

A photograph of two women, one older and one younger, looking at a document together. The image is overlaid with a semi-transparent blue geometric pattern. The older woman on the left is wearing glasses and a blue cardigan. The younger woman on the right is also wearing glasses and a light-colored top with a red necklace.

Cancer Alliances

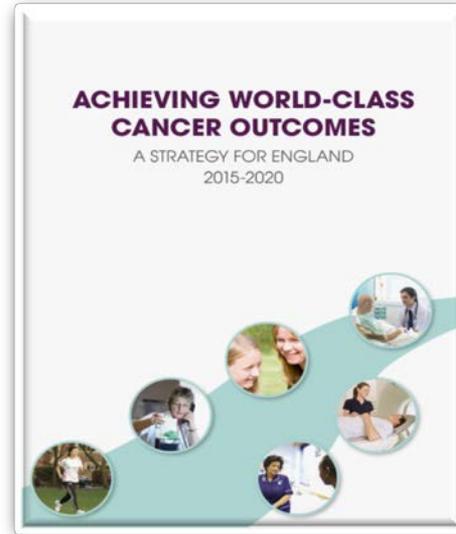
7th June 2017

June 2017

Context

Independent Cancer Taskforce Strategy

Published July 2015



Cancer Strategy Implementation Plan

Published May 2016



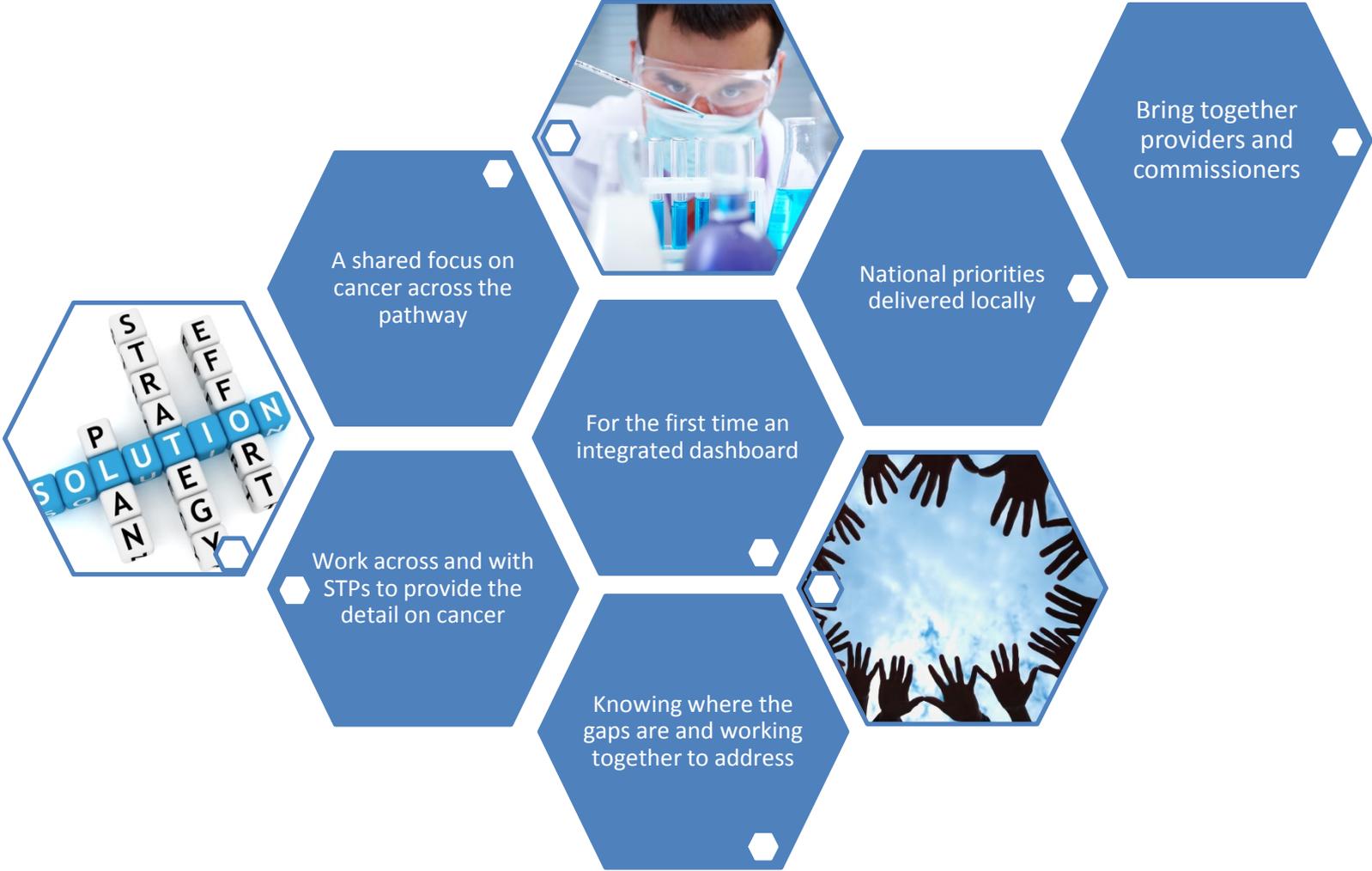
Cancer Strategy Implementation Plan

Priorities for year 1:

- Establishing **Cancer Alliances** from September 2016.
- Testing how to best deliver the **Faster Diagnosis Standard** with five local health economies in 2016/17, ready for roll out from 2017 onwards.
- Launch a **National Diagnostic Capacity Fund**
- Roll out the **ACE wave 2** pilots:
 - London Cancer
 - Greater Manchester
 - Leeds
 - Bristol
 - Oxfordshire
 - Airedale, Wharfedale & Craven

**Multi-disciplinary
diagnostic centres in
the community**

What are Cancer Alliances?



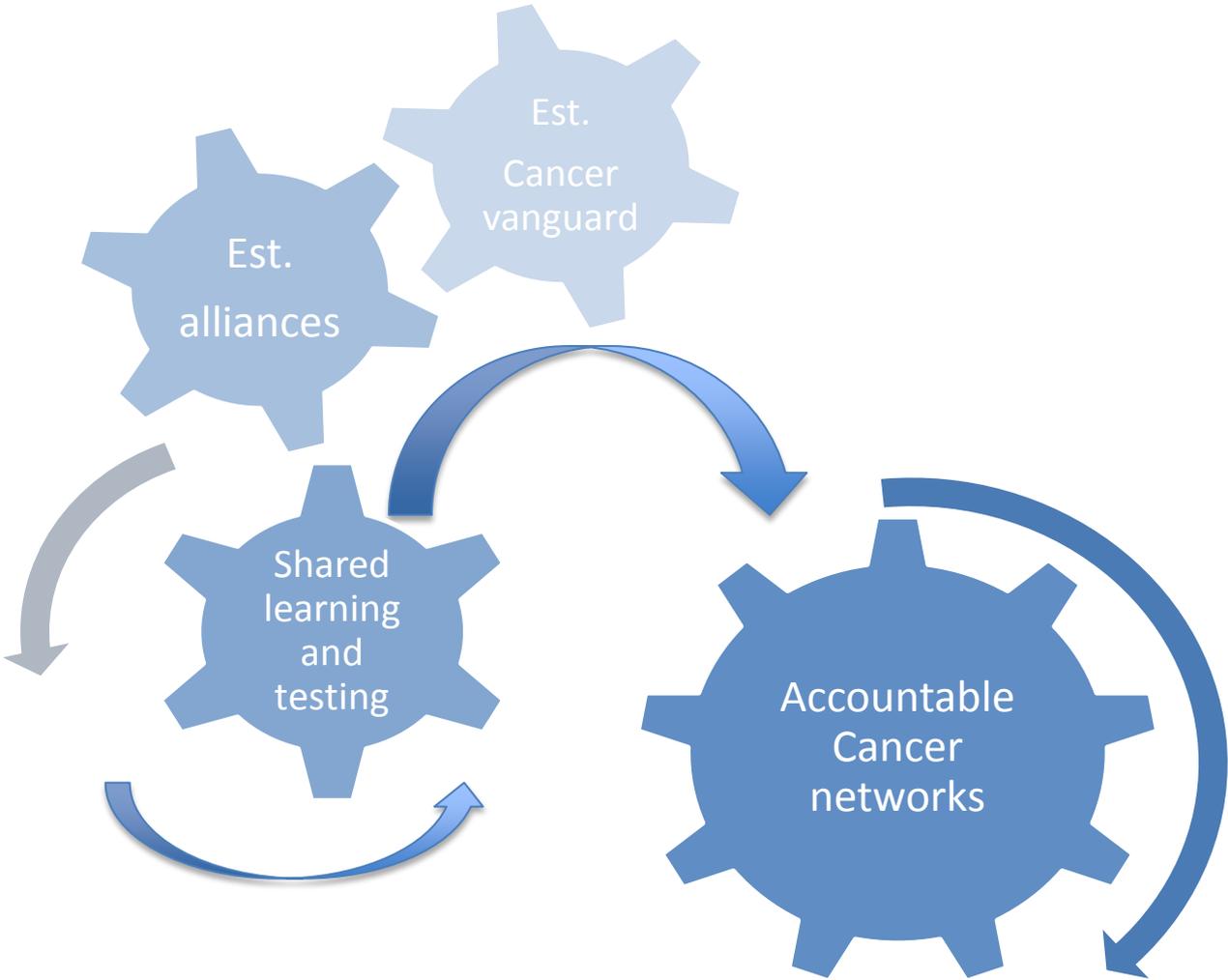
How Alliances are different

- **Clear focus:** local delivery of national priority programme
- **Cancer workstream of STPs:** Alliances to sit within STP governance and to be given authority to make real and impactful decisions
- **Focal point on cancer locally:** Cancer Dashboard to provide ‘single version of the truth’ on pathway performance across Alliance geography. Alliances to be the footprint across which future commissioning and provider models align, e.g. radiotherapy networks
- **Whole population and whole pathway approach:** Alliances to coordinate new collaborative working to maximise benefits of baseline investment in cancer and, as we learn from the National Cancer Vanguard, to put in place new models of integrated commissioning and provision
- **Funding for transformation:** Alliances to bid for and direct funding available for transformation in earlier diagnosis, recovery package and stratified follow up pathways

Relationship with Sustainability and Transformation Plans (STPs)

- The Cancer Alliances' delivery plans will add the next level of detail on cancer to the relevant STPs.
- It is expected that the relevant STP leads will direct each Cancer Alliance to develop and deliver a cancer delivery plan. By this authority, the Cancer Alliance will act as the decision-making body in relation to the planning and delivery of the Cancer Taskforce strategy locally.

Alliances to Accountable Networks?



Establishing Thames Valley Cancer Alliance

Key National Principles

- Be aligned with patient flows, **and**
- Be aligned with STP footprints.
- Include stakeholders from across the whole cancer pathway; must include one or more tertiary centres.
- Responsible for the local cancer agenda including functions carried out by Clinical Networks
- Cover populations of between 2-3 million.

Establishing a Cancer Alliance **does not** remove statutory responsibilities of individual organisations

Cancer Alliance Challenges

- How do you ensure equitable access for patients?
 - Does this require new collaborations and new models of service delivery to address variation and improve outcomes?
 - Do we need to focus more on prevention and screening?
 - How do you address the things that matter to your population?
 - Do you have access to the relevant information to inform your decisions?
 - How will the Cancer Alliance deliver the objectives within the cancer strategy
 - Translate the vision in a way that is meaningful to clinicians and managers



National recommendations specific to children and TYA

- Obesity reduction – ‘should be a strong focus on children’
- Consider whether paediatric treatment centres should be reconfigured, establish criteria for designation of TYA treatment centres, address ‘transition’ issues
- Work to routine collection of data and tissue samples on all children and TYA’s tumours for research
- Improve access to trials for TYA
- National commissioning for molecular diagnostic tests for all paediatric cancers.
- All rare cancers (<500pa) including all paediatric should be commissioned nationally

Thames Valley Cancer Alliance

Key Ambitions By March 2021

- **Reduce** adult smoking prevalence to **10.8%** from 15.4% (30% reduction based on projected 2021 population)
- **Increase** the proportion of patients with a recorded cancer stage to **80%**
- **Deliver the 28 day standard** - **95% of patients** referred for testing by a GP are definitively diagnosed with cancer, or cancer is excluded, within four weeks
- **Every person with cancer** has access to **all** four elements of the **Recovery Package**
- **Increase** one-year survival for all cancers to **75%** from 72.5%
- **Increase** the numbers of patients surviving ten years or more **by 1400 (57%)**
- **Increase** the proportion of cancers diagnosed at **stage 1&2 to 75%**

Summary

- **Population-based** mind-set and approach
- **Engagement** at all levels, across all organisations
- Putting the **patient first** - not about activity but **optimising patient experience and outcomes**
- Very **challenging** but many great **opportunities**
- Be **ambitious** and brave!
- **Together** we can achieve better outcomes for our population