

| Paper Title                            |           |          |           |     |  |
|--|-----------|----------|-----------|-----|--|
| Personalised Care & Support (PCS)      |           |          |           |     |  |
| Sponsor and Author/s                   |           |          |           |     |  |
| Author: Tariq White, Managing Director |           |          |           |     |  |
| Sponsor: Deb Lee, Executive Lead       |           |          |           |     |  |
| Action/Decision Required               |           |          |           |     |  |
| For decision                           | For       | For      | For       | X   |  |
|  | assurance | approval | informati | ion |  |
| Executive Summary                      |           |          |           |     |  |

## **Purpose**

To confirm the SWAG position statement for PCS.

### **Background**

September 30<sup>th</sup>, 2020 the new SWAG Cancer Alliance Board approved the transitional funding arrangement (as endorsed by the previous SWAG Board March 13 2020), and systems agreement to develop arrangements for integrating these services, including the requirement for staff within PCS services on fixed term contracts to be made substantive as a priority.

See appendix 1 for 4 year tapered funding profile

### **Position Statement**

November 11<sup>th</sup>, 2020 the SWAG Delivery Group requested a position statement on the status of the PCS services be developed including details of each systems current position financially and contractually to be presented to the SWAG executive leads.

The STP Cancer commissioners met with the core Alliance team November 25<sup>th</sup>, 2020 and agreed:

Support for four year tapered funding with system contributions

Systems will work towards embedding as fully integrated business as usual over that time Systems will sustain PCS across tumour sites in place currently and scale up PCS as per national deliverables and timescales

As a consequence of above current PCS workforce to be secured but with recognition PCS models will evolve over time

SWAG Cancer Alliance Phase 3 Plan 2020/21 identified that all trusts do routinely offer the three main personalised care interventions; Personalised Care & Support plans (Holistic Needs Assessment), Health and Wellbeing Events & Information and End of Treatment Summaries for breast, prostate and colorectal cancer patients, and some other cancer types.

The SWAG Cancer Alliance is committed to working toward achieving access to Personalised Care & Support for all cancer sites as part of the NHS Long Term Plan ambitions.

The National Cancer Patients Experience Surveys 2018 & 2019 demonstrated questions that were above the expected range mapped to SWAG personalised care and support services and evidenced demonstrable improvement to the patient experience.

Therefore, SWAG are submitting an entry for a national Award for the National Cancer Patient Experience Survey in collaboration with Macmillan and the Patient Experience Network (PEN). The purpose of the Award is to recognise and promote the use of CPES and other patient feedback and insight data, to drive and deliver measurable improvements in patient experience and inform organisational priorities, based on what matters to people. Closing date for the entry is 18<sup>th</sup> June 2021.

# Strategic alignment

The NHS Long Term Plan for Cancer states:

- 3.64. By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support. This will empower people to manage their care and the impact of their cancer and maximise the potential of digital and community-based support. Over the next three years every patient with cancer will get a full assessment of their needs, an individual care plan and information and support for their wider health and wellbeing. All patients, including those with secondary cancers, will have access to the right expertise and support, including a Clinical Nurse Specialist or other support worker.
- 3.65. After treatment, patients will move to a follow-up pathway that suits their needs and ensures they can get rapid access to clinical support where they are worried that their cancer may have recurred. This stratified follow-up approach will be established in all trusts for breast cancer in 2019, for prostate and colorectal cancers in 2020 and for other cancers where clinically appropriate by 2023. From 2019, we will begin to introduce an innovative quality of life metric the first on this scale in the world to track and respond to the long-term impact of cancer.

#### References

- 1. NHS, January 2019, The NHS Long Term Plan, 3.64/3.65.
- 2. NHS, June 2020, National Cancer Patients Experience Survey 2019 Results, Somerset, Wiltshire, Avon & Gloucestershire, Picker.
- 3. NHS England, September 2019, National Cancer Patients Experience Survey 2018 Result, Somerset, Wiltshire, Avon & Gloucestershire Cancer Alliance, Quality Health.

Appendix One: 4 year tapered funding profile

| Year      | SWAG Cancer Alliance |  |  |
|-----------|----------------------|--|--|
| 2020/2021 | 1.5m                 |  |  |
| 2021/2022 | 1m                   |  |  |
| 2022/2023 | 0.5m                 |  |  |
| 2023/2024 | 0                    |  |  |