

Cancer Strategy

A Framework for NHS Lanarkshire
June 2013 - June 2016



NHS Lanarkshire is committed to promoting equality of opportunity, recognising that there is no equality of opportunity if the difference is not recognised and valued.

Reducing health inequalities and promoting equality should be everyone's business. Access to and outcomes from health services can be affected by various factors including; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation (Equality Act 2010) and socio-economic factors.

This strategy reflects NHS Lanarkshire's commitment to equality and diversity.



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1.0 Executive Summary

Cancer services have changed substantially over the years and will continue to evolve.

The number of people diagnosed with cancer is rising, reflecting the impact of Scotland's ageing population as well as improvements in diagnosis. The largest increase will be in the elderly. Additionally, more people will live for longer with their cancer diagnosis as treatments improve.

Appropriate prevention, screening, diagnosis, treatment and rehabilitation and support services will be required to address the changing cancer agenda.

NHS Lanarkshire has undertaken significant work to address these elements over recent years. However we need to continue improve the way our services are delivered.

This strategy document sets out how we will develop cancer care in Lanarkshire over the next seven years.

In line with the NHS Scotland Quality Strategy the service will continue to be person centred, safe and effective. Any changes will also reflect the Scottish Government's national vision for cancer services as outlined in *Better Cancer Care*.

Locally, NHS Lanarkshire's framework *A Healthier Future* sets out the strategic aims which should underpin all service planning and these have informed the development of the cancer strategy. These are:

- ◆ To reduce health inequalities and enhance cancer prevention to improve life expectancy
- ◆ To support people to live independently at home through integrated health and social care working
- ◆ To improve palliative care and supported end of life services
- ◆ For hospital day case treatment to be the norm, avoiding admissions where possible

A stakeholder event was held in June 2012 and this outlined the priorities for service development. The event highlighted the need for integrated services which cover each stage of cancer care from improving public awareness and prevention through to diagnosis, treatment, follow-up care and rehabilitation and end of life care. In the development of this strategy we have taken account of the recommendations from the event.

This means collaborative working with statutory agencies as well as the third and independent sectors, to provide the right treatment and support at the right place and at the right time.

The essence of the strategy is the augmentation of

- ◆ Prevention and early detection of cancer
- ◆ Provision of high quality treatment
- ◆ Support for people with a diagnosis of cancer so they can live full and independent lives within their home and local communities.

Our aim is to develop an adaptable, flexible service that meets the needs of everyone in Lanarkshire who is affected by cancer.

As we work towards achieving the goals set out in this document we will continue to engage with our staff, patients, carers and other key stakeholders.

This strategy is NHS Lanarkshire's vision to deliver better cancer care for the population of Lanarkshire based on the key themes set out in the Scottish Governments Document Better Cancer Care, An Action Plan (2008).

1.1 Cancer Centre

The review of Lanarkshire's clinical services, "A Picture of Health", was concluded in February 2008. One significant outcome was the recognition of the benefit to the care and treatment of people diagnosed with cancer through concentrating some of these services on one hospital site. Monklands was identified as the site best suited to do this.

The benefits of this approach will lead to improved outcomes for patients through:

- ◆ Improved access to the multidisciplinary specialty team
- ◆ Opportunities to further develop the provision of high quality, co-ordinated care and improve continuity of care
- ◆ Sustainability of the clinical workforce
- ◆ Enhanced opportunities to retain and recruit healthcare staff and to develop training and expertise to enable further expansion of their role.
- ◆ Improved environment for complex day case procedures
- ◆ Opportunity to provide expanded, dedicated outpatient services

However, the NHS Board appreciate that the benefits of this approach to concentration of services must be balanced against the very real value placed by patients and their carers on having local access to services close to home. In all cases this benefit must be weighed against any of the advantages of concentrated services.

There are no plans at present to concentrate all cancer services at Monklands in a single building or department. The current estate is a limiting factor and does not allow such a development. In that respect this will be a “virtual” cancer centre with services located across the Monklands campus. However, and future plans for the hospital will take cognisance of the cancer strategy, and seek to provide the best-fit for the future development of services.

It is fully recognised that a significant proportion of services will continue to be provided at Hairmyres, Wishaw and other locations for patients within those hospital catchment areas, for example the administration of chemotherapy, or routine follow-up outpatient appointments where there is no added value to patients in concentrating at Monklands.

Since the agreement to proceed in 2008, this strategy has led to some significant developments at Monklands:

- ◆ Concentration of inpatient haematology
- ◆ Re-configuration of the dermatology day treatment areas
- ◆ Provision of the Lanarkshire lung oncology outpatient clinic
- ◆ Building of the Lanarkshire Maggie’s centre (opening spring 2014)
- ◆ Location of a state-of the art MDT room with telelinks across Scotland and beyond

Other developments under consideration are:

- ◆ Potential to build a regional satellite radiotherapy unit
- ◆ Locating Lanarkshire’s histopathology services at Monklands

2.0 Cancer prevention

Preventing cancer is a local and a national priority and will play a major part in the reduction of cancer deaths and ill health. It involves the promotion of health and well being, the reduction of cancer risk factors and the early detection of cancer. Prevention will have a strong focus on reducing inequalities in cancer mortality.

There is evidence that action on a range of lifestyle and environmental factors will help to reduce the risk factors associated with cancer. Local priorities include:

- ◆ Supporting the reduction of health inequalities
- ◆ Reduction in smoking prevalence and protecting people from exposure to tobacco smoke
- ◆ Improving diet and nutrition
- ◆ Reducing obesity and improving weight management
- ◆ Reducing alcohol consumption
- ◆ Reducing environmental risk through skin cancer prevention interventions
- ◆ Improving participation (through informed consent) in national cancer screening programmes to help detect cancer earlier

NHS Lanarkshire is committed to reducing premature deaths and is investing in prevention programmes to prevent the onset of cancer. In its strategic priority *“Delivering things that make a big difference”* NHS Lanarkshire recognises the importance of tackling the biggest killers and focusing on inequalities.

It is important to recognise that wider life circumstances such as employment status and educational attainment impact on overall health status and lead to inequalities in morbidity and mortality (Equally Well, 2008). Strategies to prevent cancer therefore have to address both lifestyle issues and wider determinants of health. The Single Outcome Agreements and Community Plans that have been developed for both local authority areas outline a range of actions to improve life circumstances and life chances including early intervention, employment and lifelong learning, social inclusion and regeneration.

NHS LANARKSHIRE AND PARTNERS WILL

- ◆ Continue to implement the Lanarkshire Tobacco Control Strategy (2012-2015).
- ◆ Continue to promote and deliver activity programmes targeting all age groups and abilities.
- ◆ Continue to implement the Lanarkshire Alcohol and Drug Partnership strategy (2011-2014)
- ◆ Continue to take forward a wide range of initiatives to promote and support healthy eating and healthy weight for children and adults across communities.
- ◆ Continue with ongoing work through mainstream health improvement programmes to promote awareness of UV radiation and early detection of skin cancer
- ◆ Continue to promote and implement and monitor uptake of HPV vaccination programme.
- ◆ Continue to implement Keep Well services to overcome barriers to accessing healthcare.
- ◆ Implement, monitor and review health improvement and protection strategies.
- ◆ Work in Partnership to develop and implement evidence based health improvement programmes and services which address the key cancer risk factors and monitor the impact of these programmes through both NHS and community planning governance arrangements.

2.1 Early Detection of Cancer

The earlier a cancer is diagnosed, the better the chance there is of a complete cure. NHS Lanarkshire is committed to an evidence-based approach to screening, based upon the advice of the UK National Screening Committee. We also support national screening programmes for cervical, breast and bowel cancers and the Detect Cancer Early Programme.

2.2 Screening Programmes

Scottish Cervical Screening Programme

The Scottish Cervical Screening Programme was introduced in 1988 with the aim of reducing the incidence of and mortality from invasive cancer of the cervix. Cervical screening is offered to eligible women aged 20-60 every three years and women with an abnormal result are invited for follow up as appropriate. As of 31 March 2012, uptake of cervical screening in NHS Lanarkshire was 80.1%; the Scottish average over this period was 78.8%. The Health Improvement target is 80%. This conceals significant variation at locality and practice level.

Immunisation against Human Papilloma Virus (HPV) will significantly reduce the incidence of cervical cancer. In time, this will lead to changes to the organisation of the existing cervical screening programme.

NHS LANARKSHIRE AND PARTNERS HAVE

- ◆ Achieved the national target for cervical screening.
- ◆ Implemented Test of Cure in October 2011.

NHS LANARKSHIRE AND PARTNERS WILL

- ◆ Continue to monitor uptake and promote HPV vaccination and screening programme locally
- ◆ Continue to address areas with low uptake of cervical screening and HPV vaccination.

Scottish Bowel Screening Programme

NHS Lanarkshire began to offer bowel screening as part of the Scottish Bowel Screening Programme in August 2009. Bowel screening is offered every 2 years to all men and women aged between 50 and 74. From 2013, men and women over the age of 75 will be able to self refer into the bowel screening programme.

Positive screening results are followed up with colonoscopy. Programme uptake in NHS Lanarkshire at the end of the first full round of screening (August 2011) was 47.7%, with higher uptake rates amongst women (50%) than men (44.2%). Uptake rates were significantly lower by (19.3%) in the most deprived areas compared with the most affluent areas.

The Scottish average uptake over this period was 54.5%. These levels of uptake are significantly lower than the target of 60%.

NHS LANARKSHIRE AND PARTNERS WILL

- ◆ Continue to promote and performance manage the screening programme.
- ◆ Develop appropriate local communications and marketing of the programme and target particular areas and groups with poor programme uptake.

Scottish Breast Screening Programme

NHS Lanarkshire is actively participating in the National Scottish Breast Screening Programme: women aged 50-70 years are invited for screening every three years.

The uptake of breast screening in Lanarkshire for the last complete round of screening (2007-2010) was 71.5% which meets the national minimum target of 70% but not the desired target of 80%. The national uptake rate is 75%.

Within Lanarkshire uptake varies by practice, locality and CHP and is lowest in areas of socio-economic deprivation.

NHS Lanarkshire is currently participating in the National Breast Screening Review which will report in 2013.

NHS LANARKSHIRE AND PARTNERS WILL

- ◆ Implement the recommendations from the National Review of Breast Screening Services.
- ◆ We will explore the feasibility of repatriating screened detected breast cancer patients.
- ◆ Develop appropriate local communications and marketing of the programme and target particular areas and groups with poor programme uptake.

2.3 Detecting Cancer Early (DCE)

In April 2012, the Scottish Government launched a new phased programme of work called Detecting Cancer Early (DCE) which aims to increase the proportion of patients who are diagnosed at stage one of the disease. The DCE programme of work will aim to

- ◆ Improve the 5 year survival rates for people in Scotland diagnosed with cancer.
- ◆ Realise a 25% increase in individuals diagnosed with breast, bowel and lung cancer in stage one of the disease.

Action from the national plan will initially concentrate on tackling the three most common cancers in Scotland – breast, bowel and lung cancer, with a focus on:

- ◆ Raising the public's awareness of screening programmes and also the early signs and symptoms of cancer and encouraging people to seek help earlier
- ◆ Continue to support national DCE campaigns and implementation of national referral work during 2013/14
- ◆ Working with GPs to promote earlier referral or investigation of patients who may be showing a suspicion of cancer
- ◆ Ensuring there is sufficient capacity in the screening programmes to meet the expected increase in those choosing to take part
- ◆ Imaging departments, other diagnostic departments and treatment centres to prepare for an increase in the number of patients with early disease requiring investigation and or treatment.

NHS LANARKSHIRE AND PARTNERS WILL

- ◆ Support implementation of national referral work during 2013/14.
- ◆ Continue to support national DCE campaigns and work in partnership to develop and implement evidence based health improvement programmes and services which address the key cancer risk factors and monitor the impact of these programmes through both NHS and Community planning governance arrangements.
- ◆ Develop sustainable capacity plans for 2013/14 to meet anticipated increased demand from the DCE campaigns.
- ◆ Support National social marketing and communications to raise awareness of screening programmes.

3.0 Genetic and Molecular Testing

A small percentage of cancers develop as a result of inherited genes that increase an individual's likelihood of carrying such genes to the development of a cancer. Nationally there is a co-ordinated cancer genetics service, with four regional genetic centres. Lanarkshire is served by the service hosted in Glasgow with family history clinics delivered locally.

NHS LANARKSHIRE AND PARTNERS WILL

- ◆ Continue to work in collaboration with the Regional Cancer Genetics Service to provide local family history clinics.
- ◆ Implement the revised Regional Cancer Genetics Referral Guidelines in 2013.
- ◆ Sustain the collaboration between Regional Cancer Genetics Services and the local information and support services to ensure continued psychological and informational support around hereditary cancers and family history.
- ◆ Through the implementation of the guidelines and training enhance the knowledge and skills of staff around cancer genetics to facilitate appropriate advice and referral to specialist genetics services.

Molecular Pathology

Scientific advances have resulted in molecular (cells in tumours) testing of tumours to aid the diagnosis and classification of cancer; targeting treatment for patients with specific genetic changes; and the assessment of treatment response and disease progression.

Work is being progressed nationally and regionally to explore and agree an optimal service model for molecular testing. This is an area of growing importance with the introduction of new targeted cancer medicine/interventions.

NHS LANARKSHIRE AND PARTNERS WILL

- ◆ Be kept apprised of the progress towards implementation of a national Consortium for Molecular Pathology through WOSCAN.
- ◆ Actively participate in discussions with regards to national and regional approaches to molecular pathology through the WOSCAN Managed Clinical Networks.

4.0 Referral and Diagnosis

4.1 Current Standards

The key components of successful cancer management include:

- ◆ Recognising and reporting symptoms early
- ◆ Expertise in identifying patients who require prompt referral
- ◆ Rapid access to investigations and treatment.

This is underpinned by inter-professional communication, a highly-trained workforce and two-way communication between healthcare workers and patients/carers.

Recognising Symptoms

The cancer journey for many people starts when they notice symptoms. For others, however, even though survival rates and patient outcomes are improving and cancer is now very often a long-term condition, many people are reluctant to present, even when they have symptoms.

Work needs to be undertaken to increase public awareness of early symptoms encouraging the public to see their GP earlier to enable prompt referral into diagnostic and treatment services.

NHS LANARKSHIRE AND PARTNERS WILL

- ◆ Through the clinical teams and Public Health will work with patients and their representatives to explore the issues that make them reluctant to come forward.
- ◆ Find solutions to resolve these issues.
- ◆ Develop a local social marketing and communications plan to educate the public on recognition of symptoms of malignant disease and present promptly to their GP.

4.2 Referral Processes

To support GPs to make prompt and appropriate referrals for symptomatic patients who present in their surgery, secondary care clinicians and GPs have developed NHS Lanarkshire electronic guidelines and pathways for all tumour types. This provides speedy access to the right department and reduces delays which, in turn, should enhance the patient experience.

Patients with symptoms suspicious of cancer will require access to a range of diagnostic testing. This testing is an important part of their pathway. In some pathways, there is already direct access to testing. The main objective of our referral and diagnosis strategy is to provide a joined up, efficient, streamlined and effective way of diagnosing patients with cancer as early as possible.

NHS LANARKSHIRE AND PARTNERS HAVE

- ◆ Developed pathways for all nine main tumour types.
- ◆ Communicated the guidance on the pathways to all GPs.

NHS LANARKSHIRE AND PARTNERS WILL

- ◆ Monitor compliance with guidelines on an ongoing basis.
- ◆ Monitor compliance with electronic referral pathway on an ongoing basis.
- ◆ Work in partnership to improve usage of electronic referrals from 78% to 100% (for all tumour groups excluding dental) by 2014
- ◆ Undertake regular review and update of guidelines.
- ◆ Develop pathways for less common cancers.

4.3 Diagnostic Tests

Current Services

All the diagnostic tests for initial diagnoses of cancer are available and carried out within Lanarkshire.

Currently all initial diagnostic tests for all tumour types are available on all three acute sites in Lanarkshire. Although at present most of the diagnostic test timescales are being met, the introduction of the Detect Cancer Early Programme will increase demand on colonoscopy, CT scanning, x ray and mammography.

All diagnostic test results are now reported electronically and immediately available to the referring clinician in primary care and acute sector. Work is underway within the radiology departments to highlight suspicious findings to the relevant clinician(s) urgently. This will help speed the patient through their management pathway.

Once the diagnosis of cancer is established, the next step in the pathway is to stage the disease i.e. to establish the extent of the cancer. This is crucial for tailoring the treatment for individual patients as each tumour type and stage will have a different treatment model which will guide the clinician to the next step in the treatment pathway.

Initial staging tests to assess the extent of the disease are mostly radiological. Although most of them are carried out within NHS Lanarkshire, some tests are provided regionally; in particular CT and PET scanning, endoscopic Ultrasonography (EUS) and endoscopic bronchial ultrasound (EBUS). NHS Greater Glasgow and Clyde (NHSGGC) currently provide these services for Lanarkshire patients.

Although we receive a significant number of referrals for patients with suspicion of cancer, the actual number of patients eventually diagnosed with cancer averages about 10% of the total number of referrals. Hence 90% of these patients can be reassured and discharged. One of the main challenges for us is to develop a future strategy with more robust ways of selecting patients requiring further investigation. Developing a more specific referral questionnaire or less invasive testing such as blood testing, urine testing or stool testing prior to undertaking more invasive investigations may be some of the ways forward.

NHS LANARKSHIRE AND PARTNERS WILL

- ◆ Explore new models of diagnostic testing. One example of this is use a less invasive test for assessing older patients with suspected colorectal cancer e.g. CT Colonography during 2013.
- ◆ Investigate the possibility of developing EUS and EBUS locally by end of 2013.

5.0 Treatment

Cancer care is complex and relies on highly skilled staff using the most up to date evidence and equipment to provide the best care possible for patients.

The most critical component of delivering effective treatment for patients with cancer is developing robust multi-disciplinary teams (MDT) which will include relevant specialists involved in the management of specific tumour types and should include radiologists, pathologists, oncologists, surgeons, nurses and physicians. Effective MDTs foster quality-assured and documented, up-to-date treatment decisions. It is important that the decisions of the MDT are recorded timeously and circulated to all those involved in caring for a particular patient including primary care and all other health professionals.

5.1 Surgery

The surgical option remains the most common way of treating cancer patients. Currently most surgical treatments for cancer are provided within Lanarkshire with the exception of those requiring specialist surgical intervention.

Enhanced recovery, often referred to as rapid recovery, is a new, evidence-based model of care that enables fitter patients to recover from major surgery faster.

NHS LANARKSHIRE AND PARTNERS WILL

- ◆ Further develop the current medical workforce skills to provide minimally invasive surgery and also to recruit the right level of expertise to deliver this service.
- ◆ Develop an effective enhanced recovery service for all tumour types.
- ◆ Ensure that demand and capacity planning is an ongoing process to project growth in each tumour type. This will inform financial and workforce planning decisions timeously.
- ◆ Through the e-health strategy we will develop a process to record MDT outcomes during 2013/14.
- ◆ Further develop existing process for horizon scanning to assess new opportunities to ensure that patients in Lanarkshire continue to benefit from the latest technologies and techniques.

5.2 Chemotherapy

Chemotherapy remains a standard treatment for cancer. The majority of chemotherapy is provided locally within each of the three acute hospital sites in NHS Lanarkshire. Chemotherapy for less common cancers is delivered at the West of Scotland Cancer Centre (WoSCC) (Beatson).

A review of demand and capacity for chemotherapy indicates that there will be an increase in demand for chemotherapy delivery in NHS Lanarkshire. Therefore we will need to review clinical models and service provision taking cognisance of those patients who still require to be repatriated to NHS Lanarkshire from WoSCC. The review of demand and capacity will include prescribing, preparation and administration of chemotherapy treatments.

NHS LANARKSHIRE AND PARTNERS HAVE

- ◆ Adopted the WoSCAN governance framework for chemotherapy protocol development and introduction of new treatments
- ◆ Implemented the regional Chemotherapy Electronic Prescribing and Administration System (CEPAS) in the three acute hospitals.
- ◆ Established the Systemic Anti-cancer Therapy Group (SACT) and appointed a lead clinician for SACT

NHS LANARKSHIRE AND PARTNERS WILL

- ◆ Review pharmacy aseptic services to ensure that aseptic reconstitution of cytotoxic medicines and preparation of other aseptic treatments meets the demands of the current and future clinical services. Action plan to be agreed by October 2013
- ◆ During 2013 we will perform a review of Day Units in all three hospitals to optimise service provision to meet the increasing needs
- ◆ Over the next two years consider new models of care such as non-medical prescribing to provide enhanced support for patients and to provide a more resilient and flexible chemotherapy service.

5.3 Acute Oncology/Oncology Emergencies

Acute Oncology is a national, regional, and local priority. Acute Oncology includes:

- ◆ Side effects arising from chemotherapy and/or radiotherapy
- ◆ Complications or symptoms related to cancer
- ◆ Newly diagnosed cancers presenting acutely

Timely management is required in hours and out of hours. Robust pathways of care are required to optimise ambulatory assessment and treatment or when necessary inpatient care.

NHS LANARKSHIRE AND PARTNERS HAVE

- ◆ Secured funding to develop local acute oncology pathways of care

NHS LANARKSHIRE AND PARTNERS WILL

- ◆ Develop local pathways of care based upon regional and national guidelines for acute oncology.
- ◆ Engage and participate in regional and national pilot projects to inform local service development

5.4 Radiotherapy

The provision of radiotherapy is a specialised treatment which is delivered at the WoSCC Centre. Currently the demand for radiotherapy services is increasing and the national radiotherapy group is looking to develop a satellite unit for the west of Scotland.

NHS LANARKSHIRE AND PARTNERS WILL

- ◆ Continue to participate in the National Radiotherapy Group for the proposed new build West of Scotland Satellite Radiotherapy Facility through the procurement process.

6.0 Living with and Beyond Cancer

Living with and beyond cancer is a Scottish Government priority. The Scottish Cancer Taskforce has established the 'Transforming Care after Treatment' (TCAT) programme:

The four key objectives of the programme are to:

- ◆ Reshape the provision of care to provide capacity for the predicted increase in cancer incidence and prevalence.
- ◆ Promote and initiate an integrated and sustainable approach to the provision of care involving health, social care and third sector partners that drives a shift in focus from treating the disease to health and wellbeing.
- ◆ Create a culture of confidence in patients and professionals which supports people to regain control of their lives, facilitates self-management, develops new approaches to surveillance and reduces necessary reviews.
- ◆ Facilitate shared decision making with patients in cancer follow-programmes that promote co-design of high quality, safe ongoing care.

6.1 Lanarkshire Cancer Improvement Programme

The Cancer Division has identified 'Living with and Beyond Cancer' as a local priority and an opportunity to reshape the clinical models and services provided for people affected by cancer. This work will be inclusive and developed in partnership with local authorities and third sector partners with a view to future delivery of a holistic approach and integrated response that meets the breadth of needs, which focuses upon the people affected by cancer and not the disease.

6.2 New models of Follow Up

The current generic one-size fits all approach to cancer follow-up does not meet individual assessment needs for a more flexible approach and therefore does not support self-management models effectively. In addition the follow up and after care system as it is currently organised will not cope with the projected increase in the number of people living with cancer, nor will it address rehabilitation and secondary prevention needs. Added to this future work will explore improved availability of rehabilitative measures to support the reduction in the impact of cancer and its treatment, but also the impact of other co-morbidities (long term conditions). The evidence tells us that people's function, confidence and morale could be more adequately addressed by redesigning how and when people can access support tailored to their needs.

6.3 Working with the third sector

NHS Lanarkshire's Cancer Services have well established collaborative partnership working with our third sector partners. Collaboration with the third sector enhances the care and services provided by health services for people affected by cancer care. Efficient and effective use of combined resources gives the best outcomes for people affected by cancer while ensuring their wider needs are addressed. This is why it is essential that all organisations work together.

6.4 Supporting the integration of health and social care

Collaborative working is essential to optimise the efficient and effective use of combined resources and to deliver the best outcomes for patients and families.

Additional mutual benefits to be realised by collaborative working include:

- ◆ Enablement of the NHS to deliver its aspirations towards a more holistic approach to meeting service users' needs
- ◆ Recognition that third sector and independent sector organisations are in a strong position to provide a range of services that complement NHS services
- ◆ Increased flexibility of services and opportunities to test out new approaches.
- ◆ Provision of a bridge to facilitate the involvement of volunteers
- ◆ Increased service access points via the third and independent sectors.

The strategy recognises and plans for the development of a joint response to the growing survivorship need with partners in local government, building on existing relationships which supports and influences the broader integration agenda.

The following highlights the focus which is being discussed with other local government partners across Scotland in a joint response to the growing numbers of people who will be living with and beyond cancer treatment.

1. Integrated holistic assessment and post treatment care planning to stratify needs based on risk and to promote early targeted/planned intervention and support - e.g. care management delivered by long term condition nurses in conjunction with other partner agencies;
2. Development of risk stratified re-enablement and rehabilitation packages to ensure that improvement in health and wellbeing continues beyond acute care;
3. Access to self directed support (SDS) as a part of a broader drive to incentivise/encourage self management;
4. Supporting the continued professional development of the workforce through targeted learning and development as an integral part of any change programme;
5. A coordinated approach to end of life planning to ensure people of Lanarkshire have the option of dying at home
6. Formalise the links with and support for the Scottish Government's national initiative to Transform Cancer Care after Treatment

The support of family and friends as unpaid carers is essential to the welfare of people with a cancer diagnosis and they should be considered partners in care. However, many people do not regard themselves as being a “carer” and do not access appropriate services and supports. To help support carers in their caring role, the NHS Lanarkshire Carers’ Information Strategy Group (CISG) identified the following key themes:

- ◆ Carers and young carers should be identified by NHS staff;
- ◆ Carers should be provided with information and signposted to local carer organisations for services and supports;
- ◆ Carers should be informed of their right to a Carer’s Assessment;
- ◆ Carers should be recognised as equal partners in care;
- ◆ Carer awareness training should be developed and embedded wherever appropriate in mainstream training for NHS staff;
- ◆ Carers should be supported to participate in the strategic planning process to help shape future services.

These key themes were reflected in the NHS Lanarkshire Carers’ Information Strategy 2007-2010. This strategy has been reviewed and, to ensure a more integrated and cohesive approach to supporting carers, the key elements have been incorporated within the new joint strategies, “A Strategy for Carers in North Lanarkshire 2013-2018” and for South Lanarkshire “The Carers Strategy 2012-`17”. To support this work, NHS Lanarkshire and the Scottish Government have provided recurring and non-recurring resources, respectively. This funding stream has been further enhanced through the Reshaping Care for Older People work-streams.

6.5 Palliative Care

One of the four priorities in NHS Lanarkshire's *A Healthier Future 2012-2020* strategic planning framework is 'to improve palliative care and supported end of life services.' To address this, three stakeholder events were held during 2012 which identified seven key gaps in palliative care:

- ◆ Specialist cover at the weekend
- ◆ Palliative care discharge management
- ◆ Informal carer involvement in care planning
- ◆ Respite/day services, including <65 year olds
- ◆ Promoting communication around about death, dying and bereavement
- ◆ Flexibility of equipment delivery/uplift for palliative care
- ◆ Transport for non-malignant palliative care

Action to address each of these gaps is currently underway, and many will link closely to developments within the *Reshaping Care for Older People* programme. For example community capacity building initiatives and community transport provision. Under this umbrella there are close working relationships with GPs, district nurses, Community Macmillan Teams, Acute Palliative Care Services, Hospice Care, Marie Curie Nursing and Social Work Departments. In addition a new consortium has been established (the Local Hospice Forum) to lead the process of how best to meet the needs identified by stakeholders. The aim is to submit a brief palliative care strategy and implementation plan by June 2013.

NHS LANARKSHIRE AND PARTNERS HAVE

- ◆ In partnership with Macmillan Cancer Support and DWP, NHS Lanarkshire has developed sustainable services with North and South Lanarkshire Council to ensure that people affected by cancer have timely access to specialists in financial and benefits advice.
- ◆ Completed a pilot study of Patient Reported Outcome Measures to identify supportive care needs in people with lung cancer.
- ◆ Completed a pilot study of Holistic Needs Assessment, which assessed individual physical, psychological, social and emotional needs.
- ◆ Implemented the NHS Lanarkshire Carers' Information Strategy 2007-2010 and developed new joint strategies with North and South Lanarkshire Councils to provide a framework for local services and resources, ensuring that carers are identified and signposted to appropriate supports, information and training.
 - ◆ Established the NHS Lanarkshire Carer Support Team
 - ◆ Developed a "Carer Champion" Training Programme
 - ◆ Worked in partnership with the Princess Royal Trust Lanarkshire Carers Centre

NHS LANARKSHIRE AND PARTNERS WILL

- ◆ NHS Lanarkshire will embark upon a comprehensive programme of cancer improvement including: Patient Reported Outcome Measures; Individual assessment & Care Planning; Care Co-ordination; Support and Information; Individualised needs based Self-Management over the period 2013/16.
- ◆ Based on Regional Guidelines, implement local risk stratified pathways of care, including follow-up care in 2013.
- ◆ Continue to work collaboratively with MacMillan Cancer Support and Local Authorities to ensure patients and carers receive appropriate benefits advice.
- ◆ In collaboration with partners in local authorities and the third sector implement rehabilitation programmes, including physical activity, vocational rehabilitation and health & wellbeing clinics.
- ◆ Implement the NHS carers' Information Action Plan and deliver on the actions and recommendations from the new joint strategies, "A Strategy for Carers in North Lanarkshire 2013-2018" and for South Lanarkshire "The Carers Strategy 2012-2017" to improve outcome for carers
- ◆ In collaboration with local authority and third sector partners, continue to develop projects to be delivered by carer/third sector organisations in direct response to expressed carer need or by statutory organisations addressing identified carer needs
- ◆ Continue to develop the work of NHS Lanarkshire Carer Support Team to identify carers and gaps in service provision.
- ◆ Continue to work collaboratively with Maggie's Caring Centres and support the development of the new centre on the Monklands Hospital site.
- ◆ Will continue to work collaboratively with local authority, independent and third sector partners by establishing a cohesive 'Cancer Care Network' during 2013
- ◆ Implement actions and recommendations from the NHS Lanarkshire Palliative Care Strategy.

6.6 Improving the Quality of Care

NHS Lanarkshire's aim is to deliver the highest quality of cancer services to the population of Lanarkshire. To achieve this it is essential that appropriate governance structures are in place and are underpinned by the principles of safe, effective person centred care as detailed in the Scottish Government Quality Strategy.

The West of Scotland Cancer Network (WoSCAN) is a collaborative embracing the four NHS Health Boards in the West of Scotland which includes NHS Lanarkshire - supported by the networks are committed to trying to prevent cancer, improve the patient experience and improve the outcome for the individual patient at each stage of their cancer journey.

6.7 Managed Clinical Networks

Managed Clinical Networks are:

“Linked groups of health professionals and organisations from primary, secondary and tertiary care,

The role of the MCNs is to work in a co-ordinated manner, unconstrained by existing professional and Health Board boundaries, to ensure equitable provision of high quality clinically effective services.” NHS Lanarkshire participates in regional and national MCNs

A dedicated Cancer Clinical Quality Group has been established to collect and analyse clinical effectiveness data.

In addition the publication of CEL 06 (2012) led to the development of National Quality Performance Indicators (QPIs). Data collection to measure QPIs in each tumour type commenced in January 2013. Analysis of this data will identify areas of good practice and areas for further development or improvement.

6.8 eHealth

Cancer care requires a number of complex data capture, information storage and communication processes. Communication in particular is a key challenge given the various contributors to care and the number of different organisations involved. The NHS Lanarkshire e-health strategy will support the progression of this work and in particular the use of the Electronic Patient Record.

6.9 Telehealth

Telehealth offers a range of options remotely via phones, (including mobile phones) and broadband, often involving video-conferencing. The Scottish Centre for Telehealth is supporting NHS Boards to pilot the use of telehealth to help redesign and improve patients' access to healthcare, no matter where they live. Telehealth, where utilised effectively, can improve the patient's experience of care.

NHS LANARKSHIRE AND PARTNERS HAVE

- ◆ In NHS Lanarkshire a governance process and improvement framework for Cancer Services has been established and approved by the Acute Clinical Governance and Risk Management Group.
- ◆ Established a local Systemic Anti Cancer Therapy Group (SACT) which also has representation at regional and national level.
- ◆ Utilised the use of telehealth to facilitate MDT discussion locally, regionally and nationally to improve patient pathways.

NHS LANARKSHIRE AND PARTNERS WILL

- ◆ Ensure the quality ambitions of safe, effective person centred care will be used to underpin the specific changes we will make to the way in which cancer services are provided in Lanarkshire
- ◆ Deliver National Cancer Standards by developing and monitoring sustainable capacity plans for each tumour type to improve quality of care during 2013/14.
- ◆ Utilise work from the national pilot programme to ensure patient experience programme and public involvement is embedded in the standard of care for cancer patients.
- ◆ Ensure that in Lanarkshire each tumour type has an established single Lanarkshire wide MDT in 2013.
- ◆ Monitor performance and quality assurance of each MDT and develop action plans as appropriate.
- ◆ Through the eHealth strategy use technology to improve performance of the MDTs by implementing the use of the Electronic Patient Record (EPR)
- ◆ Ensure that all data required for national QPIs is collected and submitted on time on an ongoing basis.
- ◆ Ensure the Cancer Clinical Quality Group is resourced appropriately to effectively collect and analyse data to inform future developments in 2013.
- ◆ Further develop telehealth approaches to provide follow up care and symptom reporting once the current pilots are evaluated.

6.10 Funding Cancer Care in NHS Lanarkshire

Cancer is a local priority and therefore NHS Lanarkshire has made significant investment in cancer services in recent years.

This strategy highlights the level of growth in incidence and prevalence now predicted in cancer care. Even if the cost of individual cancer episodes remained constant, more funding overall will be required to keep pace with the epidemiological and demographic changes. We are also committed to using redesign methodologies to remove duplication and eliminate delays within pathways to improve and implement new ways of working.

The significant increase in demand for cancer treatment, through increased incidence and prolonged survival, requires robust financial planning for the right services to be delivered to the right people by the right teams in the right place.

The projected change in cancer incidence in Lanarkshire between 2008-11 and 2018-22 for all cancers is 19.3% as detailed in the NHS Lanarkshire Annual report of the Director of Public Health 2010/11. To support this there will be a need to invest concurrently in the prevention of cancer whilst at the same time treating those predicted.

Funding will be made available to the NHS to invest in the latest cancer equipment and this is likely to be for the improvements to diagnostic capacity and extension to prevention and screening programmes.

Macmillan Cancer Support has already affirmed their aspiration to work with partners to improve care and support of people affected by cancer across Lanarkshire. In support of the delivery of the strategy, the charity has already allocated substantial funding to NHS Lanarkshire in the development of a programme governance structure.

NHS LANARKSHIRE AND PARTNERS WILL

- ◆ Model the financial impact of the growth in cancer incidence whilst ensuring that the savings from redesign work are made available for re-investment in new technologies, treatments and creating capacity.
- ◆ Commit to invest in cancer services appropriately and according to the needs of the population of NHS Lanarkshire.

7.0 Delivery of NHS Lanarkshire's Cancer Strategy

NHS Lanarkshire's Cancer Strategy maps out the key priorities and actions for improving the quality of cancer care in Lanarkshire. It is a strategic plan which requires the involvement of NHS Lanarkshire and the people who work within it, local authorities, third sector partners and patients, carers and others who are affected by cancer. To ensure we deliver the benefits outlined in this strategy during 2013 we will appoint a programme manager with a robust and determined focus on delivery. The project manager supported by the General Manager for the Cancer Division will further develop structures and work with all stakeholders to deliver the recommendations in this strategy to achieve our 2020 vision.

7.1 Clinical Leadership

The Associate Medical Director (AMD) will provide clinical leadership to deliver the NHS Lanarkshire Cancer Strategy. The AMD will be supported by the clinical lead for the most common tumour types to develop their respective roles and in particular:

- ◆ Advise the NHS Lanarkshire Board about key clinical issues and ensuring that work in such areas is coordinated appropriately at a local and regional level.
- ◆ Work with Associate Nurse Director for Cancer Division and Allied Health Professional leads to ensure that all NHS professional groups' views are appropriately represented at a local, regional and national level.
- ◆ Facilitate the ongoing involvement of regional and local lead clinicians in developing and delivering the broad programme of quality improvement envisaged by this strategy.
- ◆ Represent the views of local and regional clinicians at a local level to deliver the quality programme outlined in this strategy.

7.2 Regional Cancer Networks and Managed Clinical Networks (MCNs)

MCNs facilitate clinical collaboration across Scotland and are a key feature of the more mutual NHS described in *Better Health, Better Care*. They have strengthened significantly over the past seven years and enabled professionals to share effective clinical practice and develop consistent treatment protocols. We will collaborate in planning cancer services under the auspices of the West of Scotland Cancer Advisory Group (WoSCAN). The network offers the opportunity to make shared planning decisions and enable Boards to maximise the effectiveness of their investment in cancer services.

7.3 Workforce Planning

Better Health, Better Care: Planning Tomorrow's Workforce Today sets out a number of key actions that must be undertaken at NHS Board, regional and national levels to ensure that the workforce in NHS Scotland has the capacity and capability to meet current and future demand for health services. As a key clinical priority, it is vital that such approaches recognise both the future demand for cancer services and the skills and new roles that will be required to meet such demand.

NHS Lanarkshire recognises we need a flexible workforce to react to the rapid pace of change we are currently experiencing. This strategy is based upon the premise that the planning for the cancer workforce of the future is based on multi-professional and multi-agency approach, working in this way requires a culture change, both within and between professional groups and agencies to create an environment which enables innovative thinking and working and which acknowledges expertise across the professional groups and agencies.

NHS Lanarkshire Cancer Steering Group

The implementation of this plan will be overseen by NHS Lanarkshire Cancer Steering Group, chaired by the Director of Acute Services. The governance of the Cancer Strategy will be overseen by the Modernisation Board and will provide a focal point for the actions in this plan. This will provide support and advice to NHS Lanarkshire Board and the RCAG to ensure that patients, NHS staff, local authorities, third sector parties have a voice on how cancer services are delivered in Lanarkshire.

The first task of the Steering Group will be to establish a Cancer Strategy Implementation Group chaired by the General Manager for the Cancer Division. The remit of the implementation group will be agreed by the steering group. The main aim of the group will be to set up work streams for each tumour type. The work streams will review the cancer clinical and services models currently being delivered and to identify ways in which the current network of advisory, planning and delivery groups can be streamlined in order to ensure that they are best able to support the effective and efficient implementation of this plan. In particular, this review must demonstrate how the delivery and subsequent development of the actions in this plan will continue to be informed by patients and the public more generally and be fully integrated within the planning processes and priorities of NHS Lanarkshire.

Through the Cancer Strategy Implementation Group NHS Lanarkshire will

It is envisaged that the key tasks of the Cancer Strategy Implementation Group will be to:

- ◆ Agree an annual work programme with key stakeholders to ensure that actions are delivered within the timescales detailed in the strategy.
- ◆ Deliver the future work programme for quality improvement in cancer services ensuring this reflects the six dimensions of quality.
- ◆ Work with Patient Safety Alliance, Better Together and the National Cancer Waiting Times Delivery Group to improve the patient experience, ensure highest standards of patient safety and advise on waiting times delivery.
- ◆ Ensure that the plan is implemented in a way that supports NHS Lanarkshire's commitment to equality and diversity.
- ◆ Identify and advise NHS Lanarkshire Board on the implications and opportunities arising from the work streams to develop workforce models and service delivery plans.



