Welcome to the first edition of the newsletter for cancer services at Pennine Acute Hospitals NHS Trust. The newsletter will be produced quarterly and aims to provide a useful insight into cancer services at the Trust.

New Lead Cancer Clinician takes up post

The Trust has recently welcomed Mr Robert Gillies as Lead Cancer Clinician and Deputy Medical Director.

In 1982 Robert qualified as a doctor at Liverpool and has since specialised in orthopaedic surgery, working most recently as a Consultant Orthopaedic Knee Surgeon at Mid-Cheshire Hospitals NHS Foundation Trust.

Since 2001 he has been an educational facilitator for the Royal College of Physicians of London, and in 2004 he was appointed as Associate Postgraduate Dean in the Mersey Deanery, North-West Strategic Health Authority and Honorary Senior Lecturer at the University of Liverpool. This meant he has been at the forefront of medical educational reforms.

Robert enjoys leadership roles, implementing change and working across speciality, professional and organisational boundaries. He has chaired regional and national surgical training committees for the Royal College of Surgeons of England and was the Caldicott Guardian for the Joint Committee for Surgical Training (2008-11). He has also been involved in Quality Assurance roles for Royal Colleges, Higher Education Institutions and the General Medical Council. He has a strong belief that patient experience should be an important factor in informing provision of services and is keen to ensure that the patient’s voice is clearly heard at all levels.

The way forward for cancer services

Development of cancer services has been laid out in key NHS policies. These include the NHS Cancer Plan, which was published in 2000 and recognised cancer and palliative care as specialist areas, bringing about a radical reorganisation in the way services were provided including the introduction of waiting time targets for patients with suspected cancer.

In 2007 this was followed by the NHS Cancer Reform Strategy, which placed greater emphasis on patient experience, improving survival from cancer, and helping people to return to normal life after treatment for cancer. In 2010 the coalition government published ‘Improving Outcomes: A Strategy for Cancer’ which set out their vision for cancer services. Last year the report of the first year was published (Improving Outcomes: A Strategy for Cancer, First Annual Report).

Juliette Mottram, Lead Cancer Manager, is currently co-ordinating the production of a revised cancer strategy for the Trust. The strategy will provide a blueprint for the development of cancer services, in line with the national strategy, setting the direction of cancer services at the Trust for the next 3 years. The final strategy will be presented to the Trust Board in the first quarter of 2012 and once approved will be disseminated widely across the Trust. It will also be published on the Trust’s intranet site, in the cancer section.

Inside this issue:

• Huge increase in participation in cancer research trials
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Congratulations!

To all the team on F11 at The Royal Oldham Hospital which was recently awarded the Macmillan Environmental Quality Mark. The award recognises the ward as providing an environment for cancer patients which enhances their treatment and care.

To Emma Riley, Macmillan Oral Health Practitioner who has been invited to present a paper at the Multi-national Association of Supportive Care in Cancer (MASC) meeting in New York in June. Emma is part of an expert panel which has been developing guidelines for the management of oral mucositis, a side effect of radiotherapy to the head and neck.

For more information see: www.masc.org.
Huge increase in participation in research trials of Pennine cancer patients

Thanks to an extremely active cancer research team at the Trust, participation in research trials by cancer patients has risen from 88 in 2008/2009 to more than 1000 in 2010/2011, a figure that is likely to increase to over 1200 patients this year. The current level of participation means that over half the cancer patients diagnosed at the Trust took part in a high quality study.

This is an impressive level of participation and highlights the Trust’s commitment to supporting high quality cancer studies, helping to improve patient outcomes and experience.

The team provides support for cancer studies at North Manchester General Hospital, The Royal Oldham Hospital, Fairfield General Hospital and Rochdale Infirmary. It comprises eight Research Nurses and two Trial Administrators who work closely with the Greater Manchester and Cheshire Cancer Research Network (GMCCRN) to support the recruitment of cancer patients into a wide variety of important, high quality studies.

The Trust currently has over 60 cancer studies that patients could participate in. These studies range from those looking to identify possible genetic factors that might increase the risk of developing cancer through to complex trials that compare new treatments for cancer.

Currently any patient with a cancer diagnosis can take part in a study looking at quality of life, which is as important as those looking to test new treatments. Patients with breast, colorectal, cervical, leukaemia, liver, lymphoma, melanoma, ovarian, and/or prostate cancers have an opportunity to take part in other high quality studies looking at treatments.

For further information about the research studies being carried out contact the research team at North Manchester General Hospital, 0161 918 4227 (44227 internal) or The Royal Oldham Hospital, 0161 627 8165 (78165 internal).

What’s New in Palliative and End of Life Care at the Trust?

- The Trust’s results of the 3rd national integrated care pathway for the dying patient audit are currently being analysed and action plans pulled together. Dissemination of the findings will take place over the next few months.
- Training for the new McKinley syringe drivers, which will replace the Graseby MS 26, is currently taking place.
- The rapid discharge pathway for patients at the end of life is now being piloted across medicine and surgery at The Royal Oldham Hospital.
- An End of Life /After Death task and finish group is working around key issues to improve end of life care within the Trust.
- Sage & Thyme communications skills training continues within the trust (details on the learning & development training bulletin).
- E-learning for End of Life Care modules are now accessible within the Trust.

New Acute Oncology Service

The development of an Acute Oncology Service (AOS) at the Trust will ensure that cancer patients who experience serious side effects of treatment, or consequences of the disease, receive the best treatment.

The need for such a service to be in place is a national requirement for which the Trust will also have to achieve cancer peer review compliance. The service will mean that all cancer patients presenting at the Trust as an emergency will be visited by a Macmillan Acute Oncology Nurse Practitioner who will provide immediate triage and help ensure the patient is on the correct pathway of care. As well as reducing inappropriate admissions and reducing lengths of stay, the AOS aims to ensure that the potentially catastrophic risks related to some oncological emergencies are removed. An electronic alert system will be established to identify such patients when they present at the Trust.

The Trust Board has approved plans to establish an Acute Oncology Service during 2012. Funding has been secured from Macmillan Cancer Support for three Macmillan acute oncology nurse practitioners and from the Greater Manchester and Cheshire Cancer Network (GMCCN) for three clerical support officers. As the service develops, additional oncology support will be provided from The Christie. During the first 12 months of the service, performance and clinical audit data will be collected so an evaluation and future planning of the service can be conducted.

Peer review of cancer services

Ensuring that cancer services are ‘fit for purpose’ involves a process called cancer peer review. This consists of cancer teams and services demonstrating how they function, and whether they comply with Improving Outcome Guidance (IOG) issued by the Department of Health. This year the peer review programme includes external visits to North Manchester General Hospital and The Royal Oldham Hospital on 5th/6th September for chemotherapy and acute oncology, and will include an inspection of the facilities where chemotherapy drugs are constituted.

The review process involves self-assessment and either external inspection by a team of reviewers or internal validation by the teams who are assessed by other members of our organisation.

The colorectal, upper GI, liver, pancreatic and palliative care multi-disciplinary teams will be involved in internal validation, and a further 10 areas will undergo self assessment. As part of the self-assessment process teams have to provide current operational policies, annual reports and work programmes. In addition they are required to complete a score sheet to show the level of compliance against each of the measures in the IOG, and complete a Self Assessment Annual Report.
Information Prescriptions – coming soon!

Information prescriptions (IPs) is an important national initiative which aims to ensure that tailored, reliable, quality information is made available to patients at all stages of their pathway. With the support of a facilitator from the National Cancer Action Team the Trust will be involved in implementing IPs for cancer patients in the second half of 2012. A group, chaired by Angela Wood, Patient Partnership Manager at the Trust, has been convened and is working to support their implementation.

Updates on the preparation and implementation will be included in future issues, but if you would like more information about IPs go to:
www.nhs.uk/IPG/Pages/AboutThisService.aspx

The Macmillan Information and Support Centre at North Manchester General Hospital

Open for nearly two years, the centre has helped around 2000 people access information and support. Enquiries range from very straightforward requests for information, to providing support in complex situations. Primarily aimed at people in the area served by The Pennine Acute Hospitals NHS Trust, information can be provided on all aspects of cancer and about support that is available. The centre is manned by Macmillan specialist information staff as well as volunteers, many of whom have been affected by cancer.

Centre staff are organising an event at NMGH for trust staff this summer, to raise awareness of cancer, support available to people affected by cancer, and the issues affecting people who have survived a cancer diagnosis.

A patient commented “Received first class service and information from efficient and pleasant staff.” and a relative said “I never thought that our family would need cancer support, but I am so glad you were there.”

The drop-in centre is open from 10am to 3pm Monday to Friday* and can also be accessed by phoning 0161 604 5244 (45244 internal).

*Please ring and check opening hours before making a journey specifically to come to the centre.

The Challenge of Cancer Waiting Times

Getting cancer diagnosed as early as possible, and starting treatment quickly is key to improving survival for many cancers. Meeting national targets introduced to ensure timely diagnosis and treatment for patients with cancer can at times represent a challenge, for many and varied reasons.

The targets include the need for patients:

- referred with a suspected cancer (and all patients referred with breast problems) to be seen within 2 weeks of referral by their GP.
- to start first treatment within 31 days of the decision to treat them.
- to start subsequent treatment within 31 days of the decision (or 31 days from the earliest clinically appropriate date).
- with a confirmed diagnosis of cancer to begin first treatment within 62 days of being referred urgently by their GP, or within 62 days if referred urgently as a result of attending screening (breast, bowel and cervical), or found to have cancer after e.g. non-urgent referral by their GP when the referral has been upgraded to urgent due to a suspicion of cancer by their consultant.

The table below shows the Trust’s performance for the first 3 quarters of 2011/12:

<table>
<thead>
<tr>
<th>Cancer Target</th>
<th>National Target (%)</th>
<th>Pennine Performance (%)</th>
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<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
</tr>
<tr>
<td>Two week wait (GP suspected cancer referrals)</td>
<td>93</td>
<td>93.2</td>
</tr>
<tr>
<td>Breast (symptomatic GP referrals)</td>
<td>93</td>
<td>95.1</td>
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<tr>
<td>31 day first treatment</td>
<td>96</td>
<td>97.9</td>
</tr>
<tr>
<td>31 day subsequent treatment - drug</td>
<td>98</td>
<td>100</td>
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<tr>
<td>31 day subsequent treatment - surgery</td>
<td>94</td>
<td>98.4</td>
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<tr>
<td>62 day cancer GP referral standard</td>
<td>85</td>
<td>82.2</td>
</tr>
<tr>
<td>62 day screening referral standard</td>
<td>90</td>
<td>88.9</td>
</tr>
<tr>
<td>62 day consultant upgrade standard</td>
<td>85</td>
<td>80</td>
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The 62 day targets are a particular challenge to the Trust but recovery plans and weekly monitoring are in place to ensure that compliance is achieved by quarter 4 of 2011/2012. The Trust is also fully engaged with the cancer network and other providers across the patient pathway to achieve the targets. The Trust is particularly focussing on ensuring that all patients referred to a treating tertiary centre are diagnosed and ready for onward transfer by day 42 of their pathway to allow the tertiary centre time to assess and treat patients within the 62 day target. Cancer performance is managed via the Trust’s Performance Management Group, the Trust Cancer Committee and weekly cancer performance meetings.
National Clinical Audit Support Programme Update (NCASp)

Participating in national audits allows the Trust to document, record and analyse information on many aspects of individual patient care. Comparisons can then be made against other Trusts in the North West and nationally, with the overall aim of ensuring a high standard of care for each patient.

This Trust currently submits data to four National Cancer Audits:

- National Bowel Cancer Audit (NBoCap)
- National Head & Neck Cancer Audit (DAHNO)
- National Lung Cancer Audit (LuCaDa)
- National Oesophago-Gastric Cancer Audit (AUGIS)

The Trust also contribute to the National Mastectomy and Breast Reconstruction Audit.

Results of the audits are analysed nationally and published in detailed annual reports, broken down by Trust. The reports include recommendations for change, which the team use to develop local action plans in conjunction with the clinicians. These are then implemented within the Trust to maintain and improve standards of care.

Data collection and submission to each audit is continuous. If you would like more information about these audits (results, data submitted etc) please contact Hazel Nangle on 0161 604 5219 (45219 internal).

Important Voice for People Affected by Cancer

The Trust is committed to ensuring that people affected by cancer have a key role in helping to shape and improve cancer services. It does this through its Pennine Cancer Patient User Partnership (PPUP). The group has a large and enthusiastic membership which meets in a friendly atmosphere and welcomes new members to use their experience to help improve care for people affected by cancer. Speakers attend each meeting to discuss plans for services, and to get the views of the group’s members. The group develops an annual work programme, which currently includes:

- supporting the implementation of information prescriptions
- helping to evaluate local cancer services as part of the cancer peer review process
- reviewing patient information leaflets produced by the Trust
- involvement in the ‘Don’t be a Cancer Chancer’ campaign, to help raise awareness of cancer and promote early detection
- helping to raise awareness of free prescriptions for cancer patients
- working with the North West Ambulance Service to ensure their plans for 2011/2012 are responsive to patients’ needs.

The group meets on the last Thursday of every month, except December, between 17.00 and 19.30 hours in the Education Centre at The Royal Oldham Hospital. A light supper is provided. If you would like to know more please contact the Macmillan Lead Nurse Office on 0161 627 8699.

This newsletter will be published quarterly. If you have anything you would like to include in a future edition please contact Felicity Keeling (details above, or email felicity.keeling@pat.nhs.uk).

Deadlines for future editions are: May 15th; August 15th; November 15th.

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**Cancer Team Contacts** (internal numbers in brackets)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
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<tbody>
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<tr>
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</tbody>
</table>

**Be Clear on Cancer**

More than two million people are now considered to be survivors of cancer – a figure likely to be nearer four million in a few years. Many cases of cancer are treatable if the disease is found early. Sadly, in the area served by Pennine Acute Hospitals NHS Trust cancer is often not diagnosed in the very early stages, which means that survival rates in many cases are not as good as they could be. Several awareness campaigns are in place to educate people in knowing what to look out for and what to do if they have symptoms, including Be Clear on Cancer, focussing on kidney and bladder cancers.

If you would like more information about what to look out for or what to do if you are worried about cancer contact the Macmillan Information and Support Centre at North Manchester General Hospital on 0161 604 5244.