Macmillan Cancer Improvement Partnership in Manchester MCIP
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Discussions at the MCIP Board
Introduction

When the Macmillan Cancer Improvement Partnership (MCIP) was launched in June 2014 every partner involved in this complex and wide-ranging programme knew that huge challenges lay ahead.

How could our health care commissioners, Macmillan, hospitals, GPs, people affected by cancer, Manchester City Council, St Ann’s Hospice and others work together to deliver real change that would improve outcomes for patients on so many important issues so quickly?

There wasn’t a manual. But this is Manchester, a city that has always rolled its sleeves up and got things done through innovation, straight talking and a fierce belief that patients and carers should receive the very best care and support that we can offer.

So together what have we achieved in the past 2 years?

A Locally Commissioned Service to improve primary cancer care undertaken by 90 per cent of Manchester GP practices; A new community based supportive integrated palliative care service for North Manchester – now a model for the rest of the city; A lung early diagnosis pilot providing lung health checks and on-the-spot CT scans to people most at risk of lung disease ahead of national policy; A new system of aftercare for breast patients which supports recovery and is more sustainable. And more besides.

MCIP has delivered and will continue to do so throughout the life of the programme and beyond by sharing our evaluation with commissioners and other change programmes locally and nationally.

Janet Tonge
MCIP Programme Director
Overview

Since the official launch of the MCIP programme in June 2014, significant progress has been made in establishing and implementing ambitious cancer improvement work across the city of Manchester. This work has been made possible through £5.65 million funding from Macmillan Cancer Support.

All improvement work has been co-developed by people affected by cancer, clinicians and commissioners from different organisations working together to improve services.

MCIP’s Board includes:

- Macmillan Cancer Support
- North, Central and South Manchester Clinical Commissioning Groups
- People Affected by Cancer
- Manchester GPs
- Manchester City Council (Public Health & Adults Social Care)
- Central Manchester University Hospitals NHS Foundation Trust
- University Hospital of South Manchester NHS Foundation Trust
- The Christie NHS Foundation Trust
- Pennine Acute Hospitals NHS Trust
- St Ann’s Hospice

We are also working closely with Manchester Cancer, the Greater Manchester Cancer Vanguard and other change programmes.
Why is MCIP needed?

Manchester has some great cancer care and treatment, and yet this city has some of the highest levels of cancer in England.

There are high levels of deprivation and social exclusion that can contribute to factors relating to cancer incidence, late diagnosis and premature mortality. Manchester has the highest rates of cancer in England.

Rates of premature mortality (before age 75) from cancer in Manchester are the second highest in England.

Almost a third of Manchester’s cancer premature mortality rate is accounted for by lung cancer. North Manchester has the highest incidence of lung cancer in England.

Everyone working in cancer care in Manchester knows that this situation cannot be allowed to continue.

Actress and writer Caroline Aherne, who sadly died from cancer in July 2016, supported MCIP and spoke at the official launch at Manchester Town Hall in June 2014.
Real changes for people affected by cancer

The investment by Macmillan in the MCIP programme has created real changes for patients and a focus for the local NHS Commissioners and providers to change practice and investment.

The MCIP vision is that local people will be able to say that they had the best support and treatment from an expert team who made them feel cared for and in control.

Our change programme is based on the Macmillan 9 outcomes and national cancer improvement areas, matched to local need.

Phase 1 invested £2.35m in primary, palliative, community and end of life care.

Phases 2 and 3 are investing a further £3.3m to redesign breast and lung cancer pathways and to implement those changes.

The Macmillan 9 Outcomes

- I was diagnosed early
- I understand so I make good decisions
- I get the treatment and care which are best for my cancer and my life
- Those around me are well supported
- I am treated with dignity and respect
- I know what I can do to help myself and who else can help me
- I can enjoy life
- I feel part of a community and I’m inspired to give something back
- I want to die well
Primary care

What is the project?

The Locally Commissioned Service (LCS) is an enhanced Primary Care service commissioned by Clinical Commissioning Groups to help improve quality and care in General Practice around specific areas. The LCS achieved sign-up from 90 per cent of Manchester’s GP practices. Co-designed by people affected by cancer together with Macmillan GPs and health commissioners, it created 22 clear standards that practices had to attain.

Why did we do it?

Good practice was already taking place in many Manchester practices, but early diagnosis rates, outcomes and support had to be improved.

The three Manchester Macmillan GPs gave us a clear steer and leadership on what would be useful, pragmatic and achievable.

Clinical and non-clinical staff cancer training, improved systems and procedures and the provision of information were key.

What have we achieved?

- 92% of practices achieved all 22 standards with the remainder achieving at least 8
- Increased cancer detection rates through the development of screening processes and alignment with national cancer screening programmes
- The number of practices contacting non-responders for screening increased by 193% from 27 to 79
- Efforts by one practice that sent 235 ‘did not attend’ letters to breast screening non-responders resulted in seven patients - who would otherwise have been missed - receiving a confirmed cancer diagnosis
- 10 out of 16 LCS practices involved in the NHS early diagnosis ACE programme showed an improvement in bowel screening uptake after non-clinical staff received bowel screening training.
- Significant event analysis, where there had been delays in diagnosis was undertaken in 78 practices – an increase of 44.
- Practices contributed to an increase in the number of new cancer cases treated after a Suspected Cancer Referral. The combined Manchester average detection rate of 50.4% now exceeds the England average (48.4%)
- The development and implementation of cancer review templates, devised by the Macmillan GPs and the MCIP team. At the end of the LCS, 77 practices were using the templates to accurately record diagnoses of cancer and offer support
- Increased population of cancer registers – during the first eight months of the LCS, the number of patients on cancer registers had increased by 30.5% from 1,751 to 2,286
- Increased population of palliative care registers – over the period of the LCS, the number of patients on palliative care registers increased from 1,517 to 2,365
- Increased education of workforce – the LCS provided training for the primary care workforce. The LCS achieved excellent levels of attendance at training for the primary care workforce with:
  - 172 GP sessions
  - 32 Practice Nurses, 8 District Nurses and 2 Community Nurses
  - 35 Health Care Assistants
  - 69 Practice Managers
  - 32 Receptionist, 10 Secretaries and a variety of other administrative roles, attending courses.
- Improved patient information - many patients shared feedback that the information provided at Macmillan Infopoints has been helpful in signposting them to important services
• Increase in number of practices informing patients of being entitled to free prescriptions from 45 to 79

MCIP User Involvement Volunteer Nina Jackson said: “I know what people who are worrying about cancer want from their GP practice.

“The Macmillan Infopoints are such a simple idea, but they make a big difference to patients. “Knowing that there’s a receptionist or nurse as well as a GP who you can talk to about cancer is a major help for anyone who has any worries at all about cancer.”

Watch Nina’s story here:

Contact: Christine Matthewson, Project Manager at SMCCG.MCIP@nhs.net or 0791 765 0229.

MCIP User Involvement volunteer Nina Jackson said: “The LCS has had a real impact on patient care and support and I’m very proud to have been involved in its design.”

User Involvement Volunteer Nina Jackson co-designed the LCS and appeared in a poster publicity campaign.

Infopoints are in all of the LCS’s Manchester GP practices.

Manchester’s Macmillan GPs (L-R) Sarah Taylor, Denis Colligan and Amanda Myerscough.
The North Manchester Macmillan Palliative Care Support Service

This new model of community based palliative care in North Manchester was initiated through £540,000 MCIP funding and has triggered a realignment of services under the leadership of North Manchester CCG.

What is the project about?

Launched in April 2015 and delivered by The Pennine Acute Hospitals NHS Trust (PAHT) – it ensures that patients with life-limiting illnesses in North Manchester can access the care and support they need.

It brings together professionals and trained volunteers, working together to deliver the full package of support to patients, based in the heart of the community.

Improved communication and information sharing are central to improving patient care and meeting their needs.

The above described locally commissioned service has ensured more GPs have well populated palliative care registers and hold regular meetings which are attended by the palliative care team.

The new service has a daily meeting between the palliative care team and district nursing service; has massively improved the support to district nurses and the ability to deliver timely care to patients and their carers. There is also a weekly Multi-disciplinary Team Meeting (MDT) chaired by a Consultant in Palliative Medicine, based at North Manchester General Hospital. This MDT also now also includes district nurses.

The improved communication has enabled all involved to get quick expert advice on how to help and support the patients they visit on their daily calls.

A newly created assistant practitioner role in palliative care supports the clinicians and patients to implement their care plan and has proved an extremely valuable part of the whole package of palliative care and support in the community.

Watch a film explaining the service here:
The NMMPCSS team provides:

- Round-the-clock telephone advice, as well as visits and care in the home
- Dedicated professionals working together with patients and carers – seven days a week from 8am to 8pm
- An open referral system for patients, carers and professionals. (Patients can refer themselves to the service through the telephone helpline on 0161 230 6645)
- Help with managing troublesome problems such as pain, sickness, breathlessness, and psychological and emotional support
- Ways for people to talk about what is important to them in their care. (We want to work with them to fulfil those choices and decisions as far as we can. This may include staying at home rather than having to go into hospital at the end of life)
- Extra help at home when things are difficult, bringing support to carers

Why did we do it?

- In North Manchester there is a higher than national average number of deaths in hospital and 40% have no medical need to be there.
- There is no hospice in the local area and research finds that 70% of people would prefer to die at home.

What have we achieved?

- All patients are now contacted on the day of referral to ensure safety – 100% achieved in access targets
- GP palliative care registers have increased by 80%, 31 practices out of 36 now have regular palliative care meetings
- 82% of patients on the caseload died in their recorded preferred place of care in 15/16 compared with 59% in 14/15
- For patients on the caseload, average deaths in hospital reduced from 21% in 2014/15 to 13% in 2015/16
- Deaths are now reviewed to assess whether patients achieved their preferred place of care and if not why not
- The consultant and team regularly review patients admitted to hospital to determine whether this could have been prevented
- Feedback from a CQC inspection was Outstanding

Key findings from qualitative evaluation

The success of the service appeared to be related to the multidisciplinary nature of the team and disciplines within the team appear to have adapted and changed the way they work to ensure an integrated service is possible.

Participants commented that there was little need for them to constantly repeat things as a result of excellent communication between different Macmillan team members and agencies; this was a welcome relief for many.

Contact: Chris Mathewson, Project Manager at SMCCG.MCIP@nhs.net

Palliative care teams from across Manchester attended the launch of the service at the Irish World Heritage Centre, Cheetham Hill
MCIP established a new pilot service to detect lung cancer earlier in some of Manchester’s most deprived areas.

What is the project?

Smokers and ex-smokers aged 55 to 74 in 14 GP practices were invited to attend a community-based Lung Health Check, which could refer them to an immediate on-the-spot low-dose CT scan at a mobile scanner unit based in a shopping area car park.

The aim of the pilot was to find lung disease especially lung cancer at an earlier more treatable stage as evidence shows that lung cancer survival rates are much higher the earlier a cancer is found. It is based on American Randomised control evidence and included the development of a new pathway and clinical protocols, public health engagement and patient information. The service included risk stratification; 3 month follow up a in line with nodule protocol and a second round of CT scanning.

Evaluation of the service fed back locally and nationally through NHS England. The ambition is for the outcomes of this pilot to underpin a business case that considers a Manchester wide roll-out of this type of service.

Why did we do it?

Manchester has some of the highest rates of smoking in the country, which is a major factor in poor lung health especially in large sections of the city’s deprived communities.

North Manchester where the pilot began has the highest incidence of lung cancer in England and almost a third of premature cancer mortalities in Manchester are due to lung cancer.

What have we achieved?

- There has been an unprecedented patient response to the pilot following a fast paced and targeted grass roots community and GP engagement programme
  Watch our LHC recruitment film here:
- New patient information has helped people understand what’s on offer and if they wanted a Lung Health Check
- All Lung Health Check slots for each location were fully booked within days of letters being sent out
- It’s the first time in the UK that low-dose CT scanners have been sited in shopping areas as part of a one stop lung early diagnosis service
- The Lung Health Check team received positive feedback from patients as they attended their checks
- City wide collaborative working by Consultant Radiologists to provide rapid analysis of all CT scans
- Manchester residents have been asked what they think of the idea of finding lung disease early in a service such as this and they have welcomed it

What are the next steps?

- Patient and staff feedback is being gathered to inform the pilot evaluation
- The outcomes of the Lung Health Checks, CT scans and 3 month follow up scans will be evaluated and the outcomes will be considered to see if the service should be developed further
- Work has started to develop the business case that reviews the outcomes of the pilot and recommends an optimum operational model for Manchester

Contact: Laura Yarnell, MCIP Acute Delivery Lead at SMCCG.MCIP@nhs.net
Further lung pathway projects

MCIP is undertaking work to help reduce delays in diagnostic testing and treatment; and to improve the co-ordination of palliative care for patients with advanced lung cancer.

Care for advanced patients will be improved by increased communication between clinical lung teams and palliative care services.

We aim to facilitate more effective working between hospital and primary and community teams by developing guidelines and key tools, including Holistic Needs Assessments, for use when a patient is likely to be within the last 12 months of life.

Watch Helena’s story here:

Patient Paul Murphy and MCIP Clinical Lung Lead Dr Phil Barber at the mobile CT Scanner in Harpurhey

Dr Phil Barber, MCIP Clinical Lung Lead
“We can no longer afford to wait for symptoms to develop before investigating for lung diseases, because by then it’s often too late. CT scanning very high-risk patients gives us a real chance of identifying cancers and other lung diseases early enough to cure them, and there is now plenty of evidence that this can be achieved.”

The CT scan takes just a few minutes and is offered immediately to people who are assessed as being at higher risk of lung disease during the Lung Health Check.
Breast pathway redesigns

Establishing a new model of monitoring and aftercare for primary breast cancer patients

What is the project about?
MCIP has been working with clinical teams across the City of Manchester to radically transform breast cancer aftercare. A new follow-up pathway has been designed, which promotes supported self-management by tailoring intervention according to need and enabling safe return to normal life as much as possible.

Why did we do it?
The number of people living with and beyond breast cancer is rising. This means that the traditional approach to monitoring breast cancer patients is unsustainable and does not always meet individuals’ needs.

This new model of aftercare is based on evidence showing that there are no advantages to fixed time follow up in hospital for well women after treatment for breast cancer. It puts patients in control and it means their normal routine will not be disrupted by regular, unnecessary hospital appointments; instead they can quickly gain access to the breast care team and hospital if and when they need to and have more recovery support options.

Watch Jan’s story here:

What we hope to achieve
It is anticipated that this new model will improve patient experience, be a more effective use of resources, and release clinic capacity for new patients and follow up of more complex patients.

Contact: Hannah Leaton, Macmillan Improvement and Delivery Manager at SMCCG.MCIP@nhs.net or 07920 870 626.

“Breast teams have worked with patients to design a new approach to recovery from treatment.

“This encourages and supports people to be active, look after their health and get in touch with professionals when they need help or advice.

“MCIP work is leading the way in new models of cancer care in Greater Manchester.”

Dr Wendy Makin - MCIP Clinical Lead

“Many breast cancer patients simply do not need to be seen by their consultant following treatment. It’s important for them that they leave behind as far as possible the hospital environment and are given support outside to help them pick up their lives again as a person rather than a cancer patient.”

Professor Nigel Bundred, MCIP Breast Clinical Lead
Improving the quality of life for people with advanced breast cancer

MCIP is working to ensure that there is more consistent support in place for patients with locally advanced and metastatic disease.

It’s important that Holistic Needs Assessments and GPs’ Cancer Care Reviews meet the specific needs of people with advanced breast cancer as their requirements are invariably more complex than primary cancer patients.

The project wants to create clear definitions of roles for key workers and care co-ordinators and to better define the interface between Breast Clinical Nurse Specialists and Palliative Care Nurses. The aim is that every patient should know who their key contacts are throughout the pathway.

Advanced Breast Clinical Nurse Specialist Ros Fox trials the support card with patients

The Advanced Breast support card was co-designed with patients
What is the project about?
MCIP is fostering close collaboration between community and hospital teams to ensure there is more consistent support in place for patients with locally advanced and metastatic disease.

By clearly defining the responsibilities of professionals who care for patients with advanced breast cancer, and by describing the current processes for transferring patients across cancer care settings, stakeholders have developed a new, patient centred pathway.

Why we are doing it?
People diagnosed with advanced breast cancer, along with their families and carers, have complex needs. They may require support and care over a period of time and often cross between different cancer care settings.

Scoping identified gaps in information provision and care coordination. It also identified discrepancies in professional perspectives alongside efforts to meet national guidance.

What we hope to achieve
The new pathway will ensure all patients are aware of their key worker, and that they are offered a new ‘Support for You’ card explaining what they should expect from their breast care team.

There will be a clear transfer of key workers at transition points, and effective communication between hospital teams, GPs and community teams, which will enable professionals in all care sectors to better support patients. Patients will also now be offered regular Holistic Needs Assessments and Written Care plans.

It is also hoped that an annual networking event will be held to share best practice and promote ongoing collaborative developments.

Contact: Alison Waltho, Macmillan Quality Improvement Facilitator at SMCCG.MCIP@nhs.net

Advanced breast cancer patients at The Christie discuss the Advanced Breast support card
Community education

What is the project about?
The project aimed to increase the cancer-specific knowledge, skills and awareness of non-cancer specialists working in primary, community and palliative care. It was achieved through identifying learning needs and implementing solutions to bridge the existing gaps and deliver new and enhanced learning and development (L&D) opportunities.

Why did we do it?
A University of Manchester & CLAHRC scoping exercise identified training shortcomings across primary, community and palliative care workforces.

It was recommended that a minimum standard of cancer-specific L&D should be implemented for the workforce groups over a five-year period.

What we achieved
• 11 sessions delivered to approximately 280 staff covering Cancer Awareness, Living with and Beyond Cancer and End of Life and Palliative Care
• Sage & Thyme care training - all organisations achieved a minimum of 15% of staff undergoing training (in some cases much higher)
• Created sustainable development opportunities for partner organisations to manage
• Developed a phased roll-out schedule through a collaborative approach with community members and partner organisations.

MCIP volunteer Mike Thorpe spreads the word about Lung Health Checks at Asda in Harpurhey
User involvement

Patients and carers are at the heart of all of MCIP’s work.

More than 50 people affected by cancer are involved in a range of activities and events organised to co-create and design MCIP’s new improved cancer services and pathways.

Roles range from:
- Board and working group membership
- Focus group participants
- Communications advisers
- Engagement volunteers
- Service promotion outreach
- Networking events
- Film case studies
- Media interviews
- Mentoring

At MCIP we have a dedicated User Involvement Facilitator, Mel Atack who works closely with existing User Involvement Volunteers to increase and diversify the level of involvement.

Thinking of being involved? Meet Mel

Mel Atack is MCIP’s User Involvement Facilitator. If you want to help us to co-design new services, become a Cancer Voice or get involved in the design of MCIP’s materials, then contact Mel on the email below.

"Who could be better to involve in redesigning or building new services than the people who need them or have used them in the past?" said Mel.

"Patients, carers, relatives or friends, who have been affected by cancer at any time, are integral to ensuring that new systems and services match the needs of the people who are going to use them.

"I have a real passion for empowering our volunteers and enabling them to speak openly and comfortably about their experiences and opinions."

If you want to find out more about volunteering for MCIP, contact Mel Atack on SMCCG.MCIP@nhs.net
“The partnership has had a clear impact on primary, palliative and end of life care across the city – and a vast amount of work has gone into training health care teams so that they can better support patients and carers.

MCIP has delivered a ground-breaking lung early diagnosis pilot and is forging ahead with improving breast pathways for patients with primary and advanced cancer.”

Caroline Kurzeja - South Manchester Clinical Commissioning Group Chief Officer

“…extraordinary successes implemented by MCIP through Macmillan Cancer Support’s investments totalling £5.65 million. The partnership’s aims have always been bold and ambitious because patients and carers in Manchester deserve the very best that we can give.”

Jane Melvin – Macmillan Cancer Support Head of Services, North West England

Our messages must reach EVERYONE

And get beyond people who are ALREADY engaged

I grasp this...

It doesn’t affect me

I need to get through to YOU!
MCIP events have played an important role in communicating about our new services.

It’s vital that patients and carers voices are HEARD

You must be included in this . . .

Decisions

Yes! WE are the EXPERTS!
For more information on MCIP please go to:
www.southmanchesterccg.nhs.uk/MCIP and www.macmillan.org.uk
Email: SMCCG.MCIP@nhs.net
Twitter: #MCIPMcr
Pinterest: www.pinterest.com/nhsinmanchester/macmillan-cancer-improvement-partnership
YouTube: https://www.youtube.com/channel/UCSBU-LeaHPbowyVo0GN4FKw
Flickr: https://www.flickr.com/photos/127670636@N07/