

## ***Delivering Earlier Diagnosis Through Acceleration, Coordination and Evaluation (ACE)***

### **INVITATION TO PARTICIPATE**

#### **1. Introduction**

The NHS Mandate sets an ambition for England to become one of the most successful countries in Europe at preventing premature deaths. Cancer is the leading cause of death from illness in almost every age group and can make a significant contribution to the overall ambition to avoid 30,000 premature deaths per year by 2020.

NHS England, Cancer Research UK and Macmillan Cancer Support are collaborating to rapidly develop our knowledge base on a range of approaches to improving earlier diagnosis. The aim is to support commissioners and providers to deliver the Mandate ambition based on the most robust impact assessment possible. We are now actively seeking commissioners and providers already taking (or planning to take) innovative approaches to achieving early diagnosis to work with us to evaluate these innovations and build the evidence base.

The UK's cancer survival rates currently lag behind those in other comparable countries. One year and five year survival rates should improve substantially if we can find and diagnose cancers at an earlier stage when treatments are most effective. Earlier diagnosis of cancers will contribute to reducing mortality from cancer – including for people under 75. By improving cancer pathways, especially for patients with vague symptoms, we should be able to reduce the number of emergency presentations. This is important since cancer patients diagnosed following an emergency presentation have poorer outcomes than those that receive their diagnosis following a managed referral, even when controlling for other factors.

In addition to the years of life that can be saved, a more efficient pathway and timely diagnosis is what patients and their families say they want. Improved pathways should also be more cost effective with patients receiving the appropriate investigations and treatments at the most appropriate time. More patients diagnosed with early stage disease will reduce the need for more complex, extensive and costly treatments.

The work we are embarking on is being referred to as the **ACE** programme because we want to **accelerate** progress, **coordinate** implementation across the country and consistently **evaluate** the effectiveness of different arrangements. We have ideas based on existing good practice in England and international evidence about what activities and pathways can achieve earlier diagnosis and we are looking for interested CCGs and providers to work with us to thoroughly assess the impact of these approaches both locally, and at scale.

**We would like to hear from you if you are already undertaking or planning to introduce any of the following concepts and would be prepared to work with us on a nationally coordinated impact assessment:**

- Straight to test & one stop clinics
- Merging of referral routes – urgent and standard pathways
- Multidisciplinary diagnostic centres ('Danish model')
- Self-referral for diagnostic tests
- Pro-active approaches to high risk patients
- Improving screening uptake generally and/or specifically in vulnerable adults
- Use of IT in primary care to identify and/or flag high risk patients
- Pathways for patients with vague symptoms
- Lowering the thresholds for 2 week wait referrals
- Greater role for pharmacists, opticians and other healthcare professionals in cancer referrals

## **2. Process and timeframe**

The ACE programme intends to identify, encourage and support projects from around the country. Innovation activity aimed at achieving similar aims and/or testing similar methods will be grouped into centrally coordinated clusters so that expertise can be brought in when required and shared learning opportunities can be maximised.

Evaluation including cost benefit analysis will be a large part of the programme, each project admitted into the ACE programme would need to submit agreed datasets so that progress can be measured and monitored. Ultimately, the ACE programme will give us a better understanding of what activities and arrangements generate the most positive impact on achieving earlier diagnosis.

## **3. Key benefits**

- Opportunity to contribute to the improvement of cancer survival through early diagnosis
- Be part of building the commissioning case for earlier diagnosis so that future commissioning is based on more robust impact assessment than currently available
- National project structure ensuring progress continues at steady pace
- Access to expertise and assistance of national experts
- Information exchange and peer support opportunities
- Assistance with project support, and/or key skills as appropriate

## **4. Project costs**

The ACE Programme is primarily targeted at innovation activity already underway or planned. This is not a call to establish more pilot projects. However we may be able to help with project management and/or project support in the form of a shared project manager or funding to backfill a staff member who could play a key role in implementing the project in certain circumstances. Where innovation activity can attract funding from other sources, such as research funding, charitable funds, AHSN or SCN funds, this will be encouraged and joint funding arrangements could be considered.

## 5. Submission Process

If you are interested in being part of this initiative, please submit an 'Expression of Interest' (Appendix 1) to [Barbara.Gill@NHS.net](mailto:Barbara.Gill@NHS.net) by **31<sup>st</sup> July 2014**.

We would be interested to hear from you if you have a project about to start or one still in its early stages or have recognised the need to improve a local service in a way which will achieve earlier diagnosis. 'Expression of Interest' submission requirements attached.

## 6. Overall timetable

- Expressions of Interest to be submitted: **31<sup>st</sup> July 2014**
- Assessment of submissions & further information requests: **August/early September 2014**
- Cluster formations agreed by **mid-September 2014**
- First cluster meetings to take place **October/November 2014**
- Initial Project Evaluations: **June 2015**
- Project update/summary and commissioning advice issued: **September 2015**

## ACE Programme

### Expression of Interest Requirements

**Name of project**

**Name of lead organisation**

**Strategic Clinical Network (SCN) area**

**3 Key contacts**

(Names, roles, email and phone)

**Describe proposed project coverage**

(Geography, target population, organisations involved)

**Key aims of project**

**Brief description of project**

**Project support needs and other (potential or actual) funding sources**

**You may also submit further supporting statements and documents**

Please ensure that the criteria (below) are covered within your submission and please attach any project plans, PIDs, minutes of key meetings and/or statements of support that are relevant.

- Commissioner, provider, stakeholder support
- Clinical leadership
- Primary/Secondary interface communications acknowledged, planned
- Potential impact of changes proposed
- Potential for learning from project as part of evaluation process
  - i.e. which model/concept will be tested/implemented within the course of this project.
- Robustness of project management plans
- Willingness and ability to:
  - Submit data as per evaluation requirements
  - Work at reasonable pace and provide quarterly update reports
  - Attend cluster meetings and be willing to engage with cluster colleagues
  - Accept ACE visits from coordinator or experts, as appropriate
  - Allow your project data to be shared within programme context

*Please submit 'Expressions of Interest' to:*

**[Barbara.Gill@nhs.net](mailto:Barbara.Gill@nhs.net) by 31st July 2014**