foundation Trust, Northern Lincolnshire and Goole NHS Foundation Trust and Hull University Teaching Hospitals NHS Trust to improve cancer care.

We are pleased with how relationships across the Humber, Coast and Vale region are developing and we continue to work incredibly hard as a system to realise our joint ambition of Achieving World Class Cancer Outcomes for our Communities.

Thank you to all our stakeholders for their support and contribution, which is enabling us to make a difference to those affected by cancer.



**JANE HAWKARD**  
Senior Responsible Officer



**STUART BAUGH**  
Clinical Director



**LUCY TURNER**  
Programme Director

# CONTENTS

**HUMBER, COAST AND VALE REGION .....P.4**

**THE NHS LONG TERM PLAN..... P.5**

**NATIONAL CANCER TEAM VISIT..... P.6**

**AWARENESS AND EARLY DIAGNOSIS.....P.7-11**

DON'T BE THE 1

CANCER CHAMPION PROJECT

NATIONAL CANCER ALLIANCE EARLY DIAGNOSIS CONFERENCE

TARGETED LUNG HEALTH CHECK PROGRAMME

SERIOUS NON-SPECIFIC SYMPTOMS

FAECAL IMMUNOCHEMICAL TESTING (FIT)

**DIAGNOSTICS .....P.12-13**

DIGITAL SLIDE SCANNERS

RADIOLOGY AND ENDOSCOPY ASSET REGISTER

ENDOSCOPY WORKING GROUP

RADIOLOGY WORKGROUP

PRIMARY CARE PROGRAMME

**TREATMENT AND PATHWAYS .....P.14-16**

ESTABLISHMENT OF CLINICAL GROUPS TO SUPPORT IMPLEMENTATION OF RAPID PATHWAYS

ENGAGEMENT OF PATIENTS, CARERS AND THE PUBLIC

PUTTING CLINICIANS AND NURSES AT THE 'FRONT AND CENTRE' OF THE COLLABORATIVE CANCER WORK PROGRAMME

INTER-PROVIDER TRANSFER CO-ORDINATORS

PERFORMANCE AND DIAGNOSTIC CAPACITY

**LIVING WITH AND BEYOND CANCER .....P.17-18**

RECOVERY PACKAGE

TREATMENT SUMMARIES

CANCER CARE REVIEW

PERSONALISED STRATIFIED FOLLOW UP PATHWAYS

LIVING WITH AND BEYOND BOARD

**COMMUNICATION AND ENGAGEMENT .....P.19**

STEERING GROUP

CANCER ALLIANCE WEBSITE

TWITTER

# HUMBER, COAST AND VALE REGION

Humber, Coast and Vale Cancer Alliance brings together all the organisations that commission and provide services in our area. That's right from clinical commissioning groups, local GPs, public health, hospitals, local authorities and third sector organisations including Macmillan Cancer Support, Yorkshire Cancer Research, Cancer Research UK, Healthwatch and many other organisations.

## OUR AREA

Our Alliance spans a large geographical area with a number of public and voluntary sector organisations.

7 HOSPICES

3 MENTAL HEALTH TRUSTS

6 LOCAL AUTHORITIES

190 GP PRACTICES

5 AMBULANCE TRUSTS

190 GP PRACTICES

1000s OF VOLUNTARY AND COMMUNITY SECTORS

3 ACUTE HOSPITAL TRUSTS

5 COMMUNITY SERVICE PROVIDERS

6 CLINICAL COMMISSIONING GROUPS

50,000 STAFF ACROSS HEALTH AND SOCIAL CARE

1.4 MILLION POPULATION



# THE NHS LONG TERM PLAN

Cancer Alliances across the country were asked by NHS England (NHSE) in August 2018, to support the development of a new plan for the NHS for the next ten years. This was an opportunity for the Cancer Alliance to gather a wide range of views by engaging with our stakeholders. These views sought to understand what our stakeholders considered to be the priorities for improving cancer care outcomes and care over the next five to ten years which would inform the NHS Long Term Plan.

## FEEDBACK

With feedback totalling over 2,000 comments from different sectors of the alliance, we were delighted with the reach of this survey and the detail contained in it. A key finding was the requirement to listen to patients and understand the patient's experience, across each stage of the pathway.

Public Health was a major theme running throughout all responses, particularly awareness raising, as was investment in diagnostics and improving this part of the patient pathway.



" Improve waiting times for diagnostics and treatment to reduce anxiety. "

" Establish services that support the diagnosis of cancers that tend to have non-specific symptoms. "

The survey recognised that managing demand on diagnostics and ensuring capacity to deliver timely access to both tests and reporting should be one of our main priorities.

## LONG TERM PLAN OBJECTIVES

The NHS Long Term Plan was published in January 2019 and identified the priorities and changes that the NHS is going to make over the next ten years.

**National Ambition:** By 2028, an extra 55,000 people each year will survive for five years or more following their cancer diagnosis. The proportion of cancers diagnosed at stage 1 and 2 will rise from 50% to 75%.

Publication of the long term plan provides an opportunity to set bold ambitions and further accelerate the necessary changes needed across Humber, Coast and Vale to improve cancer outcomes and offer improved quality of life through personalised health and well-being support. We recognise this will take significant system leadership to achieve, but we know that the Cancer Alliance is in a unique position to provide this.

In response to the NHS Long Term Plan, we have worked with our stakeholders to produce our long term plan objectives.

These objectives are linked to our four existing goals whilst incorporating the commitments within the NHS Long Term Plan and which will help us to achieve our vision of **achieving world class cancer outcomes for our communities.**

### Our Long Term Plan Objectives

- Increased lifestyle choice that minimise risk of cancer
- Standardised treatment pathways across our area
- Equity of access to high quality services for our patients
- Services designed to reduce inequalities in health outcomes



# NATIONAL CANCER TEAM VISIT

David Fitzgerald, Programme Director, National Cancer Programme met with staff from across the Cancer Alliance during his visit held at The Queens Centre, Castle Hill Hospital in February. Presentations from senior clinicians and leaders from across the Cancer Alliance were given on our vision and objectives for 19/20; 62 day recovery plan; diagnostics; lung and oncology transformational service redesign.

The Cancer Alliance welcomed the news that the National Team are looking afresh at how transformation funding across all Cancer Alliances is allocated with a move from a bidding process to a population based allocation, to reflect deprivation indices.



The visit finished with a tour of the Queens Centre for Oncology and Haematology, led by Julie Watson, Lead Cancer Nurse, Hull University Teaching Hospitals NHS Trust.



# AWARENESS AND EARLY DIAGNOSIS

Too many people in Humber, Coast and Vale have their lives cut short or significantly affected by cancer, with the consequent impact on their families and friends. There are some types of cancer in Humber, Coast and Vale where we fall behind national one-year survival progress, such as lung cancer where our local one-year survival rate is 39.2%, compared with an England average of 41.6%.



## EARLY DIAGNOSIS SAVES LIVES

When diagnosed earlier, patients have a better chance of being treated successfully and surviving for longer.

If cancer is diagnosed early, there is an 82% chance of survival. If diagnosed late, then the chance of survival drops dramatically to 26%.

Almost 20,000 people in the Humber, Coast and Vale area are diagnosed with cancer each year. This is a rate significantly higher than the England average. We want to improve cancer survival rates by ensuring more people are diagnosed at an earlier stage, by improving cancer awareness and uptake of screening. By raising awareness of the signs and symptoms of cancer in the general population and optimising clinical practice and systems to improve access to diagnostics, we can improve the rates of early diagnosis and treatment of cancers. One of the ways we are doing this is through the development of our Cancer Champion project.

## DON'T BE THE 1

Smoking is the biggest cause of preventable cancer in the UK. It causes 7 in 10 lung cancer cases which is also the most common cause of cancer death. The link between smoking and cancer is very clear. It causes at least 16 different types of cancer including mouth, pharynx, nose and sinuses, larynx, oesophagus, liver and pancreas. In parts of our area we have the highest prevalence of smoking and the highest mortality rate from lung cancer in the country.

During September 2018 the Cancer Alliance supported a local media campaign, Don't be the 1, which was a hard hitting quit smoking campaign that appeared on TV adverts and across social media ahead of Public Health England's Stoptober campaign. The campaign included resources and information on how to quit smoking.



One in every two smokers will die from a smoking related illness.

How will your family cope if you're the one?

It's never too late for you to quit smoking.

Find help and advice to quit at [DontBeThe1.tv](http://DontBeThe1.tv) or call 0300 123 1044

#DontBeThe1 BREATHE 2025

## CANCER CHAMPION PROJECT

In 2018, Transformation funding was received by Humber, Coast and Vale Cancer Alliance to deliver a series of transformation projects. One transformation project was the establishment of the Cancer Champion project.

The aim of the Cancer Champion project is to raise awareness of the signs and symptoms of cancer, promote national screening programmes and encourage early detection

The Cancer Champion project builds upon the established programme in North East Lincolnshire which achieved a 15% increase in the number of people who could identify signs and symptoms of cancer and an 11% increase in willingness to act on symptoms. The funding was used to recruit two Volunteer Co-ordinators to support the roll-out of the programme across the Cancer Alliance.



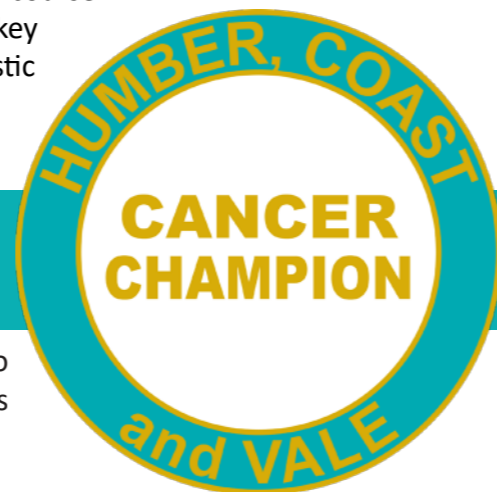
September 2018 saw the launch of our Cancer Champion three hour training across our area. We now have over 900 cancer volunteers who have undertaken the training course.

These Cancer Champions are now in a really good position to spread key cancer messages in their neighbourhoods and have those opportunistic conversations with friends, family and colleagues about important signs and symptoms and the importance of presenting early.

Since September 2018, over 900 Cancer Champions have been trained in the Humber, Coast and Vale region.

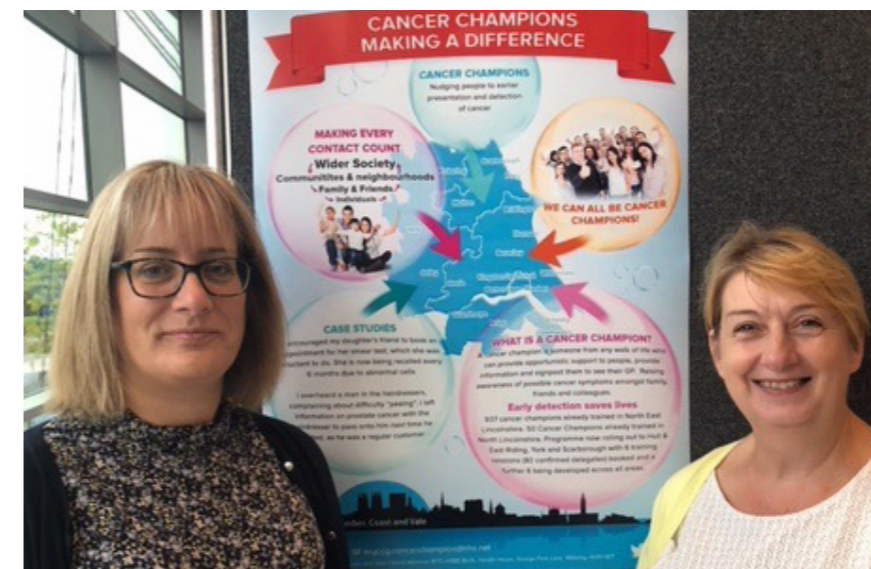
No skills, qualifications or any specialised knowledge of cancer is required to take part in training. Anyone and everyone can be a Cancer Champion, it's about real people talking to real people and making every contact count.

Cancer Champions raise awareness about cancer in their community by engaging with people in conversation. They share their knowledge to reduce the risk of a person getting cancer and help prevent avoidable cancer deaths by encouraging people to take up cancer screening invitations or go to their GP if they have symptoms they are worried about. The future will see us develop a 'train the trainer' model of delivery to build on our work and reach even more communities and businesses across our area.



Future plans include development of a cervical cancer volunteer team to attend events (GP surgeries) supermarkets and community venues) to encourage women aged between 25 and 40 to come forward for their cervical smear. This will be aimed at areas with low uptake of screening, encouraging people to book their cervical smear appointment.

## NATIONAL CANCER ALLIANCE EARLY DIAGNOSIS CONFERENCE



Members from the Alliance attended this national event held at The Etihad Stadium, Manchester along with representatives from the other 18 Cancer Alliances. The event gave us the opportunity to present and showcase our Cancer Champion Project through a poster display and workshop.

The day generated a lot of interest in the project, both at the event, through social media activity and requests for further information, after the event.

## TARGETED LUNG HEALTH CHECK PROGRAMME

A cornerstone for the NHS Long Term Plan is that "55,000 more people will survive cancer for five years following a cancer diagnosis." and additionally that "75% of people diagnosed with cancer are diagnosed at stages 1 and 2."

Supported by the Cancer Alliance System Board, a programme of active case findings has been developed to start to address the late stage presentation, and significantly higher levels of



lung cancers diagnosed, through our Emergency Departments. We were, therefore, delighted that in November 2018, Hull was selected as one of 10 sites in England to be part of phase one of the NHSE Targeted Lung Health Check programme. This programme will commence in Hull during 2019/2020 and is one of the first programmes to roll out following the publication of the NHS Long Term Plan.

Hull has a high rates of smoking and deprivation and currently has the highest mortality rate ranking of lung cancer in the country. We are incredibly pleased to be able to roll this out to our local population across Hull.

Targeted lung health checks will help improve cancer survival rates by inviting people aged 55 to 74 (and 364 days) who have smoked or ever smoked in the Hull area. People will be offered the opportunity to have a lung health check and where appropriate, a low radiation dose computed tomography (LDCT) scan. This service will be delivered via mobile units in local supermarkets or community settings to support ease of access in areas of high deprivation.

The Alliance has worked with key stakeholders to develop the service, establishing a Delivery Group and five sub-working groups to oversee the project and support implementation. Patients, members of the public, carers and also Cancer Champions will be involved in the working groups and will be supporting the selection of sites, use and content of materials through discussion groups which will inform national, as well as local materials.

Humber, Coast and Vale Cancer Alliance would like to ensure that other areas across the Alliance can also benefit from the lung health check. A bid is being submitted to Yorkshire Cancer Research to extend this service to other areas across Humber, Coast and Vale. A decision is expected 2019/2020.

51% of lung cancers in the city are diagnosed at a late stage (stage 4) which has traditionally meant that outcomes are poor for patients.



Lung Cancer is the biggest killer and 3rd most common cancer. Every nineteen minutes someone is diagnosed with lung cancer and every 12 minutes someone dies.

## 'SERIOUS NON-SPECIFIC SYMPTOMS'

Diagnosing cancer can be a challenge. Each patient is an individual and similar cancers can elicit different symptoms in different patients. Often symptoms can be vague, now commonly referred to as serious non specific symptoms. This means that at the start of the diagnostic process, primary care professionals can be faced with several potential diagnostic pathways/referral routes.

In Humber, Coast and Vale, a radiology based pathway for patients with serious non-specific symptoms, particularly weight loss has been in place at Hull University Teaching Hospitals NHS Trust for some time. This pathway provides GPs with rapid, direct access to diagnostic tests for patients with some vague symptoms. An economic evaluation of the pathway has been conducted by York Health Economics Consortium and shows both that it is cost effective compared to standard care without the pathway and that the referrals from GPs are appropriate.

The LTP sets out an ambition to Create new **Rapid Diagnostic Centres** across the country so patients displaying symptoms of cancer , in particular those with serious non specific symptoms can be assessed and diagnosed faster.

Working with stakeholders across the alliance, we will build on the current pathway and develop at least one Rapid Diagnostic Centre/ Pathway in 2019/20.

## FAECAL IMMUNOCHEMICAL TESTING (FIT)

The Faecal Immunochemical Test (FIT) is a new cost efficient, take home test that can be used in a 'rule out' test for significant bowel disease. Following emerging evidence, the Cancer Alliance System Board supported a role out of FIT for patients with low risk symptoms of bowel disease. A business case has been developed and a stakeholder event held to engage local colorectal teams in the development of an agreed pathway. The Alliance has worked with CCG and primary care colleagues to co-ordinate the roll out of FIT across the region.



This work is being undertaken in collaboration with the Yorkshire and Humber Screening Team as the national roll out of FIT is scheduled to start in April 2019.

The Cancer Alliance also received transformational funding to support a research programme to test out the use of FIT in patients with high risk symptoms of bowel disease. This research is currently ongoing in York.

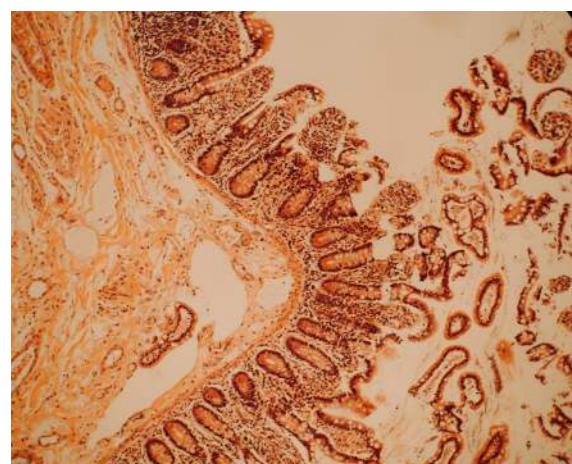
# DIAGNOSTICS

Identifying cancers at an early stage means that more people require rapid access to diagnostic services such as CT and MRI scans, endoscopies and biopsies. This adds pressure to radiology, pathology and endoscopy services. The Cancer Alliance has worked with its partners and York Health Economics Consortium to understand the changing demands on these services and to quantify gaps in capacity, which include staffing and equipment.

During this year, a Strategic Diagnostics Board across the Humber, Coast and Vale Health and Care Partnership has been set-up and a Board Assurance Framework created, to capture the known risks for diagnostics across the Health and Care Partnership. These developments provide a means of ensuring actions are in place to mitigate the biggest risks, where possible, and that the impact of actions can be monitored and plans updated as required.

## DIGITAL SLIDE SCANNERS

Digital slide scanners were procured for Hull University Teaching Hospitals NHS Trust and York Teaching Hospital NHS Foundation Trust as part of the modernisation of pathology services. This will support workflow efficiencies and easier access to second opinions and enable connection with wider regions such as West Yorkshire and Harrogate Cancer Alliance, both for clinical and research purposes.



"Thanks to the Humber, Coast and Vale Cancer Alliance, we are going to be able to make some innovations and change the way we work with the introduction of digital pathology."

ANGELA CARLING  
LABORATORY MANAGER, PATHOLOGY DEPARTMENT,  
HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

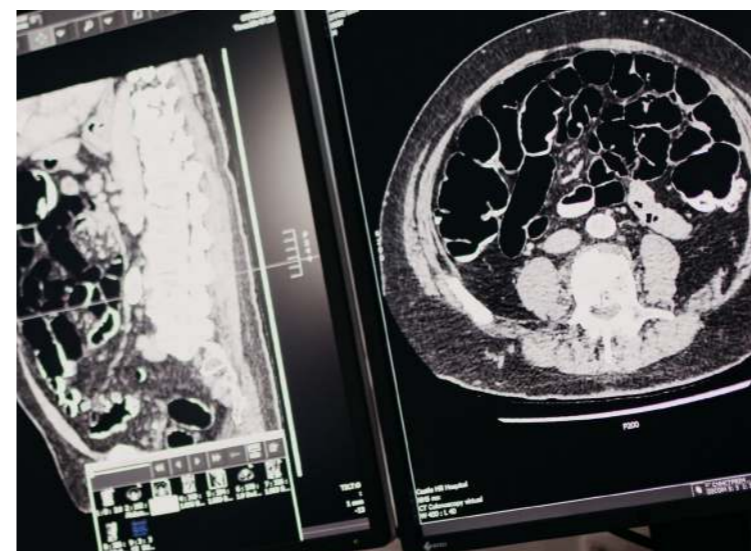
## RADIOLOGY AND ENDOSCOPY ASSET REGISTER

A joint assets register has been created and is being populated for both radiology and endoscopy. In addition to describing all the available equipment across the region, this will enable prioritisation of replacement at a partnership level rather than local level, supporting a more strategic approach to service deliver and planning.

## ENDOSCOPY WORKING GROUPS

A Humber, Coast and Vale Health and Care Partnership-wide Endoscopy Working Group was forged during 2018/2019. The purpose is to review risk and issues and to develop collaborative actions to mitigate them, moving towards more standardised models of service across the region, making best use of resources.

By working across our Health and Care Partnership we are developing a clear vision for future services that takes best use of resources, reduces the time taken to access diagnostic test results and improve patient experience.



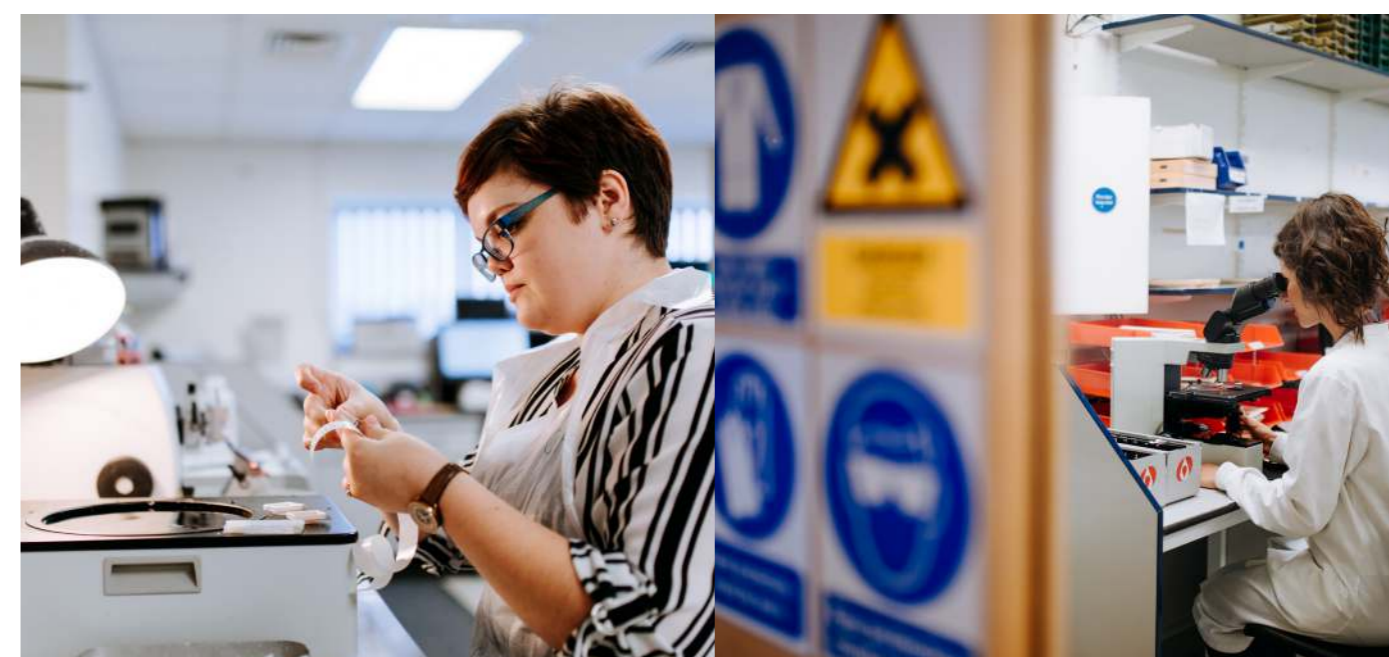
## RADIOLOGY WORKGROUP

The procurement of a radiology workflow solution has been completed. A high level plan for roll out has been agreed and it is anticipated that the system will go live in autumn 2019. This solution will allow images to be shared across the region and will support remote reporting of studies so that available capacity can be directed to the most urgent studies with greater parity of access to specialist reporters.

## CAPACITY DEMAND MODELLING

As part of understanding the gap between capacity and demand, a modelling tool was created and heat maps were completed. The heat maps showed demand in each area and identified where staffing and equipment resources are located across the Alliance. We also held a workshop during the year, attended by professionals from across the Alliance.

Key themes to emerge included the need for collaborative approaches to workforce planning and for more collaborative, strategic planning with regards to shape future diagnostic services. The need to understand the future potential of technological advances such as Artificial Intelligence was also identified as a key theme.



# TREATMENT AND PATHWAYS

Timely access to treatment is important to improving cancer survival and quality of life after treatment. As an Alliance, we are working together to develop rapid diagnostic and assessment pathway for lung, prostate and colorectal cancers. The importance of doing this is to rule out cancers as soon as possible and put patients' mind at rest where cancer is not diagnosed and provide the right treatment where required.

If colorectal cancer is treated early, 95% of men and around 100% of women with stage 1 bowel cancer will survive for 5+ years.



## ESTABLISHMENT OF CLINICAL GROUPS TO SUPPORT IMPLEMENTATION OF RAPID PATHWAY

Humber, Coast and Vale Cancer Alliance System Board are keen to support the development of Clinical Leadership to lead Alliance-wide collaborative actions for the implementation of the Rapid Diagnostic and Assessment Pathways for colorectal, prostate and lung Cancer.

A number of alliance-wide stakeholder events have been held over the year, which were led by the newly appointed Clinical Leads:

Clinical Lead for Colorectal - Mr Praminthra Chitsabean, Consultant Colorectal Surgeon at York Teaching Hospital NHS Foundation Trust.

Clinical Lead for Lung - Mr Gavin Anderson, Consultant Respiratory Physician at Hull University Teaching Hospitals NHS Trust.

Clinical Lead for Prostate - Mr Matt Simms, Consultant Urologist at Hull University Teaching Hospitals Trust.

All the events have been well attended and supported by clinical and non-clinical staff across primary and secondary care. Benchmarking has also been undertaken with each provider trust to map current pathways in place against optimal pathway for lung,

prostate and colorectal tumour sites. A further focus of all the events was to undertake action planning using benchmarking information to meet 62 day target.

The Rapid Diagnostic and Assessment Pathways Guidance for on lung, prostate and colorectal cancers covers the first 28 days of a patient's journey from GP referral to diagnosis. A number of workshops and business meetings have been held for each of these pathways, giving primary and secondary care providers an opportunity to share progress, ideas and mutual problem solving in the design and development of these pathways.

The remit of these groups has quickly expanded to cover additional areas such as the introduction and implementation of new diagnostic tests in primary care which include FIT in colorectal cancer and the streamlining of Multi-Disciplinary Teams for all cancer diagnostics and assessment pathways.

In addition, implementation of the Lung Rapid Pathway has become part of a wider programme of work regarding the implementation of Lung Health Checks and the design and implementation of a 'hub and spoke' model of service provision across Hull Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust.

Work has commenced to recruit a clinical lead for Oesophago-Gastric cancers as commissioners and providers are required to implement the 'Rapid' pathway for this cancer site by April 2019/2020.

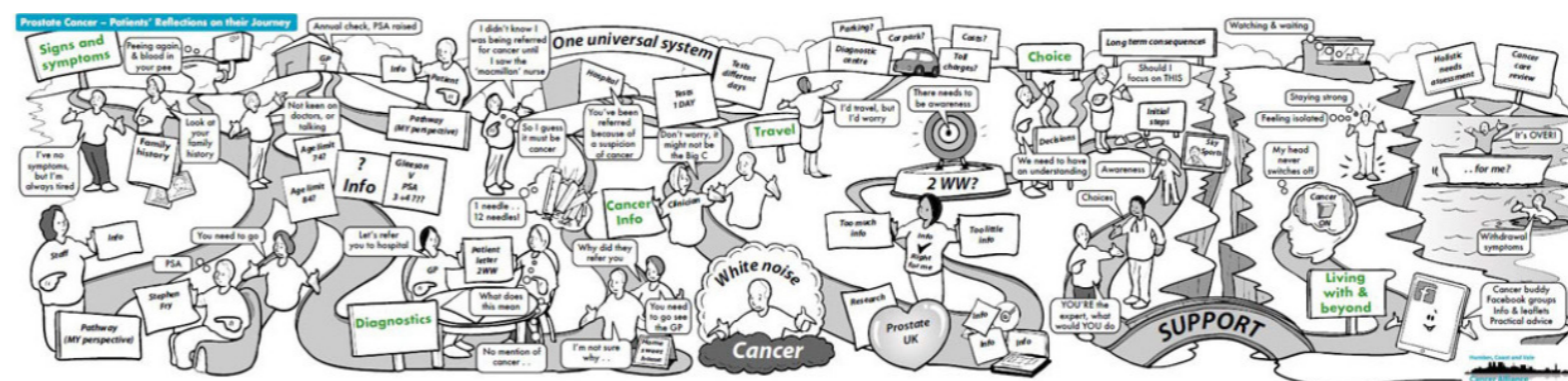
## ENGAGEMENT OF PATIENTS, CARERS AND THE PUBLIC

Ensuring those affected by cancer can give feedback and are listened to is important. Ensuring that opportunities exist for people to be involved in the design of services, can improve the patients' experience of services. The implementation of the rapid diagnostic pathways has ensured that the voice of those affected by cancer have been listened to.

A prostate cancer focus group was held in 2019 to provide patients and carers with an opportunity to provide feedback on this cancer pathway. Over forty people attended this event from across our area to share their experience of prostate cancer, from identifying signs and symptoms, presenting to primary care, diagnostics and diagnosis, through being treated, to living with and beyond their diagnosis.

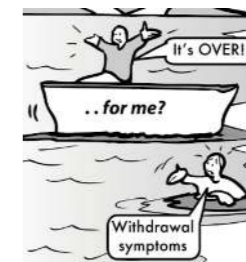


As a result, support was given to an information leaflet designed for general practitioners to distribute to patients referred to secondary care.



Many patients told us that they didn't go to their GP when they first experienced signs or symptoms.

**"It was my wife who made me go to the doctors."**



Patient described the end of treatment as **"having withdrawal symptoms"** as they had been supported through the pathway but once they were living with and beyond, they felt that support had gone.



Patients reported that they would be willing to travel if this meant that they could get diagnostics in one place. Patients would travel but factors such as parking and travel costs would still worry them.

**"Diagnosis was slick but was worried about car parking and the costs"**



When patients attended their GP practice they were referred to hospital but didn't know (or ask) the reason for the referral or that they were being referred under the two week wait referral process.

**"I didn't know I was being referred for cancer until I saw the Macmillan Nurse".**





## PUTTING CLINICIANS AND NURSES AT THE 'FRONT AND CENTRE' OF THE COLLABORATIVE CANCER WORK PROGRAMME

Front line professionals, who have direct contact with patients and carers, are well placed to design service improvements and ensure that improvements are successfully implemented. A consultation exercise has been undertaken in both primary and secondary cancer to consider the question of how 'front line' staff can be provided with the space and capacity which provides them with an opportunity to engage at both the strategic and single service level.

A proposed model, which builds on the success of the delivery format of the 'Rapid' pathways, will be discussed by the Cancer Alliance System Board in 2019/20, with plans to implement in the same year.

## INTER-PROVIDER TRANSFER CO-ORDINATORS

Having a cancer diagnosis can be a frightening experience for patients and their families. In some situations, people have to travel away from their local hospital for treatment.

During the year, Humber, Coast and Vale Cancer Alliance funded Inter-provider Transfer Co-ordinators.



The role of Inter-provider Transfer Co-ordinators is to help support patients through the pathway and navigate what can be a complex system, enabling them to be more in control and better able to cope with their treatment and recovery.

## PERFORMANCE AND DIAGNOSTIC CAPACITY



Whilst the Diagnostic Work programme is primarily designed for medium and long term solutions to increasing diagnostic capacity (against a backdrop of increasing demand), the Treatment and Pathway Work programme has been concerned with the short term diagnostic capacity

issues. Over the course of the year there has been a number of revenue funds released from NHSE which have been used to commission additional MRI, CT and endoscopy capacity in all three providers - to the benefit of all cancer pathways.

# LIVING WITH AND BEYOND CANCER

Around 53,000 people in the Humber, Coast and Vale region are currently living with or beyond cancer. We are working together to improve the care and support people with cancer receive to enable them to be more in control and better able to cope with their treatment and recovery.



It isn't just the physical impact of cancer which is important to patients, but also the mental health, financial, emotional and spiritual and what need to be in place to support patients and their families. The Living With and Beyond Cancer programme is about support for people after treatment through the introduction of risk stratified follow-up pathways and embedding the recovery package:

- Holistics Needs Assessment and Care Planning
- Treatment Summary
- Cancer Care Review
- Health and Well-being Intervention/Support

## RECOVERY PACKAGE

The recovery package combines several interventions, a Holistic Needs Assessment (HNA), Treatment Summary, Cancer Care Review (CCR) and Health and Well-being Intervention/Support.

Many individuals with cancer have physical and psychological needs resulting from their treatment. The Living With and Beyond cancer programme board has been developing the local implementation of the



recovery package, enabling co-ordinated, personalised support and rehabilitation for individuals throughout their cancer journey. Local development and implementation of the recovery package is underway across our acute trusts.

Transformation funding enabled new posts to be funded to support the programme's priorities within our three acute trusts.

## PERSONALISED STRATIFIED FOLLOW UP PATHWAYS

Formerly known as risk stratified follow up, personalised stratified follow up for breast and colorectal cancer patients has been introduced at York Teaching Hospital NHS Foundation Trust. This enables patients to receive personalised follow up after treatment and ensures rapid access to clinical support if they are worried that their cancer may have recurred. This may result in fewer consultant-led appointments.

In January 2019, Hull University Teaching Hospitals NHS Trust introduced personalised stratified follow up for colorectal and prostate cancer patients who have been treated with radical radiotherapy and both Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust are currently working on the protocols to enable breast personalised stratified follow up by March 2020.

## TREATMENT SUMMARIES

York Teaching Hospital NHS Foundation Trust, are developing an IT system to enable patients to be given a treatment summary which provides information about the treatment they have received, "red flag" symptoms to look out for, who to contact with any concerns.



## CANCER CARE REVIEW

It is important that people are living well following diagnosis and treatment so they can return to as good a quality of life as possible once treatment has ended. The Cancer Care Review (CCR) is a tool which supports the development of personalised care for patients. It forms part of the Recovery Package and builds on the other elements of the Package to ensure both clinical and holistic support is offered to the patient outside secondary care. The CCR is a discussion between a patient and their GP or practice nurse about their cancer journey. It helps the person affected by cancer understand what information and support is available to them in their local area, open up about their cancer experience and enable supported self-management.

During the year, the Cancer Care Review pack produced by Humber, Coast and Vale Cancer Alliance by a multi-agency group of stakeholders was distributed to most general practices across our Alliance, with the remainder going out by the end of 2019.

## LIVING WITH AND BEYOND CANCER PROGRAMME BOARD



The Living With and Beyond Cancer Programme Board has been developed and further strengthened with membership from all organisations and disciplines. Two patient representatives joined the Board during 2019 and provide an important voice to the work of the Board.

Macmillan Cancer Support have generously provided funding for Living With and Beyond Cancer Programme Lead and Project Officer role. Transformation funding was also provided by the Cancer Alliance for the recruitment of a Band 7 and three Band 4 roles to support, where most needed, the Living with and Beyond programme in all three of our provider trusts.

## COMMUNICATIONS AND ENGAGEMENT

How we involve and communicate with those affected by cancer and other stakeholders is essential to the successful achievement of the Alliance's key priorities.

We are therefore, delighted to be working in partnership with Macmillan Cancer Support, who have provided three year funding for the recruitment of a Communications and Engagement Lead and a Communication and Engagement Project Assistant.

This has enabled the Cancer Alliance to develop our strategic plans for ensuring the voice of those affected by cancer is heard and further influence and shape our priorities.

## COMMUNICATIONS AND ENGAGEMENT STEERING GROUP

A Communications and Engagement Steering Group was formed to oversee the development of the Communications and Engagement strategy setting out our strategic objectives and overseeing the implementation of the strategy's action plan.

- Ensuring those affected by cancer can give feedback and are listened to
- Establishing mechanisms for the involvement of key stakeholders in the development of cancer services
- Using feedback from those affected by cancer to improve patients experience
- Increasing awareness and understanding of the Cancer Alliance,
- Encouraging strong clinical engagement and leadership

Our Communications and Engagement Steering Group is made up of a wide range of services from across the Alliance's stakeholder organisations as well as a number of patient and public representatives. The group is chaired by a Lay representative, Angela Broekhuizen.

"The importance of communication and involvement of stakeholders is paramount to the successful delivery of the work programmes. I am privileged to be involved with the Cancer Alliance programme, working in conjunction with the stakeholders."

**ANGELA BROEKHUIZEN**  
LAY REPRESENTATIVE  
HUMBER, COAST AND VALE CANCER ALLIANCE



## CANCER ALLIANCE WEBSITE

We are grateful for the support that Macmillan Cancer Support has provided for the development of a Community Network and also the design of a new Cancer Alliance website which will commence in 2019. This will provide us with additional platforms for raising the profile of the Cancer Alliance and increasing our communications and engagement channels to those affected by cancer and other stakeholders.

In addition to a new website, the Communications and Engagement team will also launch a Cancer Alliance Facebook page to help raise our profile and providing opportunities for involvement.



## TWITTER

The Cancer Alliance is developing its use of Twitter to gradually maximise opportunities to promote campaigns and local messages and stories and raise the profile of the Alliance.



# ANNUAL REVIEW 2018 - 2019

## TELEPHONE

07519 111434

## EMAIL

[comms.hcvcanceralliance@nhs.net](mailto:comms.hcvcanceralliance@nhs.net)

## ADDRESS

Health House, Grange Park Lane, Willerby, Hull HU10 6DT

 @HCVcancer