# Rapid Diagnostic Centres: Five-Year Plan Assurance Guidance

December 2019

# Contents





# 1. Key Dates

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| **28 Nov 2019** | Planning guidance and templates published by National Cancer Team |
| **12 Dec 2019** | Five Year Plan Guidance – Launch Q&A Web-Ex |
| **Dec – Mar 2020** | Five Year Plan Guidance – Drop-in Q&A Web-Ex |

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| **Dec – Jan 2020** | Cancer Alliances develop plans with support from regional leads |
| **31 Jan 2020** | Cancer Alliances submit plans to both national and regional teams |
| **w/c 3 Feb 2020** | Regional and National assurance / joint review at the end of the week |
| **w/c 10 Feb 2020** | Three-way feedback calls for Cancer Alliances (+ regions/national) |
| **28 Feb 2020** | Cancer Alliances submit revised plans to national and regional teams |
| **13 Mar 2020** | RDC plans signed off by national and regional teams |

# 2. Roles and Responsibilities

## Cancer Alliances

2.1. **Lead the development of high-quality plans that will deliver the RDC programme in 2020/21.** Cancer Alliances are expected to facilitate coordination of planning activities across their geographies and provide assurance of local implementation and financial plans for 2020/21. Wide stakeholder engagement should include patient groups. These plans must be compliant with national guidance (e.g. components of the service model) and deliverable based on local capacity and capabilities. Cancer Alliances must ensure the right processes, systems and structures are in place across the alliance footprint to enable and support delivery.

2.2. **Submit the planning template on 31 January 2020, with any amendments due 28 February 2020.** Cancer Alliances are expected to work with Regional Teams throughout January to assure plans and ensure the submission will meet core requirements. Amendments in February (following national assurance) are expected to be minor. Cancer Alliances are expected to respond to feedback (providing clarification or amendment) in a timely manner.

2.3. **Lead the development of high-quality longer-term plans to achieve full population coverage for RDCs.** An outline vision of this longer-term plan should be submitted as part of this planning round. It should set out how RDCs will develop across the footprint up to 2024 to provide diagnostic services for every patient referred on suspicion of cancer.

## Regional Teams

2.4. **Lead the five-year planning and assurance process with Cancer Alliances.** Regional leads are expected to work directly with Cancer Alliances to help develop and provide assurance of plans. Regions will play a ‘check and challenge’ role to ensure plans meet requirements and are deliverable. The national RDC Collaboration Event (21 Jan) will also provide time for regional leads to work with their constituent Cancer Alliances.

2.5. **Participate in moderation and feedback meetings to support sign-off.** The agreed process is for regional teams to assure and moderate plans, then review with the national team before providing three-way feedback to Cancer Alliances. Regional leads are expected to lead the three-way feedback meetings.

2.6. **Provide regional sign-off of final Cancer Alliance plans.**

2.7. **Seek feedback on planning documents and processes to support future activities.**

## National Cancer Team

2.8. **Publish national guidance that sets out core planning requirements.** Requirements should be comprehensive and published in a timely manner. The planning and assurance process should be set out with reasonable submission deadlines.

2.9. **Provide national support to all Cancer Alliances to support planning.** Documentation will include the Demand, Capacity & Service Planning Tool, and a planning template (with instructions). Additional activities include Q&A Web-Ex sessions and a live FAQ document. We will update the FAQ document in a timely manner following each Q&A Web-Ex.

2.10. **Set up processes for national moderation and three-way feedback on plans.** The national team will conduct internal assurance of plans, then coordinate and participate in three-way meetings with Cancer Alliances.

2.11. **Provide national sign-off of final Cancer Alliance plans.** This includes signing off funds for 2020/21 and indicative funding up to 2023/24.

2.12. **Seek feedback on planning documents and processes to support future activities.**

# 3. Five Year Plan Template

## Five Year Vision

3.1. **Overview of programme activities (400 words)**

The activities set out in this section provide assurance that the alliance has a well-planned programme and strategy for delivering the five-year requirements. This considers risks and mitigation (incl. an established escalation route), and dependencies with actors in the system including other transformation programmes. Cancer Alliances should set out how they will test and learn from delivery, to show how they will build up the service model and coverage up to 2024.

An appropriate range and type of stakeholders have and will be consulted with, to continuously develop and implement plans. These should be representative of the actors in the system who are required to change or support change. Patient involvement is prioritised from start to finish, in developing plans, reviewing progress and outcomes, and refining plans throughout the five years.

### 3.2. Identification of how the programme considers population health needs, including but not limited to health inequality (100 words)

The alliance demonstrates a clear understanding of population health needs (including health inequality) and sets out how the RDC programme will support efforts to make improvements in the identified areas. A strong answer would provide examples such as a targeted roll-out plan, outreach activities to promote earlier diagnosis in identified cohorts, and design features that improve access to services. It would also set out how impact will be monitored and evaluated.

### 3.3. Expected impact on patient experience – what does good look like for a patient accessing an RDC? (100 words)

A strong answer would set out a clear vision of the service that will be delivered to their patients in 2024, primarily focussed on the patient's experience towards receiving a diagnosis. The alliance would reflect on patient engagement activities to identify what is most important to patients. The alliance might outline of the overall goal for a better coordinated diagnostic service from a patient perspective e.g. 'one referral to receive a diagnosis', 'explaining your symptoms only once'.

### 3.4. Expected impact on faster diagnosis (in line with FDS) including a reduction in unwarranted variation (100 words)

The Cancer Alliance is expected to recognise the link between implementation of RDCs and improving performance against the Faster Diagnosis Standard. While the FDS threshold has not been set, Cancer Alliances should review shadow data (as part of their wider FDS governance arrangement) and seek to improve against their baseline performance level.

Non-specific symptoms is not currently included in the Cancer Waiting Times Dataset as an option to specify the suspected cancer referral route (therefore trusts are not able to use the national dataset to understand FDS performance for this specific pathway). The Cancer Waiting Times system and guidance will be updated in 2020/21 to enable this analysis.

A strong answer would set out how FDS is a KPI for RDC service delivery and would outline monitoring and improvement activities. The Cancer Alliance should facilitate sharing of best practice between organisations in their footprint, and through networking with their regional and national counterparts.

### 3.5. Innovative approaches you plan to test within the RDC model (100 words)

Cancer Alliances are asked to test 'further innovative changes to the RDC model locally which align to the specification' (Five Year Plan Guidance). This could be use of innovative technology, new and novel service developments, expansion of the patient cohort to self referral or emergency presentation redirects, etc. This must be captured in the planning template as we will look to evaluate the impact of these new approaches on service outcomes. Please make it explicit where these innovative approaches will be funded through a different source (e.g. NHS Artificial Intelligence Fund, Cancer Programme Innovation Fund).

**Not all Cancer Alliances are expected to take this additional step.**

### 3.6. Research projects related to RDCs that you are aware of within your Cancer Alliance footprint (100 words)

It would be helpful to capture this information in the planning template so that the national team can proactively seek advice on how the service model should develop. It will also be useful to understand who is leading evaluation so that we can manage any duplication with the national evaluation. **This is not expected for every Cancer Alliance.**

### 3.7. Additional resources that could further enable RDC delivery (not covered by revenue funding) and the outcome they could deliver (100 words)

In this section, Cancer Alliances are asked to outline how any additional resources could be used to support the development of RDCs. The roll out of RDCs will continue to inform capital planning, and the additional outcomes this may deliver for patients. The national team to explore all available options for the provision of capital funding. The information provided in this answer will help us build an evidence base for funding discussions.

### 3.8. Expectation of training requirements to deliver full population coverage in Year 5 (100 words)

It would be helpful to capture this information in the planning template so that the national team can develop plans (if indicated) to support training that would enable successful delivery of RDCs.

## 2020-21 Delivery Plan

### 3.9. Development of Rapid Diagnostic Centres

Cancer Alliances should complete one row for each Rapid Diagnostic Centre, and all columns should be populated. Rapid Diagnostic Centres can be based within a single location or networked between multiple trusts.

Cancer Alliances must identify the quarter when each service is planned to go live. An RDC is considered live when all seven components are in place for a cohort, and at least one referral has been received. Funds can be used to support the set-up of RDCs that will go live in subsequent years (please note this in the narrative if the quarter is not available in the drop-down menu).

Cancer Alliances must clearly set out the patient cohort each RDC will provide services to; cohort should be defined by the referral route (e.g. lung, skin). This will support a mapping exercise by the national team to refine the evaluation approach and to inform share and learn activities.

To identify workforce needs, Cancer Alliances can use the ‘trajectories’ tab of the Demand, Capacity and Service Planning Tool. The use of the tool is not mandatory, and Cancer Alliances might find that local assumptions will provide greater clarity on their workforce needs. The National Cancer Programme will use this information as they work with People

Plan colleagues to ensure that the needs of the cancer workforce are reflected. We will continue to adjust our understanding of the required workforce based on evidence, such as through the RDC evaluation.

Innovations implemented in 2019 (which may be briefly touched on in the Vision worksheet) should be set out in more detail, with information on what will be tested and related deliverables.

### 3.10. **Cross cutting work programmes** (enablers that are critical to the success of an RDC but are not directly funding the service model at a particular site)

This section recognises that there will be activities required to implement the Rapid Diagnostic Centre programme that do not directly fund transformation at one particular site (the previous section). For example, the Cancer Alliance might be looking at footprint-wide change to network diagnostic services at a large scale. The Cancer Alliance should set out these activities clearly, with specific deliverables and a demonstration of how cross-cutting work programmes are critical to the success of an RDC.

## Coverage-Activity

### 3.11. **Plan for Year 2**

Cancer Alliances should populate every field to set out the expected monthly referral activity for 2020/21. If no activity is projected, then fields should be populated with '0'. This information will be used to monitor activity throughout 2020/21. Cancer Alliances can use the "Demand, Capacity and Services planning model" to support this exercise.

### 3.12. **Forecast up to Year 5**

Cancer Alliances should populate every field to set out the expected population coverage and referral activity in each year, up to 2023/24. It is most important that the Cancer Alliance demonstrates that the five-year ambition to achieve 100% population coverage across all cancer types is achieved in 2023/24 (Y5). The fields are expected to show the year-end position. The trajectory set out in this section should broadly align to the initial vision outlined by the Cancer Alliance (Q1) on how services will scale up over this period.

## Funding Summary

### 3.13. **Funding Summary**

Cancer Alliances must populate every field to set out their expected funding trajectory up to Y5. The planned spend for 2020/21 will populate automatically from information entered in the 2020-21 Delivery Plan worksheet. All finances should be entered in thousands (000s).

Cancer Alliances must demonstrate value for money in service delivery: the funding profile should broadly align to the scaling up of RDC services as described in the 'Five Year Vision' stage. Robust financial and implementation plans should support this programme of work (not required for national assurance but expected for regional assurance).

### 3.14. Request for funding flex

#### a. Outline the initial deliverables that will be enabled by flexed funding

Each Alliance may request a flex to their annual allocation for years 2, 3 and 4 within 20% of the fair shares allocation for that year where they wish to go further or faster in rolling out RDCs (see Five Year Plan Guidance for further information – note Cancer Alliances can ask for more (+20%) not fewer funds in Y2-4). This answer must set out the deliverables that will be enabled by an increase in funding, the population and pathways to be covered, and the expected outcomes. This reallocation should allow Cancer Alliances to 'go further, faster'.

There will be another opportunity to request funding flex for years 3 and 4, so requests to flex funding in those years are not required in this submission.

#### b. Outline how additional revenue funds will be utilised

Cancer Alliances must set out specific detail of how additional funding will be used. This information will be used by national and regional teams to make a decision on the flexed funding request.

# 4. Checklist

☐ **Do plans show a long-term strategy for system transformation of diagnostic services?**

☐ **Do plans show an understanding of population needs and how RDCs will meet these?**

☐ **Are there robust implementation and financial plans in place to support delivery?**

☐ **Is there adequate workforce capacity?**

- For example, review the multidisciplinary element of non-specific symptoms services in s.6.2.2 of the RDC Vision and 2019/20 Implementation Specification.

☐ **Is adequate resource in place to support collection of evaluation data?**

☐ **Are local models compliant with national guidance?**

- Non-specific symptoms services should at a minimum include the referral criteria in Appendix 1 of the RDC Vision and 2019/20 Implementation Specification.
- The Five Year Vision should align to the five year aims of RDCs (slide 5 of the Five Year Plan Guidance) and the ambitions up to 2024 (slide 6)
- All services should align to the key aims of RDCs (s.2.2 of the RDC Vision and 2019/20 Implementation Specification)
- All services should provide the seven components of an RDC (s.3.1 of the RDC Vision and 2019/20 Implementation Specification)

☐ **Form completion**

- Every field in the Five Year Plan Template is completed, even if a nil return (relevant for activity, or for research/innovation if not relevant for a Cancer Alliance)
- On the 2020-21 Delivery Plan worksheet, a row is completed for every RDC that will be implemented in 2020/21 (incl. all fields in that row)
- Funding has been inputted in thousands (000s)
- Planned spend aligns to annual allocations, unless the +20% flex approach is requested; in this scenario, the overall planned spend aligns to the full allocation