NHS England

Thames Valley Strategic Clinical Network – Cancer Programme of Work Network Objective: ***Contribute to the achievement of high quality care for all now and for future generations.***						
Aim: ***Develop a sustainable Thames Valley Strategic Cancer Network***					**Funding (£)**	
Work stream	**Programmes of work**	**Outcome**	**Timescale**	**Lead**	**Internal**	**External**
Cancer SCN Development Network Groups Informatics	ONGOING **Networking** – Establish relationships with stakeholders in the new landscape; commissioners, Health & Well Being Boards, Patient Groups, PH. Forge network relationships with other SCNs and build peer support. Develop and nurture relationships with local, regional and national teams. Develop peer networks and links with other networks (Research, AHSN etc.).	Established relationships based on trust and openness with shared aims, and in support of aspirations of commissioners, patients and providers.	On-going	B Lavery/M Audifferen/ M Foster		
	ONGOING **TV Cancer SCN Steering Group -** development of the steering group including the recruitment of members with first meeting planned for early November 2013. Quarterly meetings planned around Thames Valley therefore sourcing of venues required.	Strategic Group in place to oversee and lead the development and delivery of the Thames Valley Cancer Work plan; ensuring the work plan aligns to both national and local priorities with a focus on commissioning plans and delivers quality improvements and improved patient outcomes.	On-going	B Lavery/M Foster	3,600	
	COMPLETED/EVOLVED - *to an annual event* **Launch Event** – planned to launch the 'new' TV Cancer SCN in partnership with charities (Macmillan, Cancer Care UK, etc.) to include all stakeholders.	Opportunity to acknowledge achievements of previous Cancer Network and define the strategic focus of the new Strategic Clinical Network.	Annual	M Foster	5,000	
	ONGOING DUE TO SUBSEQUENT ACTIONS **Legacy Network Groups** – Acknowledged significant benefits in maintaining group activities however the transfer of	Defining potential models that will not only address Peer Review in discussion with commissioners	May 2014	B Lavery/M Audifferen	5,000	

	responsibility to a Provider Trust is planned. Funding is required to continue support to avoid loss of clinical engagement during this critical time.	but ensure continued clinical engagement. **YR 1 Deliverable:** ***Agreed model in place with Provider Trusts to manage from April 2014.***				
	ONGOING - *See Programme of Work Report* **Urology service redesign** –Initial work to scope breath of potential service redesign and improvement on patient pathways. This may define parameters of formal options appraisal which will demonstrate the added value the SCN brings and will require analytical support to be bought in.	Given that no immediate clinical risk identified expected timescales for service reconfiguration will be accommodated. **YR 1 Deliverable:** ***Full options appraisal including consultation for Senate agreement.***	Initial Options Mar 2015	B Lavery/M Foster	51,000	
	SUPERSEDED - *by a national initiative led by the Cancer National Clinical Director.* **TV Cancer SCN Dashboard** – develop dashboard to inform on cancer within TV and commissioners on mortality, quality and survival. Dashboard to incorporate data on survival by tumour, stage, provider, follow up and Peer Review assessments as well as Cancer Patients Experience Survey (CPES) results.	Instant visibility of cancer within TV to aid monitoring and highlighting of potential issues. Reduction in duplication of data collation and more useful and timely data. Opportunity to ensure Cancer is recognised within CCG and other commissioner plans.	Oct 2013	M Audifferen		

NHS Outcome Domain: ***1 - Preventing people from dying prematurely***
NHS Indicator: ***Reducing premature mortality from the major causes of death***
Improvement Area: 1.4 Under 75 mortality rate from cancer **I** *One-and* **ii** *Five-year survival from all cancers*
iii *One-and* **iv** *Five-year survival from breast, lung and colorectal cancer*

Aim: ***Improve health and reduce inequalities***					**Funding**	
Work stream	**Programmes of work**	**Outcome**	**Timescale**	**Lead**	**Internal**	**External**
National Awareness & Early Diagnosis Initiatives (NAEDI)	**DOMAIN LED** Expansion of GP Facilitator role for a further 2 years (until 2016) and increase of weekly sessions. Expansion includes increasing current no. of GP Facilitators from 3 to 4 to cover Buckinghamshire.	Reduced emergency presentation of cancer; increased proportion of cancers detected via screening and two week wait referral; lower stage at diagnosis and increase in screening uptake.	May 2016	S Candler		£164,800
	EVOLVED - *to the Brain Tumour Audit - a more focused piece of*	Early diagnosis, improved	Mar 2015	M Foster		£16,500

	work centred on suspected brain tumour and diagnostic pathways funded by Cancer Research UK (CRUK). See Programme of Work Report Work with CCG Cancer Leads & GP Facilitators to explore supporting Primary Care to achieve rapid pathways for diagnosis so that patients are seen at the earliest possible stage. Analysis of number of patients investigated/diagnosed and stage. Project	mortality. Reduction of inappropriate pathways being followed and potential cost savings. **YR 1 Deliverable: *Identification and analysis of inappropriate pathways across 2 of the most significant tumour sites and plan of action with implementation plan to improve.***				
	DOMAIN LED GP Facilitator project initial findings – develop principles to expand across other clinical networks within SCN. The lack of a facilitator in Buckinghamshire provides a control; analyse data in other areas on whether there have been improved outcomes around 2ww referrals in, conversion rate, emergency presentations, and length of stay – which will all support development of principles to implement across other clinical networks.	Show effectiveness of model in improving outcomes and develop principles for implementation across other clinical networks (MH, Mat & C, CVD)	Nov 2013	S Candler		
	SUPERSEDED - *to 'Audit of patients diagnosed with cancer following emergency admission' after a successful bid to NHS IQ for funding. See Programme of Work Report* Support National Awareness Campaigns by developing local campaigns based on needs of population in collaboration with PH to raise awareness of the signs and symptoms of cancer, the importance of screening and the links between lifestyle and cancer; empowering and encouraging people to make choices that could reduce their cancer risk and increase the chances of detecting it early. Source project worker to conduct initial scoping of needs within the region to allow potentially life-saving health messages to areas where cancer rates are among the highest and survival rates among the poorest.	Continuous programme of national and local awareness supporting improvement in the most deprived and diverse communities. Reduced mortality, emergency presentation, staging diagnosis and 2ww referrals. Tackling cancer within lower income communities. Increase survival rates with early detection. **YR 1 Deliverable*: Identification of areas to target based on poor screening uptake and the lowest survival rates. Action plan and proposal with implementation plan to address and improve.***	May 2014	M Audifferen	149,000 (successful internal bid from SCN underspend)	382,993

NHS Outcome Domain: ***2 – Enhancing quality of life for people with long term conditions*** **NHS Indicator:** ***Ensuring people feel supported to manage their conditions*** **Improvement Area: 2.1** Proportion of people feeling supported to manage their condition						
Aim: ***Equip patients with the skills, knowledge and support mechanism to manage their long term condition on a daily basis.***						
Survivorship	**REMOVED -** *for further review following clarification Peer Review will continue to assess the use of Holistic Needs Assessments by all Providers.* Develop a working group to roll out tools for holistic needs assessments for use at key parts of the patient's pathway across tumour sites e.g. at diagnosis and end of treatment, The assessment may require input from a range of doctors, nurses and allied health professionals (e.g. dieticians, physiotherapists, occupational therapists, and speech and language therapists) depending on the nature of a patient's problems.	Improved patient experience; better self-management of needs. Early identification of issues; efficient use of resources. **YR 1 Deliverable:** ***Agreed tool developed with implementation plan including measuring improvements to patients and professionals.***	Nov 2014	M Audifferen		
	REMOVED - *due to capacity constraints with discussions planned with external partners including the Academic Health Science Network (AHSN) for funding to 'pump prime' or pilot.* Explore the community cancer care model with commissioners to provide one-to-one support to cancer patients in the community delivered by practice nurses and community matrons with a cancer speciality and further training. The aim of developing the service is to offer patients and carers a positive approach to self-management where possible. The service will also provide home-based treatment/support along the whole cancer pathway and provision of better co-ordination between primary care and other health and social care agencies.	Reduced reliance on hospital and GP inputs, greater confidence on the part of the patient resulting in fewer hospital admissions and outpatient visits and less emergency events.	Nov 2014	M Audifferen		

	DOMAIN LED Develop a working group to deliver improved outcomes and quality improvements in all aspects of cancer palliative and end of life care within the region. Initial scoping required identifying gaps within Cancer provision with a view to expand across other networks.	Improved palliative and end of life service provision including psychological, social and spiritual support. **YR Deliverable:** ***Gaps in cancer provision identified and the required resources to improve. Implementation linked to gaps identified across other networks.***	May 2014	J Coles		
	ONGOING - *See Programme of Work Report* Work in partnership with Macmillan, specialist commissioners and CCGs to improve the dietetic support to Head &Neck patients though service specification development.	Improved dietetic support across a wider network, DGHs and community resulting in improved lengths of stay for H & N patients.	Mar 2015	M Audifferen		£74,000
	INCORPORATED - *into the Head & Neck project above*. *See Programme of Work Report* Working in partnership with Macmillan to develop a working group to deliver initial focused piece of work identifying current psychology provision identifying gaps and a model for approach. This is a cross cutting project with linkage into mental health although part of solution will be specifically for cancer. Linkage into MH support for young mothers is a key piece of work and the MH network will provide the expertise to help find the model.	Identification and clarity on psychological provision in Thames Valley to enable development of a model for services.	May 2014	M Audifferen		
	ONGOING - *See Programme of Work Report* Breast Cancer Early Discharge from Follow up – set up working group to roll out across Thames Valley (currently implemented in Oxfordshire) with a view to rolling out across other tumour sites starting with those of high impact.	Reduction of follow up appointments; improved patient satisfaction, free up capacity secondary care. **YR 1 Deliverable:** ***Implementation plan in place to support all Trusts with audit in place to ensure consistent use and to measure improvements.***	Mar 2015	B Lavery/M Foster	5,000	

NHS Outcome Domain: ***3 – Helping people to recover from episodes of ill health or following injury***
NHS Indicator***: 3a Emergency admissions for acute conditions that should not usually require hospital admission 3b Emergency readmissions within 30 days of discharge from hospital***
Improvement Area: Improving outcomes from planned treatments 3.1 Total health gain as assessed by patients for elective procedures **v** *Psychological therapies*

Aim: ***Ensure patients receive the right treatment at the right time with the right support to aid timely recovery.***						
Enhanced Recovery & Rehab	**ON HOLD -** *originally removed due to budget constraints however viewed as the no.1 priority at stakeholder event. Stocktake to be undertaken to assess if Trusts have managed to 'level up'.* Explore opportunities for extending the enhanced recovery programme into emergency and urgent care. Initial analysis of current practice in each hospital and where there is variation in implementation then look to 'level up'. Develop working group to investigate and develop implementation plans to support tumour sites without any enhance recovery programmes.	Saving on bed days, improved patient satisfaction. Reduced post-surgical complications. **YR1 Deliverable:** ***Analysis and modelling options to extend across tumour sites without enhance recovery programmes.***	Nov 2015	M Audifferen	30,000	
	ON HOLD - pending discussion *SCN Domain Leads to ascertain if appropriate for this to be disease specific or across multiple disease sites.* Thames Valley Cancer SCN Network Rehabilitation Group has worked with the tumour site specific groups to develop and agree rehabilitation care. Audit of pathways required to establish how they are being implemented and the services available within the localities.	Earlier appropriate discharge from hospital; prevent un-necessary re-admission, enhances the effectiveness of treatments such as surgery, and manages the effects of treatment and disease. **YR 1 Deliverable:** ***Full audit and analysis of rehab pathways and their current use and action plan to address.***	Nov 2014	M Foster	5,000	
	DOMAIN LED Cross cutting theme in all networks. Initial pathway work completed – audit required to measure use of pathways across the network as above. Next step required is identifying the support required to deliver across other networks; What are resources needed and how to get them – network wide or local – need to scope implementation – should take same approach as the scoping for psychology.	Following audit evidence, understanding of resource requirements and options of attaining for implementation.	Mar 2015	J Coles		
NHS Outcome Domain: ***4 – Ensuring that people have a positive experience of care*** **NHS Indicator: 4a** Patient experience of primary care **I** GP services **ii** GP Out of Hours services **iii** NHS Dental Services **4b** Patient experience of hospital care **4c** *Friends and family test* **Improvement Area:**						
Aim: ***Ensure all services are developed and commissioned from the patient/user experience and voice.***						
Patient/ Public and	**ONGOING -** *See Programme of Work Report* Develop model for patient and public involvement as part of the	Developed working group ensuring user experience is	Nov 2014	M Audifferen	5,000	

User Involvement and engagement	SCN & Senate PPI Strategy, based on partnership working to influence commissioners and providers to provide safe, quality cancer care. Support patient groups to interpret national and local patient experience and outcome information - providing improvement actions to address and proactive sharing of information about services with patient groups.	embedded in services. **YR 1 Deliverable:** ***Task & Finish group set up to provide required actions and support to address significant poor patient experience feedback received by Trusts (National Report) and to share the learning across the network.***				
NHS Outcome Domain: ***5 – Treating and caring for people in a safe environment and protecting them from avoidable harm*** **NHS Indicator: 5a** Patient safety incidents reported **5b** Safety incidents involving severe harm or death **5c** *Hospital deaths attributable to problems in care* **Improvement Area:**						
Aim: ***Ensure Trust/Provider services are compliant with nationally recognised standards of care.***						
Compliance	**SUPERSEDED-** *by a national initiative led by the Cancer National Clinical Director.* Develop a project working group in collaboration with NCIN to deliver and implement an approach to achieve accurate stage recording which is vital but poorly done.	Stage assignment and recording into routine records. **YR 1 Deliverable:** ***Agreement reached with PHE/NCIN to develop an agreed national approach to achieve accurate stage recording.***	Mar 2015	B Lavery	10,000	
	PROVIDER-BASED OPERATIONAL GROUP RESPONSIBILITY - *clarified in the recently published A Sustainable and Embedded Quality Assurance Programme for the NHS which clearly states this as a provider responsibility. The role of the SCN is to be assured arrangements are in place.* IOG Compliance - development and implementation of network protocols. Ensure treatments and pathways are evidence based which could be a stated contract requirement. All tumour site specific groups	High quality compliant services that are evidence based to improve outcomes as part of contractual requirements.	Mar 2015	B Lavery/M Audifferen		
Information Data	**SUPERSEDED-** *by a national initiative led by the Cancer National Clinical Director.* Collaborative audit with Public Health to understand if and what additional data support requirements are.	Identification of what has been done/what other data is required if any.	Mar 2015	B Lavery/M Audifferen		
				TOTAL	203,600	489,293

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