NHS CANCER PROGRAMME

Quarterly Report Overview
Q4 2020/2021: January to March 2021
Q1 2021/2022: April to June 2021

INTRODUCTION

This report details the work of the NHS Cancer Programme in the first six months of 2021 (covering Quarter 4, 20/21: Jan-Mar 21, and Quarter 1 21/22: Apr-Jun 21). It is part of an ongoing series of reports published by the NHS Cancer Programme.

Delivering our Long Term Plan commitments and completing the job of recovery from the impact of the pandemic requires cancers being diagnosed faster and earlier, improving quality of life and experience of care, harnessing innovation and reducing regional variation and inequalities. This report details the work of the NHS Cancer Programme over the past six months in these areas.

This timeframe included the largest peak in COVID hospitalisations (during which disruption to cancer services was significantly lower than the initial peak in spring 2020), followed by spring months which saw positive shifts in recovery with referrals at record high levels and treatment volumes returning to pre-pandemic levels.

We aim for this series of reports to be a detailed and transparent account of the key work of the Cancer Programme. As with all our work, feedback is always welcomed.

Please note that many images used throughout the document were taken prior to the social distancing government guidelines and are for illustration.

WHAT IS THE NHS CANCER PROGRAMME?

The NHS Cancer Programme leads the delivery of the **NHS Long Term Plan ambitions for cancer:**

- By 2028, 55,000 more people each year will survive their cancer at least five years after diagnosis.
- By 2028, the proportion of patients diagnosed at stage one and two will rise from just over half to three quarters.

The NHS Cancer Programme will also continue to support the recovery of cancer services, with a focus on identifying and treating the people who have not started treatment since March 2020.

Leading change at the local level are Cancer Alliances, who work in collaboration with their local Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs).

FOREWORD

Dame Cally Palmer, Director of the National Cancer Programme

I would like to take this opportunity to thank colleagues and the wider cancer community for their exceptional resilience, hard work, and expertise in managing through these extraordinary times. It is deeply appreciated by all of us in the cancer programme.

The dedication and commitment of our expert cancer workforce has meant that we have been able to maintain cancer treatment at close to pre-pandemic levels and to work quickly and efficiently to roll out new and innovative ways of working to keep patients safe. I am certain that we will continue to tackle the challenge of recovery and full restoration of services with equal energy and determination. This report provides a summary of the final quarter of 2020/2021, when we saw admirable resilience in cancer services through the second COVID wave, and the first quarter of 2021/22, which has seen a marked increase in urgent cancer referral numbers to well above pre-pandemic levels as we accelerate our recovery.

Professor Peter Johnson, National Clinical Director for Cancer

Just when we were emerging from the challenges of last year and seeing cancer diagnosis and treatment coming back towards normal, we had to manage through an even larger second peak of COVID infections. I was incredibly heartened to see how well the service held up, with much less disruption than previously. We have found opportunity in adversity, launching initiatives such as the colon capsule endoscopy pilot and a £15m open call to innovation, which will stand us in good stead for the future. We have plenty of challenges ahead, but together we are tackling them.

David Fitzgerald, Programme Director, NHS Cancer Programme

Perhaps the most important value we have is to put cancer patients at the heart of all we do, and this has never been more important than it has been over the last six months. It's been a really challenging time for cancer patients, and I'm proud of the work we've done with providers and our cancer charity partners to make sure patient experience and quality of care have remained priorities. Together, we need to continue to speak with one voice as a cancer community to reassure patients that we're here for you and treatments are continuing safely.

CONTINUING TO DELIVER HIGH QUALITY CANCER CARE

NHS staff have worked extremely hard to maintain cancer services throughout the pandemic.

Disruption to cancer services in January and February 2021 was significantly lower than during the peak in spring 2020, despite the significantly higher COVID hospitalisation rates.

381,500 people have started cancer treatment since the pandemic began (March 20- June 21), but some people we would have expected to start treatment have not yet come forward with symptoms. Our highest priority remains identifying those people and getting them treated as quickly as possible. We are seeing progress on this already thanks to initiatives like ‘Help Us Help You’ – referrals between March and June were at all-time record high levels.

We have three delivery priorities:

Recovering services

Improving operational performance

Delivering the NHS Long Term Plan

‘HELP US, HELP YOU’ CAMPAIGN

WHICH ENCOURAGES PEOPLE TO CONTACT THEIR GP PRACTICE IF THEY HAVE ANY WORRYING SYMPTOMS

INVESTING £150M IN NEW DIAGNOSTIC CAPACITY

AND ACCELERATING THE INTRODUCTION OF INNOVATIONS SUCH AS CAPSULE COLON ENDOSCOPY, A PILL SIZED CAMERA THAT CAN DIAGNOSE CANCER QUICKLY

IMPLEMENTING RAPID DIAGNOSTIC CENTRES (RDCS),

TO SPEED UP THE PROCESS OF DIAGNOSIS

91 RAPID DIAGNOSTIC CENTRE PATHWAYS ARE LIVE AND FROM MAY 2020 – APRIL 2021 THEY HELPED TO DIAGNOSE 1,373 CANCERS

NEW WAYS OF WORKING

INNOVATIVE APPROACHES TO MEDICINES AND SURGERY HAVE BEEN ADOPTED TO REDUCE RISK AND KEEP SYSTEMS OPEN AND WORKING AS EFFICIENTLY AS POSSIBLE

JANUARY TO MARCH 2021: AT A GLANCE

JANUARY

First CytoSponge swallowed by a patient; a vitamin size capsule designed to test patients that are most at risk of developing oesophageal cancer, an alternative to more invasive endoscopy

New COVID-19 Cancer Equity Data Pack launched on the NCRAS website to support services to reduce inequalities in cancer outcomes

FEBRUARY

We launched the latest phase of the 'Help Us, Help You' campaign focusing on lung cancer encouraging anyone with a persistent cough that isn't COVID to see their GP without delay

We launched a multi-million pound open funding call to all industries for innovation in cancer care and diagnosis to look for exciting innovations that could be scaled up to benefit patients swiftly

MARCH

Colon Capsule Endoscopy launched: A miniature camera the size of a pill which patients can swallow to check for cancer is launched, offering a less invasive procedure to check for cancer

APRIL TO JUNE 2021: AT A GLANCE

APRIL

From April 2021, we began a phased approach to widen the population eligible to receive a FIT test to include 50 to 59-year-olds starting with those aged 56 years, to pick up earlier bowel cancer in younger people

Began providing individual summary reports to patients who complete the Quality of Life survey online, or who request a report via email, improving patient engagement and experience

MAY

We announced 5 new clinical audits for non-Hodgkin's lymphoma, pancreatic, metastatic breast, ovarian and kidney cancers to reduce unwarranted variation in treatment and outcomes

The COVID19 Recovery Task and Finish Group on Psychosocial Support held its first meeting on 11 May 2021 and will deliver recommendations in the Autumn on how psychological support can be fully restored

JUNE

28 Day Faster Diagnosis Standard (FDS) stats were published for the first time on 10 June - 72.9% of patients received a diagnosis or ruling out of cancer within 28 days

28,000 Cancer patients have now completed the Quality of Life survey

An additional £20million was made available to Cancer Alliances to manage increased volumes of urgent referrals and support cancer services recovery. The models adopted are projected to support over 237,000 cancer referrals

IN THE SPOTLIGHT… ‘HELP US, HELP YOU’

The third phase of the NHS and Public Health England ‘Help Us Help You’ campaign launched in February and ran through to May, raising awareness of the signs and symptoms of lung cancer and encouraging people to contact their GP.

The campaign urged people to get checked if they have had a persistent cough for three weeks or more. It built on earlier phases that raised awareness of general cancer symptoms (Autumn 2020) and abdominal cancer symptoms (Nov-Dec 2020).

The lung cancer phase of the campaign was aimed at men and women over the age of 60, as this age group are more at risk of lung cancer, and particularly those from more deprived communities as they are often more reluctant to visit their GP.

The national campaign ran across TV, including catch-up TV, radio, PR and social media. In addition, there was targeted activity to reach black and South Asian audiences as well as engagement with healthcare professionals and community organisations. Bespoke and accessible content, such as posters, social media assets and video content in different languages, were also produced.

Early evaluation survey results show a significant increase in the number of people aware that a persistent cough could be a sign of cancer.

A Cancer Campaigns Oversight Group including representatives from the NHS, PHE, and cancer charities, has been constituted to optimise public awareness campaigns to help accelerate pandemic recovery and met for its first meeting in May.

Raising awareness of cancer symptoms and supporting people to come forward is vital. A further phase of the campaign will launch in late summer.

RECOVERY FROM IMPACT OF COVID-19 ON CANCER SERVICES

PLANNING GUIDANCE 2021 / 22

New Planning Guidance was issued to the NHS on 25 March by NHS England & Improvement, including a section dedicated to recovery of cancer services from the impact of the pandemic.

This stated that local systems should ensure that there is sufficient diagnostic and treatment capacity in place to meet the needs of cancer and that systems should plan to:

- Return the number of people waiting for longer than 62 days to the level we saw in February 2020 (or to the national average in February 2020, where this is lower).
- Meet the increased level of referrals and treatment required to address the shortfall in number of first treatments by March 2022.

Cancer Alliances were also asked to draw up a single delivery plan on behalf of their integrated care systems for April 2021 to September 2021 focused on delivering three facets of recovery activity:

1. Getting people to come forward
    - working with GPs and local populations
    - working with public health commissioning teams to restore all cancer screening programmes

2. Investigating and diagnosing
    - extending the centralised clinical prioritisation and hub model established for cancer surgery to patients on cancer diagnostic pathways
    - increasing use of innovations like colon capsule endoscopy and Cytosponge
    - Accelerating introduction of Rapid Diagnostic Centre pathways
    - Restoring first phase Targeted Lung Health Check projects and planning the launch of phase 2

3. Treatment
    - embedding the system-first approach to collaboration established during the pandemic including centralised triage and surgical hubs where appropriate
    - agreeing personalised stratified follow up pathways in three additional cancer types and implement one by March 2022 in addition to breast, prostate and colorectal cancer

KEY HIGHLIGHTS

Record high numbers of people have been referred for urgent cancer checks since March 2021 – 10,500 per working day.

Treatment volumes were at 99% in June 2021 compared with pre-pandemic (June 2019).

For lower GI cancers**, in June 2021 nearly twice as many patients started treatment following screening than did so in June 2019**.

From the start of the pandemic to now (March 2020 to the end of June 2021), **over 2.9 million people were urgently referred, 89% of whom were seen within 2 weeks (standard – 93%).**

Overall treatment levels from March 2020 – June 2021 have been maintained at 93% of pre-pandemic levels.

PATIENTS SHAPING SERVICES: PATIENT AND PUBLIC VOICES FORUM

The Patient and Public Voices Forum brings important views and perspectives into the work of the NHS Cancer Programme. Membership is from people across the country who have all been affected by cancer and are working with their local Cancer Alliance.

The Forum meets every six months (currently virtually) and held its latest Forum in March. In addition to interactive sessions with Prof Peter Johnson and David Fitzgerald covering a range of priority areas, the session also saw dedicated workshops on inequalities and on patients living with multiple conditions.

Two members of the PPV Forum have joined each of two task and finish groups set up to look at the effects of the pandemic on psychosocial support for people affected by cancer and at treatment disruptions. During the course of the task and finish groups' work, those PPV representatives are engaging with the whole PPV Forum to bring the perspectives of their communities and networks. The recommendations from both these groups will go to the National Cancer Board later in 2021.

Four PPV Forum members have been appointed to a new PPV Forum Sub Group on Health Inequalities. Members will provide insight, feedback and advice on health inequalities in cancer outcomes and cancer care.

The first six months of 2021 has seen an increase in engagement with the PPV Forum across the Programme. The pandemic and the shift to video calls across all aspects of our lives has created easier and more effective ways to reach out collectively to people affected by cancer. Four members joined our monthly virtual cancer staff meeting to share 'what good involvement looks like'. This was followed in June by a team online lunch and learn session with another PPV Forum member who talked about his involvement and experiences of working with groups that are seldom heard and creating authentic opportunities for involving patients and using their experiences to improve quality.

We were delighted to welcome another member to be keynote speaker at the Cancer Alliances Experience and Engagement Leads Network, Share and Learn event. The focus of the presentation was the impact of covid-19 on the deaf community.

> “With the roll out of the Covid vaccine we are all hopeful that the acute phase of the pandemic is slowing. However, it is clear that the impact of the pandemic will be felt for a long time to come. The members of the PPV Forum look forward to working with the National Cancer Team to ensure that the diagnosis, treatment and support of cancer patients remains a priority.
>
> During the pandemic our members have continued to be actively involved in a wide range of activities.
>
> As Chair of the PPV it's hugely important to me that the Cancer Programme hears from patients about what is important to them, and also that patients and those affected by cancer are able to influence the direction of initiatives within the Cancer Programme.
>
> **Ceinwen Giles, Patient and Director of Partnerships and Evaluation at the Shine Cancer Charity is the Chair of the NHS Cancer Programme's PPV Forum**”

EARLIER AND FASTER DIAGNOSIS

Diagnosing people earlier and faster means that patients have more treatment options, making it more likely that their cancer can be cured.

RAPID DIAGNOSTIC CENTRE (RDC) PATHWAYS

The Rapid Diagnostic Centres programme is in its third year of a five-year transformational programme. They are being implemented so that every cancer patient gets the right tests at the right time in as few visits as possible.

They will be the default way of diagnosing all cancers by 2024.

Cancer Alliances completed their 2021/22 planning focusing on applying the RDC principles to challenged pathways and increasing Non-Specific Symptom pathways to achieve a minimum of 50% population coverage, with most Cancer Alliances planning to exceed that level this year.

In May, the Cancer Programme held a collaborative event for Cancer Alliances on *'The Future of RDCs',* providing an opportunity for sharing learning. The programme also hosted workshops in areas of leadership, sustainable workforce and commissioning models and innovations. The events attracted speakers from CRUK, the King's Fund and wider system partners alongside RDC leads and were well attended by system leaders.

Local systems are making good progress in releasing diagnostic capacity across the system: As of June 2021 there are 91 RDC pathways live with 1,373 cancers diagnosed cumulatively since May 2020.

AWARD WINNING

HSJ AWARDS 2020 Partnered with GRI

In March, the South East London RDC team won the HSJ Integrated Care Pathway of the Year Award for their work's benefit to patients. The Guy's Rapid Diagnostic Clinic was designed by primary care, secondary care, SEL Cancer Alliance, commissioners, NHS London and patients.

The service provides an integrated fast-track diagnostic service for patients with vague symptoms.

Greater Manchester, in collaboration with the RDC team in Northern Cancer Alliances, were one of the finalists for the Cancer Care Initiative of the Year.

FASTER DIAGNOSIS STANDARD

The Faster Diagnosis Standard (FDS) is being introduced so patients have cancer diagnosed or ruled out within a maximum of 28 days from referral. From October 2021, cancer systems will be required to meet this standard for at least three quarters (75%) of patients.

We began publishing monthly 28 Day Faster Diagnosis Standard (FDS) statistics in June 2021 for the first time (showing figures for April), showing that 72.9% of patients are receiving a diagnosis or ruling out of cancer within 28 days.

We have produced best practice timed pathways to show how effective care can be provided within maximum target times to meet this standard.

TARGETED LUNG HEALTH CHECKS

Lung cancer causes more deaths in the UK than any other cancer, due to sufferers often experiencing no signs or symptoms when the disease is in the early stages.

Aiming to identity issues early, when there are better options for treatment and a higher chance of survival, the Targeted Lung Health Check Programme (TLHC) offers lung health checks to current or former smokers aged 55 to 74.

Other lung conditions can also be identified through TLHCs, and participants are transferred on for relevant treatment and care.

The pilot programme started in England in 2019, rolling out in phases across areas with among the highest rates of lung cancer in the country.

After some disruption caused by the pandemic, the first six months of 2021 has seen a widespread restoration of programmes – of the 23 phase one and two sites, 20 are now live with the remaining three set to be fully operational by September.

A third phase is anticipated later in 2021 which will see further places go live by next April.

The initiative will diagnose an estimated 9,000 cancers and increase the proportion of lung cancers in these areas caught at stage 1 or 2 from 28% to two thirds, offering the opportunity for more and earlier interventions, including curative surgery, which will save people’s lives.

Advice on stopping smoking will also be offered to thousands of current smokers.

We have created a TLHC toolkit which has been sent to all Cancer Alliances to help them encourage uptake among their local populations.

NHS CANCER SCREENING

Deborah Tomalin, Director of Public Health Commissioning and Operations

> “All our NHS Cancer Screening service providers have worked so hard to ensure delivery and restoration of our screening services during the pandemic. Collective efforts to more closely integrate screening services with diagnostic and treatment services is at the heart of improving the experience of those invited for screening.”

NHS Cancer Screening programmes have continued in the latest wave of the COVID pandemic, despite some providers being under pressure.

During the first wave of the pandemic, NHS England and NHS Improvement did not issue a national directive to pause screening services. However, many local screening providers made the decision that they needed to reschedule routine appointments and invitations to a later date to protect patients and enable staff to be redeployed. Through the latest waves of COVID, providers have all managed to continue with provision with one or two temporary exceptions agreed with regional public health commissioning teams.

Breast screening

Some local breast screening services were paused by providers as a consequence of the pandemic, screening of higher risk women has continued throughout.

We’re investing £22m to support COVID-secure adjustments to breast screening units to keep patients safe and £50m to build recovery capacity with a national restoration recovery plan to restore to a 36 month round length by March 2022. Our national restoration and transformation plan is in place to support regions including initiatives on workforce and training, data, and IT.

Bowel screening

All five bowel screening hubs are issuing routine invitations with the rate of invitations being sent across the country above pre-pandemic levels to aid recovery.

Following a recommendation from the UK National Screening Committee, agreed by the Health Secretary, bowel scope screening was formally decommissioned in December 2020 to instead expand the home Faecal Immunochemical Test (FIT) testing programme. From April 2021, we began a phased approach to widen the population eligible to receive a FIT test to include 50 to 59-year-olds starting with those aged 56 years.

Cervical screening

GP surgeries and health centres have continued to offer cervical screening, with special measures in place to protect patients from COVID.

Since January 2021 the volume of samples that have been sent to the laboratories for testing have been above pre-pandemic levels. Colposcopy services have been expanding their capacity to increase activity and manage rising demand.

TREATMENT, INNOVATION AND PERSONALISED CARE

MULTI-MILLION POUND FUNDING BID LAUNCHED

In March, we launched an open call for innovation in cancer care with funding available for the best ideas. This closed in April and 51 applications were submitted, addressing early diagnosis and/or diagnostic efficiency.

Bids included ideas for medical devices, digital health and equipment, behaviour interviewed in July, with funding decisions to be made thereafter.

We are delivering this in partnership with SBRI Healthcare Programme. All entries must demonstrate how they will benefit patients by detecting cancer early and improving diagnostic efficiency.

PROGRESSING WITH PILLCAM

Miniature cameras that patients can swallow to get checked for cancer are now being trialled across the NHS. The imaging technology, in a capsule no bigger than a pill, can provide a diagnosis within hours.

The cameras are the latest NHS innovation to help patients access cancer checks at home. Traditional endoscopies mean patients need to attend hospital and have a tube inserted whereas the new technology means that people can go about their normal day.

An initial group of 11,000 NHS patients in England will receive the capsule cameras in more than 40 parts of the country.

York University will evaluate the pilot and are working with all sites Research and Development Teams to collect data on each CCE procedure performed.

The National Cancer Team are now agreeing the specification from the patient experience evaluation which will enable us to understand patients views of the procedure, informing any future roll out following the pilot. In the next quarter, nine more sites will start using the technology, meaning the pilot will be befitting patients in every Cancer Alliance area in England.

36 SITES ARE NOW OPERATIONAL WITH 12 MORE DUE TO COME ON BOARD THROUGHOUT THIS YEAR.

86 TRAINEES TO DATE HAVE COMPLETED THE MINIMALLY INVASIVE GASTROENTEROLOGY (IMAGE) READER TRAINING.

A FURTHER COURSE WAS LAUNCHED IN JUNE FOLLOWING INCREASED INTEREST FROM PILOT SITES.

CYTOSPONGE TRIAL

From January 2021, a sponge on a string is being trialled across the NHS to rapidly prioritise patients that are most at risk of developing oesophageal cancer.

The sponge is in a vitamin size capsule that is swallowed whilst holding onto the string. The capsule dissolves and the sponge expands, and when retrieved, it collects cells from the oesophagus that are analysed in a laboratory.

Cytosponge, as it is known, is being offered to patients at multiple trusts across the country as an alternative to a more invasive endoscopy.

- **292 CytoSponges swallowed**
- **13 live sites**
- **84.8% of patients received a TFF3 negative result meaning they should be discharged and avoid endoscopy**

Anna Jewell, Chair, Less Survivable Cancers Taskforce

> The Cytosponge is an enormously positive development in our fight against oesophageal cancer. We know that people are often reluctant to visit their doctor when they have digestive symptoms because they are fearful of endoscopies and other invasive diagnostic procedures. Delaying that first appointment can have fatal consequences for people with oesophageal and other less survivable cancers. The Cytosponge is less invasive and stressful for the patient. We feel sure that this innovation is going to lead to faster and earlier diagnoses and ultimately save lives.

NEW CLINICAL AUDITS

In May, we announced that we are commissioning five new cancer clinical audits, aimed at reducing variation in cancer treatment in the following five cancer types:

- **Ovarian**
- **Pancreatic**
- **Non-Hodgkin lymphoma**
- **Kidney**
- **Metastatic breast cancer**

These will be in addition to the audits already carried out for lung, bowel, prostate, oesophageal and breast cancer in older people. These cancer types have been chosen because our analysis suggests they are the five cancers for which audits would have most potential to reduce unwarranted variation in treatment and outcomes, and so do most to support the delivery of the survival ambition in the Long-Term Plan.

Healthcare Quality Improvements Partnership (HQIP) will scope and commission the audits; the first data will be expected in 2023. We have also provided additional resource to Cancer Alliances to facilitate the implementation of Trust level and other improvement programmes, to support the implementation of recommendations from audits.

EXPERIENCE OF CARE: IMPROVEMENT COLLABORATIVES

The Cancer Experience of Care Improvement Collaborative brings together groups of cancer healthcare professionals and people with lived experience from different organisations to work in a structured way to improve services. Its aim is for each project team to use insight and feedback (e.g. Cancer Patient Experience Survey results) to improve the experience of care for cancer patients, their families, and unpaid carers. Project teams can make improvements based on what matters to people who use cancer services that align with local, regional, and national priorities.

Cohort 2 and Rare and Less Common Cancer Collaboratives

In 2020/21, 23 project teams participated in two collaboratives which delivered improvement projects covering all cancers, including rare and less common cancers. A final survey, sent to all the project teams, found that 100% of the respondents would recommend taking part in the collaborative. Teams found their ability to work as a team, improve patient/carer experience of cancer care and staff experience of delivering cancer care had improved as a result of taking part in the collaborative (positive rating of 3 and 4 – maximum rating):

- 81% found an improvement in team working
- 93% found an improvement in patient/carer experience of cancer care
- 89% found an improvement in staff experience of the delivery of cancer care

‘I have thoroughly enjoyed this experience - thank you’
Project Team Member

‘The rewards of being part of a project team, which is focused around improving patient experience are immense’
Project Lived Experience Partner

‘Thank you for your support and for always being there to answer our questions and for being a constant source of guidance and help’
Project Team Member

“I have been included in planning the project and its development from the beginning. My thoughts and ideas have been listened to and implemented where appropriate.”
Project Lived Experience Partner

The Collaboratives finished in March 2021 with a Recognition Event on 30 April. The event was attended by a range of national stakeholders including, project teams, project exec sponsors, lived experience partners, Cancer Alliance and regional colleagues. The event showcased fantastic work being delivered locally, despite a challenging year, and provided an opportunity for sharing key learning on improving the experience of care for cancer patients.

PERSONALISED CARE ACROSS THE CANCER PATHWAY

Offering personalised care to everyone diagnosed with cancer remains a very important part of the work of Cancer Alliances. This will help meet people's changing holistic and psychosocial needs across pathways, tailored to the individual.

Despite the challenges of the pandemic, Cancer Alliances are making progress against the NHS Long Term Plan objectives on personalised care and reform of follow up. We estimate that around 83% of cancer multidisciplinary teams (MDTs) are now offering Personalised Care and Support Planning (PCSP) based on holistic needs assessment (HNA).

Patient-level data is now being collected on PCSP, HNA and end of treatment summaries, via Public Health England. This will enable the NHS to assess whether all patients are being offered these important interventions.

High quality PCSP and HNA are being achieved with various improvement tools and educational resources which are being promoted to staff at all levels and professions, such as the new 'What Matter To Me' e-learning via Macmillan Cancer Support.

Roll out of personalised stratified follow up – adapting care to the needs of individual patients after cancer treatment – by cancer multi-disciplinary teams is required for at least eight cancer types by 2023/24. The majority of Cancer Alliances have begun this by choosing to develop Personalised Stratified Follow-Up in tumour groups such as Gynaecology, Thyroid, Haematology, Skin, Lung, and Head and Neck cancers.

From April 2021, in order to help more people to identify and talk about issues that are important to them, GP teams will offer people two 'Cancer Care Reviews' in the first year after a cancer diagnosis. This will be measured by the Quality Outcomes Framework (QOF).

Our co-produced 'self-assessment Health and Wellbeing Information and Support (HWBIS) checklist' is addressing gaps in provision.

The COVID19 Recovery Task and Finish Group on Psychosocial Support held its first meeting on 11 May 2021 and will deliver recommendations in the Autumn. These will focus on changes caused by the pandemic, and how the NHS and its partners can recover how people's psychological health is supported from diagnosis onwards.

IN THE SPOTLIGHT…
CHECKLIST FOR QUALITY IMPROVEMENT

West Yorkshire & Harrogate Cancer Alliance shared how the HWBIS checklist has been used as a quality improvement tool to deliver better support for patients with smoking cessation, as well as the development of a virtual health and wellbeing platform for patients, families and carers.

> **The checklist was really effective in highlighting gaps and gave each of the teams a better understanding of what was required, as well as a clear focus on improvements for the each of the services.**
>
> Noreen Hawkshaw, Lead Cancer Nurse at Harrogate and District NHS Foundation Trust.

QUALITY AND EXPERIENCE

Quality of Life Metric

The Cancer Quality of Life Survey is a national survey run by NHS England and NHS Improvement and Public Health England. The survey is for people in England who have been diagnosed with cancer. From 2020, people who have had a breast, prostate or colorectal (bowel) cancer diagnosis are being asked to complete the survey around 18 months after diagnosis. As of June 2021, over 28,000 people have completed the survey.

28,000

CANCER PATIENTS HAVE NOW COMPLETED THE QUALITY OF LIFE SURVEY

We are pleased to confirm that we will now begin the roll out to other cancers from the Autumn:

APRIL 2021

Since April 2021 we have been able to provide individual summary reports to patients who complete the survey online, or who request a report via email. At the end of June, we completed a small trial to deliver these summary reports directly to the patient's GP, unless the patient declined to do so. We are currently evaluating this. Our goal is to empower patients to have meaningful conversations with their health care professionals about their quality of life and enable them to access support.

JULY 2021

From July 2021, as well as all breast, prostate and colorectal cancer patients, invitations will also be sent to a random 10% sample of patients from each of the other included cancers. **This is ahead of a planned roll out to 100% of patients from Autumn 2021.**

AUTUMN 2021

The first public release of results from the survey will be published. Initially this will include data from the first three cancer types, but more will be reported as the survey expands. These results will help us to work out how best to support people to live as long and as well as possible.

CANCER VOLUNTEERS PROGRAMME

The NHS Cancer Programme worked with eight NHS Trusts and the NHS England Winter Volunteer programme to pilot new cancer volunteer roles from January to support NHS frontline services and improve patient experience.

These new roles included a range of COVID-inspired innovations such as supporting patients in hospital to communicate with their families remotely, offering telephone support to those in need, and supporting Clinical Nurse Specialists to implement COVID regulations.

We ran a short evaluation of the pilot roles, and will publish a resource pack to support other trusts to roll out these roles further later in the year.

INVESTING IN OUR CANCER WORKFORCE

£46M CANCER WORKFORCE INVESTMENT

The Health Education England board has approved a £46 million Spending Review settlement for cancer and diagnostics workforce education and training in 2021/22:

- **£15m cancer workforce investment** to progress nursing initiatives and upskilling within endoscopy, imaging, and healthcare science.
- **£24m diagnostics workforce investment** supporting workforce growth and transformation across diagnostics, including: imaging, endoscopy, pathology, and physiological measuremen.t
- **£7m investment to expand medical specialities –** 245 additional medical places in 2021/2022 across priority professions and located in geographies with greatest need.

The People Plan is committed to ongoing training and development of our work force including:

- Grants to train 100 chemotherapy nurses, while 206 existing and aspiring chemotherapy nurses were supported by HEE to undertake training and education.
- 517 radiographers started training in 2020/21.
- Training grants offered to 250 nurses, while HEE offered over 1,200 training opportunities to existing and aspiring Cancer Nurse Specialists to enable them to undertake masters level/advanced training and education to develop specialist clinical, leadership, education and/or research capabilities.
- Training a total of 400 clinical endoscopists.

SUPPORTING OUR WORKFORCE

Our people continue to work exceptionally hard and looking after their physical and mental health and wellbeing has been a priority for the NHS since the start of the pandemic. In April 2020, NHS E/I launched a new national package of health and wellbeing support for staff, including confidential support via phone/text, specialist bereavement support, free access to mental health and wellbeing apps, and training and support for line managers.

This support has been accessed by over one million staff, and many more have also accessed offers locally. It has received cross-industry awards since it launched. We are continuing to evolve this offer and invest in supporting our people’s physical and psychological health and wellbeing. In late 2020, £30m was invested in the psychological wellbeing of our staff.

PRIMARY CARE NETWORKS (PCNS) AND THE GP CONTRACT

On 21 January 2021, we and the BMA General Practitioners Committee England published a letter providing plans to support general practice in 2021/22, including information relating to the GP Contract for the initial part of 2021/22.

Existing services to be delivered by primary care networks, including the Early Cancer Diagnosis service, will continue to be a key part of the Network Contract DES from 1 April 2021. The contractual requirements, and accompanying guidance document have been updated in response to stakeholder feedback and the current pressures on general practice.

We published Quality and Outcomes Framework (QOF) guidance for 2021/22 on 10 March 2021. Recognising the pressures in general practice and the uncertainty of the pandemic, no new PCN services or further Investment and Impact Fund indicators will be introduced until 1 October 2021 at the earliest. In order to support PCNs with their broader ambitions, additional funding for PCN clinical director support has been made available.

GOVERNANCE

National Cancer Board

The National Cancer Board oversees the NHS Cancer Programme as a whole, bringing together representatives from NHS England and Improvement, Public Health England, Health Education England, the Department for Health and Social Care, Cancer Alliance leaders and charity chief executives. It is chaired by Dame Cally Palmer, National Cancer Director.

The Board have been focused on maintaining and recovering cancer services since the pandemic hit, considering the future cancer workforce needs and adapting key LTP projects so they can continue and best support recovery.

Cancer Charity Forum

The Cancer Charity Forum brings cancer charities together to advise on and guide the delivery of NHS Cancer Programme work. It is chaired by Lynda Thomas, Chief Executive of Macmillan Cancer Support.

Two Charity Forum meetings have taken place in this time period (4 March 2021 and 16 June 2021), with around 60 members in attendance. Discussions included:
- the latest position of cancer services
- actions to support cancer recovery
- an update on our work on the Government’s White Paper (*Integration and innovation: Working together to improve health and social care for all)* and
- addressing health inequalities.

Clinical Advisory Group

The national Clinical Advisory Group (CAG) brings together a multidisciplinary range of clinical experts from across the country, with patient and public representation, to advise, enable and support implementation of the NHS Long Term Plan to improve cancer outcomes and services.

The Group provide clinical advice on overall delivery of the NHS Cancer Programme, as well as helping to lead implementation of specific projects and priorities. The CAG is chaired by the National Clinical Director for Cancer, Peter Johnson. The Group meet quarterly with the most recent meeting taking place in June.

The CAG has provided clinical insight and advice to projects and teams across the programme, including:

- Providing clinical expertise for the development of an advisory document outlining how urgent cancer diagnostic pathways could be adapted in response to the COVID-19 pandemic;

- Supporting the Cytosponge Working Group to advise on the implementation plan for Cytosponge, an innovative new test for Barrett’s oesophagus – a condition that can increase a person’s risk of developing oesophageal cancer;

- Supporting the Rapid Diagnostic Centres (RDCs) Task & Finish Group to agree delivery requirements for RDCs across the country in 2021/22, including achieving 50% population coverage for non-site specific RDC(s).

This information is available in different languages and formats.
Publishing Approval Reference: PAR518