Integrated Cancer Strategy for

Shropshire, Telford and Wrekin

2022/2027

Shropshire, Telford & Wrekin
Sustainability and Transformation Partnership

NHS
The Shrewsbury and Telford Hospital
NHS Trust

NHS
The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

Our Vision is to develop and deliver world-class outcomes in cancer care and treatment for the population of Shropshire, Telford and Wrekin

Our aims and ambitions

We know we have succeeded when:

In line with the Long Term Plan (2019)

- 75% of people are diagnosed with cancer at an earlier stage (stage 1 or 2)
- More people with cancer will survive more than 5 years above current levels

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1 Foreword

The NHS Long Term Plan (2019) stipulates that by 2028, 55,000 more people with cancer will survive more than 5 years above current levels. To do this, by 2028, 75% of people will be diagnosed with cancer at an earlier stage (stage 1 or 2). This ambitious plan requires local health care systems to work collaboratively to implement changes which will bring about significant improvements in the lives of people diagnosed with cancer and enable more people to live full lives beyond cancer.

As a system we are committed to working together to ensure that people understand when to go and seek advice from their GP, or other health professional, as we know how much early diagnosis can impact on the long-term prognosis for people living with cancer. However, we know that once a cancer has been diagnosed there have to be high quality services available to ensure that people get the best treatment at the right time. In some cases this will mean that people may have to travel further for surgery or other treatments to ensure that they get the high quality care and treatment needed to improve their outcome. That is not to say people should not receive high quality care and treatment as close to home as possible but is a recognition that to maximise survival and outcomes we may not be able to provide everything within Shropshire, Telford and Wrekin (STW). This is particularly relevant to some childhood and rare cancers where specialised care needs to be centralised in larger cancer units.

It is clear that we have significant variation in both early diagnosis and outcomes for our population and this strategy sets out a clear vision for how we will address this and make improvements. The evidence base on the causal factors of cancer are clear and we know that 4 in 10 cancers are preventable. We need to work in partnership to ensure that we provide the right information for our population to enable people to understand the risks they are taking with their health in the short, medium and long term. This includes advice on what alterations that they can make to their lifestyle that will enable them to live longer happier and healthier lives thereby reducing the rates of cancer and the impact on the individual.

Whilst great strides have, and continue to be made, in new advances in treatment for people with cancer nonetheless a diagnosis of cancer has a major impact on the individual, their families and friends. We have therefore have developed a strategy for the next five years that incorporates the ambitions of the NHS Long Term Plan at the same time as dealing with some of the local challenges that we face across STW.

Statistics:

- **1 in 2 people** will develop some form of cancer during their lifetime
- **In the UK the 4 most common types of cancer** are breast cancer, lung cancer, prostate cancer and bowel cancer
- **There are more than 200** different types of cancer
- **Currently more than 385,000 people in the UK** are diagnosed with cancer each year
- **Approximately 3,570 people in Shropshire, Telford & Wrekin** are diagnosed with cancer each year
- **There is an estimated 50,000 people** living with and beyond cancer in Shropshire, Telford & Wrekin and this is predicted to rise
- **Macmillan estimate there are 3 million people living with cancer** and this is set to increase to 4 million by 2023, and 5.3 million by 2040

2 Introduction

Our population

Shropshire has a population of approximately 300,000 and beyond the town centre the county is very rural with pockets of rural deprivation. The population is ageing with higher life expectancy and higher than average long term conditions. Conversely the population of Telford & Wrekin is approximately 172,000 with densely populated areas of both ageing and young people. There are above average pockets of deprivation with higher than average obesity, smoking related deaths, alcohol related admissions and higher rates of cancer mortality in the under 75 age group.

Annually, it is estimated that in Shropshire, Telford & Wrekin (STW) 3,570 people are told of a cancer diagnosis; however this does not account for those living with and beyond cancer (LWBC). It is estimated that there are at least 50,000 people LWBC. This figure is set to rise as the population ages and cancer patients live longer due to advances in detection, surgical techniques and the availability of second, third and fourth line treatments such as Immunotherapies. Macmillan estimate there are 3 million people living with cancer and this is set to increase to 4 million by 2023, and 5.3 million by 2040. Health and social care services across the country face a huge challenge in meeting the rising demand that is placed on them. The challenge is set to increase as the population ages and more people are diagnosed with cancer.

Our cancer strategy

The development of this strategy is driven by the recognition that improving cancer outcomes is a system wide responsibility which requires sustained collaborative action to improve prevention, early diagnosis, screening, treatment and living well with cancer. A fundamental requirement is for the system to identify and agree areas of need, priorities for improvement and investment across STW. Reducing inequalities is a priority in every area of service delivery and it is paramount to use data to evidence and support this area of focus.

STW is aligned to the West Midland Cancer Alliance (WMCA) which is the vehicle for sharing best practice and innovation, identifying and addressing variation, integrating care pathways, monitoring performance and supporting providers to provide high quality, cost effective care. A regional strategy has been developed to describe the West Midlands approach for delivering the Long Term Plan (LTP) for cancer for the first five year period 2019/20 – 2023/24. STW and the WMCA remain committed to improve the delivery of cancer services across the local area to support the ambitions set out in the NHS LTP and ensure that there is consistent access to high quality cancer care for all across the West Midlands.

The strategic aims and ambitions set out in this 5-year strategy for cancer are as follows:

- Prioritise cancer through reducing incidence of cancer, increasing the detection of cancer at an earlier stage, and improving outcomes as a result.
- Tackle variations and inequalities in cancer outcomes.
- Ensure every person with cancer can access high quality services via the most appropriate pathway through accelerated cancer pathways and faster diagnostics.
- Ensure every person affected by cancer is offered high quality information, support, advice and personalised care specific to their cancer and their needs.
- Offer faster, safer, more precise treatments, with lesser side effects, as close to home as possible.
- To support the restoration and recovery of services affected by the COVID-19 pandemic harnessing any learning from service development and maintaining innovative practices where evident.

These aims and ambitions set out in this 5 year integrated strategy will be achieved through the following actions:

- Promote, encourage and empower people to adopt healthier lifestyles to reduce risks and improve long term outcomes for those diagnosed with cancer.
- Increase earlier diagnosis through increased uptake of screening programmes.
- In collaboration with national campaigns, empower patients to present early with cancer signs and symptoms to promote diagnosis at an earlier stage.
- Ensure prompt access to diagnostic tests and accelerated pathways.
- Providing safe, effective, up-to-date treatments.
- Provide individualised care and support to cancer patients at all parts of the pathway.

System-wide developments which influence our cancer strategy

To deliver the ambitions set within this strategy it is prudent to reference cross cutting themes that affect and influence delivery at all levels. These include the following:

Digital: The COVID-19 pandemic brought with it a change in service provision and the development of virtual services. Both Primary Care and Secondary Care services now offer telephone or virtual appointments, alongside face-to-face appointments where required. Whilst also preventing the need to travel, these initiatives have the potential to dramatically reduce waiting times for some results and services. Not only does this improve services and making them stronger for the future, we believe all the changes we are providing improve the experience for patients. Fewer people with cancer need to go to hospital, and those who do could be discharged quicker on personalised stratified pathways.

Workforce: STW aims to develop a sustainable workforce that is fit for purpose, is supported by modern technology and can deliver the best quality evidence-based care. STW recognises that there is a significant risk to this aim caused by the pressures currently placed on services through local and national workforce shortages. This strategy will need to be considered alongside the Integrated Care System (ICS) workforce strategy and people plan which focuses on recruitment, retention, culture, engagement and staff wellbeing.

Estates: There are proposed changes to the reorganisation of the two hospitals which form The Shrewsbury & Telford Hospitals NHS Trust as part of Future Fit and the Hospital Transformation Programme. This would see a move towards having separate, but dedicated, emergency care and planned surgery centres. The model aims to improve care and reduce waiting times by reducing the risk of cancelled operations (including cancer), create 'infection-free' surgical units and strengthen vulnerable services to protect them for the future.

Finance: Delivering improvements requires investment. Whilst services and processes can be made lean, increasing the amount of services available, at locations closer to home, requires investment in people as well as infrastructure. The WMCA is committed to supporting developments and we are working closely to invest in services and workforce to support the delivery of the ambitions set out in this strategy.

National Cancer Policy: NHS Operational Planning & Contracts Guidance 2021/22 details plans to accelerate restoration of services post the COVID-19 pandemic and manage the increasing demands on cancer services with a specific focus on getting patients to come forward, investigation, diagnostics, treatment and personalisation of care.

Risks: There are some key elements of risk for delivery of this strategy. These include capacity exceeding demand, the COVID-19 pandemic, workforce challenges and financial constraints. These need to be recognised and are factored into the action plans for delivery.

As demonstrated below, variations and inequalities in cancer outcomes exist within STW. As an integrated care system (ICS) we are working to reduce variations in cancer outcomes by:

- Working across the system to restore diagnostic and treatment capacity for cancer patients.
- Pathway review and streamlining to support clinical triaging and recovery of cancer waiting times (CWT) performance.
- Review uptake of screening utilisation and a programme of community level engagement specific to cancer screening and presentation factors.

Deaths from all cancer, under 75 years, standardised mortality ratio (SMR) 2015-19

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	187,314	129.2	128.6	129.8
West Midlands PHE centre	–	20,522	135.0	133.2	136.9
Stoke-on-Trent	–	1,067	166.5	156.6	176.8
Sandwell	–	1,098	153.0	144.0	162.3
Walsall	–	1,026	150.0	140.9	159.5
Telford and Wrekin	–	680	148.2	137.2	159.7
Wolverhampton	–	892	147.4	137.9	157.5
Birmingham	–	3,187	145.5	140.4	150.6
Dudley	–	1,269	145.0	137.1	153.2
Coventry	–	1,023	142.5	133.9	151.5
Staffordshire	–	3,298	126.3	122.0	130.7
Warwickshire	–	2,037	125.6	120.2	131.2
Worcestershire	–	2,228	124.1	119.0	129.4
Herefordshire	–	752	121.5	113.0	130.6
Solihull	–	726	120.9	112.3	130.1
Shropshire	–	1,239	119.0	112.4	125.9

Source: Office for Health Improvement and Disparities (based on ONS source data)

Health inequalities

STW is committed to delivering the NHS LTP for cancer, with a key focus of improving survival rates by 2028; improving the uptake of screening & health literacy within our population will significantly contribute to the LTP goal of 75% diagnoses at an early stage (stage one or two), alongside a reduction in emergency diagnoses.

STW has a strong background of community-centred approaches to help build connected and empowered communities. STW shares a commitment that putting communities at the heart of everything through meaningful engagement and co-production will support reducing health inequalities.

Our system recognises that prevention of ill health is fundamental to our longer term sustainability and coproducing solutions with our communities is fundamental to both harnessing community ability and capacity, as well as improving population health. The voluntary, community and social enterprise (VCSE) sector is an important partner in STW and plays a key role in improving health, wellbeing and care outcomes.

Our population health data highlights that we have particular issues with preventing long-term conditions and diseases such as cancer. Local data shows that STW is significantly worse than England and the Region for early cancer diagnosis; one year breast cancer survival is comparatively poor for T&W patients; the number of patients with ovarian cancer is high; smoking rates in pregnancy across STW are significantly higher than the national average as are smoking rates in T&W. This integrated cancer strategy recognises the need to understand variation and to address low uptake of all cancer screening (including a focus on signs and symptoms) by working with communities to identify barriers and increase uptake through education. The Office of National Statistics (ONS) data shows that screening uptake is particularly low in our ethnically diverse population. Locally we recognise that there may be significant cultural, educational and language barriers to cancer screening uptake in the ethnically diverse population; this is reflected in the recent learning and outreach work regarding the uptake of COVID19 vaccinations.

3 Healthy lifestyles

Making every contact count

It is reported that 4 in 10 cancers is preventable. Prevention is therefore key to helping reduce our chances of getting cancer. A person's risk of developing cancer is affected by many factors which include age, genetics, risk factors and lifestyle choices. Although there is awareness in the population of some risk factors such as smoking, people are less aware of the connection between other more common lifestyle risk factors, particularly obesity. Other cancers such as cervical cancer are now largely preventable, but there is evidence of low public awareness and screening rates are falling year on year. Prevention activity will centre on helping people to change their behaviour in relation to diet, exercise, smoking and alcohol. For example, rather than treating the symptoms and effects of ill health we want to help people take greater control of their own health and wellbeing so they don't fall ill in the first place. Encouraging and helping people to lead healthier lives, re-shaping how services are delivered, and linking health and social care more closely together will help people stay healthier for longer and recover quicker if they do fall ill. This requires change. It will mean selecting the best locations for services to get the best results for patients in STW rather than delivering them everywhere.

How we will achieve this:

- Delivering the Live Life programme
- Lifestyle management sessions
- Physical activity programmes
- Promoting healthy eating
- Promoting health literacy
- Health checks

Our strategy for prevention focuses on promoting healthy lifestyles and raising awareness. This work cannot be done in isolation.

The Lingen Davies Cancer Fund has launched a programme called LiveLife. It is aimed at raising cancer awareness through the delivery of quality information and resources by experienced and knowledgeable staff. As well as assisting in prevention, their programme is an enabler in achieving our targets to diagnose more cancers at an earlier stage which is associated with better outcomes for people.

Other actions being undertaken within the ICS include:

- Using our local data as evidence for targeted strategies aimed at reducing risk factors for cancer. These will take into consideration influencing factors such as the Tobacco Control Plan, National Childhood Obesity Strategy and Public Health England's Alcohol Evidence Review.
- Use evidence-based campaigns such as OneYou and Change4Life locally to enhance consistent messages and branding.
- Develop local capacity to deliver Stop Smoking Services and other services aimed at supporting people to adopt healthy lifestyles. Funding for initiatives is changing and as such some services are no longer being funded by local authorities but nationally. This is affecting the current provision of services but it is expecting these will evolve over the next 5 years. Currently there is funding to support inpatient stop smoking intervention. There is also work in place via the Healthy Pregnancy Support Service to address smoking in pregnancy and other lifestyle factors across the county.
- Healthy Lifestyle Telford is currently running a 12-week support programme for smoking cessation, obesity management, diet, exercise and emotional wellbeing advice and support.
- New national funding is coming onstream as part of government work and to tackle obesity will enable recruitment of additional health lifestyle advisors within STW, where previous funding has been withdrawn. The Weight Management Enhanced Service encourages General Practices to develop a supportive environment for clinicians to engage with patients living with obesity about their weight. This goes alongside the launch of the Better Health weight loss programme recently launched by Public Health England (PHE).

- Social Prescribing identifies people at risk of obesity, smoking and alcohol working with them to make changes and people can access multiple groups and physical activity initiatives in the community.
- Health Checks: This is a mandated service commissioned by local authorities to help in identifying people with weight and smoking problems among others. It aims to identify those at risk of lifestyle factors associated with an increased risk of developing cancer and support people to change their behaviours to reduce their risk.
- Population Health Management: as a system we are working on a population health management approach to address health inequalities.
- Promoting HPV vaccination to ensure high vaccination coverage
- Promoting health literacy by enabling people to understand the risk factors (unhealthy diet, physical inactivity, smoking/tobacco, alcohol) for cancer and what steps they can take to reduce their own and their family's risk.
- Work to prevent obesity by creating home and work environments that enable the healthy choice to be the easy choice whilst also supporting families in preventing childhood obesity and improving the access to a healthy diet for all families.
- Develop a new multi-agency Drug and Alcohol strategy to improve outcomes for those in treatment and prevent drug and alcohol misuse

Smoking: Smoking is the largest preventable cause of cancer. Being smoke free can prevent 15 types of cancer. As well as cancer, tobacco use is also a significant factor in other local health inequalities, with smoking attributable mortality significantly worse in Telford than the England average. Although smoking rates have declined in recent years, many adults still smoke (13.7% in Shropshire and 15.4% in Telford & Wrekin).

Alcohol: Alcohol can cause up to 7 different cancers. This includes two of the most common type, breast and bowel. It is estimated that 4,400 breast cancer cases each year are caused by drinking alcohol. Alcohol related admissions are higher in Telford & Wrekin than Shropshire, but they are increasing in both areas.

Skin cancer: Skin cancer is deemed the most preventable cancer with around 90% being caused by over exposure to UV radiation from the sun and/or sunbeds which could have been prevented by taking simple sun safety steps such as using sunscreen and covering up.

Obesity: After smoking, being overweight is the next most preventable cause of cancer. It is linked to 13 different cancer types. Although being over weight does not mean you will get cancer the risk is higher the more weight you gain and the longer you are overweight. Obesity is linked to two of the most common cancers (breast and bowel) as well as three of the hardest to treat cancers (pancreatic, oesophageal and gallbladder). A healthy diet can help maintain a healthy weight. PHE figures show 70.9% of adults in Telford & Wrekin and 64.6% of adults in Shropshire were classed as overweight or obese in 2019/20.

4 Awareness & Prevention

Recognition & Referral

In the UK there were 380,000 fewer urgent suspected cancer referrals between March 2020 and March 2021. In percentage terms this equates to a 13% reduction, this was due to the impact of the COVID-19 pandemic.

Our priority is to identify people who need to get into the system. Ensuring appropriate capacity and clear, consistent messaging is key. Over the next 5 years we will work with Government strategies and Charities to deliver single messaging and, where evident in the data, targeted at hard-to-reach groups of people or areas of inequalities. At present messaging is being done through the Help Us Help You and Be Clear On Cancer campaigns.

Cancer Research UK (CRUK) have actively sought out councillors with a Health and Wellbeing brief to become Cancer champions to work in Primary Care Networks (PCNs) and community groups to influence GPs and reach harder to reach groups. Each PCN has already highlighted a Cancer Lead who will help to drive forward aspects of cancer care and services which need developing. Inequality data, cancer prevalence, outcome data and patient experience data will help identify areas for targeted education.

Primary Care has a vital role in system-wide improvement efforts to increase the number of patients diagnosed with a cancer at an earlier stage. PCNs have played a crucial role in maintaining and expanding general practice capacity, to address the continued needs of patients as practices respond to COVID-19. This has included the continuation of cancer services. Over the coming years, PCNs will continue to be crucial in recovering cancer services, and in particular in supporting the identification, rapid onward referral, and treatment of those people* who we would have expected to have started their cancer treatment in 2020/21. (*CRUK). The requirements in the current Primary Care Network Early Cancer Diagnosis Directed Enhanced Service (2020) updated in March 2022 stipulate:

- A review of referral practice for suspected and recurrent cancers
- Contribute to improving local uptake of national cervical and bowel cancer screening programmes
- Develop and implement a plan to increase assessment for potential prostate cancer diagnosis where referral rates are lower than pre-pandemic.

How we will achieve this:

- **Priority to identify people** who need to be in the system, ensuring capacity & correct messaging
- **Cancer Champions** in Primary Care Networks
- **Targeted education and shared messaging** with Charities and national campaigns
- **Raising awareness** through participating in the Galleri national clinical trial
- **Community-based** assessment services

- Support delivery through a community of practice taking action to increase referral activity and identify cancer early.
- Adopt and embed new diagnostic tools where available e.g. FIT testing and teledermatology

Each of these requirements have constituent components but the overall aim is to build on current practice, to look at trends and data, to engage with low-participation groups and engage with system partners and patient groups to help improve outcomes and reduce inequalities.

Telford mortality rates from cancer in under 75-year olds are worse than the national average and 4th worst in the West Midlands. Shropshire has better outcome data at present but the better figures overall do mask some inequalitries in specific cancers e.g. Lung cancers. Our population has also demonstrated higher levels of mortality due to cancer in adults under 75 with severe mental illness. Addressing inequalities is crucial to the success of driving our strategic aims for improving outcomes for all patients with cancer.

In 2022, STW hosted the Galleri blood test clinical trial. This is a national clinical trial that will involve 140,000 people aged 50-79 who do not have any cancer symptoms. 25,000 people with possible symptoms will also be asked to take part. The aim is to detect early-stage cancers through participants being offered a multi-cancer detection blood test annually for 3 years.

Although not indicative of cancer, clinics have been set up within the Primary Care setting of STW to assess those whose only symptom is breast pain. Breast pain alone is not a symptom of cancer and a referral to secondary care on an urgent pathway creates anxiety. Studies have shown that people go on to receive more medicalised care with imaging and biopsies and reasons for presentation, such as family history, are not addressed. Not only will these clinics help support patients better and provide a better experience, additional capacity created within secondary care will enable those with a suspected breast cancer to be seen and treated quicker.

5 Screening

How we will achieve this:

- **Management of breast screening backlog** by June 2022
- **TLCH checks** – full national roll out by 2028
- **Delivery of bowel screening** age (age 50-60) extension plans
- **Bowel screening age extension for >58 year olds** by 2023
- **New IT cervical call & recall system** during 2022
- **Providers plans for reducing health inequalities** in cancer screening by improving uptake

Summary of most recent figures for uptake in screening all regions 2019/20 (%):

	KPI	Shropshire	Telford & Wrekin	West Midlands	England
Breast Cancer	70	70.1	70.1	74.3	74.9
Cervical Cancer (age 25-49) 2019	80	70.4	70.4	69.9	69.8
Cervical Cancer (age 50-64) 2019	80	76.2	76.2	75.7	76.2
Bowel Cancer	52	63.8	65.8	57.4	59.0

Restoration and expansion of screening services

Screening can detect early signs of cancer in people who are not experiencing symptoms. Early detection is important because treatment is more likely to be successful and the chances of survival are much better. In the UK, there are national screening programmes for breast, cervical and bowel cancer.

The COVID-19 pandemic has had a significant impact on screening. Cancer Research UK (CRUK) estimates 3 million fewer people were screened in the UK between March and September 2020. However, the number of patients starting cancer treatment having been diagnosed through screening in England was 3% higher in March 2021 compared to March 2019 and the numbers have been recovering fairly steadily since the worst point in July 2020. Whilst screening services have been fully restored post pandemic, the focus is now on the challenge of screening test for breast cancer. screening services for bowel and cervical cancers are fully restored. Currently we have adopted a targeted approach to screening with open invitations in place to maximise use of capacity. A new IT system funded by NHS Digital to improve the call and recall of patients will be rolled out in 2022.

Once screening services have been restored our work will focus on expanding and improving access to areas of low uptake and health inequalities. Reducing health inequalities will be targeted to help decrease inequality of poor uptake and poor treatment outcomes, the aim being to reduce the risks of premature deaths from cancer. This will also enable work to be undertaken to understand why some people in specific groups are not attending in order to address

this through education, information and service redesign A special focus will be on groups of people who may have learning difficulties or who are culturally diverse groups.

Breast cancer screening round length is the interval between the date of a person's previous screening mammogram and the date of their next first offered appointment. Round length is measured by the percentage of eligible people whose first offered appointment is within 36 months of their previous screen. Due to the impact of COVID-19 pandemic the current round length has reduced from 99% to 1.3% compared to same time last year. As screening services are restored this is set to improve. The service also has a backlog of women to be screened and has successfully submitted a business plan for a private provider to support the clearing of this backlog to meet the national expectation of June 2022. In addition, some new Assistant Practitioner roles within Breast screening will be embedded by 2022. These roles will help enable both the screening and round length targets to get back on time within the next 2-3 years.

Targeted Lung Health Checks

Currently targeted lung health checks (TLHC) are being offered in some localities as part of the NHS Long Term Plan to improve early diagnosis and survival for those who get diagnosed with a cancer. Following a lung health check those assessed as high risk are offered a low dose CT scan. If a cancer is found early then it is hoped more treatments, including curative surgery, could be offered.

NHS England's longer-term strategy is for a wider roll out of this screening with a full national roll out by 2028. At present there are no plans for NHS England to fund a TLHC in our ICS before 2024.

Prostate Cancer Screening

The UK National Screening Committee does not recommend a national screening programme for prostate cancer. This is because it has not been proven that the benefits outweigh the risks of overdiagnosis and overtreatment. Screening for disease can be complicated by several factors, such as risks from procedures and statistical error (for example, false positives and negatives in testing).The UK National Screening Committee advises on such risks and benefits and makes recommendations on which programmes to offer based on evidence base against set criteria.

Should a national screening programme commence then this will form part of our strategic work within the ICS.

6 Early presentation

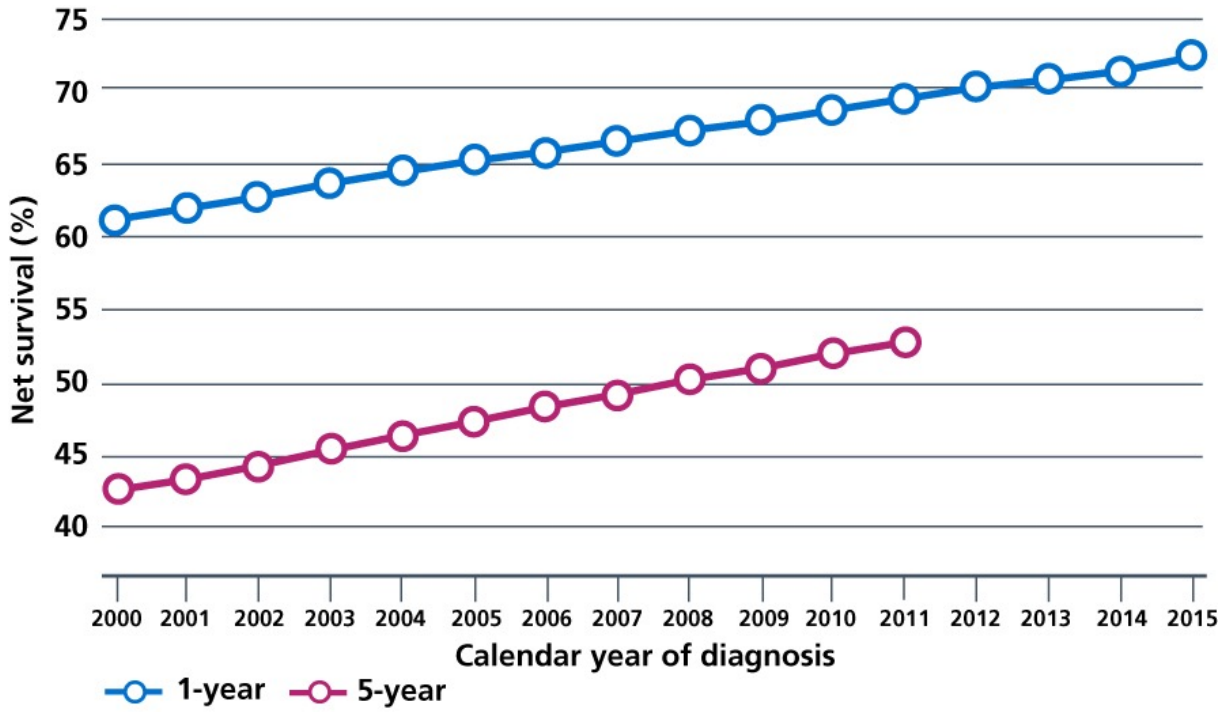
National Targets

- **Diagnose 75% of all cancers earlier** at stage 1 or 2 by 2028
- **55,000 more people each year will survive** their cancer for at least 5 years after diagnosis by 2028
- **Delivery of Digital Pathology services**
- **Diagnostic imaging networks to be established** across England by 2023
- **Improved diagnostic innovations:** colon capsule endoscopy, Cytosponge & Teledermatology

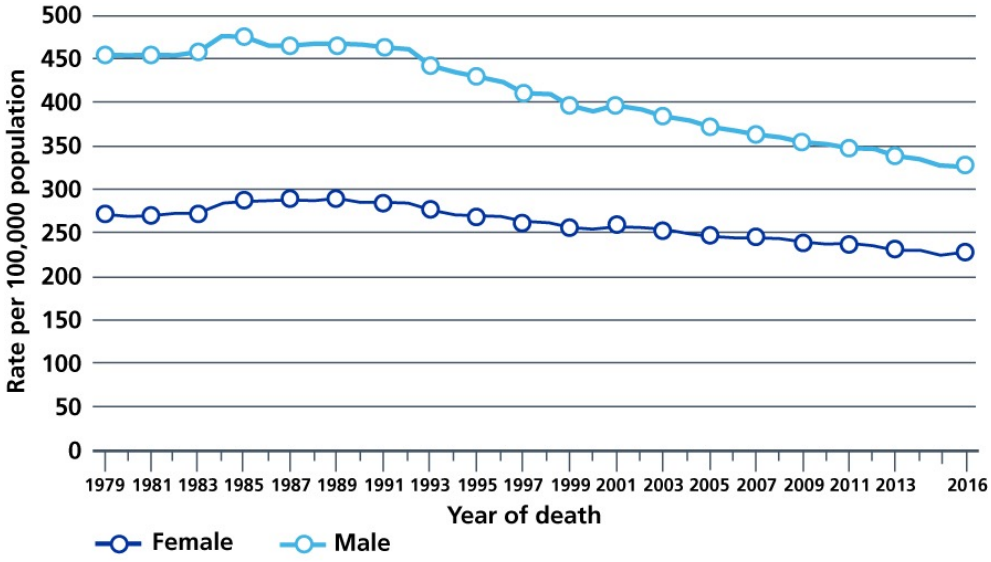
Right patient, right pathway at the right time

To enable early presentation our aim is to ensure the right patient is on the right pathway at the right time. The NHS Long Term Plan (LTP) states that "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. Despite this progress, one of the biggest actions the NHS can take to improve cancer survival is to diagnose cancer earlier. Patients diagnosed early, at stages 1 and 2, have the best chance of curative treatment and long-term survival."

Several approaches are critical to achieve the targets set within the NHS LTP around diagnosing 75% of cancers at an earlier stage and ensuring 55,000 more people survive for at least 5 years after diagnosis by 2028.. Clearly raising awareness of possible signs and symptoms is key, as is lowering the threshold for referral for investigation by the GP. Improvements in faster, more accurate diagnostic investigations followed by safer, targeted treatments utilising genomic sequencing where possible, are all contributing factors.



Digital technology can support the NHS to deliver high quality specialist care more efficiently. Early examples of our key developments over the next 5 years are as follows:



Digital Pathology

The West Midlands Cancer Alliance is developing a West Midlands integrated pathology network where centres will form a regional networked digitalised diagnostic service. There is a requirement for these to be in place by 2023. Digital imaging networks increase the speed with which diagnostic tests are processed, assessed and reported as they enable the rapid transfer of clinical images from care settings close to the patient to the relevant specialist clinician to interpret. Digital pathology is a more efficient way to share digital samples more safely reaching faster diagnosis for our patients. As an ICS we are committed to being part of this network and the improvements it will bring to our patients and services.

Colon Capsule Endoscopy

Colon capsule endoscopy is an innovative way of detecting cancers. Moving away from traditional endoscopic assessment, patients' swallow a small capsule, no bigger than a pill, and go about their daily lives. Over the following 5-8 hours the capsule records images of the bowel. SaTH commenced this service in 2021 and it is hoped that this will capture more cancers early when they are easier to treat and at a lower stage.

Cytosponge

Cytosponge is a device used to collect cells from the lining of the oesophagus. Often referred to as a 'pill on a string' this method of cell collection is aimed at detecting pre-cancerous as well as cancerous cells. SaTH commenced this service in 2022 again with the intension of capturing more cancers at an earlier stage to improve outcomes for patients.

Teledermatology

Teledermatology is a service which enables images to be taken within Primary Care and reviewed by a Consultant Dermatologist in Secondary Care. This service enables GPs and patients to receive advice based on the images to ensure they get the most appropriate level of care. This might be to arrange an urgent suspected cancer referral or for the referral to be downgraded as a cancer is not suspected. For those patients who do not require an urgent suspect cancer referral they receive piece of mind, reassurance and improved patient experience. With the additional capacity created by improving the appropriateness of referrals, patients who might need a referral can be seen promptly thereby assisting with the faster diagnostic standard (FDS) requirements. As we develop our community diagnostic centres (CDC) within the ICS, over the next 5 years we will be incorporating a Teledermatology service within the community to provide this level of service for our local population.

Tomosynthesis

Conventional mammogram imaging creates a two-dimensional image of the breast from two x-ray images of each breast. Tomosynthesis is a new technology which creates a three-dimensional image using low dose images form different angles. Several studies have found that 3D imaging find more cancers than traditional 2D images and also reduce the number of false positives. We are currently investing in training staff to be able to perform and interpret these images so that this can be offered locally within the ICS.

Faecal Immunochemical Testing (FIT)

Faecal Immunochemical Testing (FIT) is a screening test for colon cancer. The use of FIT testing is crucial to achieving the targets set within the NHS LTP around diagnosing 75% of cancers at an earlier stage and ensuring 55,000 more people survive for at least 5 years after diagnosis by 2028. Clearly raising awareness of possible signs and symptoms is key, as is lowering the threshold for referral for investigation by the GP. Improvements in faster, more accurate diagnostic investigations followed by safer, targeted treatments utilising genomic sequencing where possible, are all contributing factors. Currently there are arrangements in place for FIT testing to be offered in the community in partnership with a service agreement with University Hospitals Coventry and Warwick. Our strategic ambition over the next 5 years is to bring this service back locally to enable direct access to testing, ease of viewing results and faster turnaround times. As an ICS we will also be able to respond more rapidly to the changing use of FIT that is likely to happen over the next few years.

7 Early diagnosis

How we will achieve this:

- **Developments of Community Diagnostic Centres.**
- **Rapid investigation service** for non-specific but suspected cancer symptoms for 100% local population by 2024
- **By March 2024, 75% of patients** who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days.
- **All cancer pathways to meet the 7 principles** set out by Rapid Diagnostic Centres by 2024
- **Restoration of the number of people waiting more than 62 days** from an urgent referral back to pre-pandemic levels by March 2023

Faster and improved diagnostic services

To enable earlier diagnosis our focus is on faster and improved diagnostic services. Our aim is to accelerate diagnosis through the development of new models to promote earlier diagnosis and improved outcomes whilst restoring the number of people waiting more than 62 days from an urgent referral back to pre-pandemic levels by March 2023. To deliver this our focus for the next five years is on the following:

Faster Diagnostic Standard (FDS):

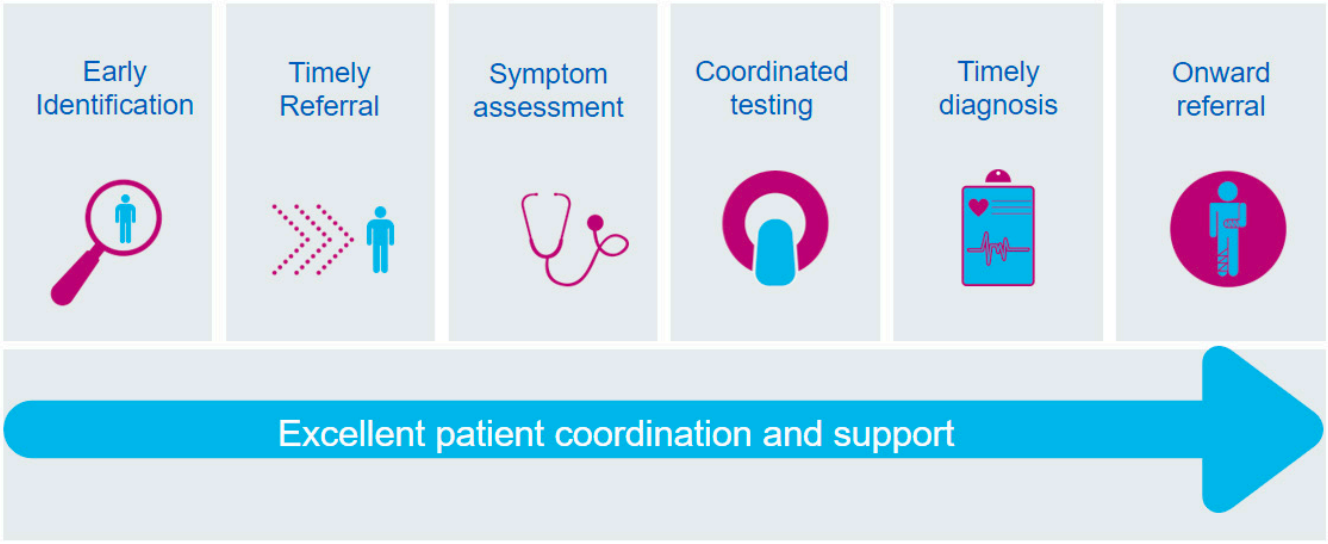
The Faster Diagnostic Standard stipulates that all patients referred on a suspected cancer pathway will have a cancer diagnosis confirmed or excluded within 28 days of referral by their GP. For those people who go on to receive a cancer diagnosis, treatment can begin promptly thereby aiming to improve outcomes. For those who have a cancer excluded they can be reassured in a timely and sensitive manner. There is a national target for Trusts to ensure 75% of all referrals meet the day 28 FDS by March 2024. Prior to the COVID-19 pandemic SaTH was compliant with this. A programme of transformation to implement and deliver FDS is in place post-pandemic to restore compliance within the next 12 months. Following on from this our aim is to strive to increase compliance in excess of this national target.

Community Diagnostic Centres (CDC):

We will be opening a Community Diagnostic Centre (CDC) within the locality within 2023. The NHS is introducing CDC's as part of their radical overhaul of the way MRI, CT and other diagnostic services are delivered to patients. The CDC aims to provide a 'one-stop' service for people to undergo diagnostic investigations away from the acute hospital and closer to home. This service will therefore be more accessible and convenient for people and ensure dedicated capacity for diagnostics for outpatients is separate from the demands of acute patients within a hospital setting. We have already identified a potential location for a CDC within our locality and aim to have this operational within 2023.

Rapid Diagnostic Centre Service (RDC):

NICE produced guidelines in 2015 which recommended the instigation of an urgent pathway for patients with symptoms suspicious, but not specific, for cancer. The pathway is not designed to compete with or replace the established two week wait pathways for patients with symptoms suspected of cancer within a certain tumour site. The term 'vague' refers to serious but not specific symptoms of cancer. These include weight loss, non-specific abdominal pain, nausea/loss of appetite, sweats of unexplained cause, fatigue or a 'gut feeling'. Some of these symptoms or combinations of symptoms can have a number of causes and can also be symptoms of several types of cancer. The time to diagnosis can be



improved for patients with non-specific symptoms that do not currently meet the criteria for site specific urgent two week wait referrals. The aim of this pathway and service is therefore to provide an alternative to referring patients via emergency portholes, for example the Accident & Emergency Department, where the patient is well enough to attend a clinic appointment and to provide a better patient and GP experience with faster access to relevant diagnostic tests and procedures. A pilot of this pathway ran in 2017-2018 and was well received. However further funding was not forthcoming at this time. We have since received additional support from the West Midlands Cancer Alliance to enable us to reinstate this service through a Rapid Investigation Service (RIS). This will become operational ahead of the required deadline of 100% population coverage by 2024.

Rapid Diagnostic Centre Pathways

Rapid Diagnostic Centre pathways are designed to speed up cancer diagnosis and improve patient experience. The NHS began the roll out of this ambition plan in 2019 and has set a target of 2024 for all services to be compliant. The work undertaken to deliver the principles set out for RDC promote continuous improvements in cancer diagnosis and sit alongside the requirements of FDS. There are 7 principles (illustration, above).

In 2021 the national team revised the RDC service specification. This outlined the criteria for vague symptoms as well as the best practice pathways for site specific pathways. There is recognition that this will need to align with current commissioning models and include all the oncosts and whole pathway approach, including triage which is critical to meeting the day 28 FDS standard. Our commitment is to ensure all cancer pathways undergo improvement work to ensure compliance with the 7 RDC principles by 2024.

8 Treatment

How we will achieve this:

- **Prehabilitation for targeted groups** to improve outcomes post treatments
- **Compliance with new Radiotherapy specification by 2022**
- **Compliance with new Teenage & Young Adult service specifications**
- **Increasing the use of Genomics in clinical services**
- **Chemotherapy care closer to home**
- **Increased access** to Robotic surgical procedures via Surgical Hubs
- **Increased access** to Clinical Trials for patients

Safe, effective treatments closer to home

Our aim is to ensure people receive the safest, most precise and effective treatments with fewer side effects and shorter treatment times and where possible closer to home. We are committed to developing new models of care to promote early diagnostics and improve outcomes and survival for people. Our priorities for the next 5 years are as follows:

Prehabilitation

Prehabilitation is the practice of improving a patient's functional capacity before treatment with the aim of improving the post treatment outcomes and in turn long term survival. The four pillars of Prehabilitation are physical activity, breathlessness management, smoking cessation and nutrition. However, we are developing a service which includes a fifth element to include psychological support. Working with colleagues in the Macmillan Integrated Therapies team, alongside scientific advice from the University of Chester, we have launched this pilot in September 2021. Patient experience and outcome data will be used to evaluate the pilot, with the long term vision being to integrate this into the standard patient pathway.

Advances in Radiotherapy

NHS England has published service specifications for radiotherapy which sets out a network model for future service delivery with the establishment of 11 Operational Delivery Networks. Implementation of the specifications will improve patient access to high quality, innovative and advanced treatments whilst ensuring standardised clinical protocols and minimising variations in quality for patients. A network model will also improve opportunities for workforce development and promote a more resilient and sustainable workforce model. SaTH is compliant with this requirement and is part of the West Midlands Operational Delivery Network. The West Midlands focus is on being proactive and inclusive, evolving the radiotherapy service to world class standards. An example of this is the delivery of new technologies at SaTH. In 2021 SaTH treated their first patient with Stereotactic Ablative Radiotherapy (SABR). SABR is not available in all hospitals in the UK and can be given in fewer treatments and with less potential side effects compared to standard radiotherapy. Over the next 5 years we will be focusing on developing and expanding this service in line with new technologies and practice.

Statistics:

- SaTH treats over **1200 patients a year** with Radiotherapy

Chemotherapy

During the COVID-19 pandemic there was a shift towards making chemotherapy regimens COVID friendly. 40 Covid friendly treatment regimens were introduced to reduce footfall in Chemotherapy Departments, to help manage immunity and immunocompromised patients and also manage risk from complications. This work will continue as part of the learning from the pandemic and also as further phases of the pandemic may become apparent. The COVID-19 pandemic also resulted in a shift from face-to-face appointments to virtual appointments for some patients. The progression of digital health services has enabled us to provide satellite outpatient reviews were clinically safe to do so. As we move out of COVID-19 restrictions we will continue to maintain virtual appointments were appropriate to support patients to receive care closer to home.

Over the next 5 years we are prioritising bringing care closer to home with the development of a treatment unit within The Princess Royal Hospital, Telford. We will also continue to scope out the potential for delivering chemotherapy through smaller units or mobile units in parts of our more rural localities.

Pharmacy already works closely with Homecare providers in delivering a wide range of oral chemotherapies directly to patient's homes. Many of the immunotherapies are increasingly being used as first line treatments either in combination with conventional chemotherapy or as a single agent. Many service transformation initiatives which include ensuring best value medicines, better care closer to home, improved cost efficiency, improved patient experience and the use of subcutaneous products rather than intravenous preparations are already in place.

Surgery

It is imperative that patients within STW are offered as full a choice of treatments as possible, as close to home as possible. Within the ICS it is currently not possible to provide all surgical options and as such some of our patients must receive these at other hospitals or at specialist/Tertiary Centres. To ensure the quality of care our patients receive at these other providers, service level agreements are in place which are subject to review and on-going monitoring.

As technology advances and new equipment emerges the ICS will review the applicability and feasibility of purchasing specialist equipment, e.g. a surgical robot, for local use. Partnership working with charities such as The Lingen Davies Cancer Fund, Macmillan Cancer Support, SaTH Charity and The League of Friends charities is crucial for enabling the purchasing of equipment using charitable donations.

Teenage and Young Adult (TYA) services

SaTH is part of the West Midlands Organisational Delivery Network for Teenage and Young Adult (TYA) cancer services. There is an established and successful level of joint care provision with the Principal Treatment Centre (PTC) in Birmingham. Over the next 5 years the services will become compliant with the requirements set out in the new Service Specifications for this service. Currently there is good practice with the TYA multidisciplinary team (MDT) and the site-specific cancer MDT making joint plans of care for patients which ensures the patient is offered optimal treatment for their age. All patients are offered cryopreservation if fertility is likely to be affected. Plans are in place to work alongside the Teenage Cancer Trust (TCT) to increase participation in clinical trials and also to increase tumour banking rates in line with availability.

Genomics

Genomics is the study of the body's genes using techniques to look at the DNA and the associated compounds. NHS England and NHS Improvement are enabling the NHS to harness the power of genomics to improve the health of the nation. Genomic medicine has the potential for cost savings and improving outcomes from treatments through maximising benefits and reducing side effects.

Increasing use of genomic sequencing to target treatments more effectively are being used in the West Midlands.

Recently, whole genome sequencing has become the standard of care for all patients who have been diagnosed with a sarcoma (in addition to the current standards). At RJAH all newly diagnosed patients with sarcoma will be offered whole genome sequencing. Sequencing will be performed and the genomic laboratories in Birmingham and results discussed at the genomic tumour advisory board with advice for new targeted treatment options available.

Our ambition is to implement genomic sequencing for all eligible cancer indications so that within 10 years all people with a cancer will benefit from genomic testing.

As part of the NHS Long Term Plan, genomics is moving into routine NHS care. Seven Genomic Medicine Service Alliances and Genomic Laboratory Hubs have been established across England, with the core focus of ensuing equity of access to genomic testing for eligible patients across the country.

Part of the national genomic programme will be to develop the role of pharmacists in clinical pharmacogenomics and in the personalisation of treatment interventions.

Dihydropyrimidine dehydrogenase (DPYD) testing for patients receiving fluoropyrimidine chemotherapy has already been implemented and further projects will be rolled out in the future.

Clinical Trials

Evidence demonstrates patients who enter clinical trials do better than patients who don't, even if they receive the standard treatment. STW's ICS has a very active Research & Innovation workforce and are active in the field of clinical trials and research. SaTH has set itself an ambitious target of increasing recruitment into research studies by 10% each year. This includes increasing patient access to pharmaceutical trials. If a trial is not available locally we are committed to providing information and details of trials recruiting elsewhere. The local trials portfolio includes both interventional and non-interventional studies in a broad range of cancer sites, including lung, breast, prostate, urothelial, renal, ovarian, endometrial, cervical, haematology and colorectal cancer. The non-interventional studies include surveillance and epidemiology studies. The interventional studies include radiotherapy, hormone therapies, targeted therapies and chemotherapies. The trials are either academic or industry-led.Many of the Oncologists and Haematologists are already Principal Investigators (PI) or Co-Investigators but over the next 5 years we are striving to ensure all are research active and are a named Investigator/Co-Investigator of a trial. To do this we will be ensuring research time is allocated within their job plans and to develop the role of Associate PI's with junior doctors who enter the speciality. The development of joint Clinical Nurse Specialist & Research Nurse posts are also being developed to support site specific clinical cancer teams and their patients. In turn this will help us to achieve our target of increasing clinical trials recruitment year on year.

RJAH are involved with National Institute for Health research (NIHR) trials which comprises observational, retrospective and prospective trials. Currently the Tumour Unit is involved in a number of research trials which includes ICONIC (improving outcomes through collaboration in osteosarcoma), Ct DNA for chondroid lesions and chordoma, the Biobank and artificial intelligence studies.

The aspiration is for locally generated cancer research studies with the potential to lead to larger multicentre studies. We are committed ensuring every cancer patient should be offered a clinical trial if there is one available for them.

9 Living with & beyond Cancer

How we will achieve this:

- **Personalised care for all people with cancer**
- **Personalised stratified follow up (PSFU)** in Colorectal, Prostate & Breast cancers patients commenced prior to 2022
- **PSFU roll out** to 3 more teams during 2022
- **PSFU roll out** to 2 further teams during 2023
- **Improved use of digital technologies** to support people living with cancer

A study by Macmillan revealed 1 in 3 people LWBC experience moderate to severe unmet needs at the end of treatment. In addition, National Patient Reported Outcome Measures have found that people with cancer experience persistent long term problems. Furthermore there is a significant body of research and evidence supporting the efficacy and benefits of promoting a self-care and self-management approach to support recovery and survivorship.

Personalised Care:

Our Strategy is to deliver a system wide programme which will enable and empower people living with cancer to live life as fully as possible during and after treatment. In partnership with Macmillan we have created a programme of activities and resources to transform the lives of people living with and beyond cancer. These have enabled and empowered people to recover as fully as possible and to live as well as possible with cancer throughout their treatment and beyond. In collaboration with patients, we have developed new and innovative tools to promote self-care and self-management to support recovery and survivorship.

Our LWBC tools aim to improve patient experience by ensuring patients have information on how to safely self-manage. Our programme of work encompasses the following:

1 Holistic Needs Assessments & Care Plans

We are working to ensure all patients with cancer have access to at least one Holistic Needs Assessment (HNA) with the production of a care plan outlining any actions. An initial HNA is to be offered around the time of diagnosis to identify any immediate concerns the patient may have after receiving a cancer diagnosis. HNAs are also available for the patient to access at any point in the pathway in order to support the changing needs of the patient. A holistic needs assessment (HNA) can be in one of many formats: paper assessments, face-to-face assessments, telephone assessments and shortly, the option to complete the HNA online to send directly to the team will be available. The purpose of the HNA is to offer the person with living with cancer an opportunity to raise any concerns they have identified for themselves. The assessment is holistic as it considers concerns from all aspects of the person's life: physical, spiritual, emotional, practical and psychological problems. Any concerns or questions they have is then discussed with a member of the team and a care plan is developed to ensure the person truly receives personalised care. The care plan is offered to the patient to document the concerns or questions discussed and any actions that the person living with cancer has agreed to take, with the aim of promoting self-management of care in addition to any actions the person completing the HNA and Care Plan has agreed to complete. A record of this is then kept on the hospital system and a copy is given to the patient for their reference.

2 My Passport to Living Well

A resource that was developed by SaTH was the 'My Passport to Living Well' to act as a handheld record. In addition to helping the patient complete a HNA, the passport contains information about local and national

services that the person living with cancer and their loved ones cancer can access at any point in their pathway. The Passport was created in order to empower the person living with and beyond cancer to gain some control back following a cancer diagnosis as well as provide support throughout their pathway so that they feel more confident once treatment ends. Our ambition is to ensure that all patients receive a passport at the time of diagnosis and use this as a handheld record which they bring to all appointments both within Primary, Secondary and Tertiary Care.

3 Living Well Sessions

We have set up 'Living Well with Cancer' events within community venues across our locality to bring care closer to patients. Sessions are open to anybody affected by cancer at any point during and after their cancer treatment. Sessions are informal and interactive enabling patients to learn from and share their own experiences, tips and advice. The model was developed from national data, alongside patients and evaluation of the session sourced at every session to ensure we are meeting the needs of those who are attending. The sessions are facilitated and led by trained patient champions. During the Covid pandemic we adapted the model so that we were able to deliver the Living Well Sessions online; the virtual session held via Microsoft Teams have proved to be successful. Whilst we recognise the limitations of virtual sessions, our future model will continue to provide these, enabling people to have the choice. By offering both options of the Living Well Session, we are hopefully making it more accessible to those in rural areas and those who are unable to travel. In addition, to support both of these models, we have developed 'Living Well' videos which are accessible at any point during the day or night via the 'Living Well Patient Information Services' section of the Cancer Services Department on the Shrewsbury and Telford Hospitals NHS Trust website. This enables those who are affected by cancer to have access to concise, accurate information along with peer support and education whenever they need. Patients and families can choose when to watch them, how often, what to do next and get inspiration for safe self-management.

4 End of Treatment Summaries

Over the next 5 years we will ensure all patients undergoing treatment for cancer are provided with an End of Treatment Summary (EOTS). After each element of treatment, an EOTS should be produced to share with the patient and their GP to provide details of the treatment received, the next steps to be taken by the hospital and by the GP, any alert signs and symptoms to be aware of, when to act on them and who to contact for support. The EOTS will inform ongoing management plans with the patients' GP as part of the Cancer Care Review process.

5 Cancer Care Reviews

A Cancer Care Review (CCR) is to be completed within 12 months of the patient's cancer diagnosis. As an integrated system we are working collaboratively with Macmillan GP's, SaTH, CCG's and GP practices to improve both the quality and quantity of CCRs. An 18 month programme of work has commenced which aims to make the process as simple, achievable and beneficial as possible for patients and staff (i.e. prepare the system for improvement involving GP's and Practice Nurses, facilitating the use of improved templates and providing training and education). We have recruited specialist Cancer Care Coordinators within Primary Care Networks to help deliver this and champion cancer care for patients.

6 Wellbeing App

From 2022, we will be offering access to a digital health and wellbeing support App for all patients and their families. This will provide help and support for all patients, for all cancer types and at all times in their individual pathway. The App will also positively support signposting to support services within the entire ICS. Being accessible at all times of the day, people can access the help and support they need whenever they need it.

7 Personalised Stratified Follow-up (PSFU)

The aim of PSFU is to improve patient experience and the quality of life for people following treatment for cancer, as well as making services more efficient and cost-effective. Patients are offered care tailored to their individual needs which includes information about signs and symptoms to look out for which could suggest their cancer has recurred or progressed, rapid access back to their cancer team if required, regular surveillance scans or tests (depending on cancer type), with quicker and easier access to results and personalised care to support self-management and improve their health and wellbeing in the long term. This stratified follow-up approach has been successfully established in the Breast cancer services since 2020. During 2021 this was rolled out to Colorectal and Prostate cancer services too. There is a requirement for three further teams to be in either protocol or operational format during 2022. These will be within the Gynaecology, Haematology and Thyroid cancer services. We will be compliant with this.

Notes:

Notes:

Acknowledgements

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