




Developing World
Class Cancer
Services in West
Yorkshire &
Harrogate

January 2017


Case for change

- Burden of disease – each week around 250 diagnoses and 115 deaths in West Yorkshire.
 - Cancer ‘roadmap’ set out in FYFV and Cancer Taskforce Strategy.
 - 6 strategic priorities – 5 of which are currently hampered by system.
 - Length of planning horizon, fragmentation of commissioning system, activity based tariffs, lack of incentives to drive outcomes and experience etc.
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2020 Ambitions

- Reducing adult smokers from 20% to 13% (125,000 fewer).
- Increase 1 year survival from 69.7% to 75% could save 700 lives pa
- Stage shift from 40% to 62% stage 1&2 – potentially 3,000 curative/survival improving treatments.
- Increased % patients formally invited to feedback or involved in service improvement
- Shift from sustainable delivery of CWT to 28 day to diagnosis standard – reduce the c5000 diagnoses currently through RTT.
- Lower treatment costs as result of stage shift could deliver efficiency savings of up to £12m.

Proposal

- Single plan for West Yorkshire and Harrogate
 - Create an Alliance - with senior clinical and managerial leadership and engagement. Behave as a system (virtual team, common metrics with transparency and local delivery, system performance assessment).
 - Empower the Alliance to lead the local system and develop new ways of working including exploring more strategic approaches to commissioning and delivery to the benefit of people affected by cancer.
 - Align with other ACO and WYAAT developments.
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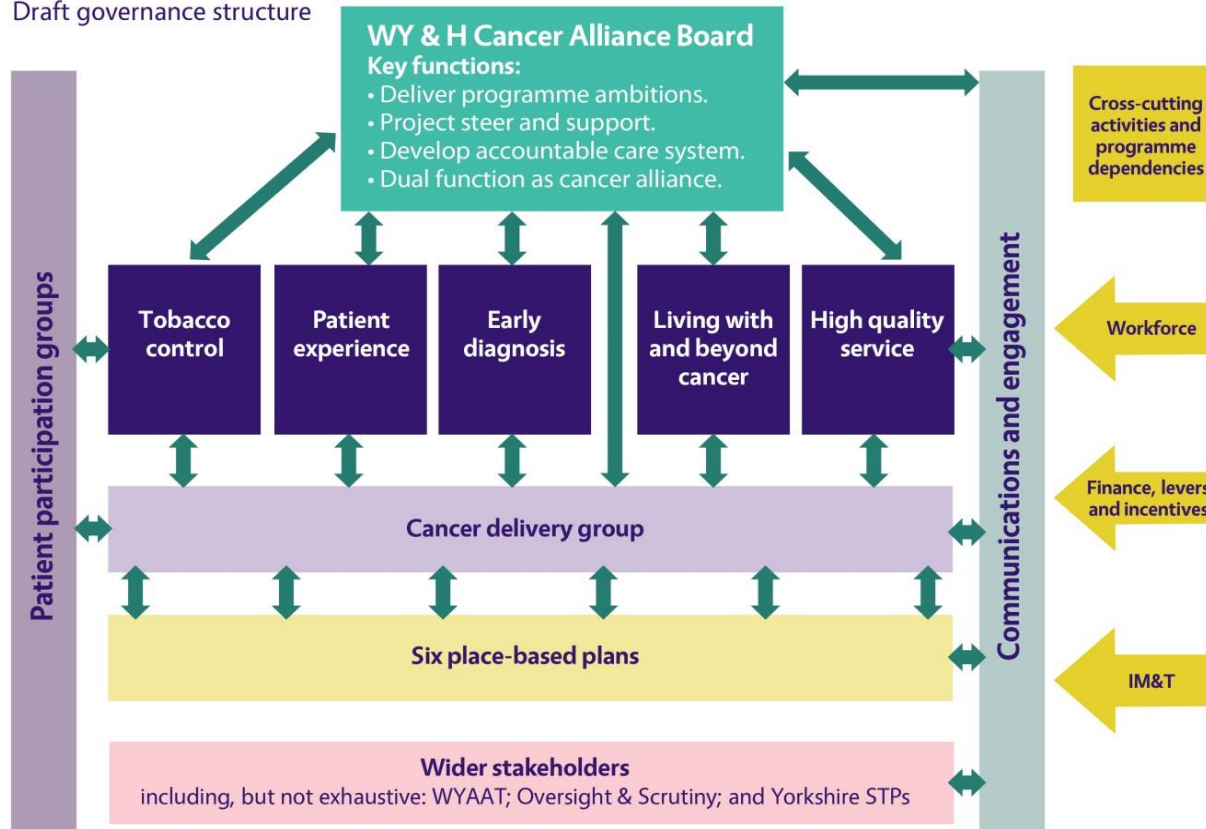
Principles for Structure and Governance

- A Cancer Alliance board will be established for each Cancer Alliance. The Cancer Alliance board will bring together senior clinical leaders from across the whole pathway, along with appropriate senior commissioning and management representation.
- Members of the Cancer Alliance board will be senior local leaders who are able to make decisions on behalf of their organisation and are able to lead the transformation required locally to improve cancer outcomes.
- It is expected that members of the Cancer Alliance board will represent partner organisations in addition to their own, for example an individual from a CCG would represent a number of CCGs on a Cancer Alliance board.
- Alongside the Cancer Alliance board, a robust mechanism for engaging systematically with wider stakeholders, such as patients, the public and patient organisations should be established. Other groups, such as task and finish groups on specific issues, may also be established


Local structures

West Yorkshire and Harrogate STP Cancer Programme

Draft governance structure



Cancer and EoLC

- 28% of all deaths relate to cancer
 - In WY&H this is 115 each week
 - Nationally only 44% die where they would wish to die (60%)
 - Having you family around you and being pain free are key issues
 - 40% of people dying have NO access to palliative care
 - There is an evidence base!
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Cancer and integrated care

- The premise of the cancer strategy was based on achieving integration from the start of the patient journey to the end
 - Primary care as the first point of contact is key and its role at the front and back end of the patient pathway crucial
 - Research and evidence generation the next IOG platform
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