

2024/25 Delivery Plan on a Page

WORKSTREAM	OBJECTIVE	KEY DELIVERABLES	OUTCOME
<p>SUSTAINABLE OPERATIONAL PERFORMANCE AND FASTER DIAGNOSIS</p>	<p>To deliver the national aims:</p> <ul style="list-style-type: none"> by working with systems and providers to improve cancer performance focused work to support achievement of both 62 day and 28-day FDS performance 	<ul style="list-style-type: none"> Operational Performance – improve performance against all cancer standards. (all 31-day standards, 62-day standard and the 28-day FDS) with additional focussed support for Tier 2 Trust Pan Alliance Policy - Embed TVCA Pan Alliance Cancer Access Policy and Inter Trust Transfer Policy Best Practice Timed Pathways (BPTP) - Deliver full implementation of the four priority pathways Skin, Gynae, Urology (Prostate) and Breast, alongside other key challenged tumour sites across the system 	<ul style="list-style-type: none"> Improved backlog position, monthly declining trend Improving CWT compliance trend, with consistent compliance in 28-day FDS and 62-day performance at Trust level Improving FDS compliance in challenged tumour sites Increasing % trend across all pathways of referrals meeting timed pathway milestones Equitable management of PTL in line with National CWT guidance Improved management of shared care pathways, reducing avoidable delays to pathways Data reflecting Increase in % of suspected skin referrals managed via telederm All BPTPs declared live across the TVCA
<p>EARLY DIAGNOSIS AND INNOVATION</p>	<p>To deliver improvements in Early Diagnosis to support the delivery of the Long-Term Plan ambitions by:</p> <ul style="list-style-type: none"> raising awareness of signs and symptoms of cancer supporting PCNs to implement DES targeting areas of known inequalities and high deprivation 	<ul style="list-style-type: none"> Timely Presentation - Roll-out campaigns in-line with national 'Help Us Help You' initiatives Health Inequalities - Population Screening - targeted campaigns for areas with low uptake, known health inequalities and most deprived 20% Primary Care Pathways - Support PCNs to implement ED as set out in the DES FIT - Continue to ensure a consistent approach to FIT testing across TVCA Pancreatic Cancer Surveillance - work collaboratively with EUROPAC to identify PCNs to engage in the case finding pilot Agree trajectories for number of invitations sent and low dose CTs Liver Surveillance - Development of formal surveillance pathway across TVCA Providers TLHC – support continuation (GWH) and roll out (OUH & BHT) of TLHC Programme across TVCA 	<ul style="list-style-type: none"> Increase in 2WW referrals particularly in groups of known inequalities and most deprived 20% Implementation of all element of DES across PCNs % increase in screening uptake and coverage 80% of LGI referrals accompanied with completed FTI test Increased number of education programmes delivered Increased number of Lung Health Checks completed Increased uptake (%) of Lung Health Checks Increased number of CT scans completed Increased number of people identified at high risk of liver cancer
<p>TREATMENT AND PERSONALISED CARE</p>	<p>To deliver the Long-Term Plan ambitions for personalised care:</p> <ul style="list-style-type: none"> by implementing stratified follow up pathways for appropriate tumour groups include personalised care and support planning for all cancer patients as part of their pathway support reducing treatment variation 	<ul style="list-style-type: none"> PSFU + RMS –All appropriate Breast, Colorectal, Prostate and Gynaecological cancer patients to be on a PSFU pathway Personalised Care interventions – All patients offered personalised care and support planning interventions based on Health Needs Assessments and EOTs Treatment variation - Implement the 3 agreed (9, 16 & 17) lung GIRFT recommendations and meet the required expectations for Breast, Prostate, Bowel and OG pathways to support reducing variation across treatment pathways SACT Ensure there is a nominated lead in Cancer Alliance responsible for overseeing and supporting demand and capacity of SACT across their footprint. Complete a bi-annual evaluation of demand and capacity of SACT services, escalating any issues to the ICB. Attend a bi-annual nationally led Alliance SACT Capacity meeting Support implementation of Psychological mapping recommendations 	<ul style="list-style-type: none"> All Trusts to have their PSFU Prostate, Colorectal and Endometrial pathways fully operational (with a robust RMS) by end of Q4. Cancer patients to be offered two HNAs, one CCR, a completed EOTS and offered appropriate health & wellbeing support through their cancer journey. Improved treatment data for the Lung pathway Reduction in variation in neoadjuvant radiotherapy in rectal cancer patients undergoing resection Radical treatment rate of 85% or more in patients with NSCLC stages II and of performance status 0-2 Reduction in patients with OG cancer waiting more than 62 days from referral to curative treatment Improve access to SACT services Improve access to psychological care

