A Healthier
Lancashire and South Cumbria
Improving health and care for local people

Cancer Research UK:
Strategic Intelligence Forum
27th January 2020

Healthier
Lancashire & South Cumbria
Cancer Alliance
The population of Lancashire and South Cumbria Cancer Alliance is 1.7m

Incidence: The incidence of cancer is greater than the national average, particularly in colorectal and lung cancer and there is variation across Lancashire & South Cumbria with areas with the greatest deprivation having the higher incidence and increased mortality, particularly for lung cancer.

One year survival is improving however, in many areas across Lancashire & South Cumbria it falls significantly below this. Three CCGs fell short of the national on one-year survival.

Source: National CancerStats
Five Year Forward View (2014); The National Cancer Workforce Plan, Phase 1: Delivering the Cancer Strategy to 2021 was published in December 2017 and followed by the NHS Long Term Plan (January, 2019), Interim People Plan (June, 2019) and the Progress update: Update on Phase 1 of the Cancer Workforce Plan (August, 2019). All of these documents guide the development of the cancer workforce for the future in addition to the CRUK: Securing a Cancer Workforce for the Best Outcomes (2018)

**Seven key professions/areas identified as priority:**

- 1. Medical & Clinical Oncology
- 2. Healthcare Scientists & Histopathology
- 3. Gastroenterology
- 4. Cancer Clinical Nurse Specialists
- 5. Therapeutic Radiography
- 6. Diagnostic Radiography
- 7. Clinical Radiography
High cancer incidence
High levels of deprivation
Large geographical area
Cancer Centre established 20 years ago
Hub and spoke model of Oncology provision with Cancer Centre (Preston) acting as the hub. Two trusts have their own Medical Oncology positions
Service is mainly Consultant led with relatively sparse levels of middle grade support
Recruitment to vacancies is a long standing local and now national and international problem
High MDT demand is demonstrated in job plans – although some MDTs still struggle for sufficient cover
Some services are vulnerable due to single handed oncologists
Most consultants covering 1-2 specialities although some covering 3 or more
Radiotherapy is delivered centrally but SACT is delivered in 7 hospitals across the 4 trusts and we have good functioning acute oncology services across the Alliance.
Large geographical spread and a commitment to delivering oncology services locally result in several sessions ‘lost’ to travelling time
So what have we been doing?

- All organisations continuing to recruit and increase retention of medical and clinical oncologists
- Considering other options/models of support
- Introduction of Advanced Clinical Practitioners in Oncology & Therapeutic Radiography
- MDT working
- Stratified follow up/Personalized Care
- Rapid Diagnostic Centres
- Targeted Lung Health Check pilot (2)
- Introduction of FiT (for low risk symptomatic patients)
- Pooled radiology for lung cancer patients
Part funded by HEE with backfill from Cancer Alliance monies

1 ACP Oncology per Trust (although some of the Trusts have already developed ACP/ANP roles)

All registered nurse backgrounds (3 from Chemotherapy & 1 from Palliative Care)

2 year MSc level programme

Commenced in post September 2019

Working alongside Consultant Oncologists

Able to function at ST level on completion of training

Aim is to support the middle tier of oncology provision by providing support in clinics to the consultant

Issues with capacity for supervision and mentorship
- 3 Therapeutic Radiographers commenced ACP training September 2019
- 2 year MSc level programme
- Working alongside Clinical Oncologists & Consultant Radiographers
- Current focus is on skin and breast radiotherapy.
- Funded by Trust and HEE
Any questions?

Thank you for listening

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