

NOVEMBER 2021



South Tees Hospitals
NHS Foundation Trust

Cancer Strategy

2021-2025

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Safety and Quality First 



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Executive Update 2021

South Tees NHS FT aspires to be a national leader in cancer care, research and education, supporting our patients through their cancer diagnosis, treatment and beyond. We will deliver on our vision of transforming cancer care by enhancing our clinical practice, research and education activities, harnessing digital technologies and expanding our reach in the post COVID 19 era.

2020 was a difficult year for all of us. Leadership to continue to support in these uncertain times is needed now more than ever. Alongside the new management structure within the Trust and in recognition of this, two new Clinical Leads for Cancer have been appointed:

Mr Jonathan Ferguson - Johnny was appointed to the trust in 2007 as a cardiothoracic surgeon with a primary interest in lung cancer resection. Johnny believes that care is only delivered by people and he is committed to putting the needs of both staff and patients at the front and centre of everything that cancer services delivers.

Dr Nick Wadd - Nick has been a consultant clinical oncologist at South Tees since 1999. He has an extensive understanding of the management of a wide variety of cancers from diagnosis through to palliative care and is committed to ensuring patients are treated quickly and with high quality care.

Although ground breaking advancements over the last 30 years have significantly improved survival rates for patients with cancer around the world, many cancers are still not prevented or detected early. We are excited to be part of new national initiatives which will increase the chances of detecting and treating cancers earlier. These include:

- **Grail** – The NHS is trialling a new blood test to detect cancer, often before symptoms appear. Detecting cancer early often means it can be treated more successfully. The new blood test is designed to detect more than 50 types of cancer, even before symptoms appear. The test is most likely to benefit people who are aged 50 and over, as they are at a higher risk of developing cancer.
- **Targeted Lung Health Checks** – designed to identify signs of lung cancer at an early stage when it is much more treatable, ultimately saving more lives. The programme is being offered to people between the ages of 55 and 74 who are current or former smokers and at greater risk of developing lung cancer.
- **Community Diagnostic Hubs** – part of a national plan to improve diagnostic capacity within the NHS. The Hubs will form a network of such facilities, creating a number of ‘one-stop-shops’ to allow patients to receive life-saving checks sooner, with more appointments made available, and prioritised pathways to health services and treatment.
- **Cytosponge** – intended as a triage test for an endoscopy in people with heartburn or reflux symptoms who need acid suppressant medicine. This single-use device is used to collect cells from the lining of the oesophagus which are analysed to detect cell abnormalities, typically Trefoil factor 3 (TFF3). TFF3 identifies Barrett's oesophagus which can increase the risk of developing oesophageal cancer.
- **Colon Capsule Endoscopy** – an NHS innovation to help patient's access cancer checks at home. This pill sized imaging technology provides full images of the bowel with the information sent to a data recorder in a shoulder bag, so patients can go about their day. The cameras will help speed the checks, catching more cancers early when they are more treatable.

We have also seen the development of the ‘James Cook Cancer Institute’ visual identity which brings all of our cancer services together in one online space, making it easier for patients to navigate services most relevant to them and their cancer journey.

All of the above will be underpinned by the further advancement of the Rapid Diagnostic Centre across the South Tees footprint (see page 15).

The five key themes for the South Tees Cancer Strategy remain:

Theme 1 Leading Cancer Centre – We will be the provider of choice for cancer care delivery and the centre of excellence for specialist cancer services.

Theme 2 Personalised Care and Patient experience - We will ensure that wherever our services are delivered patients receive the best experience throughout their illness.

Theme 3 Research and Development - We will increase the recruitment and numbers of clinical trials alongside supporting the development of internationally competitive research making our data on outcomes readily available to the public.

Theme 4 Outcomes – We will aspire to offer the latest in diagnostic and treatment capability to continually improve patient outcomes now and in the future.

Theme 5 Partnership and engagement – We will continue to work with our partners and patients to deliver the best outcomes and experience for people affected by cancer across the health economy.

South Tees is uniquely placed to execute this strategy. We have the expertise to advance the clinical care of cancer patients. We have depth and breadth in integrated resources, structure and multidisciplinary collaboration.

Achievements include:

- Demonstrator site for Radiotherapy – following an exceptional CQC report
- Involvement in the development of a Shared PTL with the Northern Cancer Alliance (NCA) and in University Hospitals North Tees (UHNT) – to better prioritise and track our cancer patients.
- Health Service Journal National Award Winners: Cancer Care Initiative of the year 2021 for Trinity Holistic Centre Kindness calls which were implemented during the height of the COVID19 pandemic and continues.
- Nursing Times Award Winners for best surgical nursing team for the thoracic surgery community nursing programme developed during the COVID19 pandemic and continues.
- Advancements in prostate cancer treatment including the implementation of SpaceOar and Trans-perineal Biopsy.
- Excellent communication and collaborative working during COVID19 which resulted in positive pathway changes e.g. curative radiotherapy for lung cancers.
- Recruitment of excellent new colleagues directly supporting the treatment of people affected by cancer.
- Introduction of automated electronic tracking systems for prostate and skin cancer patients which will be further developed throughout the forthcoming year to include other cancer pathways.
- Development of the Southern Cell working in collaboration with the NCA and our partners in both UHNT and County Durham and Darlington.

Some of the challenges ahead:

- Encouraging people to continue to access health care during the COVID19 pandemic and beyond
- Invigorating inpatient palliative care services
- Improving access to smoking cessation services for inpatients
- Introduction of the 28 day Faster Diagnosis Standard

- Introduction and implementation of Targeted Lung Health Checks to support earlier diagnosis of lung cancers
- Introduction of Grail to support earlier diagnosis of cancer in those aged over 50 and who are determined as being at higher risk of developing the disease
- Expansion of Rapid Diagnostic Centre services to include site specific pathways.
- Care of increasing number of cancer patients with complex medical needs
- Improving access to services for patients with diverse characteristics including those with learning disabilities and mental health conditions.
- Developing a modern workforce working within Trust values (see page 12)
- Capacity planning for increased demand post COVID19
- Implementation of additional Optimal Cancer Pathways
- Continued expansion of Stratified Follow Up and electronic Holistic Needs Assessment.

Our Vision

To provide the best cancer care, improving outcomes for the people we serve by investing in our staff and working with others to deliver top quality patient care, excellent education and world-class research.



Fig. 1

Introduction

Wider determinants of health – Kings Fund:

What does improving population health mean¹?

- The Kings Funds have determined four pillars of population health as follows:
- The wider determinants of health
- Our health, behaviours and lifestyles
- An integrated health care system

The places and communities we live in and with.

Over the last 100 years we have grown used to people living for longer and longer, but in recent years life expectancy has stopped increasing in England and in some areas has been reducing.

| Area | Male 2019 | Female 2019 | Male 2015 | Female 2015 |
|--------------------|----------------|-------------|-----------|-------------|
| Middlesbrough | 76.2 75.4(YRS) | 80.3 | 75.7 | 79.8 |
| Redcar & Cleveland | 78.2 | 81.8 | 77.88.6 | 82.8 |
| Hambleton | 81.8 | 84.8 | 81.7 | 85.1 |
| Richmond | 81.7 | 83.5 | 81.3 | 83.6 |
| Darlington | 78.8 | 81.9 | 78.2 | 81.9 |
| Stockton | 78.5 | 81.7 | 78.1 | 81.8 |
| England | 79.7 | 83.3 | 79.4 | 83.1 |

Fig. 2

Health inequalities are widening and England lags behind comparable nations of many key measures of health outcomes. For example five year net cancer survival rates for prostate cancers in Sweden is 89.2% and Germany 91.2% as compared to 83.2% in England³. Demand on NHS services has been increasing, but much of that extra demand is for treatment of conditions which are preventable. At heart, the NHS remains a treatment service for people when they become ill.

Action needs to be taken at three levels:

- **national** – e.g. government, arm's length bodies, membership organisations
- **regional** – e.g. devolution areas, sustainability and transformation partnerships, integrated care systems
- **local** – e.g. individual cities, towns and neighbourhoods.

Improving population health is an urgent priority. NHS England has been increasingly vocal in its aim of reducing health inequalities, and has identified prevention as one of the key themes in the NHS Long Term Plan. The plan places emphasis on population health as a key focus for integrated care systems (ICS) as they are rolled out across the country. The four pillars of population health provide a framework that can be used for reviewing achievements and gaps, to inform the development of local plans and approaches.

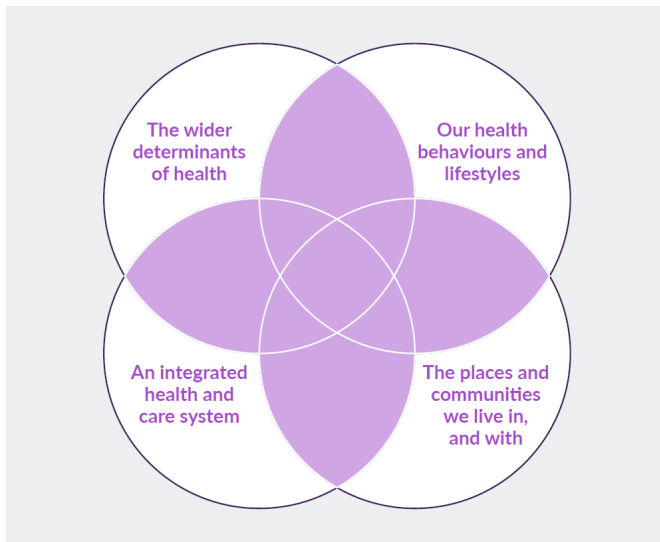


Fig 3. A population Health system

National context

More people in the UK today are living with Cancer than ever before. Half of all people born since 1960 will be diagnosed with cancer in their lifetime⁴. The other half will undoubtedly be affected by the cancer diagnosis of family or loved ones, close friends or someone they know.

Over 250,000 people in England are diagnosed with cancer every year and around 130,000 die from the disease.

Cancer is the leading cause of premature death (people under 75) nationally and the second highest cause of death across all age groups. One in two people will develop cancer at some stage and one in four will die from it. Evidence suggests that later diagnosis of cancer has been a major factor in the poorer survival rates in the UK compared with some other countries in Europe. However, the earlier a cancer can be diagnosed the greater the prospect of survival. Cancer survival rates are at an all-time high. Cancer survival is the highest it's ever been and thousands more people now survive cancer every year. For patients diagnosed in 2015, one year survival was 72% – over 11 percentage points higher than in 2000.

There are now an estimated 2.5 million people living with cancer in the UK, rising to 4 million by 2030. The number of people living with cancer has increased by almost half a million people in the last five years

The number of older people (aged 65 and over) living with cancer has grown by 300,000 (or 23%) in the five years to 2015. The number of people who have survived five or more years since diagnosis has increased by over 260,000 (or 21%) in the five years to 2015 and that the number of people living with cancer in the UK is increasing by 3% every year (CRUK4)

National Agenda

In October 2014, the NHS in England set out changes required to improve cancer care in its Five Year Forward View⁵. The forward view made clear the NHS's intention to support and stimulate the creation of a number of major new care models, including cancer services. It also began to set out a series of five-year ambitions for better prevention, faster diagnosis and better treatment and care for all.

In July 2015, Achieving World-class Cancer Outcomes⁶, the report of the Independent Cancer Taskforce, applied a cancer lens to the themes of the Five Year Forward View. It made 96 recommendations, including that 'cancer alliances' should be created and that a new way of providing cancer care under a single lead organisation for a region should be tested. In May 2016 NHS England committed to delivering the Independent Taskforce's report by 2020. In taking the strategy forward it set out the first steps towards this, focussing on the major building blocks for change.

NHS Long Term Plan

In January 2019 the NHS published its Long Term Plan⁷. The plan intends to build on the success of The Five Year Forward View by keeping all that's good about our health service and its place in our national life.

The NHS Long Term Plan commits to continuing to transform cancer care so that from 2028:

- an extra 55,000 people each year will survive for five years or more following their cancer diagnosis; and
- three in four cancers (75%) will be diagnosed at an early stage.

The NHS have committed to achieving this by:

- Reduction or elimination of preventable cancers before they appear
- Finding more cancers before symptoms appear through the most comprehensive screening programmes in the world
- Diagnosing cancers earlier and faster
- Ensuring universal access to optimal treatment and adopting faster, safer and more precise treatments
- Offering personalised care and effective follow up for all patients; and
- Enabling research and innovations so that new, smarter and kinder diagnosis and treatment methods are developed and quickly adopted
- Harness the collaboration of academia, the NHS and industry to develop and rapidly translate into practice the screening, early detection and targeted treatment models of the future.

Regional context

Regionally and sub-regionally, cancer poses particular challenges to the health of the population, in particular here on Teesside and in some of our rural populations. Overall, incidence of cancer is higher than experienced nationally and survival rates for some cancers are amongst the worst in the country. For example; Lung cancer in the North East region as a whole experiences by far the highest incidence in England for both males and females – e.g. 117 per 100,000 males compared to 88.5 per 100,000 in London and for example, Public Health England ranked Middlesbrough Local Authority as 147th out of 148 LA's for colorectal cancer premature deaths and 140 out of 150 LA's for all premature cancer deaths.

Integrated Care Systems

Integrated Care Systems (ICS) are central to the delivery of the NHS Long Term Plan. An ICS brings together local organisations to redesign care and improve population health, creating shared leadership and action. They are a pragmatic and practical way of delivering primary and specialist care, physical and mental health services, and health with social care, consistent with what GPs report is needed. By April 2021 ICS will cover the whole country and agree system-wide objectives, including those which relate to cancer, with the relevant NHS England/NHS Improvement regional teams.

The strategic direction for cancer across the region is supported by the Northern Cancer Alliance (NCA) 8. The NCA will be coterminous with one or more ICS across the North East and Cumbria. It is a collaborative through which health, including South Tees NHS FT, social care and third sector stake-holders, work together to develop and deliver new models of care and to achieve the collective goal of delivering the ambitions identified by the National Cancer Taskforce in 2015 as well as those highlighted in the NHS Long Term Plan.

The NCA work-plan for 19/20 focusses on improvements in the following areas:

- Sustainable operational performance
- Prevention
- Screening and early diagnosis
- Personalise care

Local Context – South Tees

The Trust covers a mixed area in terms of demographics, each of which poses its own challenge and requires potentially different solutions to improve care. Middlesbrough and Redcar and Cleveland have an average life expectancy below national average and 4-7 years lower for both male and females than in Hambleton and Richmondshire (H&R). Middlesbrough in particular has a higher BME population of at least 12%, a higher multiple deprivation index, higher illiteracy, obesity and smoking rates with Redcar being somewhere in between this and H&R. H&R have a mixed urban and rural population which makes equality of access a real challenge. All areas have an industrial history of environmental exposure to known carcinogens or cancer-causing agents. This now results in a higher than average incidence of some cancers for example lung cancer and myeloma.

Key issues:

- High levels of mortality from cancer can be attributed in part, to the excessively high levels of risk factors in both socioeconomic and lifestyle terms.
- High numbers of diagnoses made at late stage disease resulting in poor outcomes as evidenced by 1 year and 5 year survival figures.
- Public awareness of early cancer symptoms is poor. This may contribute to late presentation and poorer survival. Education and provision of information in a way that is accessible are key challenges across the whole locality.
- Participation in national screening programmes can significantly reduce a person's risk of developing specific cancers. Uptake in certain screening programmes is particularly poor for varying reasons. South Tees Clinical Commissioning Group (CCG) performs lower for screening invitation uptake than the national average for example, bowel cancer 56.5% of 60-74 year olds in South Tees CCG area attend a screening appointment within 6 months of invitation vs national average of 59.0% (Public Health England, 2018).

In addition to the national and regional commitments, South Tees NHS FT firmly puts the patient at the centre of everything we do. We believe that our strategic objectives and priorities should be in line with what people living with and beyond cancer say that they want to see, taking into account local population needs and demographics with specific consideration of those who are most vulnerable.

Resources:

The NHS has to achieve value for money and the best quality for patients. Shifting to new patterns of care is a recognised requirement for the NHS and for us here in South Tees, particularly if we are to balance growth and quality within a static funding status. There are a number of factors to consider as part of this strategy i.e. increasing cost of providing care – from both a growing and ageing population, productivity gains, payment systems and incentives. A clear understanding of their potential impact and how we can best manage to minimise the effect on our strategic objectives is required. In order to do this we will model future service demands, ensuring optimisation of resources and assets across the whole of South Tees and our partners. This will allow identification of changes in capacity and facilitate adjustment in spending plans

Whilst no specific budget has been allocated to the delivery of this strategy, cancer services within South Tees will continue to work in partnership with centres across the Trust and our partner organisations to support prioritisation and funding of delivery of cancer services in order to maximize both impact and outcome for our patients and our communities. We will continue to work with key strategic partners such as the Northern Cancer Alliance, Clinical Commissioning Groups and Health and Social Care networks to ensure that funding made available to the Trust in respect of cancer services is fully utilised to the benefit of our patients.

Funding allocations from our partner organisations are allocated on a year on year basis and is funding non-recurrent. This means that it is not guaranteed. However, this funding is usually substantial and targeted at specific projects. For example projects targeted towards early diagnosis were supported during 2018/19 and 2019/20 e.g. Direct to CT (COPD) pilot received £200k in 2018/19 and £110k in 2019/20. In addition the Serious Non-specific (vague) Symptoms pilot in Hambleton and Richmondshire also received approx. £152k in 2018/19 and we are hopeful that we will secure additional funding in 2020/21 to expand this pilot and implement a Rapid Diagnostic Centre approach across the whole of the South Tees NHS FT footprint.

Trust Key Values and Behaviours

Respectful



I am respectful because I listen to others without judgement. I promote equality and diversity and treat others as they wish to be treated. By holding myself and others to account I demonstrate my professionalism and integrity to my colleagues.

Supportive



I am supportive because I actively listen and seek to enable a shared understanding and build trust. I speak truthfully and openly with sensitivity and act with authenticity. Being part of South Tees requires me to be honest, open, available and ready to help others and myself and acknowledge the contribution of my colleagues.

Caring



I am caring because I show kindness and empathy to others through delivery of individual and high quality care to our patients, families and my colleagues.

Fig. 4

Together with people affected by cancer, Macmillan Cancer Support (MCS) have created 6 strategic objectives, five of which reflect our vision and Trust values.

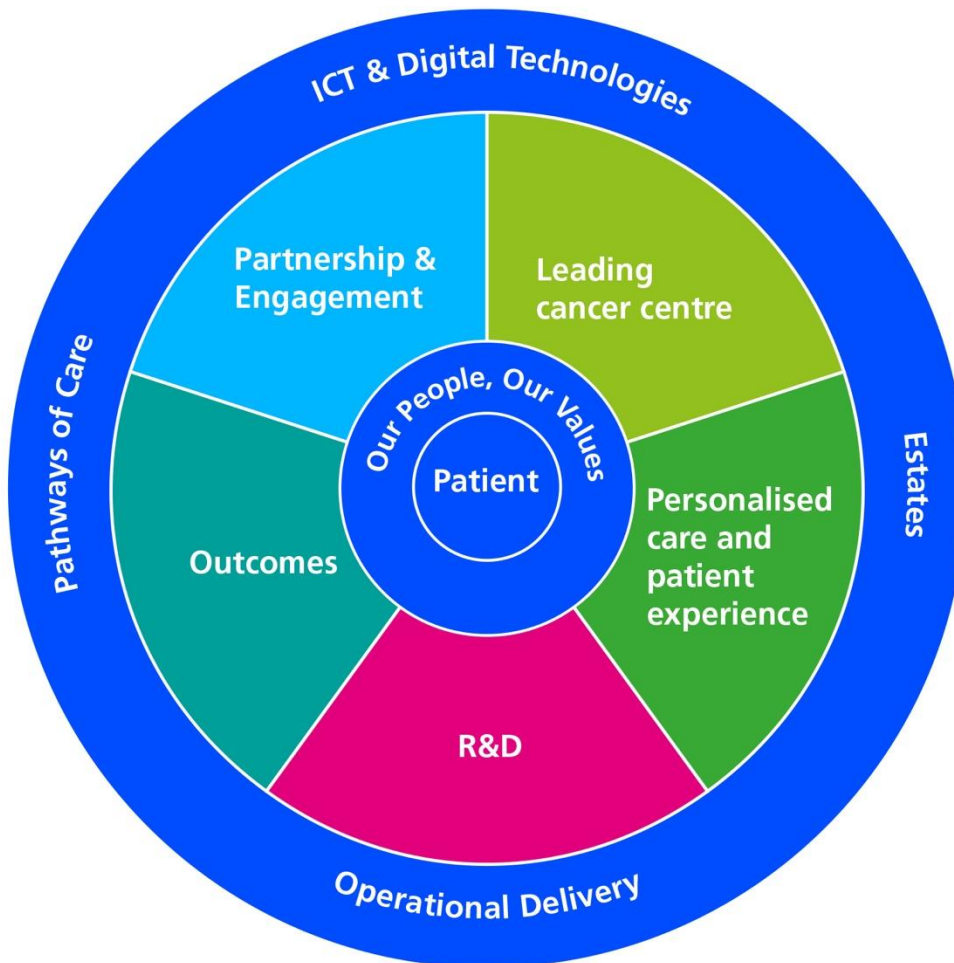
1. We want everyone to know that they can turn to Macmillan and how we can help them from the moment they are diagnosed.
2. We want everyone to have a conversation about all their needs and concerns, and get the support that's right for them.
3. We want everyone to have their vital needs met by high quality services.
4. We want to improve the key processes which support Macmillan to do its work as efficiently and effectively as possible.
5. We will reflect and represent the communities we serve in everything we do to support everyone living with cancer.
6. We will continue to work with Macmillan to adhere to these principles so that all of our patients affected by cancer feel supported throughout their whole cancer journey.

Our Strategy for Cancer

In developing this strategy we identified five key themes from which we have developed our objectives for the forthcoming years. These themes are:

- Leading Cancer Centre
- Personalised Care and Patient Experience
- Research and Development
- Outcomes
- Partnership and Engagement

None of these objectives can be achieved without support and ongoing investment in our staff and our colleagues in other organisations working with people affected by cancer and of course the patients that we serve. Therefore, the five themes listed above are underpinned by our People and Our Values placing the PATIENT at the centre of everything we do.



Theme I

Leading Cancer Centre

We will be the provider of choice for cancer care delivery and the centre of excellence for specialist cancer services.

South Tees NHS FT is the largest hospital in the Tees Valley. We provide services via two acute hospitals – The James Cook University Hospital (JCUH) and Friarage Hospitals Northallerton (FHN) as well as from a number of community hospitals throughout the geography. We employ almost 9,000 members of staff providing a range of regional specialist services, including cancer care to over 1.5 million people. We welcome more than 1 million patients and visitors to our hospitals every year.

In 2019/20 we received 20,579 two week wait referrals, and diagnosed 1,961 people with cancer (approx. 9.5% conversion rate). We are a tertiary cancer centre which means we also see patients already diagnosed and referred to us by other hospitals and have a particularly close working relationship with County Durham and Darlington FT and the University Hospital of North Tees and Hartlepool FT.

We provide a comprehensive range of surgical and non-surgical treatments, inpatient care, advanced radiotherapy, chemotherapy and other systemic anti-cancer therapies (medicines) and immunotherapies. We bring together expert staff, high-quality care facilities and provide outstanding specialist care for patients.

In 2019 The James Cook University Hospital became the leading centre for SpaceOAR® and was the first NHS Hospital in the North to offer SpaceOAR® hydrogel treatment to patients. This was thanks to the NHS Innovation Technology Payment (ITP) programme driven by NHS England.

One of our Advanced Nurse Practitioner's became the first in the world to be trained to insert the revolutionary implant SpaceOAR® hydrogel under local anaesthetic, which can reduce radiotherapy side effects by minimising damage to healthy tissue in up to 70% in prostate cancer patients. Use Diagnosis of prostate cancer has changed and is based on MRI, PSA with histology obtained thorough trans-perineal prostate biopsies improving diagnostic yield and reducing the risk of infection.

JCUH has a surgical robot used to facilitate improved surgery for some patients across a range of cancers including prostate, colorectal cancer and lung surgery. Surgical mortality is below average. Enhanced recovery programmes minimise patient stay allowing patients to be discharged quickly.

Chemotherapy/immunotherapy is delivered both at JCUH and in the Robert Ogden cancer centre in Northallerton. There has been a dramatic increase in the number of new cancer drugs funded annually which continue to be integrated into patient pathways and given to our patients. Immunotherapies are increasingly used, are associated with a whole new range of potential side effects requiring staff education and new patient information.

Our plans for the future

We have expanded and improved cancer services offered with the development of the new £10 million Sir Robert Ogden Macmillan Centre at FHN. This reconfirms the Trust's commitment to the continued delivery of excellent cancer care and services from FHN. The new centre will significantly improve care for people affected by cancer across the geography.

There is still much that can be done to ensure that our estate is fit for future purpose, can cope with increased demand and to ensure that patient access to services is not hindered.

However, our ability to offer improved access to services must not be confined to those that can only be offered in physical 'bricks and mortar' settings. ICT and digital technologies are now part of everyone's daily lives. ICT and digital technologies will not only further enhance the way in which we communicate with our partners, colleagues and patients but also how we treat, support and review people affected by cancer.

Rapid Diagnostic Centre (RDC)

The NHS Long Term Plan⁷ (LTP) introduced the 28 day faster diagnosis standard for cancer and states that implementation 'will be underpinned by a radical overhaul of the way diagnostic services are delivered for patients with suspected Cancer and that RDCs will play a role in the diagnosis of all patients with suspected cancer, including self-referral for people with red-flag symptoms.

By end of March 2024, expectation is all current two week wait (2ww) pathways will meet the core components of an RDC.

We will continue to work with our partners at the Northern Cancer Alliance to deliver locally on commitments made in the NHS Long Term Plan⁷ actively contributing to both recovery and improved operational performance.

We will therefore:

- Continually review the estate and provision to accommodate new ways of working and new technologies so that capacity can cope with demand now and in the future
- Continue to work with our partners on all four wider determinants of health to develop an integrated population health system, narrowing the gap in health inequalities locally, across the Tees Valley and the sub region.
- Ensure we are at the forefront of using new technologies in the delivery of cancer treatments.
- Ensure that clinicians can access and interact with cancer patient records and care plans wherever they are.
- Develop the case for enhanced diagnostic infrastructure
- Ensure that in line with the NHS LTP all current 2ww cancer pathways will meet the core components of an RDC by 2024
- Continue to work in partnership with our colleagues in primary care and public health to encourage patients to come forward for screening and increase the number of people being referred with a suspected cancer at an earlier stage.
- Continue to work with the Northern Cancer Alliance to develop and implement a shared patient tracking list (PTL), across the Tees Valley sub-region. Linking data from cancer tracking databases and creating a joint cancer PTL across both North and South Tees hospitals will allow us to better track complex cancer patient pathways, where patients receive care across both Trusts.
- Continue to support the 'system-first' approach to collaborative working to the benefit of all our patients.

Multi-Disciplinary Teams

Fundamental to the successful delivery of cancer services are multidisciplinary teams (MDTs). An MDT is made up of a variety of health professionals involved in treating and caring for patients, such as surgeons, clinicians, nurses and diagnosticians. MDTs are a crucial component in ensuring that patients are diagnosed early and that they receive the treatment and care which are best for their cancer and their life. A culture of teamwork, with strong leadership and a focus on personal development and training should prevail throughout.

The number of patient discussions in MDT meetings has been growing between 1% and 3% year on year prior to the COVID pandemic in 2020. This in part can be attributed to an ageing population and the growing number of treatment options available.

| Year | Overall discussions at MDT: |
|--------------------|-----------------------------|
| 2016 | 14,002 |
| 2017 | 14,441 |
| 2018 | 14,604 |
| 2019 | 15,061 |
| 2020 | 13,235 |
| Grand total | 71,343 |

Fig. 5 Sourced Infoflex July data 2019¹¹

To reflect the changing nature of cancer care and the increased demand for cancer and palliative care services, there is a need to refresh the format of MDT meetings to make them work more effectively and efficiently. We are committed to developing healthy Multi-Disciplinary Teams (MDTs) where clinicians are empowered to make informed decisions about patient treatment and care.

We will therefore:

- Review and develop 'Healthy MDTs' which support:
- Consistently Achieve of the 28 day Faster Diagnosis Standard across all cancer pathways
- Focus discussion on those patients who need it
- Improve patient experience including for those patients who require best supportive care or end of life care.

Governance

Internally we have developed a governance structure to support both leadership of and accountability for cancer services see Fig 6. Overseen by the Chief Executive this model ensures that strategy, operational delivery and innovation combine to ensure leadership, continuous improvement and achievement are maintained throughout the services we deliver.

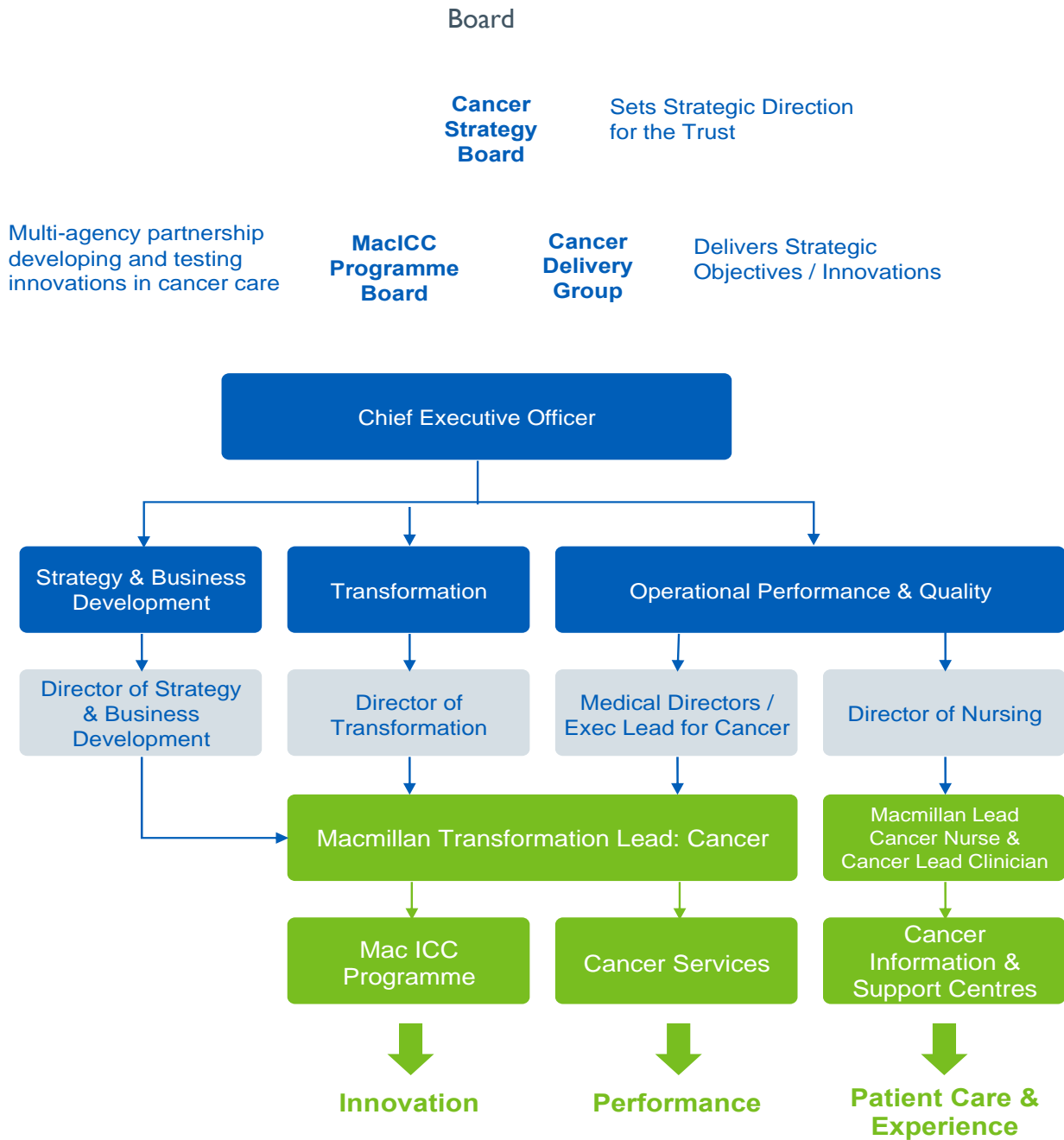


Fig.6

We will therefore:

- Ensure the best and targeted use of available monies to develop, test and deliver the best possible pathways of care for our patients.

Theme 2

Personalised Care and Patient Experience

We will ensure that wherever our services are delivered patients receive the best experience throughout their illness.

Our patients are at the heart of everything we do. We want our patients to be partners in their treatment and care planning, to empower our staff to be responsive to the changing need of the patient, to deliver high quality sustainable care and to achieve better outcomes. We want to promote a 'shared responsibility for health' recognising the importance of 'what matters to someone' is not just 'what's the matter with someone'. We want our patients to be informed about the choices they have around treatment and care and to feel supported in the decisions they make.

Stratified pathways of care

We understand the implementation of stratified pathways of care following treatment benefits patients and carers. Patients have needs met in a timely manner, are better informed about their disease, treatment and any longer term effects. With a firm focus on both physical and mental health and wellbeing, patients are supported to take back control of their lives as soon as they are able. We believe that a supported self-management pathway with appropriate follow up and guaranteed re-access should now be offered as standard practice across all tumour groups following treatment for cancer.

We will therefore:

- Improve sharing of quality of information with patients and primary care via electronic Holistic Needs Assessments (eHNA) and Treatment Summaries.
- Embed holistic therapies, supportive care and improve access to psychological therapies providing advice for patients and carer's within every tumour pathway fully utilising services available through the Trinity Holistic Centre and the Macmillan Information Centres.
- Implement stratified pathways of care – supported self-management, shared care or complex case management - across all cancer pathways and ensure that review and aftercare is tailored to individual needs.
- Continue to work with referring Trusts to ensure seamless pathways between organisations.
- Implement the quality of life metric to demonstrate how well people are living beyond treatment (metric published September 2019).

Early diagnosis

Patients diagnosed with cancer early, stages 1 and 2, have the best chance of curative treatment and long-term survival. We remain committed to providing earlier diagnosis for people affected by cancer. This means we will continue to work closely with our partners, colleagues, stakeholders and patients to develop and implement new models for diagnosing cancer earlier. We will continue to work with our partners and colleagues locally and across the region to ensure that our patients, regardless of postcode, are diagnosed early and receive rapid and excellent treatment.

We will therefore:

- Engage with partners to deliver new models to improve patient access to cancer diagnostics.
- Develop the case for enhanced diagnostic infrastructure.
- Continue to develop and expand the South Tees Optical Referral Project (STORP) across the whole of the South Tees NHS FT footprint, the Tees Valley and the sub-region.
- Consider direct referrals for other potential cancers direct from other health care sectors.
- Continue to work with our partners in the NCA and primary care to expand the successful uptake of the low dose Direct to CT (COPD) programme to increase early stage 1 and 2 diagnosis of lung cancers.
- Expand on achievements already made at FHN to continue to develop, test and implement a Rapid Diagnostic Centre (RDC) within the Tees Valley and the sub-region.

Treatment

The NHS has reinvigorated action to provide better, more focussed and targeted treatments for people affected by cancer. This includes access to optimal treatment pathways and adopting faster, safer and more precise treatments. Locally that means improving access to new technologies that improve patient outcomes such as cutting edge radiotherapy that targets cancer more effectively and reduces side effects and appointment times along with greater access to promising new treatments such as immunotherapy.

In 2019 we delivered ~39000 fractions, treating around 2900 patients. In 2020 we completed the transition to inverse planning for all radical radiotherapy treatments. We delivered ~31000 fractions, treating around 2700 patients. During the first half of 2021 IMRT was used for 99.1% of radiotherapy treatments (across all sites).

Despite the challenges of the pandemic with social distancing and vulnerability of patients in 2020 we also delivered approximately 28,000 chemotherapy treatments for both inpatients and out patients.

We will therefore:

- Implement optimal cancer pathways with clear timelines for appointments, diagnostics, decisions and treatments, including direct patient navigation for the most complex patient pathways.
- Identify and embed best clinical practice into patient pathways, such as application of one stop models and stratified follow up.
- Ensure sufficient capacity exists to support timely patient care.
- Seek to develop a pathway for Malignancy of Unknown Origin (MUO) to further complement work done in the Cancer of Unknown Primary (CUP) pathway and Acute Oncology Service (AOS).
- We will routinely offer genomics medicine in line with national guidelines
- Support the business case to replace 4 Linear Accelerator units by 2021.
- In partnership with primary care consider fully the benefits of delivering chemotherapy closer to home within primary care setting for those patients who are best suited to receive it.
- Better utilise the space made available to us to increase the offer of cancer treatments from Redcar Primary Care Hospitals as well as Friarage Hospitals Northallerton.

Allied Health Professionals and Psychological therapies

AHPs and psychological professions are central to meeting the changing demand the NHS faces from our growing and ageing population. They are instrumental in delivering person-centred, evidence-based care as clinical practitioners. AHPs make a crucial contribution as first-point-of-contact practitioners to faster diagnostics, living well with and beyond cancer, supporting earlier interventions in primary care, and embedding a greater sense of 'shared responsibility' for care between patients, primary and community health services. Psychological professionals deliver highly effective psychological therapies to people affected by cancer. This ranges supporting patients who are suffering with immediate trauma through to long term survivorship and the impact that 'living' with a cancer diagnosis may have on individuals.

In partnership with others we will therefore:

- Ensure that both prehabilitation and rehabilitation are clearly embedded into stratified pathways of care.
- Consider how new technologies in telehealth may support patients access to psychological therapies and better promote self-help where appropriate.
- Work more collaboratively with other statutory and third sector agencies to promote and support better mental health for people affected by cancer.

Accident and Emergency (A&E)

Around a fifth (21%) of cancer cases in England are diagnosed after presenting as an emergency the majority through A&E. In 2015-16 almost 6 in 10 (58%) of all cancer cases diagnosed through an emergency route were advanced or metastatic compared with around 2 in 10 (22%) of cases diagnosed through an urgent suspected cancer referral (two-week wait) route. We will continue to work with colleagues in A&E to ensure that people affected by cancer continue to get the best care and treatment, with appropriate follow-up following attendance at either the urgent treatment centre or emergency department.

We will therefore:

- Develop and test – and if successful implement - a Rapid Diagnostic Centre pathway within A&E for those patients with serious non-specific (vague) symptoms.

End of Life Care

The Trust and everyone who works within it, places great emphasis upon preventing avoidable deaths however, when preventing death is no longer an option we will continue to treat and support our patients including those affected by cancer, throughout their last months and weeks of life. End of life care is distinct from palliative care and here in South Tees Hospitals NHS FT we align with the Leadership Alliance in defining end of life care as 'care given in the last 12 months of life'. This includes patients whose death is imminent (expected within a few hours or days).

In the End of Life Care Strategy for Adults 2019 – 2022¹³ the South Tees End of life Strategy Group have committed to ensure that the vision is fulfilled and have developed six ambitions to support this.

We fully support the six ambitions outlined as follows:

- Each person is seen as an individual
- Each person has fair access to care
- Patient comfort and well-being are maximised
- Care is coordinated
- All staff members are prepared to care
- Each community is prepared to help
- We will also:
- Seek to ensure that carers receive the best support and advice, including during the last days of life of their loved ones.
- Ensure all patients at end of life are given the opportunity to discuss their preferred place of death

Theme 3

Research and Development

We will increase the recruitment and numbers of clinical trials alongside supporting the development of internationally competitive research making our data on outcomes readily available to the public.

Patients benefit enormously from research and development. We will continue to support and expand areas of research, development and innovation to drive future patient outcome improvements.

Our focus and size enables us to uniquely deliver effective and efficient specialist care offering patients the best possible outcomes from our research programmes. We aspire to provide a level of scale which enables us to attract new research opportunities from commercial and grant awarding organisations. This will help drive improvements in cancer patient experience and outcomes.

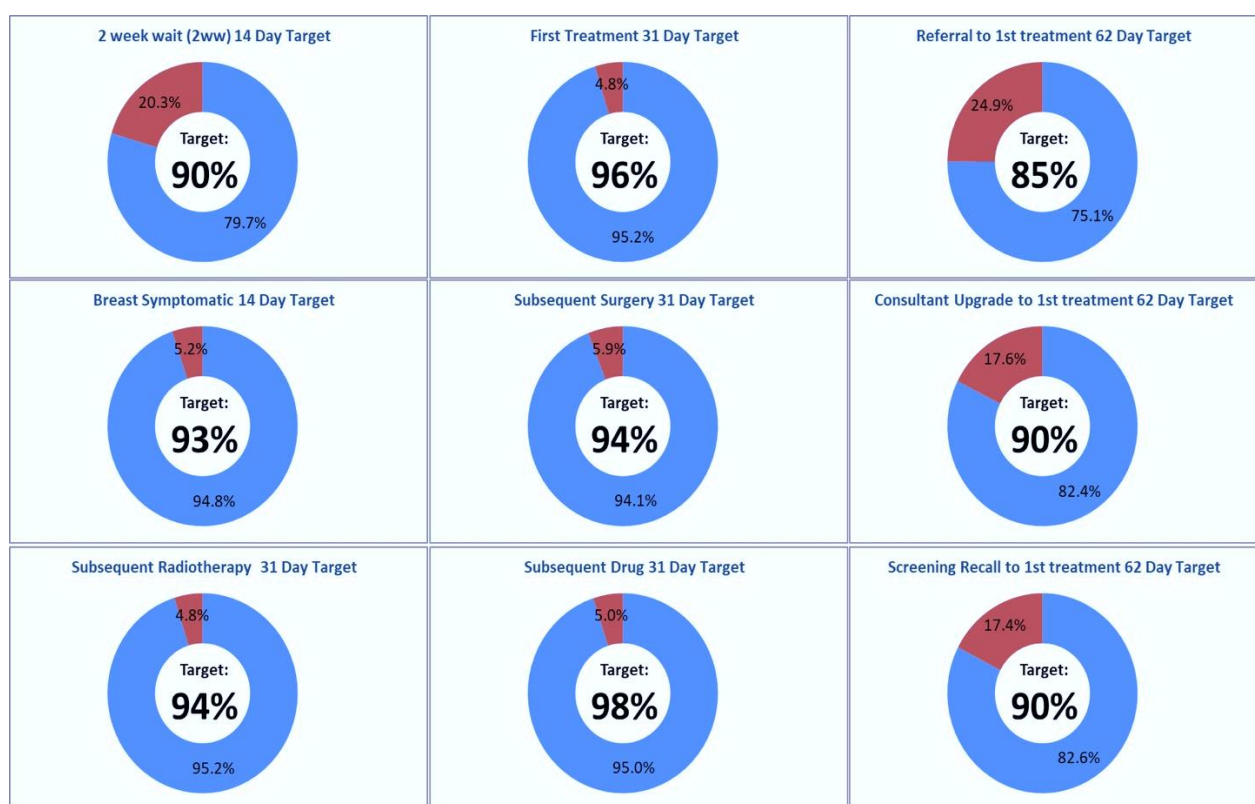
We will therefore:

- Increase engagement with commercial research aiming to increase the number of studies, number of participants and number of investigators year on year.
- Ensure any studies undertaken recruit to time and target
- Engage patients in research experience studies
- Create a balanced research portfolio reducing the burden on pharmacy, chemotherapy and radiotherapy.
- Work with the R&D department to strategically grow the research capacity and capability within the cancer research team.
- Provide equity of research studies across the South Tees footprint.

Theme 4 Outcomes

We will aspire to offer the latest in diagnostic and treatment capability to continually improve patient outcomes now and in the future.

Time to diagnosis and time to treatment are key indicators for patients about the services they receive and both can contribute to longer-term patient outcomes. We will continue to focus on diagnosis and treatment cancer targets to ensure that as a minimum we meet each of the national cancer waiting times (CWT) standards – see Fig 7. Further information in relation to Cancer Waiting Time targets can be found at <https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>



National Cancer Waiting Time Targets

Fig 7. National Cancer Waiting Time Targets

South Tees NHS FT will continue to work closely with the Northern Cancer Alliance, NHS England and NHS Improvement to ensure that national Cancer Waiting Time targets are continually reviewed, developed, tested and implemented to the benefit of those people affected by cancer.

We need also ensure that the targets we work towards support actions to drive earlier diagnosis, improved survival, better quality of life and patient experience.

Building on commitments made above we will therefore:

- Develop shorter and better patient pathways in line with the 28day Faster Diagnosis standard.
- Continue to view national cancer waiting time targets as a minimum standard, improving and surpassing targets year on year.
- Use data to drive decision making and prioritisation around pathways.
- Use predictive techniques to support implementation of Fast Track 150 processes to better identify patients diagnosed with cancer already in the system ensuring capacity meets demand.
- Use intuitive tools to capture data as a by-product of care in ways that reduce the administrative burden.
- Support development of a cancer clinical information system at MDT level which is fit for purpose.
- Publish outcomes information and make it available to patients, the public and commissioners in a way that can be understood.
- Support the development of decision support and artificial intelligence (AI) to help clinicians in applying best practice.

Theme 5

Partnership and engagement

We will continue to work with our partners and patients to deliver the best outcomes and experience for people affected by cancer across the health economy.

We recognised that a patient's journey does not begin and end when they visit a hospital, nor do they live their lives in isolation as a result of their condition. Care for people affected by cancer requires collaboration, partnership and engagement with patients and professionals. The journey for most begins with awareness of the disease, prompting a visit to a GP in primary care followed by a referral for diagnostics and possible treatment in a secondary care setting or hospital. Throughout this and often following treatment too, patients may also interact with social care, community and voluntary sector organisations, hospices, mental health teams, charities and a whole host of other organisations.

South Tees NHS FT has a long history and a strong foundation of highly valued partnership working across the whole of the health and social care economy. We are committed to continuing this work in cancer services to the benefit of our patients, their families and their carer's.

Integrated Cancer Care

By continuing to work in partnership with patients, carers, local government, public health, social care, hospices, Macmillan Cancer Support and other third sector organisations alongside our primary and secondary care partners as well as the Northern Cancer Alliance. We are committed to integration of cancer care at both system and operational levels including the development of digital platforms to enable patient activation and more effective use of resources. We will achieve this by continuing to support our Public Health colleagues at local Integrated Care Partnership (ICP) and Integrated Care System (ICS) levels as their prevention strategies develop. We will also work with primary care colleagues in meeting their prevention targets as dictated in the NHS Long Term Plan. Part of our approach will be to work with the new Primary Care Networks (PCNs) as they develop their understanding of population health and begin to implement the early diagnosis element of their new Directed Enhanced Service (DES) from April 2020.

The Global Burden of Disease (GBD) study quantifies and ranks the contribution of various risk factors that cause premature deaths in England. Key challenges faced by our partners in South Tees in relation to the top five are:

Smoking

Smoking remains the biggest cause of cancer in the world. It causes at least 15 different types of cancer and around 7 in 10 lung cancer cases in the UK, which is also the most common cause of cancer death. It causes other cancers including mouth, pharynx (upper throat), nose and sinuses, larynx (voice box), oesophagus (food pipe), liver, pancreas, stomach, kidney, bowel, ovary, bladder, cervix, and some types of leukaemia.

The LTP set out clear commitments for NHS action to improve prevention by tackling avoidable illness, as the demand for NHS services continues to grow. The NHS will make a significant new contribution to making England a smoke-free society, by investing in frontline services to tackle tobacco dependence and supporting people in contact with NHS services to quit. In line with the NHS LTP we will work with our partners to ensure that by 2023/24 all people admitted to hospital who smoke will be offered NHS funded tobacco treatment services.

Obesity

According to Cancer Research UK, obesity is the UK's biggest cause of cancer after smoking. Poor diet in particular accounts for nearly two thirds of adults in England being overweight or obese. In 2016/17 617,000 admissions to NHS hospitals recorded obesity as a primary or secondary diagnosis. In South Tees during the same period this equated to 426 patients. Whilst childhood obesity rates in Hambleton, Richmondshire and Whitby CCG have improved the situation continues to decline in the South Tees CCG area. (CRUK Sept 2018)

Alcohol consumption

Drinking alcohol causes 11,900 cases of cancer a year in the UK. Alcohol causes 7 types of cancer, including breast, mouth and bowel cancers and the risk increases at small amounts. Prevention of avoidable illness and its complications can be improved by smoking cessation, obesity reduction and a reduction in alcohol misuse.

We will continue to work in partnership with Public Health teams and community and voluntary sector organisations to tackle inequalities locally and to fully utilise interactions in health care professionals to make every contact count regarding prevention and screening.

In parallel to this we will increase collaborative working with colleagues across the sub-region and the region to improve achievement in cancer waiting times, survival outcomes and reduce variation through greater networking of specialised expertise to maximise local delivery of care.

We will therefore:

- Work with local government public health teams to support partner organisations in delivery of a comprehensive prevention agenda promoting public health awareness campaigns across all of our hospital sites making every contact count.
- Work with partner organisations to deliver improved screening in line with national requirements with particular reference to breast cancer and bowel cancer.
- Increase 1, 5 and 10 year survival rates
- Support partner organisations in delivery of a comprehensive prevention agenda.

Our People, Our Values

The NHS is the biggest employer in Europe, and the world's largest employer of highly skilled professionals. Nationally and locally our staff are feeling the strain. That's partly because over the past decade workforce growth has not kept up with the increasing demands on the NHS.

The NHS is the biggest employer in Europe, and the world's largest employer of highly skilled professionals. But staffs are feeling the strain and many of those leaving the NHS would remain if employers can reduce workload pressures, offer improved flexibility and professional development. The interim NHS People Plan 2019¹⁴ committed to 5 key themes and outcomes as follows:

1. Making the NHS the best place to work
2. Improving our leadership culture
3. Addressing urgent workforce shortages in nursing
4. Delivering 21st century care
5. A new operating model for workforce

In support of the outcomes above South Tees NHS FT has recently published its health and well-being strategy containing an additional four key strategic Human Resource (HR) objectives. These are:

1. Identifying and attracting the right workforce
2. Engaging and retaining people
3. Rewarding and recognising high performance
4. Developing and delivering our work force for the future.

We fully support the Trust's strategic approach to recruitment, retention and development of a cancer workforce that is fit for the future.

However, staffing gaps already present challenges, in particular in diagnostic capacity for many providers locally, regionally and nationally. Some specialties such as radiology, are suffering significant shortages of suitably qualified and trained staff. We will continue to work collaboratively with our colleagues and partners including the NCA, to provide cross-organisational and cross boundary solutions to these issues, maximising expertise and resource to the fullest extent and to the benefit of our patients.

There are also concerns around the ageing workforce. For example our Cancer Nurse Specialist (CNS) workforce demographics show that currently 62% of CNS in South Tees NHS FT are aged between 50 and 60+ years old and the remainder aged between 30 and 49 years old. If this trend continues without specific intervention, by 2024 we will have significantly reduced numbers of suitably qualified and trained CNS to replace the current resource. These challenges do however, present us with opportunities to look at how we might resource the cancer workforce differently, considering further a more balanced skills mix within teams providing a cancer workforce that is both resilient and fit for the future. In areas where there are national skills shortages such as oncology, radiology and other specialist consultant posts, we need to look at how best we can free up their time with a greater skills mix in teams whilst also considering the potential for sub-regional or regional working promoting better cross cover, so that specialist staff can focus more of their time on acute patient care.

The 2019 evaluation of the Macmillan Cancer Care Coordinators in South Tees showed that the new roles are widely regarded as valuable both in terms of health service efficiency and patient experience. The University of Sheffield School of Health and Related Research (SCHARR)¹⁵ also found good quality evidence to support the claim that the new roles helped to provide the right care, at the right time, with the right person. The findings support the further adoption and spread of the CCC roles to other cancer specialties across the Trust.

We acknowledge that the workforce for cancer extends far beyond the acute sector. In developing this strategy our colleagues, patients and partners told us that professional participation in continuous learning and development was vital to inspire confidence in a highly skilled cancer workforce across the health economy. They also stressed to us that the offer of learning and development to raise awareness of cancer; the risks, signs and symptoms and support, should not be limited to professionals but should be extended to volunteers, carers and support workers where appropriate and at the appropriate level.

We will therefore:

- Ensure that cancer awareness is built into the Induction programme for all employees in South Tees Hospitals NHS FT.
- Ensure that all apprentice allied health professionals therapies complete a cancer care module as part of their training.
- Ensure that Advanced Practitioners in therapies complete a cancer care module as part of their training.
- Continue to work with collaboratives to ensure that teams have the correct skills mix and a range of expertise to provide the appropriate level of care for people affected by cancer whatever stage of their journey.
- Work with South Tees Research and Innovation (STRIVE) team to develop a suite of learning programmes for staff and partners. This will include learning programmes and events specifically in relation to personalisation and care.
- Recognise the contribution our staff make to the physical and emotional well-being of our patients and each other and celebrate achievements; giving credit and praise for the difference they make.

Performance monitoring

In order to establish accountability for monitoring progress and achievement against targets outlined in this strategy, Cancer Services will utilise current mechanisms as detailed below:

| Meeting | Frequency | Purpose | Attendees |
|-------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cancer services team | Daily | Review of patient lists for specific tumour sites with a focus on pathways requiring action, escalation and expediting appointments. | Cancer trackers, MDT Co-ordinators, waiting list managers, service managers, Cancer Care Co-ordinators |
| Cancer Performance Wall | Weekly | Performance monitoring of CWT against Patient Tracking Lists (PTL). This is patient level discussion of patients whose pathways are at risk of breaching key milestone targets (either approaching the deadline without a date, or with a date beyond the deadline). | Executive Lead (Cancer), Macmillan Clinical Lead (Cancer), Dir Transformation, Macmillan Transformation Lead (Cancer), Macmillan Cancer Performance and Access Manager, Service Managers. |
| Cancer Wall: Process, preparation and planning | Weekly | Following the Cancer Performance wall to review process, data quality assurance for next wall, review action relating to service improvement requirements. | Cancer Services management team. |
| Cancer Delivery group | Monthly | The purpose of this Cancer Delivery Group is to maintain a coordinated overview which includes operationally delivering commitments made in the South Tees Cancer Strategy. The CDG will report back to the South Tees Cancer Strategy Board formally on a quarterly basis and informally as and when required by the Chair. The Board will ensure that Centre based cancer action plans are developed, delivered and monitored through this group. | Cancer Services Senior Management Team, Dir Transformation, Macmillan Cancer Performance and Access Manager, Service Manager representative, Macmillan Business Analyst (Cancer), representatives from Rad-Onc, Radiology, pathology, R&D, medical physics and Professions |
| Macmillan Integration of Cancer Care Programme Board | Quarterly | To better support those affected by cancer residing in the first instance within the South Tees NHS Foundation Trust improving experience and outcomes for patients by promoting patient choice and integrated working practice improving patient outcomes across the health economy (currently under review). | Partnership Board. |

| | | | |
|-------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| | | | |
| Cancer Strategy Board | Quarterly | The purpose of this Strategy Board is to maintain a coordinated overview of strategy for the Trust. The South Tees Cancer Strategy Board will ensure that the cancer strategy for the Trust is implemented, reviewed quarterly and updated annually. | The Board comprises of senior representatives from across the health economy partnership. |
| Clinical Policy Group | Fortnightly | The Clinical Policy Group (CPG) is the main decision-making body of South Tees Hospitals NHS Foundation Trust. In this role the CPG is responsible for taking the decisions around how we allocate our resources and deliver care to ensure safety and quality. | Clinical Directors Senior Leadership Team |
| Senior Leadership team | Weekly | Drive results and service improvement, to make decisions and to ensure organisational alignment and collective action. | Chief Executive, Chief Officers. Directors Company Secretary |
| Trust Board | Monthly | The Trust Board of Directors is responsible for setting the strategic direction of the organisation and making sure the organisation is performing as it should be. | The board is made up of the Chairman, Chief Executive, Executive Directors and Non-Executive Directors. |

Acknowledgements

We would like to thank all of our colleagues, partners and patients who have given their time and support in the development of this strategy.

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