



West Yorkshire and Harrogate
Cancer Alliance



NHS70

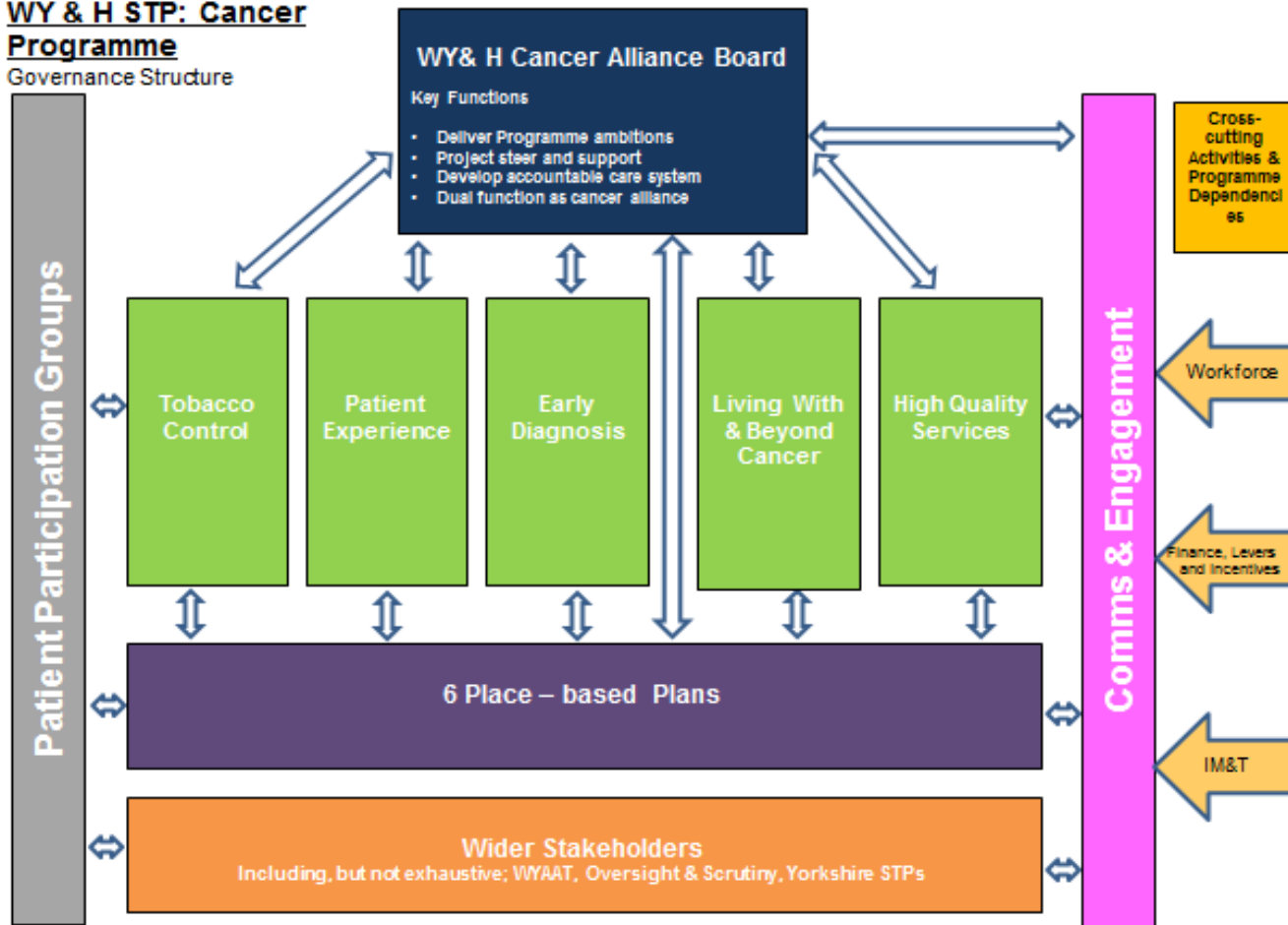
Cancer Alliance – a brief review

Early Diagnosis of Cancer Research Event
24th October, 2018

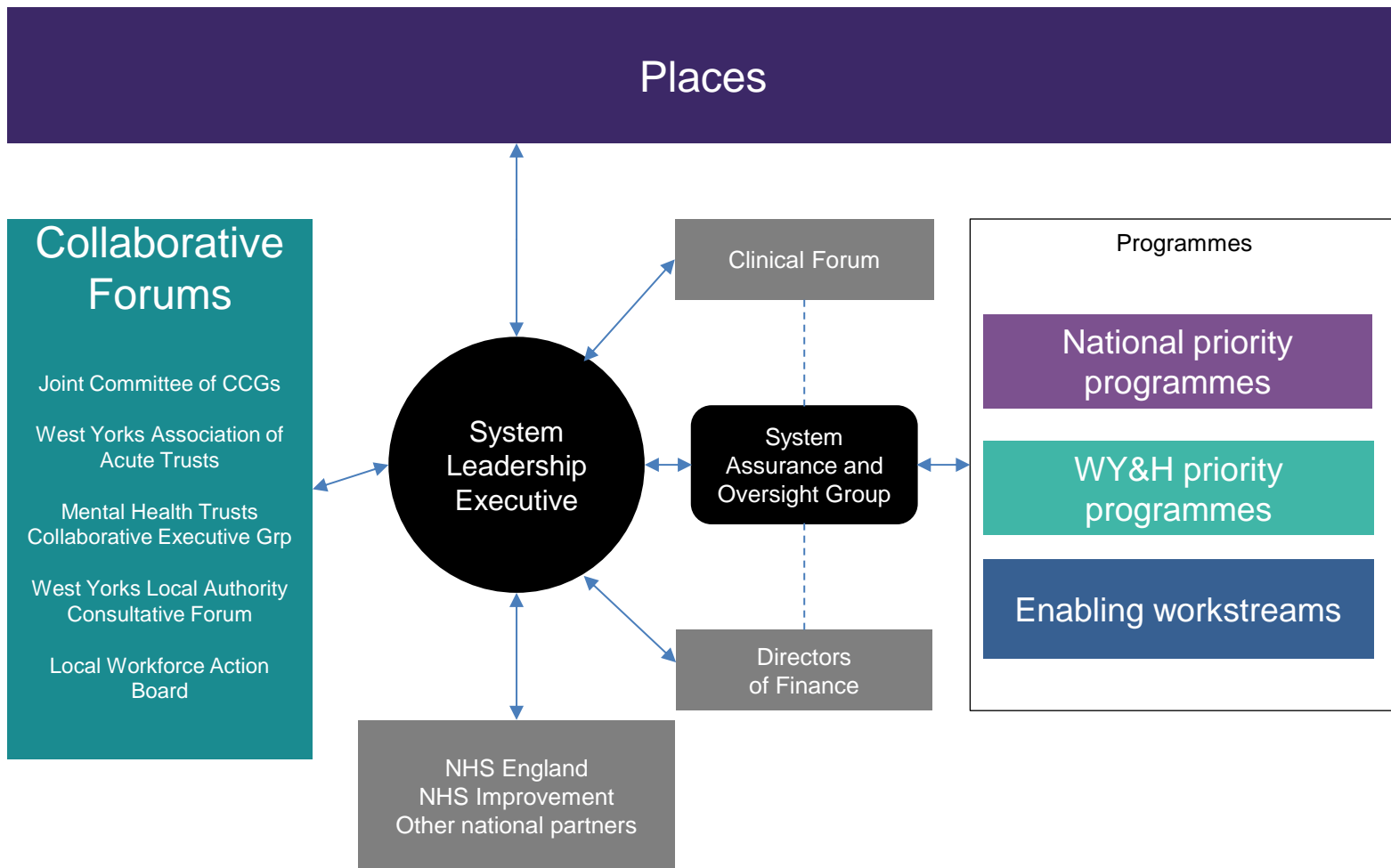
Local Structures

WY & H STP: Cancer Programme

Governance Structure

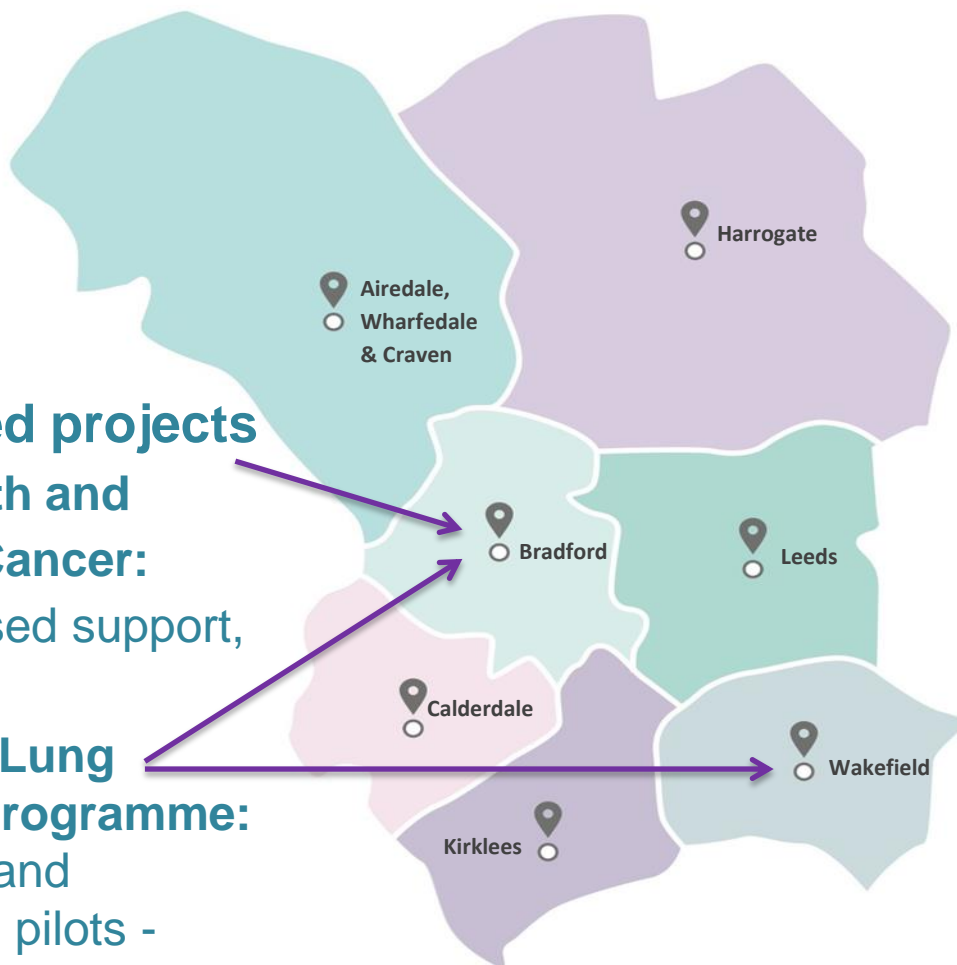


Partnership governance



Domain	All Cancers
Prevention	Smoking / Maternal Smoking
Diagnosing Early	Stage at Diagnosis
	Emergency Present
Screening	Screening Uptake
Rapid Access	62 Day Wait for Treatment
High Quality Services	1 Year Survival
Living With & Beyond Cancer	<i>Measures pending</i>
Patient Experience	Patient Experience

Outcomes and experience



Place-based projects

- **Living with and Beyond Cancer:** Personalised support, Bradford
- **Tackling Lung Cancer Programme:** Bradford and Wakefield pilots - system wide support

Alliance wide projects

- **Optimal pathways: outcomes and experience**
- **Networking diagnostics:** Yorkshire Imaging Collaborative and WY&H digital pathology programme
- **Rapid diagnostic pathways:** From Airedale and Leeds pilots to WY&H tailored pathways

Tackling Lung Cancer Programme

The Programme

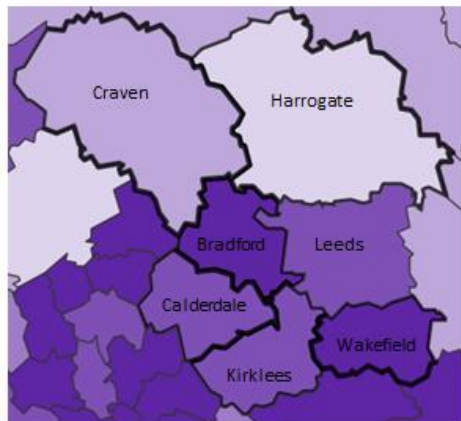
- Optimising **Smoking Cessation** support
- **“Push and Pull”** symptom awareness campaigns and community engagement
- **Risk Identification** in Primary Care to with direct to **Low Dose CT** scanning
- Optimising the Lung Cancer Pathway and Aligning to the **National Optimal Lung Cancer Pathway**

Engagement is Key

- **Health & Wellbeing Boards** support
- **Stakeholder Event** for colleagues from Wakefield and Bradford
- **‘Place’ based** Steering Groups for Wakefield and Bradford
- **1 to 1 Meetings** with key stakeholders
- Design based on potential **capacity and flexibility of the system**
- **Engagement with Patients & Communities**

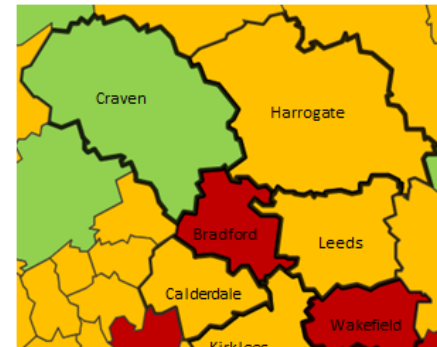
Scale of the Problem

Deprivation by district (IMD 2015)



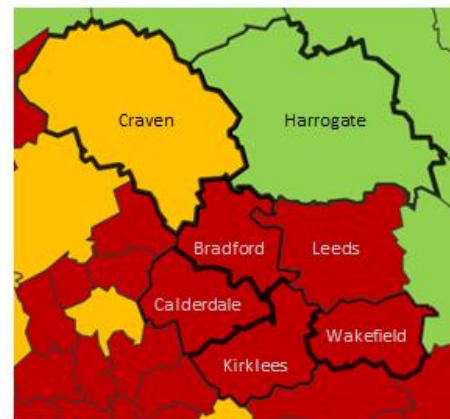
Area	Count	Value	LCI	UCI
Harrogate	-	10.4	-	-
Craven	-	12.5	-	-
Kirklees	-	24.0	-	-
Calderdale	-	24.6	-	-
Leeds	-	26.6	-	-
Wakefield	-	26.9	-	-
Bradford	-	33.2	-	-

Smoking prevalence (APS) 2017



Area	Count	Value	LCI	UCI
Craven	3,384	7.4	1.0	13.7
Leeds	102,864	16.7	14.0	19.4
Kirklees	57,328	17.1	14.4	19.7
Calderdale	27,798	17.1	14.5	19.6
Wakefield	47,828	17.9	15.3	20.6
Bradford	73,882	18.9	15.9	21.9
Harrogate	23,976	18.9	13.5	24.3

Lung cancer mortality (2014-16)



Area	Count	Value	LCI	UCI
Harrogate	244	44.8	39.3	50.8
Craven	106	48.3	39.5	58.5
Kirklees	706	63.4	58.8	68.3
Calderdale	387	68.0	61.3	75.2
Bradford	826	69.2	64.6	74.2
Wakefield	693	73.5	68.1	79.3
Leeds	1,373	74.7	70.8	78.8

Next steps

What we hope to achieve

- An **Integrated** approach
- More patients seen via a **planned care route**
- Patients treated in a **smoke free environment**
- A stage shift in patients diagnosed with Lung Cancer to **Stages I/II**
- More Patients receiving **curative treatments**
- A reduction in **Lung Cancer Mortality**

Our Plan

- **Targeted Approach** to High Risk populations
- **Joint Working** across system - public health, primary care, local acute & tertiary services and voluntary sector
- **Lung Health Checks** delivered **locally** to where people live
- **Low Dose CT** delivered in the **Community**
- **Smoking Cessation** at **'Teachable'** moments
- **Marketing, Awareness & Engagement Campaigns**

Rapid Diagnostic Pathways

- An integrated approach that delivers an optimal and managed diagnostic pathway for people with vague but concerning symptoms
- Learning from our Airedale and Leeds ACE pilots and the national framework
- Now implementing tailored rapid diagnostic pathways for vague symptoms across WY&H – a holistic approach
- A Community of Practice – sharing experience and setting standards – developing a commissioning model

Networking Diagnostics

Digital pathology

A partnership with health, academia and industry

Endoscopy

Developing shared solutions



Yorkshire Imaging Collaborative

Technical and transformational



Optimal pathways – outcomes and experience

- Commitment from clinicians and managers to deliver best outcomes
- Our approach to delivery is collaborative and involves joint solutions such as sharing capacity
- Pathway analysis shows constraints with equipment and workforce capacity
- Our work is not only limited to optimal pathways – taking forward work on Upper GI Cancer and other challenged pathways

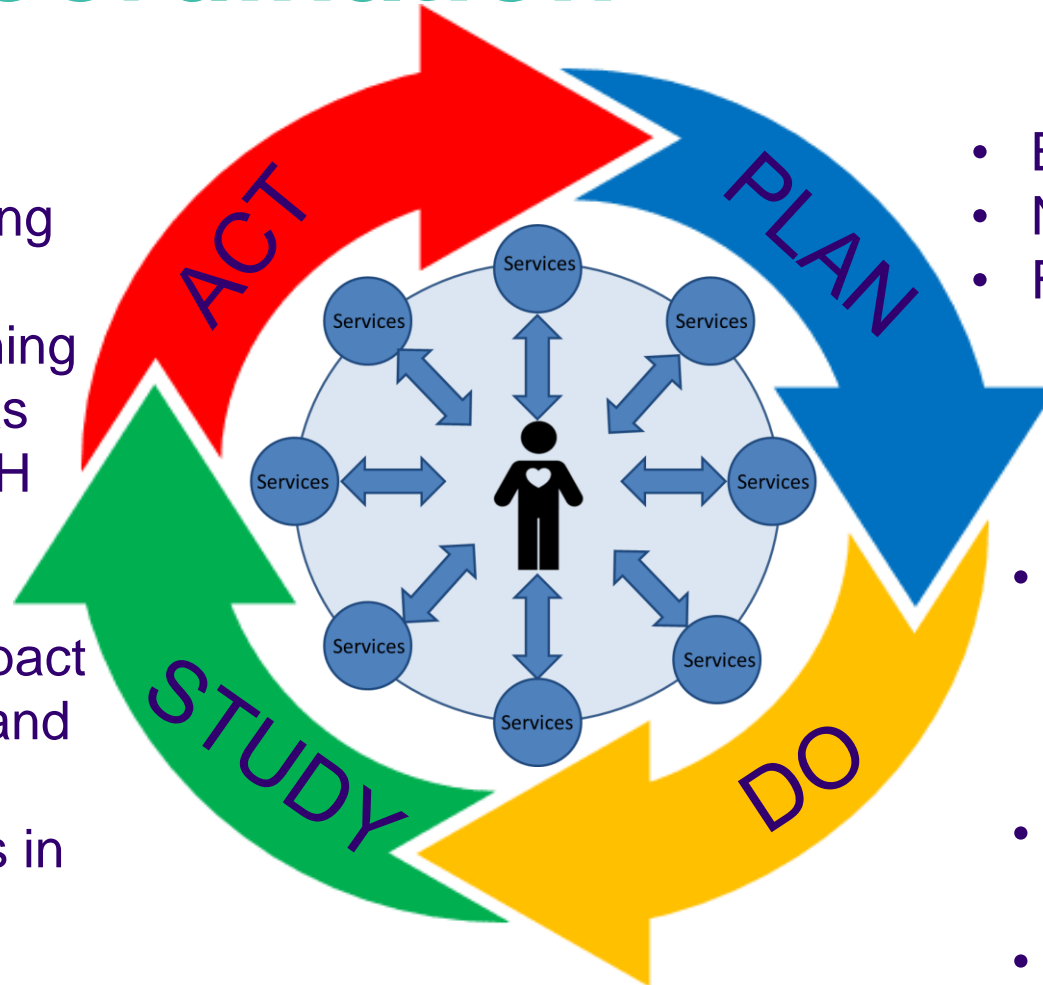
Living With & Beyond Cancer Programme

Principles:

- Patient centred – experience and outcomes as much as survival
- Making use of existing resources
- Building relationships
- Recognising and sharing best practice and reducing variation
- Quality and consistency equally important as implementation
- Releasing capacity in the system
- Engagement

Personalised Support Coordination

- Inform commissioning intentions
- Spread learning to other areas across WY&H
- Evaluate impact on patients and services
- Identify gaps in services



- Baseline in April
- NCPES results
- Focus Groups
- CSY, Macmillan, Alliance and BTHFT collaboration
- New roles, new model for delivery
- Secured funding

Ladder of Participation

- **Inform** - significant investment in communications channels – website, social media, media releases, monthly e-bulletin, commitment to user involvement, information about work programmes and projects and presenting opportunities to get involved in a range of ways.
- **Consult** - inviting patients to comment on bid to National Cancer Transformation Fund for LWBC development work; including patients in interviews for the patient panel co-ordinator. Community Patient Panel development with Healthwatch and Yorkshire Cancer Patient Forum.
- **Involve** - programme of focus groups being held in all our local places to seek the views of patients on what post-treatment personalised support means for them and what a new model could potentially look like. Lay membership of Alliance Board.
- **Collaborate** - Alliance-wide Breast Cancer Now service pledge.

Summary and conclusions

- Importance of engagement and creating productive relationships.
- Commitment to using a balanced scorecard of metrics to improve outcomes and experience and remove unwarranted variation.
- Our cancer work does not and cannot exist in a vacuum.



Questions ?

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