New team to help GPs

Helping GPs to improve their palliative and end of life care is the job of a new team of facilitators.

A further £185,000 has been invested by MCIP and the three Manchester clinical commissioning groups to recruit a lead and three staff to support GPs in Manchester.

They will help practices implement the new Electronic Palliative Care Coordination System (EPaCCS). This enables all care providers to access patients’ care plans and will avoid people having to repeat their wishes to different health care professionals.

The facilitators will also go into practices and work alongside the newly identified Cancer Champions under the MCIP Locally Commissioned Service (MCIP LCS).

Sarah Taylor, Macmillan GP said: “A new cancer care review template has been created to ensure that GPs’ follow-up to treatment is consistently thorough across all of our practices, and the facilitators will assist with the completion of these.

“They will be uploading those templates onto GPs’ IT systems and training staff how to use them.

“These new roles will give GPs the extra resource they need to be able to make systemic changes that will improve care for all of their cancer patients.”

Talk to us at cancer experience forums

People affected by cancer play a significant part in helping MCIP to design new services and identify areas of care requiring improvement.

We are constantly recruiting new patients and carers to help with MCIP’s work.

Throughout 2015 our User Involvement team will be holding a series of cancer experience forums where people affected by cancer are welcome to come along and tell us and each other about their experience of cancer care.

If you or someone you know is interested in attending or would simply like to know more please contact talkinghealthmanchester@nhs.net

MCIP explained

The £3.45 million Macmillan Cancer Improvement Partnership in Manchester brings together cancer care services and their funders in the city to improve the experience of everybody affected by the disease.

It’s a partnership between Macmillan Cancer Support, the three Manchester clinical commissioning groups, people affected by cancer, GPs, NHS hospital trusts, St Ann’s Hospice and Manchester City Council. Joint working is carried out with other pathway improvement groups such as Manchester Cancer.

Together we are working with cancer patients and carers to understand their needs and expectations, to deliver a more effective and compassionate standard of care. For more information on MCIP please go to:

www.southmanchesterccg.nhs.uk/MCIP and www.macmillan.org.uk // Email: talkinghealthmanchester@nhs.net // Twitter: #MCIPMcr

Pinterest: www.pinterest.com/nhsmanchester/macmillan-cancer-improvement-partnership

YouTube: https://www.youtube.com/channel/UC5BU-LeaHfBowyVcOGN44Kkw

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GPs’ overwhelming response to new cancer care service

More than 90 per cent of GP practices across Manchester have signed up for the MCIP Locally Commissioned Service, which has been created with patient involvement to help improve the city’s cancer care.

The overwhelming response from the city’s GPs was secured after months of collaborative working by GPs, healthcare commissioners, patients and Macmillan Cancer Support to develop the service, ensuring that it meets the needs of all involved and offers a clear chance of improving patients’ outcomes.

Areas in North and Central Manchester have the highest cancer incidence rates in England, while the city as a whole has one of the highest rates for premature cancer mortality before age 75.

This scheme will help ensure that diagnosed patients get the best possible support from GP practices.

The MCIP LCS is allocating £502,000 to help GPs to improve use of critical processes such as cancer registers and reviews, as well as to provide Macmillan Information Points in each practice. A further £130,000 will fund staff training.

Key to the high uptake by GPs is the provision of a team of palliative care improvement facilitators. They will help practices implement system improvements, which will ensure the roll-out of better cancer care reviews, as well as improving the use of palliative care information.

MCIP team leaders and Macmillan GPs set out the benefits of the service to Manchester’s 93 practices through a series of talks and presentations. They also took the time to write and telephone GPs personally to talk through the details of the scheme.

Amanda Myerscough, Macmillan GP for Central Manchester CCG said: “The exceptionally high level of sign-up by 91 per cent of practices across the entire city is a resounding endorsement. It tells us that MCIP has designed a service that GPs want and need for their patients.

“A great deal of planning and consultation with patients, carers and clinicians went into the creation of the LCS and now with this tremendous support from GPs we have an excellent chance of improving cancer outcomes in Manchester.”

Under the MCIP LCS two ‘cancer champions’ will be identified from each surgery, who will receive training to improve their cancer care knowledge and sign-posting skills, which will help improve early diagnosis rates and ensure patients feel supported at every stage of their care.

The main elements of the MCIP LCS at a glance:

• Up to £6.7k funding per practice
• Practice staff training
• IT improvements
• Implementation support from facilitators
• Macmillan Information Points
• Updating of cancer registers.
• Upgrading of cancer care reviews
• Support for palliative care information

Dr Myerscough continued: “Too many of Manchester’s residents get cancer and we have more to do to improve the care they are offered, which is why we have created a system that supports patients better and will help earlier diagnosis.

“This new service is clinically sound and it’s based on research and understanding of the cancer picture in Manchester.”

Nina Jackson, who is undergoing treatment for breast cancer in Manchester helped to draw up the LCS.

Nina said: “The level of support from GPs is fantastic. As a patient it gives me great confidence that our family doctors are so on board with the MCIP LCS and determined to do everything they can to improve cancer care in Manchester.

“This service has been designed from start to finish with input from patients such as myself who are being treated for cancer. It has the needs of the patient right at the centre of it.”

Fighting lung cancer in Manchester

Manchester’s poor lung cancer survival rates are targeted through new projects being developed by MCIP in conjunction with Manchester Cancer’s Lung Pathway Board

The city’s leading lung cancer clinicians together with patients, carers, cancer managers and voluntary groups have been involved in two intensive planning workshops over the past few months.

MCIP Lung Clinical Lead Dr Phil Barber said: “One of our greatest challenges is to be able to diagnose people early.

“Manchester has excellent treatment centres where people with lung cancer who are diagnosed early have a good chance of survival, but the symptoms are similar to many other conditions and so patients often don’t seek help until the cancer has progressed. There are also cases of mis-diagnosis.

“We need to address this through an early diagnosis project and want to develop new approaches for high risk groups.

“We know that factors like smoking, have an impact on people’s likelihood to get lung cancer and we want not only to support people to quit smoking but to help identify cancers at an early stage so we can save more lives”.

Other projects looking at support services and speeding up diagnostic tests are under discussion with Manchester Cancer and have been approved for further development by MCIP’s board.

New posts

Funding has been made available for four new quality improvement facilitators. One will be based at each of the four major Manchester hospitals where they will support local improvement work on lung and breast.

Dr Barber said: “Currently diagnosis can be slower than it needs to be and the process can be more onerous for the patient than necessary.

“We have situations where scans and biopsies are often carried out at different hospitals. There are sometimes bottlenecks in the system meaning longer waiting times.

Continued
“We need to find out where the hold-ups are occurring and come up with solutions to smooth out the diagnostic pathways. The four quality improvement facilitators will be specifically looking at these issues and draw up options for us.”

**Patient support**

More projects under development are linked to supporting patients after they have finished treatment. “This is about us clinicians understanding that every patient is different,” continued Dr. Barber.

“Breathlessness for instance is a major issue for people treated for lung cancer and can cause great distress. If we can help them manage breathlessness it will help reduce the number of people who need emergency treatment in A&E,” he said.

“We know that the number of people living with cancer will double over the next 15 years, and MCIP is working to ensure that Manchester offers its patients the most effective level of support.”

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**North Manchester gets major investment to innovate palliative care hub**

A major reorganisation of end of life care in North Manchester is underway to address the city’s geographical imbalance of services and reduce the high incidence of people dying in a place they did not wish for.

Months of collaboration with hospice and hospital clinicians, patients, carers, district nurses and homecare staff has resulted in the ambition to create a new community-based hub through which all palliative care will be coordinated. It has received £560,000 of MCIP funding, and will be topped up with CCG funding to cover the cost of the re-designed service.

Headed up by a soon-to-be appointed consultant in palliative care, the hub is likely to be situated in a building based in the community that will act as both staff headquarters and referral centre for staff and patients involved in end of life care.

Crucially it will see an increase from 12 to 22 in the core team made up of a consultant, Macmillan nurses, assistant health practitioners and administrative staff. This team will work alongside the existing teams of community-based district nurses.

**Evidence-based**

The number of patients able to receive palliative care in the home will increase as district nurses’ provision will become round-the-clock. Their current 12pm until 8pm shift pattern will increase to 24 hours; and Macmillan nurses will extend their working day to an 8am to 8pm shift pattern.

“It’s been created on an evidence-based model pioneered by Macmillan in Midhurst in southern England” explained MCIP Project Sponsor, Moneeza Iqbal.

“It was found that having a consultant-led unit outside of hospital, based in the community where patients are immediately referred to had an enormous impact on reducing the numbers of people who died after an emergency admission to A&E.

“The hub will be about ensuring that people who need end-of-life care are aware of all the support available to them and that we as a large and complex health and social care system don’t allow patients to stray off our radar or slip between the cracks,” said Moneeza.

“Some of the innovations are incredibly simple, but should have a huge impact. For instance there will be one phone number to the hub for all enquiries about end of life care.

“We know that people give up chasing the care they or their relatives need because they currently have to search out the service for themselves. Often they’re not even aware of what services we can offer.

“At the hub we’ll also ensure that one Macmillan nurse at any one time is working off-caseload so that when a patient or carer needs us their case can be picked up immediately.

“Another key innovation will be the creation of a single holistic electronic care plan for each patient that can be accessed by everybody involved.

“This is the place where notes can be added to and cross-referenced by the GP, nurse, consultant, physiotherapist, dietician, social worker etc so that everybody is aware of what needs to fit together to meet this patient’s needs,” said Moneeza.

One key objective is that more care will be given at home where 70 per cent of patients say they would prefer to die.

“At the moment 65 per cent of deaths in North Manchester take place in hospital which is marginally higher than the rest of the city and 11 per cent higher than the national average,” explained Moneeza.

The new service will also go some way to redressing the imbalance of services between the north and south of the city.

**Complex needs**

The north does not have its own hospice, while in-patient and hospice-at-home services are commissioned from St Ann’s Hospice at Cheadle and Little Hulton, Dr Kershaw’s at Oldham and Springhill Hospice Rochdale.

Doreen Hylton from Cheetham, Manchester, cares with her family for their mother Sylvena, who was diagnosed with liver and bowel cancer in January 2013, and is also deaf, blind and partially paralysed after a stroke.

As an MCIP volunteer Doreen has been involved in designing the hub service.

She said: “As a family we would try to access services for our mum, who has complex needs, and we would usually be told that we needed to contact a range of other departments and services to get the applicable help that we were seeking for her.

“It felt as though we were always being given the run-around, which would leave us feeling frustrated and stressed.

“We need a service like the hub where one phone number and someone at the other end of the line would be all it would take to help make things happen.

“Instead of us doing the chasing there would be one person who would ‘own’ the call and make the necessary contact with other departments and services on our behalf.

“This would help take away the added burden and stress.

“From day one of being involved with MCIP I have felt that my voice as a carer has been heard and my comments and feedback taken seriously.

“The creation of the hub will be the embodiment of everything that we as a family have been asking for to simplify my mum’s care and make it more effective.

“We want this not just for us but for others who will need to use the service. I feel very optimistic about what MCIP is doing.”

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Doreen Hylton carer and MCIP volunteer
Community workforce helps design tailored training

Care staff from across Manchester have been working with MCIP by giving their views on the type and method of training that would help them support cancer patients even more effectively.

The project team at the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester devised a questionnaire on behalf of MCIP which asked staff to indicate what training they needed to be able to provide the best support for people with cancer.

MCIP is grateful to the hundreds of generalist care staff from the primary, community, palliative and end of life care workforces who responded, as this will enable tailored training packages to be developed.

The responses were examined by the team based at The University of Manchester, Salford Royal Foundation Trust, and St. Ann’s Hospice.

It emerged that there are some significant areas of training needs and as a result the MCIP Board has approved funding of £196,000 to create a bespoke training programme, which will be delivered in 2015.

Mandy Bailey, UHSM Chief Nurse and MCIP Community Workstream Lead said: “Community care staff play an extremely important part in the delivery of good effective cancer care.

“They are the people on the ground working with people affected by cancer and other illnesses day in day out.

“Hundreds of these dedicated staff have taken the time to tell us what they feel would be of the greatest help in helping them improve the lives of cancer patients and carers.

“It’s incredibly important that they get the correct training and support so that we can improve care planning, symptom management, and knowledge of the cancer pathway.

“We looked at the training that was already available out there and it simply isn’t the right training for this frontline workforce. MCIP is about getting cancer care right and that’s why it’s committing nearly £200,000 funding to produce the training that’s going to make a difference,” added Mandy.

A workshop is being planned shortly for key stakeholders and partners to look in-depth at the findings and help create the content for the training packages.

Tom brings carer’s view to volunteer role

Tom Harrington is a carer for his long-term partner who was diagnosed with prostate cancer in December 2013.

He’d heard about MCIP through the press coverage of its launch and had wanted to find out how he could get involved.

Tom has epilepsy and was already a member of a patient group in North Manchester through which he was put in touch with MCIP’s User Involvement Facilitator Caroline Wilson.

He’s one of 23 patients and carers, who have been recruited since June to strengthen MCIP’s existing network of volunteers who are affected by cancer.

“We’d had a few experiences during my partner’s care that had upset us and made things more difficult than they needed to be.

It was important to me that as a carer I could be listened to and be involved with redesigning cancer care. I see this as a great opportunity to help get things right,” said Tom, who lives in the Charlestown area of Manchester.

“Lack of co-ordination seemed to play a big part in causing us more anxiety at an already difficult time. For instance my partner was given two separate dates for his pre-op care and for his pre-op assessment. Why couldn’t they just be done on the same day? Perhaps there’s a good reason, but nobody explained it to us.

“Seemingly small things can be upsetting - like being asked to wait in a hospital consulting room and then being left for half an hour wondering what we’re meant to be doing,” added Tom, 52, who is a former mental health nurse.

“It’s important that carers are listened to as we see what the patient goes through as well as the family and friends.

“When I met Caroline for the first time we discussed the kind of things that I could help MCIP with. I’m happy to be featured as a carer case study and I also wanted to get involved with MCIP’s wider work.

“I now sit on the MCIP Board and I’ve also decided to join the Brand and Communications workstream, which involves attending monthly meetings and advising on the messaging and type of communication people need.

“I’m excited about getting involved and I always have Caroline or my assigned ‘buddy’ to go to if there’s anything I want to know more about.”

Breast pathway redesign advances

MCIP’s ambitious and complex goal of re-designing the breast acute care pathway in Manchester is underway through mapping of current services and researching best practice elsewhere.

A comprehensive ‘route map’ planning session in early December 2014, attended by expert clinicians, patients and commissioners, resulted in the identification of a number of key projects.

It built on themes already agreed at a series of Macmillan workshops held in 2013 and fuelled the development of clear project plans.

The plans stem from four major areas examined during the sessions, namely diagnosis and treatment; access to support services; monitoring and after-care; and meeting the needs of those living with advanced breast cancer.

Participants committed to join workstreams to drive forward aspects of the work.

Changes to the follow-up of patients is a key ambition where better support will be provided at the end of hospital-based treatment and clinic time will be freed up for new patients and more complex cases.

MCIP Breast Clinical Adviser Professor Nigel Bundred said: “We are creating robust improvement and project plans that will lead to real changes on the ground.

“The input of everyone involved in the route map session is helping us to re-design a high-quality breast pathway that will improve outcomes and increase support for survivors.”

Fellow clinical adviser Dr Wendy Makin added: “Our work is going to become increasingly focused and will start to make tangible differences to the care we provide. It’s going to be a pathway that we can all be very proud of.

“Meticulous planning is crucial to the success of these re-designs. We get one shot at this and it must be right.”