Accelerate, Coordinate, Evaluate

The ACE Programme

Projects

An NHS England Initiative supported by Cancer Research UK and Macmillan Cancer Support

March 2015

ACE projects are subject to change over the course of the programme
The ACE Programme Projects

ACE Programme projects, which are located across England, are organised into a series of thematic ‘Clusters’ to help facilitate peer learning and the gathering of evidence.

This document includes a complete list and brief description of the 60 different ACE projects according to Cluster. The ‘A’ number corresponds to the reference number for that project.

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**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.

Total number of projects: 8

**A14 Horsham and Mid-Sussex**
The project will develop a new pathway for cancer patients going to Brighton and Sussex University Teaching Hospitals (BSUH), which will involve straight to CT following an abnormal Chest X-Ray.

**A16 Nottingham City**
Through direct access to CT by GPs, when locally agreed criteria have been met, the project aims to improve 2WW pathway flow and appropriateness of straight to test and one stop clinics referrals.

**A26 King’s College London, Guy’s & St Thomas’ Hospitals NHS Foundation Trust, King’s Health Partners**
Transforming Outcomes and Health Economics Through Imaging (TOHETI) project aims to facilitate direct access to imaging services from primary care, streamline diagnostic pathways and improve patient experience.

**A60 Somerset**
The projects will complete an audit to review and establish key reasons for delay in presentation with lung cancer as well as develop and implement an integrated and streamlined lung pathway.

**A65/21/76 (merged) Southend, Basildon & Thurrock, Mid Essex**
The above projects will work together to standardise and streamline their lung cancer pathway in the Essex region.

**A71 Manchester Cancer and The Christie NHS Foundation Trust**
The project will perform a data analysis to drive improvement of sectorised model of care, measurement and performance management and define quality standards of lung cancer pathways in Manchester.

**A77 North Staffordshire University Hospital**
To introduce a system by which abnormal Chest X-Ray automatically triggers a CT scan request by radiologist, GP informed and eGFR requested – to reduce the anxiety of non-cancer patients and improve diagnostic investigation time for cancer patients.

**A87 Crawley**
By developing a straightforward to CT following an abnormal Chest X-Ray pathway, the project has many aims including; promoting joined-up working between primary and secondary care and improving lung cancer survival rates through earlier detection.
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.

Total number of projects: 4

A33 Manchester, Lancashire and South Cumbria
The project aims to achieve a step change improvement in earlier diagnosis by utilising a risk-stratification process to identify people at highest risk of lung cancer; and then offering them a low dose CT scan as well as targeted smoking cessation advice and support.

A51 Liverpool
The project will raise awareness of respiratory health and illness in communities with high incidence of lung disease and lung cancer. Members of the project will also work with GP practices to risk assess people, and offer low dose CT to those who meet agreed criteria.

A64 Mid Cheshire
The project is focusing on health prevention and promotion of healthy lungs as well as the introduction of a self-request Chest X-Ray service targeted at populations where incidence and mortality is high.

A73 Wigan
The project will aim to target areas within Wigan where there are high levels of social and economic deprivation and implement a high risk lung cancer assessment and follow up service.
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.

Total number of projects: 12

A6 East Midlands Strategic Clinical Network
The project will evaluate the impact of a number of interventions and pathway enhancements to improve the timely diagnosis and experience for urgently referred patients with oesophageal and gastric cancers.

A11 James Paget University Hospital
Project members will aim to reduce patient waiting time from referral to investigation and diagnosis of colorectal cancer by implementing STT flexi sig for appropriate 2WW referrals.

A22 UCL Partners, London Cancer
A quality improvement collaborative has been established to implement STT models of care across member organisations of London Cancer. These models will offer a faster pathway for patients, an effective diagnostic service for GPs and an efficient pathway for Trusts to increase earlier diagnosis of colorectal cancers.

A25 Wandsworth
The project aims to provide GPs with a direct access diagnostic service for the referral of patients who have concerning lower GI symptoms, but who do not fit the 2WR criteria, primarily because of age.

A28 Wirral CCG and Wirral University Teaching Hospital NHS Foundation Trust
The project aims to develop an integrated model of care between primary and secondary care, avoiding duplication of clinical consultation, shorten time to diagnosis and MDT discussion, and reduce delays to treatment with no additional investment.

A59 Cambridge & Peterborough CCG
The project is evaluating the existing direct access diagnostic endoscopy service provided by In Health for patients that do not fulfil the 2WW criteria. The service will be evaluated against the service provided by Peterborough Hospital.

A61 Nottingham University Hospital Trust
The University Trust aims to reduce waiting time from 2WW urgent GP referral to investigation and diagnosis of patients referred with colorectal cancer symptoms.

A68 Wrightington, Wigan & Leigh NHS FT
The project will develop a STT service for 2WW suspected colorectal cancer referrals that will enable patients to be booked directly to endoscopy following triage for their diagnostic procedure, reducing waiting times to a maximum of 14 days.

A72 Croydon UHT
The project will provide a ‘one-stop, GP direct access service’ for the diagnosis of rectal bleeding and other high risk symptoms to promote the earlier detection of bowel cancer.
**A74 South West Strategic Clinical Network**
The project will evaluate the impact of STT approaches for patients with colorectal symptoms in order to develop a sustainable pathway. The project will also test the merging of referral routes to ensure both urgent and routine referrals are simultaneously fast tracked through the diagnostic process to timely treatment.

**A79 South West Commissioning Support**
In order to streamline the earlier diagnosis of colorectal cancers and ensure faster treatment, the project will pilot a STT electronic pathway that focuses on 2WW and routine referrals based on symptom criteria.

**A80 University Hospital of Morecambe Bay**
This project will implement a STT diagnostic colonoscopy service for patients referred via the 2WW pathway with colorectal cancer symptoms. The project will exclude patients under 40 years and over 75 years of age – these patients would attend regular our patient clinics.
**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.

Total number of projects: 11

**A2 Wandsworth**  
In order to achieve higher bowel screening rates towards the national standard for patients, Practices are chasing non-responders of screening invitation by letter/phone. Each practice will do a search of annual non-responders followed by a monthly search to increase the earlier detection of colorectal cancer.

**A17 Nottingham City**  
The project will raise awareness and improve the uptake of bowel cancer screening, working with local volunteers, targeting low uptake areas/practices linked to deprivation and BME groups.

**A18 Luton**  
The project will raise awareness and improve the uptake of bowel cancer screening by working in collaboration with all GP practices, the local council, public health and cancer educators.

**A20 Wessex Strategic Clinical Network**  
The project aims to reduce the inequality in uptake of bowel cancer screening, initially working with those areas and GP Practices with below average uptake. Evidential learning from bowel cancer will be shared across other clinical areas as appropriate.

**A29 Tower Hamlet**  
Through the improvement of systems, processes and IT solutions in primary care, the project aims to increase public awareness of cancer in high risk groups through community engagement, reduce delays in referral and diagnosis and increase uptake of bowel screening.

**A30 Manchester Cancer**  
This is a pilot study exploring primary care involvement in re-engaging patients with the National Bowel Cancer Screening Programme who have previously tested positive on screening but failed to complete colonoscopy.

**A34 North, Central & South Manchester**  
The project aims to use targeted support for GPs to code non-responders to the National Bowel Screening Programme, contacting patients to raise awareness and improve uptake. Non-clinical cancer champions will be the main point of contact for patients, following training and support.

**A63 Merton**  
Merton CCG is looking to develop a GP endorsement campaign for bowel cancer screening through pre-invitation and follow up for non-responders to improve uptake and raise awareness.

**A50/A66 (merged) Cumbria Local Pharmacy Committee and Cumbria**  
The project aims to use healthy living pharmacies and cancer champions to raise awareness of lung and bowel cancer, including encouraging bowel screening uptake.

**A86 Sunderland**  
The project aims to increase the number of people taking part in the bowel screening programme through direct personalised communication from GP practices.
A89 Calderdale and Greater Huddersfield
Project members aim to improve the uptake of national bowel cancer screening programmes through personalised communication from GP practices direct to patients.
**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.

Total number of projects: 7

A27 Age Concern Limited, Central Lancashire
The Voluntary, Community and Faith Sector will take a proactive, community based approach to improving diagnosis by engaging with vulnerable groups to raise awareness of screenings and achieve a more efficient pathway and timely diagnosis.

A46 Northumberland
The project will look at whether personal contact from GP practices, to those patients who have failed to attend their 3rd cervical smear invite, will improve uptake.

A47 North East and Cumbria Learning Disability Network in collaboration with the Northern England SCN (Cancer)
The key aim is to reduce the inequality for people with a learning disability accessing screening invitations from the NCSP.

A49 Northern England Strategic Clinical Networks & Cumbria
The project seeks to improve participation in the NCSP across Cumbria, particularly in more vulnerable population groups, by increasing and adapting invitation and follow-up communications using text messaging.

A69 Durham, Darlington, and Tees Area Team & Tees Valley PH Shared Service
To raise awareness and improve the uptake of cervical screening in Middlesbrough, through direct personalised communication from GP practices.

A84 Blackburn with Darwen CCG & East Lancashire
All practices will be required to plan and implement changes that have the potential of increasing uptake of all cancer screening in their patients with learning disabilities.

A85 North Kirklees
The project aims to improve cancer screening uptake in the South Asian community in North Kirklees. Project members plan to raise awareness with the local community groups, communicate findings to GPs and work with practices to improve myth busting with communities.
**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.

Total number of projects: 11

**A4 Greater Manchester, Lancashire and South Cumbria**
The aim of this project is to develop a pathway for patients with vague symptoms within the named SCNs.

**A7 Bristol, North Somerset and South Gloucestershire**
This acute oncology project which sets out to 1) provide a more efficient pathway for urgent referrals where there is evidence of cancer but no signs/symptoms to suggest the location of the primary cancer (CUP) and 2) develop a service for dealing with patients with vague symptoms where cancer may be a diagnosis amongst other serious diseases.

**A13 Chesterfield**
The project aims to establish a primary investigation clinic for those suspected (for any reason) of a diagnosis of a cancer where the primary tumour site is unknown.

**A23 London**
The project incorporates a Multidisciplinary Diagnostic Clinic (MDC) pilot aims to provide a timely diagnostic pathway for patients with abdominal pain, weight loss or painless jaundice, to improve patient flow and reduce unnecessary admissions for patients with these symptoms.

**A32 University of Birmingham**
ROCKeTS is a diagnostic test accuracy study that aims to identify, refine and validate tests and clinical risk scores (risk prediction models) that estimate the probability of having ovarian cancer in post and premenopausal women with symptoms.

**A38 Airdale, Wharfedale and Craven**
The project aims to establish a new electronic referral system from GPs to radiology in order to get triage advice on the most suitable imaging for a patient with suspected cancer who presents with vague symptoms.

**A52 Chelsea and Westminster FT**
This Acute Diagnostic Oncology Clinic (ADOC), will set up and evaluate a five day direct access service for GPs to refer patients who 1) meet the criteria for a 2ww referral but are unable clinically to wait for the two week referral pathway, or 2) where the GP suspects the patient has cancer but does not know to which site specific team the patient should be referred.

**A57 St Helens and Knowsley**
The project includes a full CT for suspicious symptoms (CUP) to estimate incidence of suspected MUOC cases that are not captured by existing 2WW, test use of CT CAP for this population.

**A70 Manchester Cancer**
The Manchester Cancer Jaundice Pathway project will provide earlier diagnosis and timely referral for patients with pancreatic cancer through same-day definitive radiological imaging and fast-track referral for early surgery.
A81 Suffolk
East and West Suffolk CCGs and Hospital Trusts have put in place a simple pathway project to help manage patients with unexplained weight loss.

A83 Slough
Through retrospective study, the project aims to develop and evaluate a vague symptom referral/risk assessment criteria and a vague symptom diagnostic pathway.
**Pharmacy & Other Primary Care** – explores an enhanced role for non-GP primary care professionals in identifying and expediting referral of patients with suspected cancer.

Total number of projects: 3

**A1 Doncaster**
Cancer awareness raising activities through community pharmacies and community pharmacist direct referral to chest x-ray pilot.

**A50/A66 (merged) Cumbria Local Pharmacy Committee and Cumbria**
By using health living pharmacies and cancer champions, the project aims to raise awareness of lung and bowel cancer including encouraging bowel screening uptake.

**A67 South Tees NHS Foundation Trust**
South Tees Optometrist Referral Project (STROP) project aims to pilot direct referral to neuroscience from optometrists in Middlesbrough for people with field vision defects.
**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.

Total number of projects: 4

**A45 London Transforming Services Cancer Team**  
Prospective audit of cancer diagnoses using the eCDS tool by creating case studies and matching them with staging data.

**A29 Tower Hamlets CCG**  
Development of template to record GP action following consultations using Macmillan eCDS tool to compare resulting cancer diagnoses with historic data/data from practices not using eCDS to ascertain impact on conversion rate of two week wait referrals and stage of diagnosis.

**A48 Bridges Medical Practice, Gateshead**  
Testing the use of Macmillan eCDS tool risk stratification function to identify patients at high risk of cancer within a General Practice in Gateshead and then proactively inviting those patients to visit the GP where advice, referral or diagnostic tests may be offered as appropriate.

**A15 Nottingham City CCG**  
Implementing Macmillan eCDS tool in three CCGs across Nottingham to improve early diagnosis and the appropriateness of two week wait referrals.