

The ACE Programme

A Programme that will **Accelerate, Coordinate, and Evaluate (ACE)** learning to achieve the earlier diagnosis of cancer

It is estimated that if England was to achieve survival rates that matched the best in Europe, then up to 10,000 cancer deaths each year could be avoided through earlier diagnosis and access to optimal treatment*. Evidence is critical in driving the system wide change that is needed to achieve faster diagnosis, and save lives.

The ACE Programme is an NHS England initiative supported by Cancer Research UK and Macmillan Cancer Support. Established as an early diagnosis programme that supports the NHS outcome 'preventing people from dying prematurely', ACE was initiated in June 2014 and is led by Sean Duffy, National Clinical Director for Cancer.

The Programme will run across England for approximately 2 years and incorporates around 60 projects. The prime objective is to evaluate local approaches and develop a national body of evidence that will inform cancer commissioning. Through this, proven approaches to early diagnosis will be adopted and spread at pace and scale.

Ambition

The ACE Programme aims to drive:

1. An increase in the early diagnosis of cancer at stages 1 and 2
2. A decrease in cancer diagnoses via emergency presentations
3. Improvements in overall patient experience

The ACE Programme has two broad aims, firstly, to support NHS organisations to implement best practice, helping to remove blocks to implementation, and secondly, to test more innovative ideas such as merging current referral pathways and designing new pathways for patients with vague but concerning symptoms.

The ACE Programme brings together projects already underway in the NHS and broader health community under a national umbrella of support and evaluation. This will generate sound evidence and identify best practice to help drive up the quality of diagnostic pathways across the country.

The first set of outputs will provide guidance for the 2016/17 commissioning round and will be available from September 2015. The clinical and economic evidence base will add further weight and direction for the 2017/18 commissioning round. If this programmatic approach proves successful, then future calls for projects may be made.

Concepts for Exploration

- Straight to test and one stop clinics
- Multidisciplinary diagnostic centres
- Pathways for patients with vague symptoms
- Pro-active approaches to high risk patients
- Improving screening uptake
- Self-referral
- Merging routine and urgent referral or lowering referral thresholds
- Use of IT in primary care to identify and/or flag high risk patients
- Greater role for non GP primary care professionals

ACE Clusters

The projects are organised into a series of thematic 'clusters' to help **facilitate peer learning** and the gathering of evidence. The different approaches being explored will undergo a **clinical and economic evaluation** by the Department of Health's Policy Research Units. Whilst **access to national policy and development teams** will enable common solutions to be built and for commissioning levers, that would otherwise act as a barrier to implementation, to be adjusted (e.g. national tariffs).

1. **Lung Cancer Pathway** – will explore which is the most effective and efficient pathway from referral to diagnosis, including direct access to CT arrangements. Identification and resolution of barriers to implementing best practice will also be explored.
2. **Proactive Approach to Patients at High Risk of Lung Cancer** – considers which proactive approach provides the most cost effective method of finding undiagnosed early stage lung cancer; one project explores self-referral to chest x-ray.
3. **Colorectal Pathway** – focuses on straight to test approaches/best first test and referral thresholds. Such approaches are already being implemented in some parts of the country, so the aim is to gather sufficiently robust evidence to drive pathway spread.
4. **Bowel Screening Uptake** – considers which interventions are most effective at driving uptake in different target groups, particularly in high risk and socio-economically deprived communities.
5. **Screening Uptake for Vulnerable Groups** – explores effective ways to remove barriers to screening for a range of vulnerable groups including those with sensory impairment, learning difficulties or minority ethnic groups.
6. **Vague Symptoms Pathway** – considers approaches for patients that GPs find most difficult to place on a specific pathway, namely those with vague but concerning symptoms; includes exploration of the multi-disciplinary diagnostic centre concept.
7. **Pharmacy & other Primary Care** – explores an enhanced role for non-GP primary care professionals in identifying and expediting referral of patients with suspected cancer.
8. **IT Tools** (e.g. Macmillan electronic Cancer Decision Support Tool) – investigates effectiveness of IT tools in primary care to improve the stage of cancer diagnosis.

Funding

By March 2016 approximately £3 million will have been invested into the ACE Programme centrally. This comprises funding from Cancer Research UK, Macmillan Cancer Support, NHS England and the Department of Health's Policy Research Units. As ACE provides only limited financial support to projects, the majority of project funding has come from local, mostly NHS sources, meaning that the total investment in the programme is much higher.