NHS CANCER PROGRAMME

Quarterly Report
October to December 2020

INTRODUCTION

This report summarises key milestones from April 2020 up to the end of quarter three (December).

The aim of this review is to provide an update on the work of the NHS Cancer Programme.

If you have any suggestions for items to include or feedback, please do contact us directly.

Many images used throughout the document were taken prior to the social distancing government guidelines and are for illustration.

WHAT IS THE NHS CANCER PROGRAMME?

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

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

Leading change at the local level are Cancer Alliances, who work in collaboration with their local Sustainability and Transformation Partnerships (STPs) [2] and Integrated Care Systems (ICSs).

SPECIAL THANKS AND RECOGNITION

Dame Cally Palmer, Director of the National Cancer Programme

I'd like to offer my sincere and heartfelt gratitude to everybody who has worked with the cancer programme during 2020. It is a year we will always remember, and I am exceptionally proud of what we have achieved in these unprecedented times.

I hope this Review provides a useful summary of progress and achievements in the delivery of high quality, innovative and patient centred care over the last year, and my thanks to the whole cancer community for their exceptional commitment and contribution in the most challenging circumstances

Professor Peter Johnson, National Clinical Director for Cancer

The NHS is a truly remarkable institution. The last year has proven that, especially in the way that everyone across the country has stepped up to continue the best possible cancer care, despite all the challenges we have faced from the coronavirus. I have never felt more proud of my colleagues and how they have responded, and I want to offer my thanks and recognition for the hard work of people in every part of the workforce.

David Fitzgerald, Programme Director, NHS Cancer Programme

I have been inspired by the personal commitment and contributions I have seen from so many colleagues right across the cancer community – both within the NHS and from the staff and volunteers of so many cancer charities – to supporting cancer patients and their families at what has been a very worrying time.

It has been a magnificent collective effort, and I am proud to have had the opportunity to work alongside you.

MANAGING THE IMPACT OF COVID

The coronavirus pandemic continues to present major challenges for all healthcare systems. In cancer, at the start of the pandemic we saw a reduction in the number of people coming forward to have their symptoms checked out, and disruptions to cancer diagnostics and treatment. However, thanks to the efforts of NHS staff and their partners, between March and November, nearly 1.5 million people were urgently referred and over 203,000 people started a first treatment for cancer - 95% within 31 days.

The major actions we have implemented to support restoration and recovery include:

- Encouraging the public to come forward to their GP with any possible signs of cancer.
- Increasing diagnostic capacity.
- Ensuring cancer treatments were maintained and adjusted for patient safety.

ALMOST 1.5M

PEOPLE WERE URGENTLY REFERRED*

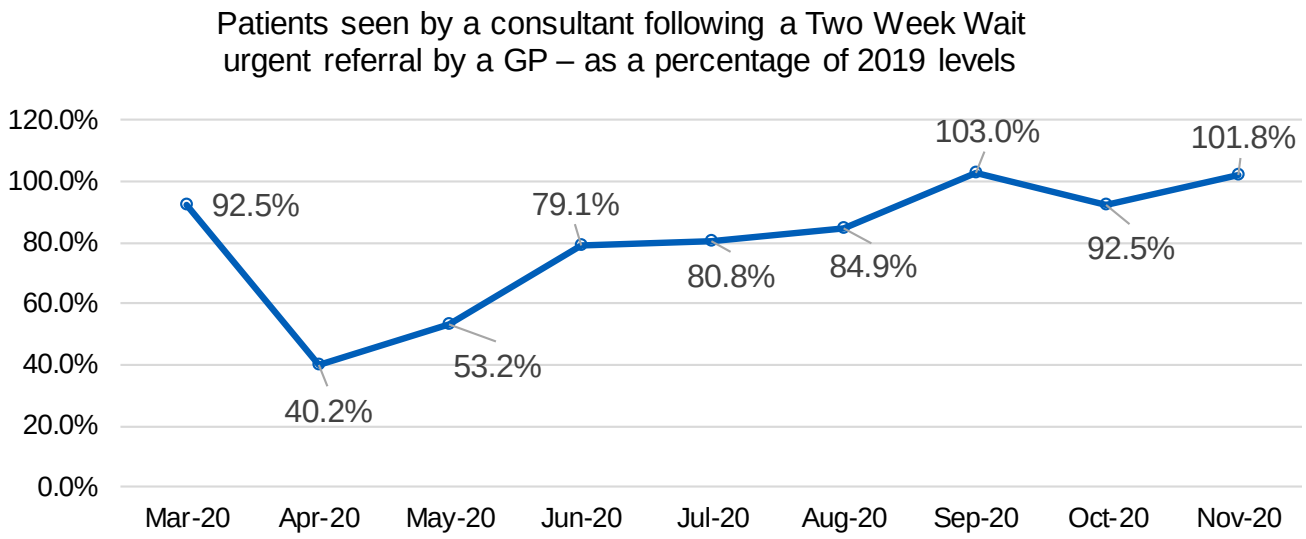
OVER 203,000

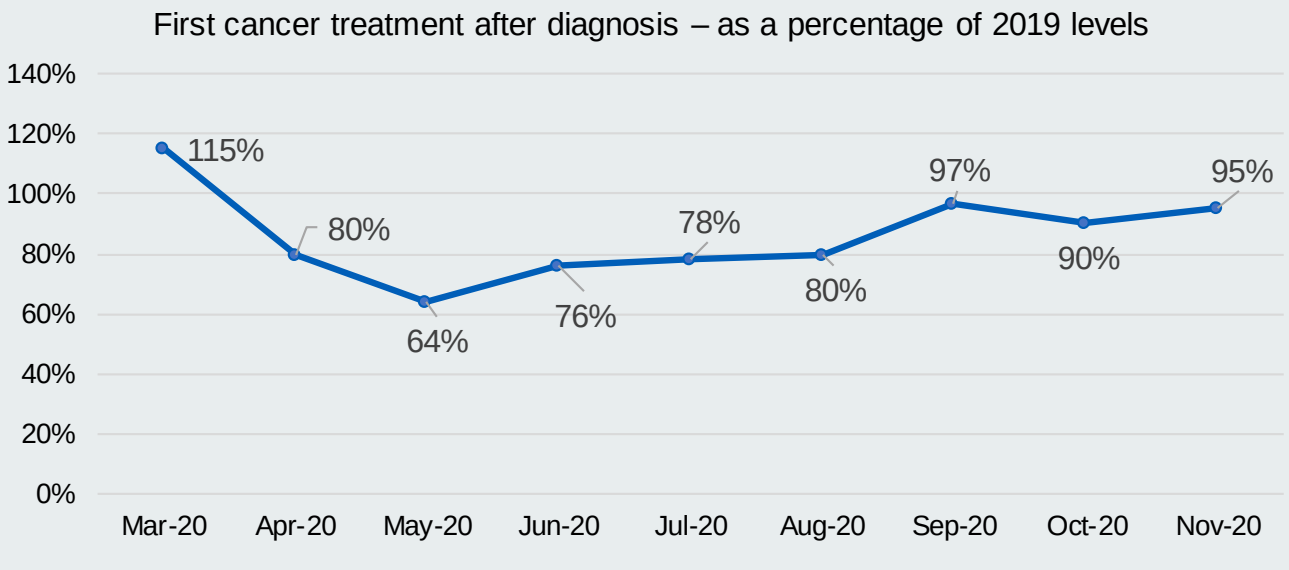
PEOPLE STARTED A FIRST TREATMENT FOR CANCER - 95% WITHIN 31 DAYS*

*between March and November 2020

Thanks to the efforts of NHS staff and partners, cancer treatments were maintained at 88% of the level they were in 2019 between March and November (90% radiotherapy, 88% chemotherapy, 85% surgery).

RECOVERY OF CANCER TREATMENT AND URGENT REFERRALS





The graphs above illustrate the recovery of urgent referrals and treatment from the initial peak of the pandemic. They show that we entered the most recent period of pressure in a strong position.

NHS staff are working to ensure that, wherever possible, cancer treatment can continue safely.

We continue to work with Public Health England (PHE) on a joint campaign called “Help Us, Help You – Accessing NHS Services” to encourage people to see their GP if they have any worrying symptoms that could be cancer.

MANAGING THE IMPACT OF COVID

‘HELP US, HELP YOU’

To encourage people to come forward for needed care, we launched two social media phases of the ‘Help Us, Help You’ campaign in April and August 2020. The most popular video of support received 40,000 views, and referrals steadily increased.

We have also been working with Public Health England on a joint campaign, which has run across TV, radio and press since October 2020, called ‘Help Us, Help You – Accessing NHS Services’. The campaign aims to address the barriers that are deterring patients from accessing the NHS, and help the public understand how they can safely access the best services for them.

There are three cancer elements of the campaign:

- **General symptoms** (launched in October)
- **Abdominal symptoms** (launched in November)
- **Lung cancer** (to be launched in early 2021)

IN THE SPOTLIGHT… ‘HELP US, HELP YOU’

The campaign has received over **1,450 items** of coverage including in the **Daily Telegraph, Daily Mail, Independent, Express** and **Mirror** as well as **BBC Breakfast, GMB and Steph’s Packed Lunch.**

There have also been hundreds of items of **regional coverage via print, radio and online** as well as targeted titles such as **Asian Image and Tyla**.

‘Media medics’ have shown continued support on social and in media interviews since the campaign launch. As part of activity to communicate the latest health messages, following national restrictions, Dr Zoe Williams and Dr Dawn Harper took part in eight regional interviews.

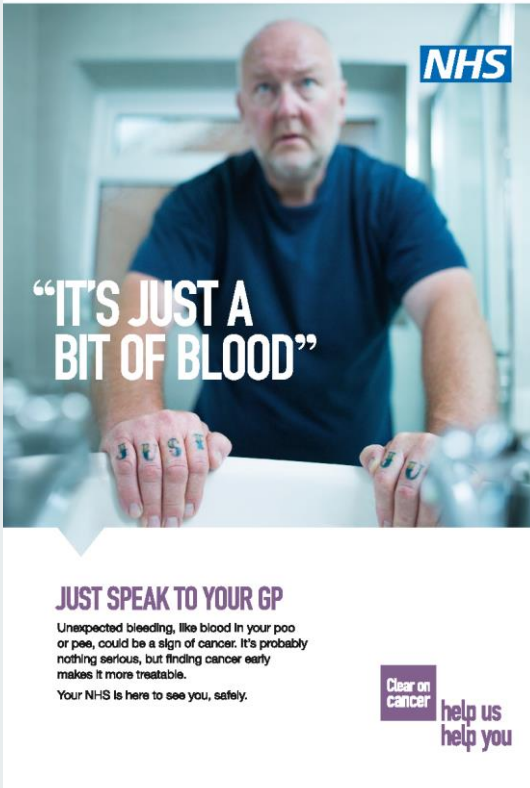
ABDOMINAL CANCER FOCUS

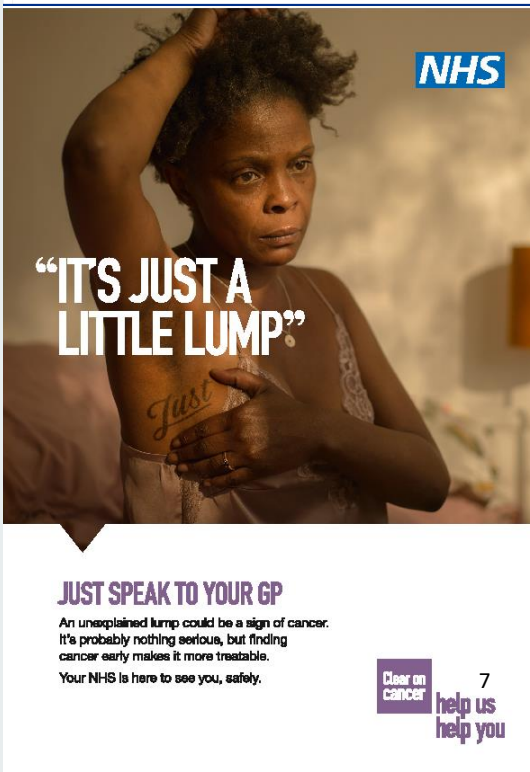
The Abdominal Symptoms campaign adopted a regional strategy to boost coverage in trusted local and regional media.

The regional PR launch led with spokesperson Dr Phillipa Kaye, a media medic who has recently recovered from bowel cancer herself, accompanied by regional press releases and local data.

Dr Phillipa took part in a range of media opportunities across local TV and radio including interviews broadcast on Birmingham TV and Liverpool TV, interviews with local BBC and commercial stations and also a pre-packaged interview that was syndicated to further local media in the weeks that followed.

Local coverage included York Press, North Somerset Times, Crediton Courier and the East London Advertiser.





MANAGING THE IMPACT OF COVID

ENSURING CANCER TREATMENTS WERE MAINTAINED AND ADJUSTED FOR PATIENT SAFETY

At the start of the pandemic, clinical guidance was published to ensure urgent cancer treatments could continue. COVID-19 secure cancer hubs were also established and quickly adopted across the country to ensure people safely received surgery for cancer.

We also introduced changes to treatments to reduce risk of Covid-19 infection, which included fast tracking stereotactic ablative radiotherapy (SABR) in June to be in place by the end of the year, requiring fewer doses and hospital trips than standard radiotherapy.

Similarly, a £160m initiative for 'COVID-friendly' cancer treatments was launched in April for drugs that have a limited impact on patients' immune systems and require fewer hospital visits. Remote treatments (such as chemo at home or via 'chemo buses') were also expanded to reduce hospital visits.

ESTABLISHING A CANCER RECOVERY TASKFORCE

We set up a Cancer Recovery Taskforce, bringing together colleagues from across the cancer community to input into the development, publication and delivery of the national cancer recovery plan.

The Cancer Recovery Plan was published on Monday 14 December. The plan outlines actions under the three key aims from Phase 3 for recovering cancer services.

These are to:

- Restore demand at least to pre-pandemic levels.
- Take immediate steps to reduce the number of people waiting over 62 days from urgent referral.
- Ensuring sufficient capacity to meet demand.

TACKLING INEQUALITIES

Cancer Alliance Data, Evidence and Analysis Service (CADEAS) have produced a data pack that presents the latest activity data on the number of urgent suspected Two-Week Wait referrals, at national and regional level, broken down by tumour type and patient factors: deprivation, age, sex and ethnicity. The Cancer Equity Data Pack is available here.

This data is being used to directly inform central and local activity in the restoration and recovery of cancer services, including:

- Targeting messaging in the national 'Help Us, Help You' campaign, including for BAME groups to support people coming forward with symptoms indicative of cancer;
- Identifying examples of good system engagement, particularly with deprived and BAME communities who may have been less likely to present with symptoms, and disseminating that practice widely;
- Sharing information routinely with Cancer Alliances and regions to support local recovery activity and monitoring.

NHS LONG TERM PLAN AMBITIONS FOR CANCER

“WE REMAIN AMBITIOUS.”

By 2028, **55,000 MORE PEOPLE EACH YEAR WILL SURVIVE** their cancer for at least five years after diagnosis.

By 2028, **THREE QUARTERS OF CANCER PATIENTS WILL BE DIAGNOSED AT STAGE ONE AND TWO**, rising from the current proportion of just over half.

The Spending Review in October committed £325 million in new capital funding for 2021/22 to support diagnostics. Although broader than cancer, this will further help to speed up diagnostics and improve patient outcomes.

EARLIER AND FASTER DIAGNOSIS

Diagnosing people earlier and faster is one of the most effective ways to improve cancer survival. It means that patients can get more treatments and start sooner, making it more likely that cancer can be cured.

The NHS Cancer Programme is working with partners to modernise screening and prevention services, introduce new approaches for referring and diagnosing cancer more quickly and prioritising the rapid adoption of new techniques and treatments.

INCREASING DIAGNOSTIC CAPACITY

RAPID DIAGNOSTIC CENTRES (RDC)

Cancer Alliances are making good progress towards transforming cancer referral pathways across the country. **50 Rapid Diagnostic Centres (RDCs) are live and are focusing on two-week wait pathways, to help diagnose patients more quickly and accurately. From May to August 2020, RDCs diagnosed 274 cancers.** RDCs mean there is now a route of referral for patients with non-specific symptoms in every region. The model is also being used to improve the diagnostic experience for patients who are suspected of having particular cancers including pancreatic, head and neck, and skin cancers, which were particularly impacted by the pandemic.

Cancer Alliances are leading on new approaches to make sure patients receive wrap-around care to enable a faster diagnosis across the NHS and are prioritising the rollout of RDC pathways as part of recovery from COVID-19. To ensure a positive experience of care the National Cancer Programme has worked with people with a lived experience of cancer and cancer charities to develop a series of quality markers that sites will use to benchmark what a good experience of care looks like for patients and carers. Supporting attendance, addressing anxiety and the provision of additional support have been identified as key areas that promote a good experience of care.

TARGETED LUNG HEALTH CHECKS

48% of people aged 55 to 74 are current or former smokers ('ever smokers')*. The Targeted Lung Health Check programme offers these people a free lung health check close to where they live. Initially the programme has been established across 14 CCGs, with plans to expand to 23.

These initial 14 health check projects will diagnose an estimated 6,000 cancers earlier, offering the opportunity for better and earlier interventions, including curative surgery, which will save lives. Stop smoking advice will also be offered to thousands of current smokers.

At the start of the pandemic decisions had to be taken locally to pause services due to the risk of infection. However, a revised protocol was quickly put in place, including virtual nurse consultations and enhanced infection control measures, allowing services to be re-established across the country. There are currently 9 TLHC projects live, with more scheduled to restart patient invitations before the end of March.

The launch of the project in Thurrock CCG: This was the latest site to start scanning at the beginning of December 2020. The CCG is part of the East of England – South.

*2020 GP Patient Survey

IN THE SPOTLIGHT…

Several Cancer Alliances have accelerated their Rapid Diagnostic Centre (RDC) activities in response to the pandemic.

Wessex Cancer Alliance has developed a virtual RDC model and plan to expand access to their full population this year. While this service currently covers GP referrals, the ambition is for the RDC to accept referrals from A&E, 111 and self-referral routes.

Humber, Coast and Vale Cancer Alliance have also been prioritising RDCs through the pandemic. They now have non-specific symptom services in York where patients are referred for a **one-stop shop diagnostic appointment** for an endoscopy and/or CT scan in secondary care. Diagnostic results are then sent to an MDT within two hours and discussed in a virtual MDT meeting the same day.

Progress has been made across all Cancer Alliances with a range of innovations and models being rolled out to improve patient experiences of care and streamline cancer pathways.

A national evaluation of the programme has been procured and will be led by Ipsos MORI. This will help us better understand where and how pathway changes are being made and the impact that these have had on patients and services.

Next steps for the evaluation are to develop a typology of RDCs, select case studies and receive patient level data. These steps will help inform programme improvements and policy going forward.

A Task and Finish Group, chaired by Liz Bishop, the Chief Executive of The Clatterbridge Cancer Centre, is guiding development of the RDC model.

*https://www.england.nhs.uk/publication/rapid-diagnosticcentres-vision-and-2019-20-implementation-specification/

IN THE SPOTLIGHT…

FIT AS TRIAGE TOOL

In June 2020, clinical guidance was released on triaging patients with lower gastrointestinal symptoms using faecal immunochemical testing (FIT). FIT is a stool test that detects blood in faeces.

The test result helps healthcare professionals to determine a patient's risk of having bowel cancer and the diagnostic test appropriate for them. During the pandemic, this guidance is being used to make sure colonoscopy capacity is prioritised for those at highest risk of cancer.

> **"Triage, genetic testing and more accessible diagnostic tests are all contributing to earlier and faster diagnosis of cancer"**

LYNCH GUIDANCE

The **'Implementing Lynch Syndrome Testing and Surveillance Pathways Handbook'** has been published to all Cancer Alliances. Lynch syndrome is an inherited genetic condition caused by a germline pathogenic variant. Around half of all people with Lynch syndrome develop bowel cancer. It is also responsible for a range of other cancers including endometrial, gastric, small bowel, urothelial and brain cancers.

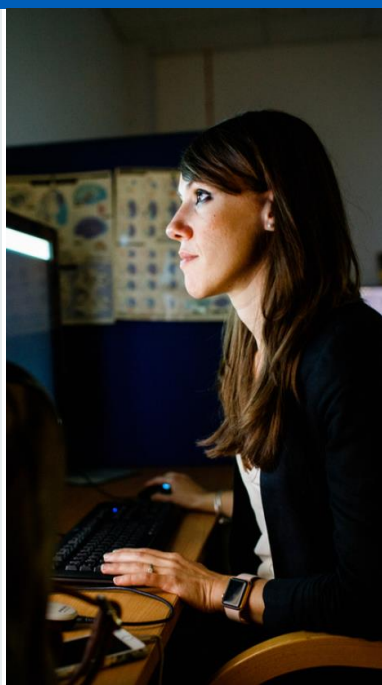
This handbook will support Cancer Alliances to implement a pathway ensuring that all people with colorectal and endometrial cancer are offered a test for Lynch syndrome in line with NICE guidance.

The handbook was developed by the Lynch syndrome Expert Advisory Group who met three times between February and June. The NHS Cancer Programme is now working in partnership with the National Cancer Registration and Analysis Service (NCRAS) to develop a national Monitoring Framework that will track testing levels across the Lynch pathway to support implementation.

COLON CAPSULE ENDOSCOPY (CCE)

The National Cancer Team has allocated funding to Cancer Alliances to establish pilot CCE clinics. 18 Cancer Alliances are participating in the pilot with 44 provider sites delivering clinics.

Colon Capsule Endoscopy is a less invasive test that involves swallowing a camera to examine the colon without the need for hospital admission or sedation. CCE will be made available to lower risk patients on an urgent referral pathway to help build the evidence base around the longer-term use of this technology in detecting cancer. If successful, CCE will help reduce the demand for colonoscopy and mean, for many patients, a cancer check can be as easy as swallowing a pill.



WORLD LEADING TREATMENT

CAR-T therapy
CAR-T (Chimeric Antigen Receptor T-cell) is a cancer treatment which programmes a patient's immune system to find and attack cancer cells. It has been available on the NHS since November 2018 with Great Ormond Street the first hospital to offer it.

In 2020, a further three hospitals have started to provide a CAR T service, taking the total number of centres to 12.

CAR-T is a highly complex treatment that has been shown in trials to cure some patients - even those with quite advanced cancers and where other available treatments have failed.

In England CAR-T is available for the treatment of certain types of lymphoma in adults and a specific form of leukaemia (relapsed or refractory B-cell Acute Lymphoblastic Leukaemia - ALL) in patients up to the age of 25.

So far, 68 leukaemia and 437 lymphoma patients have been approved for CAR-T treatment.

In 2020, a further three hospitals have started to provide a CAR-T service, taking the total number of centres to 12.

By April 2021, every part of the country will be offering SABR treatment for non-small cell lung cancer and those with lung, lymph nodes and non-spine bone oligometastatic disease.

Stereotactic Ablative Body Radiotherapy (SABR)

SABR is a form of external beam radiotherapy that uses multiple thin beams of radiation. The beams are directed from different angles that meet at the tumour. This means that the tumour gets a high dose of radiation, while surrounding healthy tissues get a much lower dose from the individual beams. This lowers the risk of damage to the normal cells.

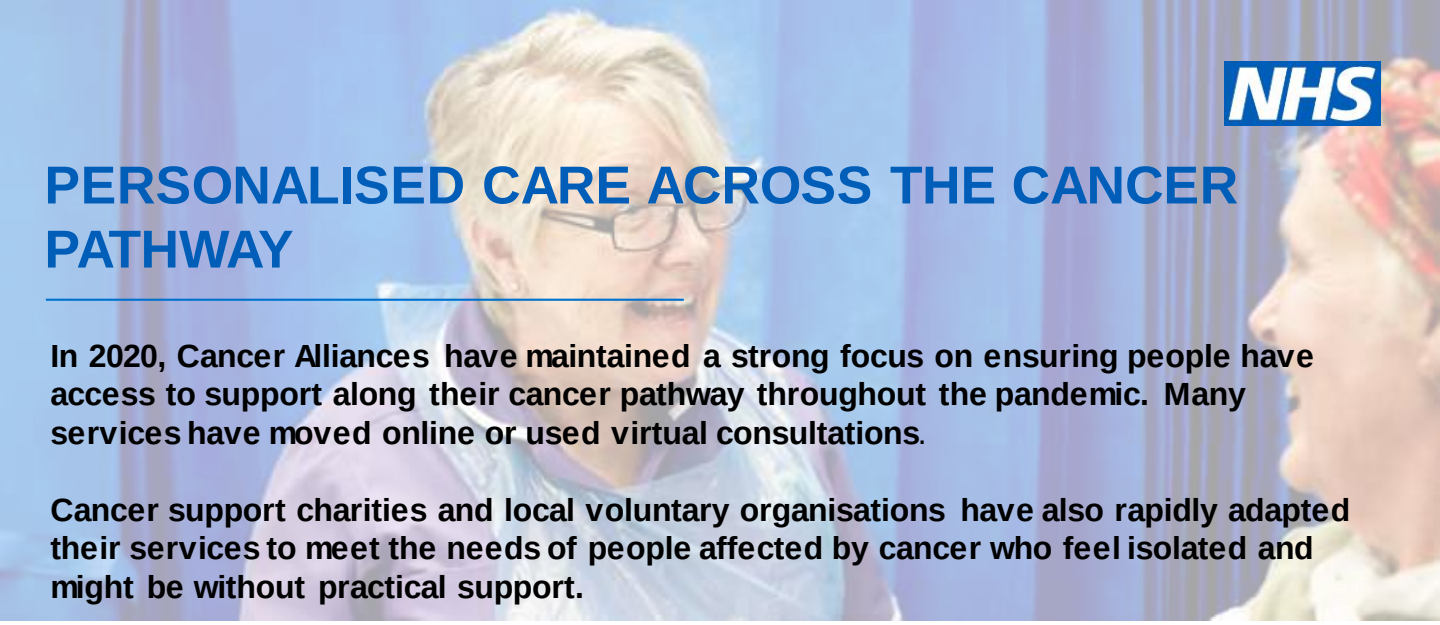
NHS England announced the accelerated use of SABR in June 2020. There were 26 centres delivering lung SABR, 17 of which were also delivering SABR for the treatment of lung oligomets; At the end of November 2020, there were 28 centres delivering lung SABR and all 28 centres able to treat lung oligomets.

Specialised commissioners have recurrently (year on year) allocated £13m to support providers to deliver SABR starting with non-small cell lung cancer and oligometastatic indications. By April 2021 every part of the country will be offering SABR treatment for non-small cell lung cancer and those with lung, lymph nodes and non-spine bone oligometastatic disease.

Further rollout for other disease types is planned for later in the next financial year (2021/2022).

Providers will be awarded SABR status by external quality assurances, managed by the Radiotherapy Trials Quality Assurance Unit and hosted by East and North Hertfordshire NHS Trust. In addition, all radiotherapy providers have been provided with access to experienced clinical mentors.

Working through Radiotherapy Operational Delivery Networks, our aim is to ensure that SABR is available across the NHS by the end of the financial year. In order to start to deliver SABR locally, Trusts must complete a programme of external quality assurance, starting with lung cancer and lung oligometastatic disease, followed by non-spine bone and lymph node oligometastatic disease.



PERSONALISED CARE ACROSS THE CANCER PATHWAY

In 2020, Cancer Alliances have maintained a strong focus on ensuring people have access to support along their cancer pathway throughout the pandemic. Many services have moved online or used virtual consultations.

Cancer support charities and local voluntary organisations have also rapidly adapted their services to meet the needs of people affected by cancer who feel isolated and might be without practical support.

These changes can bring advantages such as greater access to information and online peer support, which in turn will improve people's ability to self-manage their care. One way of doing this is through locally-tailored digital information which links people to local cancer support, such as through the MySunrise App in the South West of England and the Cancer Wellbeing website in London.

The NHS Cancer Programme has co-produced, with members of the Patient and Public Voice Forum, a cancer team self-assessment checklist. This will ensure any gaps in local provision of health and wellbeing information and support are identified and addressed. This will include ensuring everyone understands all the signs and symptoms of their cancer recurring or progressing.

More people are receiving their follow up care after breast, prostate and colorectal cancer treatment in a way that minimises the need to see clinicians face to face, while still receiving all the appropriate surveillance tests and scans (personalised stratified follow up/PSFU).

A PSFU handbook was published in March 2020, and a recent evaluation study shows how we can more rapidly and effectively expand PSFU into other cancer types (at least five more by 2023/24), while ensuring that it does not adversely affect health inequalities. An implementation guide for patient-tracking IT systems for PSFU will be available in January 2021.

This reform of cancer follow-up is releasing capacity for cancer teams which will help support the overall recovery of cancer services after the pandemic. We estimate at least one million outpatient appointments will be saved by 2023/24.

PERSONALISED CARE AND SUPPORT AND EXPERIENCE OF CARE

The NHS Cancer Programme has made good progress in 2020 in the work to improve outcomes for people living with and beyond cancer, including improving personalised care and support, reforming follow-up care and launching the Quality of Life Survey.

Improving the experience of care for people who use cancer services, their families and unpaid carers, is also a key priority. Progress has been made with the launch of a new patient experience award, the development of a new survey for children, and supporting a collaboration of trusts to participate in a framework for improvement.

QUALITY OF LIFE METRIC

We launched the Cancer Quality of Life Survey in September 2020. Initially, a random 10% sample of breast, prostate and colorectal cancer patients across England received an invitation to take part. Following a positive initial response, we are now pleased to confirm that, from December 2020, all patients diagnosed with breast, prostate or colorectal cancer in England are being invited to complete the survey around 18-months after their diagnosis. So far, we have invited over 9,000 people to take part. Survey responses are now starting to come in with 2,500 received by December 2020.

The results will start to be analysed by Public Health England next year. We anticipate that national and regional level reports will begin to be made available in Autumn 2021. This analysis will help us to work out how best to support people living with and beyond cancer.

These are important steps for the Cancer Quality of Life programme. We will keep striving to improve our reach and scale so that we maximise the opportunities for improving people's quality of life outcomes.

Our future plans include rolling out the survey to people with other cancer types from July 2021 onwards. This will aim to include rarer and less survivable cancers, such as brain and other central service system cancers. We will also be trialling the provision of individual summary reports to patients and their clinicians during 2021. Our goal is to empower patients to have meaningful conversations with their health care professionals about their quality of life and the support they can access.

9,000

CANCER PATIENTS INVITED TO TAKE PART IN THE CANCER QUALITY OF LIFE SURVEY

IN THE SPOTLIGHT…

NEW CANCER PATIENT EXPERIENCE SURVEY AWARDS

NHS England and Improvement has collaborated with Macmillan Cancer Support to launch a National Cancer Patient Experience Survey (NCPES) Award in 2020.

The purpose of the Award is to:

- Recognise and promote the use of NCPES and other patient insight and feedback data sets
- To drive and deliver measurable improvements in experiences of care for people affected by cancer

University Hospitals of Leicester NHS Trust was the Winner of the first ever CPES Award for their 'In-Patient Support and Information Rounds' initiative.

This initiative was part of 'Cohort one' of the Cancer Experience of Care Improvement Collaborative. The initiative aims to provide in-patients with cancer the opportunity to discuss their worries and fears with staff via a mobile outreach team.

Patients on wards have the opportunity to help themselves to written information from an information trolley. There is also the opportunity for a one-to-one conversation surrounding any worries and fears they may have.

The initiative was developed in response to the Trust's NCPES results which, for three years in a row, identified a score 5% below the national average.

Patient representatives and a volunteer with lived experience of cancer services were involved in the design of the initiative.

Further details of this submission and others can be found here.

> We have in the past thought 'we don't think it's worthy' but have been reminded that it is, even the small things, and it doesn't have to be a major project to have real impact. Our project was such a small thing – but it won!! It provided encouragement and recognition to the team and allowed them and the organisation to celebrate.

University Hospitals of Leicester NHS Trust was the Winner of the first ever CPES Award for their 'In-Patient Support and Information Rounds' initiative

CANCER EXPERIENCE OF CARE IMPROVEMENT COLLABORATIVES

Cancer Experience of Care Improvement Collaboratives launched for the second year in September 2020. There are two collaboratives: one focusing on improving experience of care for general and all cancers and the second focusing on rare and less common cancers.

Stakeholders, including patients and charities, have been involved in the co-design of these collaboratives through the steering groups and there are currently 29 provider organisations taking part.

Provider organisations will improve the patient experience and quality of care in cancer services by using insight and feedback in experience of care to grow local quality improvements.

The collaborative framework for learning is based on the Institute for Healthcare Improvement's Breakthrough Collaborative model and more information can be found here.

Kate Lansdell, Nurse Consultant/ Deputy Lead Cancer Nurse, University Hospitals Plymouth NHS Trust:

Working on our project in partnership with a patient and their husband allowed the project team an opportunity to listen and learn from the expert (patient). They gave us such insight into a pathway we thought we knew well. It enabled us to focus our service review and changes on the area that really matter to patients and their family which then felt very rewarding for the project team when it was successful.

WORKFORCE

Cancer Workforce Plan

The People Plan delivered new investment in the cancer workforce from clinical nurse specialists to reporting radiographers to clinical endoscopists.

The People Plan focuses on four key areas:

Looking after our people
with a high-quality health and wellbeing offer for all NHS people;.

We all belong to the NHS
with a focus on the discrimination that staff face.

New ways of working
To capture innovation, much of it led by our NHS people.

Growing for the future
By increasing opportunities for recruiting, retaining and returning our people.

The new measures to grow the cancer workforce, include:

250
ADDITIONAL GRANTS FOR NURSES WISHING TO TRAIN AS CLINICAL NURSE SPECIALISTS

150
ADDITIONAL TRAINING PLACES FOR REPORTING RADIOGRAPHERS

100
ADDITIONAL GRANTS FOR NURSES WISHING TO BECOME CHEMOTHERAPY NURSES

250
EXTRA FOUNDATION YEAR 2 POSTS TO GROW THE PIPELINE INTO PRIORITY AREAS I.E. CLINICAL RADIOLOGY, ONCOLOGY & HISTOPATHOLOGY.

Cancer Workforce

We will build on the measures outlined in the People Plan to transform the cancer workforce. This is vital both to recovering services following the pandemic and to achieving our long-term ambitions for improved survival rates and earlier diagnosis by 2028.

Nationally, we are taking forward a number of actions to support local systems as they develop and expand the cancer workforce.

WORKFORCE

Workforce growth – progress so far

We have already made significant progress in workforce growth, aligned to our commitments in the NHS Long-Term Plan.

Between 2015/16 and 2018/19, there was an increase of 2,515 FTE staff across the seven priority professions for cancer.

From September 2020, many undergraduate and postgraduate allied health profession students will be able to access training grants of £5,000. This is expected to support the recruitment of student diagnostic and therapeutic radiographers, who will also benefit from an additional £1,000 specialist subject payment.

Training capacity to develop the cancer specialists of the future has also seen sustained growth. The number of training places for radiologists has increased every year for the past five years, growing by more than a third (from 186 to 249) between 2014 and 2019. Over the same period, the number of training places for (clinical and medical) oncology has increased by more than 40% (from 65 to 94).

We are committed to working with the cancer charities and Health Education England to develop the case for further growth ahead of this autumn's spending review.

The NHS's response to the Covid-19 pandemic has also enabled us to take advantage of initiatives to grow, develop and support the cancer workforce, working in partnership with Cancer Alliances.

2,515

INCREASE IN STAFF ACROSS THE SEVEN PRIORITY PROFESSIONS FOR CANCER

£5,000 GRANTS

TRAINING GRANTS FROM SEPTEMBER 2020 FOR MANY UNDERGRADUATE AND POSTGRADUATE ALLIED HEALTH PROFESSION STUDENTS

1/3 GROWTH

IN THE NUMBER OF TRAINING PLACES FOR RADIOLOGISTS BETWEEN 2014 AND 2019

40% INCREASE

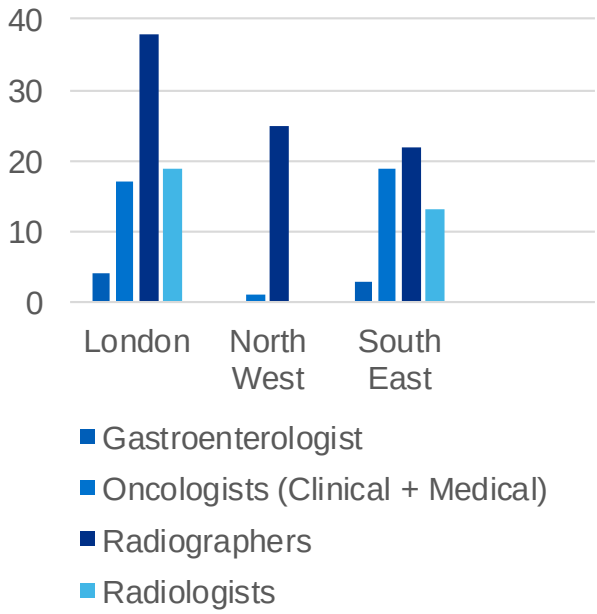
IN TRAINING PLACES FOR ONCOLOGY.

WORKFORCE

NHS returners

In the last few months, the NHS has benefitted from re-registration of hundreds of cancer medics and allied health professionals. We are working with the regions to ensure these valuable returners are deployed to deliver the cancer services that we need. The table below sets out those who have reached deployment in three regions where data is already available.

We are supporting Cancer Alliances to identify and deploy as many returning cancer specialists as possible. Returners will have a key role to play in managing the diagnostic backlog caused by the COVID-19 pandemic. We are also looking at ways to bring additional returners back into the NHS.



Supporting diagnostics

NHS England and Improvement's regional and national teams are jointly developing plans to restore and expand diagnostic capacity. This structured approach will be vital to manage the expected surge in urgent referrals for the remainder of the year, alongside ongoing COVID-19 restrictions.

We expect the plan to include delivering workforce innovations to increase capacity via digital tools, and universal adoption of new skill mix models;

Workforce redesign

We are working with Cancer Alliances to ensure that innovative practices that are working well are shared nationwide and implemented locally, such as:

- Using Memorandums of Understanding (MOUs) to **create workforce passports** to enable cancer teams to work flexibly across NHS and independent sector sites, including across the whole of London;
- Increasing **remote reporting on cancer imaging** by funding the purchase of software and equipment to enable home reporting of images;
- **Deploying reporting radiographers,** initially focusing on chest x-ray, to enable hot reporting/one day-turnaround imaging;
- **Improving the effectiveness of multi-disciplinary teams (MDT)** via streamlining and virtual working by commissioning masterclasses across three key tumour groups (urology, lung, colorectal) for cancer leaders.

GOVERNANCE

National Cancer Board

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

The Board have been focused on maintaining and recovering cancer services since the pandemic hit, considering the future cancer workforce needs and building back key Long Term Plan projects such as Targeted Lung Health Checks.

Cancer Charity Forum

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

Since March, the NHS Cancer Programme has also established other regular channels to update charity colleagues throughout the pandemic. Through monthly calls, the Programme updates charities on its priorities and progress in maintaining cancer services, as well as gathering comments and feedback.

Clinical Advisory Group

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

The Group provides clinical advice on overall delivery of the NHS Cancer Programme, as well as helping to lead implementation of specific projects and priorities.

The CAG is chaired by the National Clinical Director for Cancer, Peter Johnson.

Spotlight on…

This year the Clinical Advisory Group (CAG) has provided clinical insight and advice to projects and teams across the programme, including:

- **Providing clinical expertise for the development of an advisory document outlining how urgent cancer diagnostic pathways could be adapted in response to the COVID-19 pandemic;**
- **Supporting the Cytosponge Working Group and Innovation Expert Advisory Group to advise on the implementation plan for Cytosponge, an innovative new test for Barrett's Oesophagus – a condition that can increase a person's risk of developing oesophageal cancer;**
- **Supporting the Rapid Diagnostic Centres (RDCs) Task & Finish Group to agree delivery requirements for RDCs across the country in 2021/22, including achieving 50% population coverage for non-site specific RDC(s).**

GOVERNANCE

Patient and Public Voices Forum

The Patient and Public Voices Forum brings important views and perspectives from members into the NHS Cancer Programme.

Forum members champion the patient, service user, carer and family perspective, helping the Programme consider and prioritise the needs of patients and the public. The Forum plays an essential role shaping our projects in partnership with the national team.

The Forum has patient and public representatives from all 21 Cancer Alliances and is chaired by Ceinwen Giles.

Formed in 2019, the Forum meets formally twice per year and has an agreed Terms of Reference co-produced and agreed by its members. The Forum has 33 active members from across the country and currently has nine vacancies.

Key work areas:

The PPV Forum members have been involved in a number of projects with 80% of members being involved in at least one project in 2020. Some of the projects include membership on the:

- Cancer Recovery Taskforce (2 members)
- Clinical Advisory Group
- Innovation Expert Advisory Group (2 members)
- Quality of Life Steering Group
- Quality of Life survey working group
- Cancer Improvement Collaborative (2 members)
- CPES award working group (2 members)
- Colon Capsule Endoscopy Steering group
- CADEAS Evaluation Advisory Group

Members have been involved in the development and feedback into:

- The Quality of Life Survey including development of patient summaries
- RDC Quality Markers
- Shielding Guidance
- Health and Wellbeing Information and Support Checklist
- Cytosponge resources
- Cancer Improvement Collaborative approach to Rare and Less Common Cancers
- Evaluation of volunteering project
- Specification for patient experience of cancer services during Covid-19
- A communications approach for the Forum

The last Forum was held virtually on 15 September and was attended by two thirds of Members who took part in workshops to develop the programme's Innovation work around Cytosponge and also provide feedback on NHSE/I and PHE *Help us Help you campaign.*

A number of webinars are held between the six-monthly Forums to enable project leads to meet with the Forum to take forward new projects and provide important updates on the work of the NHS Cancer Programme. The next Forum will take place virtually on 19 March 2021.

This information is available in different languages and formats.
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