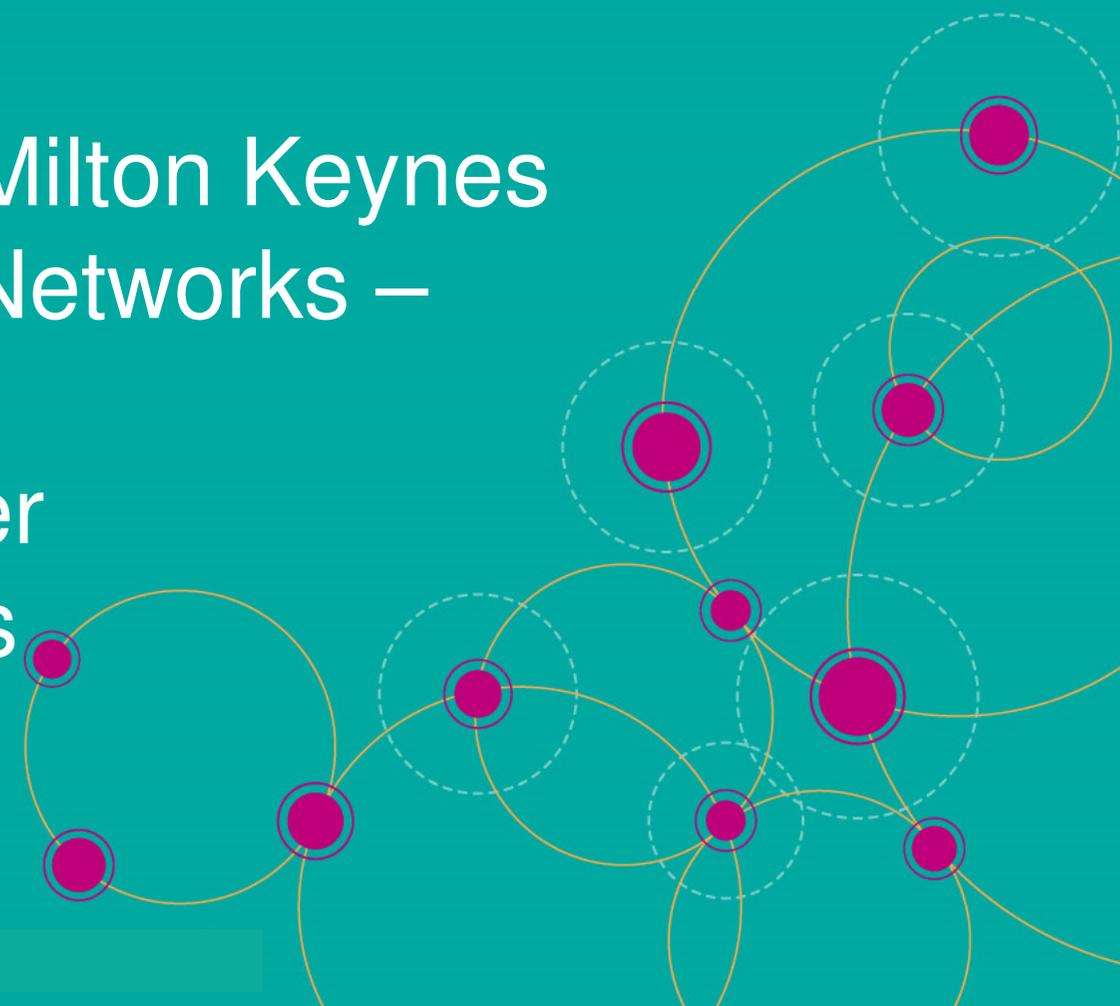


A decorative network diagram is located in the top left corner. It features several interconnected nodes, represented by solid magenta circles of varying sizes, some of which are surrounded by dashed white circles. These nodes are connected by thin, light blue lines that form a complex web-like structure.

Thames Valley & Milton Keynes Strategic Clinical Networks –

Summary – Cancer Recommendations

September 2016

A larger decorative network diagram is positioned on the right side of the slide. It features a dense cluster of interconnected nodes, represented by solid magenta circles of varying sizes, some of which are surrounded by dashed white circles. These nodes are connected by thin, light blue lines that form a complex web-like structure.

We trust you will find this commissioning guidance for the Cancer agenda in Thames Valley and Milton Keynes for 2016/17 useful.

This year there are two main differences in our approach:

- We heard from you that it was a valuable resource which would be made more valuable by bringing together the advice from our partners as well. This now includes support and guidance from PHE, the Oxford AHSN and HEE.
- This year as well as bringing you this guidance as a web portal which aims to be intuitive, convenient and more detailed - we are able to provide pdf copies of the guidance which should aid accessibility and provide an opportunity to print and share should you so wish.

While the Guidance is segmented by the clinical areas covered by the SCN, we would like to stress some underlying principles:

- Prevention is a key priority for all and is everyone's responsibility. We are pleased to partner with PHE and bring their message to you with ideas for what needs to be addressed, examples of how it can be done and the potential gain from the initiatives.
- The integration of mental and physical health is key to providing holistic patient-centred care. This is gaining traction in clinical areas such as perinatal mental health, cardiovascular disease and serious mental illness, the entire long term condition agenda and end of life care.
- With the significant proportion of health care burden on patients and the system related to long term conditions, the importance of the TV LTC transformational programme cannot be overemphasised. The traction that programme has gained in primary care now needs to be firmly embedded and systematised.
- The current push for system working gives us all the opportunity to contribute in different ways and at varying levels towards the same aim. We hope this guidance will provide an opportunity to connect widely and pose questions, share good practice and offer practical solutions. Your SCN leads contact details can be found at the end of this guidance (alongside your other clinical network leads)

Commissioner Recommendation - Prevention

- Make every Contact count in all healthcare settings to support people to reduce their risk of cancer through healthy choices
- Implementing NICE guidance on smoke free NHS trusts (PH48), ensuring access to smoking cessation services for staff, patients and visitors with clear pathways for referral to services
- As part of the STPs preventions plans, address cancer risk factors including smoking, alcohol, excess weight, diet and physical activity as identified through your local joint strategic Needs Assessment
- Work closely with local government through joint planning and/or commissioning
- Promote breast, bowel and cervical cancer screening programmes, and ensure local services are well placed to respond to Be Clear on Cancer campaigns
- CCGs and LAs commission providers to establish multidisciplinary alcohol care teams in all acute hospitals. This is proven to be a cost-saving intervention that coordinates the care across departments and enables rapid access to personalised 'brief advice' and referral to specialist services in the other settings
- CCGs and LAs facilities local agreements with GPs to screen patients (e.g. Audit-C scratch card), with medical staff trained to offer and provide very brief advice and refer to local specialist services as required. This is proven to lead to reductions in alcohol consumption and related hospital admissions
- Improved approach to food and catering in health and care settings and the implementations of the Governments forthcoming childhood Obesity Strategy
- Investigate opportunities, including STPs, to work in partnership with other Commissioners and Provide services to invest in public health inventions

Commissioner Recommendation - Screening

- Ensure Pathways & interfaces between symptomatic and screening services are robust to enable screen detected patients receive timely treatment
- Ensure adequate capacity in symptomatic services including endoscopy and mammography to mitigate the risk of screening diagnostic capacity being utilised for symptomatic patients
- Make every contact count in the primary care setting to maximise the proportion of eligible patients who take up the offer of screening
- Investigate opportunities to work in partnership with other Commissioners and Provider services to minimise the variation in screening uptake at GP practice level

If you would like any further information about local commissioning arrangements for NHS cancer screening programmes and opportunities to work in partnership to improve screening uptake please contact england.tvatpublichealth@nhs.net

Commissioner Recommendation – Early Diagnosis & Assessment

- Ramp of diagnostics – not only increasing in line with referrals but future developments in testing will increase demand
- Variation in the number of tests typically used to diagnose cancer across the Thames Valley CCGs
- Variation in primary care (the ‘front end’ of the pathway) includes:
 - Direct access tests used prior to referral
 - Information given to referral forms
 - Preparation of the patient for receiving an early appointment for a test to rule out cancer
- Complex pathways with numerous tests and potential CWT breaches (including tertiary centre involvement) are contributing to late presentation and exacerbated co-morbidities
- Increasing demand impacting on service on configurations including reliance on independence providers, agency staff and overtime

Commissioner Recommendation – Early Diagnosis & Assessment

- Commission locally-developed awareness campaigns to improve earlier detection of cancer, for example the London *Get to know Cancer* pop up shop and cancer activist programmes
- Contact Macmillan to access the free Cancer Decision Support Tool: preventionanddiagnosis@macmillan.org.uk
- Invest in CCG GP Cancer leads to provide local leadership and co-ordination for early detection activities.
- Request your Provider Trust stages at least 70% of all cancers
- Access advice & guidance for GPs from the [Cancer SCN Primary Care Resource Toolkit](#)
- Commission sufficient capacity to manage national Be Clear on Cancer campaigns – see details of [current and upcoming campaigns](#)
- Commission additional endoscopy capacity for lower gastrointestinal cancers ensuring only JAG accredited providers are used
- Request your Provider Trust books the 1st Outpatient appointment for 2week wait referrals within 5 working days
- Commission in accordance with the pathways agreed by the Thames Valley Cancer Network

Commissioner Recommendation – Living with and beyond Cancer

- Continue the roll-out of the Recovery Package, expanding coverage and uptake, moving from Holistic Needs Assessment, Care Plan and Treatment Summary, to include all aspects of the Recovery Package
- Commission stratified pathways, recognising their dependency on the availability of the Recovery Package
- Ensure that all MDTs have referral pathways in place for lymphoedema services, pelvic radiation disease, sexual dysfunction support and psychological support
- Consider how cancer support and follow-up can be integrated with the on-going management of other long term conditions
- Work together with Primary Care to improve the quality and delivery of the Cancer Care Review.

Commissioner Recommendation – End of Life Care

Explore the potential for personalised outcome goals, to be developed by patients in partnership with clinicians, to focus care on what matters most to patients.