The Living with and Beyond Cancer Programme

Richard Metcalfe, Programme Lead

Phase 3 Programme aim

“to enable every adult living with breast, colorectal or prostate cancer in each of the eight CCG areas to have access to the LWABC model of care from diagnosis onwards bv 2020”

Diagnosis

Risk stratification
- Care pathway based on individual needs
- Identification of options for complex, shared and self-care pathways

Recovery Package
- Holistic Needs Assessment
- Treatment summary
- Cancer Care review
- Education and support

Supported Self-management
- Enable understanding and management of the consequences of treatment
- Promoting healthy lifestyles and well-being
- Sign-posting to other services/support

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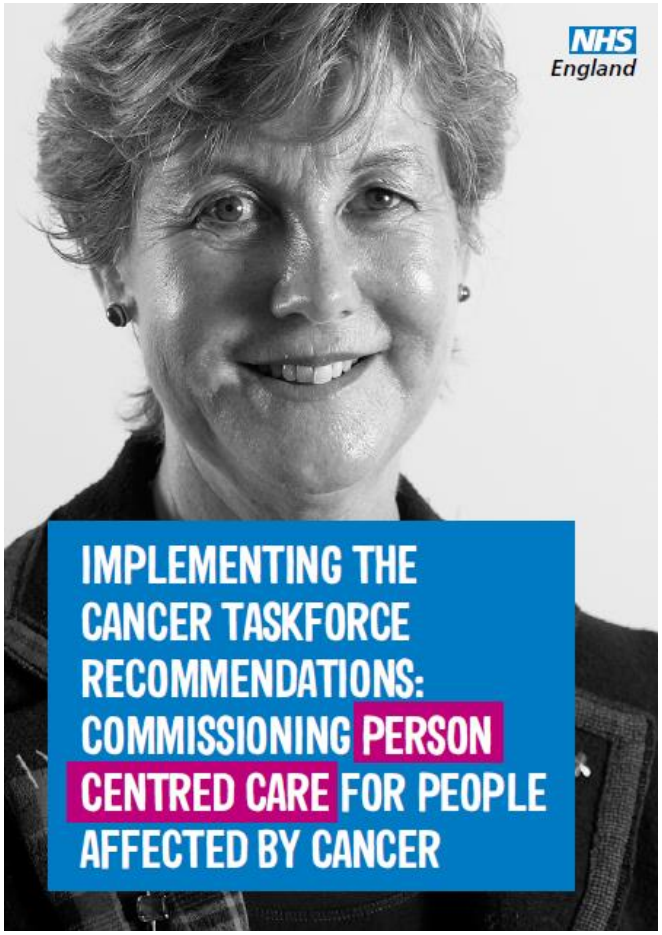
Guidance – April 2016



- Cancer Taskforce strategy
- Stratified pathways of care
- Recovery package
- Whole person, whole pathway approach
- Long term conditions
- Commissioning for the individual rather than cancer in isolation
- Services may not be cancer specific
- Some exemplars and tools
- Follow the principles of **PERSON CENTRED CARE**
- 2017/18 and 2018/19 NHS planning guidance ‘must do’ for Cancer

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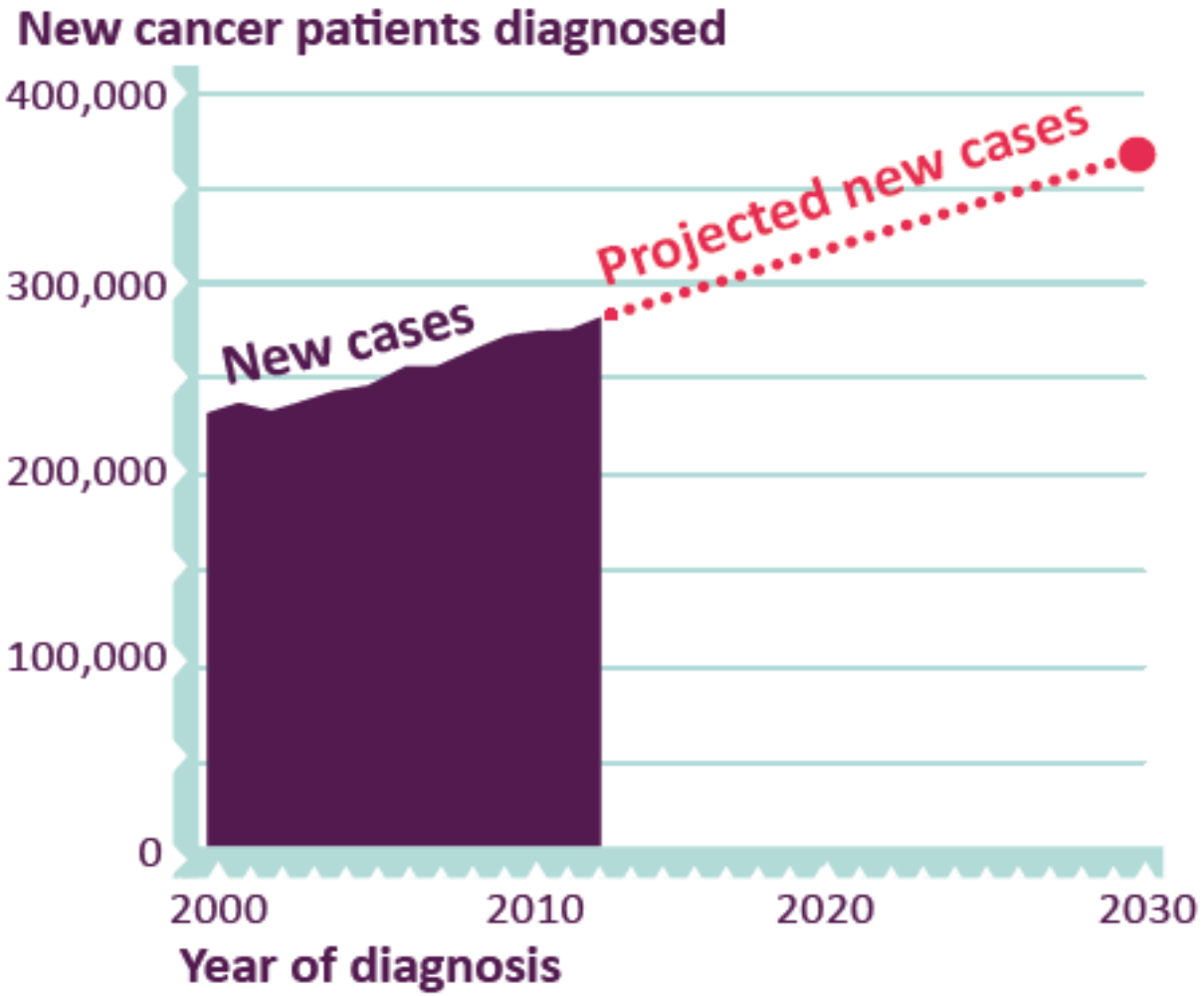
Increasing demand

In 2013 280,000 new diagnoses

80,000 additional cases by 2030



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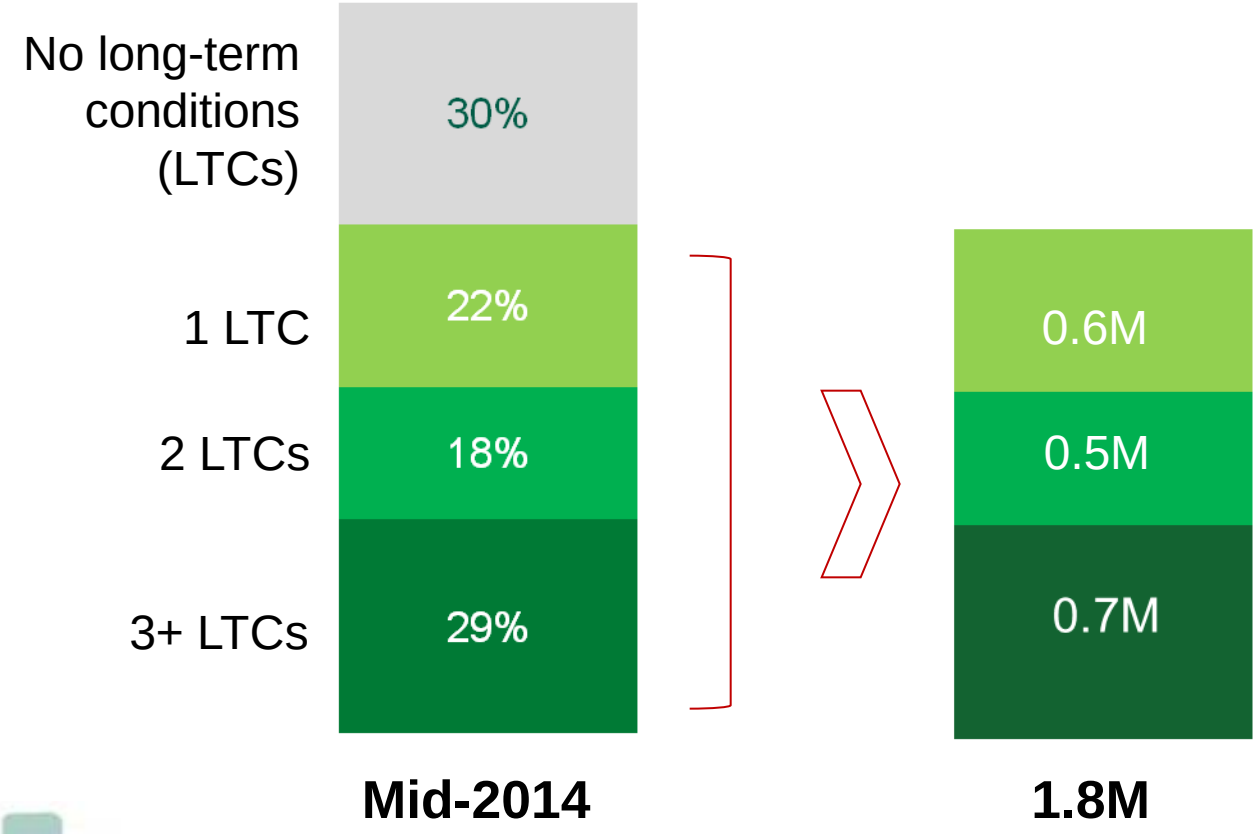
Increasing complexity

Seven in ten people with cancer have at least one other long term condition – 1.8 million people



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The scale of the challenges

- Baseline data for the programme – last 3 years by CCG
- Patients, admissions, age, length of stay, deprivation
- Between 2014/15 and 2015/16 increase of over **450** individual patients (all Cancers)
- A **3%** increase cross the programme footprint

- In **Barnsley** 2014/15 to 2015/16:
- **3%** increase Breast, Colorectal & Prostate cancers
- **17** new patients to **617** individual patients per year

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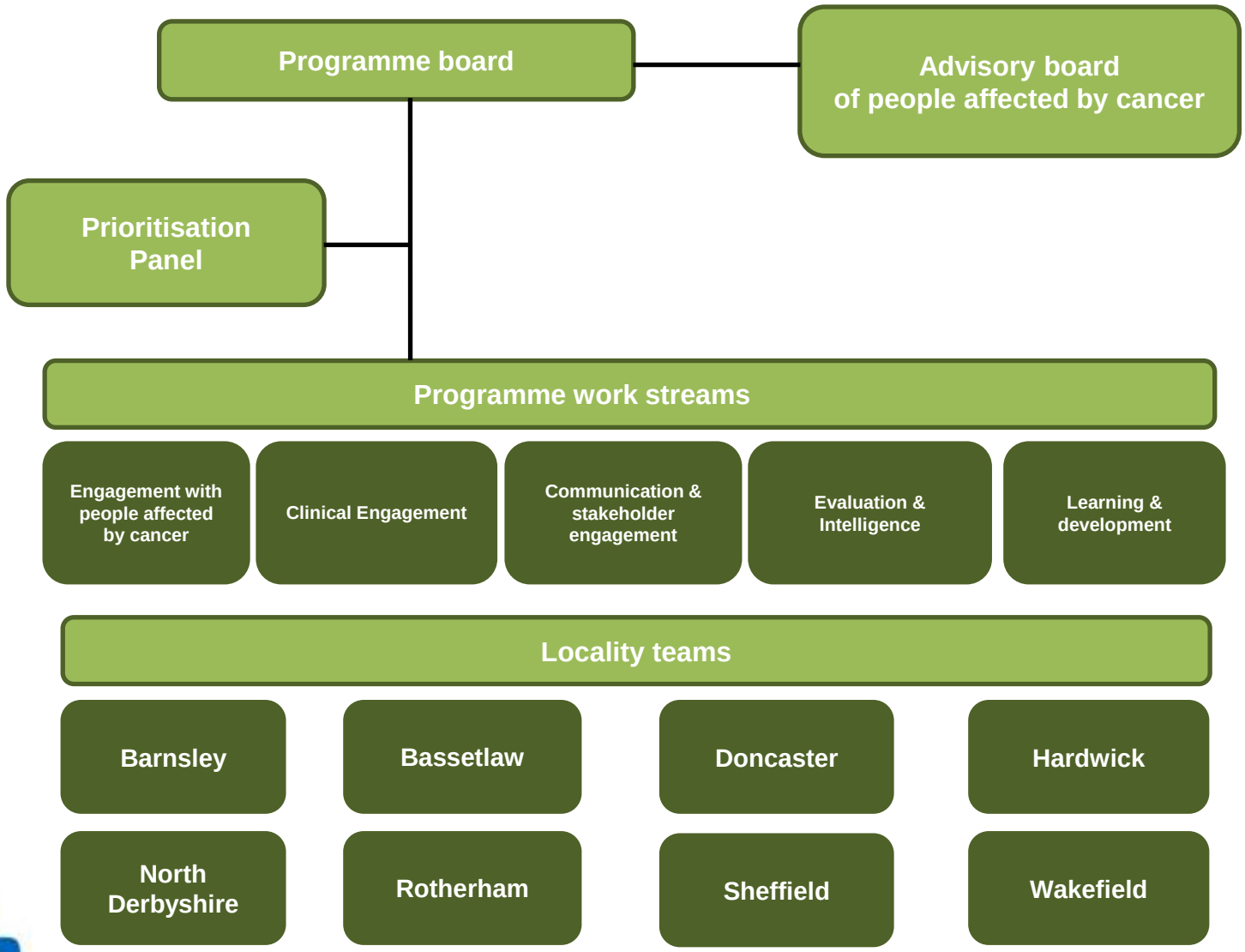
The programme structure



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The money

Five year commitment from Macmillan, **up to**:

£6.4 million

Funding is phased over the lifetime of the programme

Funding proposals for final two years to be developed

Funding is to enable transformation to happen

Allocations managed through single process

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LWABC model	Programme priorities				
Electronical Holistic Needs Assessment In development: Project manager Anxiety & Confidence (The Well/IAPT) Capacity (Barnsley)	'Opt out' hospital to community model, whole 'system' Bassetlaw in place Doncaster in development (Doncaster & Bassetlaw)	Phase 1 Cancer Support Worker role, Education, Health & Wellbeing, 'Universal door'. Phase 2 In development: 'Universal door' (Rotherham)	Phase 1 Cancer Support Worker roles (hospital) Phase 2 Community; Cancer Care Reviews & Education in development (North Derbyshire & Hardwick)	Phase 1 Project manager Existing hospital & community support services (Sheffield)	Existing hospital & community support services Primary & community link in development (Wakefield)

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Common Themes

Work with 8 locality teams on gap analysis, engagement and next steps including funding

- **Lots of great work, staff and services out there**
- **… it starts with a conversation**
  (Holistic needs assessment)
- **local engagement with people affected by cancer**
- **capacity - project management**
- **hospitals and primary care working together**
- **new roles in hospital and community**
- **the important role of community services**
- **linking people to the support they need**