

The Greater Manchester Cancer Education Strategy 2017-2021

DRAFT for consultation

Executive Summary

The 2015 National Cancer Strategy¹ and the subsequent 2017 Greater Manchester Cancer Plan “Achieving world-class cancer outcomes: taking charge in Greater Manchester”² set out ambitions to improve outcomes in cancer through building for better health and social care

To deliver this, Greater Manchester needs a cancer workforce who are:

- equipped to engage with the public in cancer prevention and early detection
- equipped to deliver leading cancer care in the Northwest and UK
- equipped to respond to the needs of those affected by cancer through treatment, when living with a beyond cancer and into palliative and end of life care

Top quality education can make a vital contribution to cancer prevention, cancer detection and cancer care across all aspects of the health, social and voluntary care systems. This plan sets out an agreed single vision for cancer education across the Greater Manchester and Eastern Cheshire Health and Social Care Partnership. It is fully aligned with the objectives of the national and Greater Manchester (GM) cancer strategies, has been developed in partnership with stakeholders, and is integral to our ambitions for better health and social care.

Our Vision : Patients and families must be cared for by people whose training and support enables them to deliver excellent care, and in keeping with this, our vision for cancer education is that:

Everyone involved in cancer care and prevention will have access to world-class cancer training, education and information at their fingertips

The plan sets out how **education will support better health outcomes at every stage of the patient pathway: prevention, earlier and better diagnosis, improved and standardised care, and living with and beyond cancer and supportive care.** It will also connect with the cross cutting themes of research and patient experience. In doing so, it will reach four key audiences:



¹ Independent Cancer Task Force (2015), *Achieving world-class cancer outcomes: a strategy for England 2015-2020*

² GMHSCP Achieving world-class cancer outcomes: taking charge in Greater Manchester 2017-2021; January 2017

The application of a set of principles will ensure that only the very best quality programmes of education are commissioned, with a realistic opportunity of succeeding in changing behaviour and driving up standards of care across the whole system.



Delivery and Priorities

The key priorities for cancer education were identified in the GM cancer plan and reflect the groups of the workforce involved in delivering cancer care. These are:

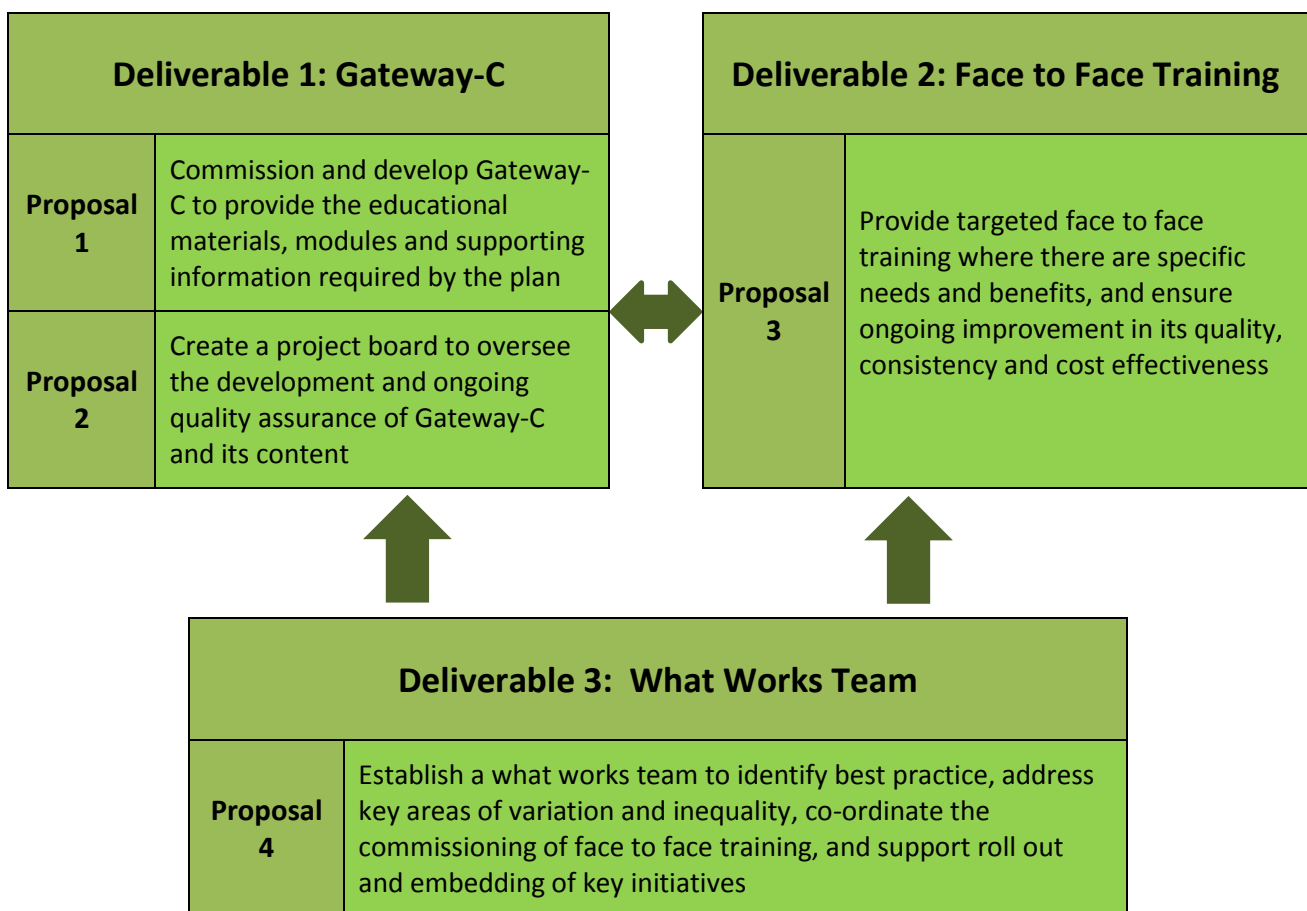
	Priorities
1	Enhance early detection of cancer in primary care by raising awareness of cancer symptoms
2	Ensure rapid translation of research into practice by ensuring GM has a comprehensive programme of CPD events for the cancer workforce
3	Support improvement of standards across all cancer pathways through delivering a co-ordinated programme of education for all secondary care staff involved in delivering each cancer pathway
4	Empower the workforce to become 'health ambassadors' equipped to engage with the public to support health through prevention, immunisation, screening and symptom recognition initiatives
5	Drive up standards in social care through providing accessible cancer care education for all
6	Raise standards of patient experience, psychological and emotional care through a communication and patient experience training programme for all health care professionals involved in the cancer pathways
7	Empower cancer patients to be partners in their care through providing access to cancer knowledge and education

Delivery of these priorities will require a blended approach to education using a balance of online systems and face to face training sessions/targeted intensive interventions.



Implementation will be through three deliverables, each of which will help to take forward all seven priorities. An online portal - '**Gateway C**' - will provide core content tailored to each audience, integrated with targeted **face to face training** made available across GM. A **what works team**, backed by library and information services, will co-ordinate activity and maximise the impact of all educative mechanisms by identifying, sharing and rolling out best practice across localities. Strategic Proposals identify the main actions under each heading and monitoring of success will cover access to, uptake and impact of cancer education and the long term outcomes that result.

Deliverables and Proposals



The Greater Manchester Cancer Education Strategy 2017-2021

1) Vision, Purpose and Partnership

The 2015 National Cancer Strategy³ and the subsequent 2017 Greater Manchester Cancer Plan “Achieving world-class cancer outcomes: taking charge in Greater Manchester” set out ambitions to improve outcomes in cancer through building for better health and social care

To deliver this, Greater Manchester needs a cancer workforce who are:

- equipped to engage with the public in cancer prevention and early detection
- equipped to deliver leading cancer care in the Northwest and UK
- equipped to respond to the needs of those affected by cancer through treatment, when living with a beyond cancer and into palliative and end of life care

Top quality education can make a vital contribution to cancer prevention, cancer detection and cancer care across all aspects of the health, social and voluntary care systems. It supports GPs in identifying cancer quickly and accurately, and supports clinical staff in treating cancer successfully. It allows those working in social care or as carers at home to raise awareness of cancer risks and helps those who are living with the condition. It enables everybody working in healthcare – from receptionists to surgeons – to continually develop their skills and to perform to their full potential.

This plan sets out an agreed single vision for education across the Greater Manchester and Eastern Cheshire Health and Social Care Partnership (GMHSCP) to deliver the Greater Manchester Cancer Plan. It brings together the education needs identified through the cancer plan, identifies shared priorities that will enable Greater Manchester’s cancer workforce to deliver excellent care. The plan describes both the content of education required and proposes mechanisms for delivery, and sets out a clear set of principles for delivering the highest quality education and provides a framework to support the GMHSCP in commissioning education that is aligned with agreed priorities.

Vision

Patients and families will be cared for by people whose training and support enables them to deliver excellent care. In keeping with this, our vision⁴ for cancer education in Greater Manchester and Eastern Cheshire is:

Everyone involved in cancer care and prevention will have access to world-class cancer training, education and information at their fingertips”.

³ Independent Cancer Task Force (2015), *Achieving world-class cancer outcomes: a strategy for England 2015-2020*

⁴ Within the vision, the term ‘cancer care and prevention’ is used to cover all stages of the cancer pathway including diagnosis, treatment and end of life care. World class refers to our ambition to create education that is amongst the best in the world. This will be taken forward through our principles (see section 4) that ensure all education is of the highest standard, and tracked through robust monitoring and outcome measures.

Development and partnership

The plan's development has been led by the GM Cancer Education Board. This ensures representation from key stakeholder groups⁵ spanning service users, clinicians, charities, higher education, public sector institutions and partnerships. Its reach has been widened further through engagement with all those involved in the commissioning and delivery of cancer education across Greater Manchester and Eastern Cheshire from every sector of the system.

National context and alignment

The context for this strategy is one of change and opportunity.

The five year forward view (2014) tasked the NHS to meet the new challenges of health care and take advantage of the opportunities that science and technology offer. Its vision involves:

- getting serious about prevention;
- empowering people to take more control over their care;
- engaging communities in providing sustainable support for those living with long term conditions;
- breaking down barriers between primary and secondary care; and
- providing better services, delivered through innovative partnerships and new models of care.

A modern, skilled and flexible workforce is central to this vision - one which is able to deliver new models and approaches to care and which can work in partnership with patients to ensure the individual is at the heart of all they do.

Health Education England's quality strategy leads on defining future workforce education and training needs and focuses on improving the quality of teaching and learning for the NHS workforce. It recognises how continuous improvement in the quality of education and training provided for health care workers equates to continuous improvement in the quality of care for patients. Health Education England and the General Medical Council both make clear the need to create a learning environment for all staff, not just students. They advocate a focus on safety, high quality care and exceptional patient experience, backed by strong and effective leadership which empowers people to learn and teachers to teach.

Following the five year forward vision, the Department of Health identified six themes within its national cancer strategy. These cover prevention and public health, earlier diagnosis, patient experience, living with and beyond cancer, high quality service and commissioning processes. Workforce education and training will be integral to progressing these themes.

⁵ The Cancer Education Board has representation from service users, primary care, the GM pathway boards, GM Strategic Clinical Network, CCG commissioning managers, the Greater Manchester Health and Social Care partnership, Cancer Research UK, Macmillan, MAHSC, Higher Education Institutes, Health Education England (NW), and Public Health England

Greater Manchester context and alignment

Within Greater Manchester, devolution has brought new opportunity to shape provision to meet local needs and priorities, to develop innovative new approaches, and to integrate health and social care. Our ambitions meet and go well beyond national requirements.

The 2015 'Plan' for health and social care in Greater Manchester sets out a vision in which the region's 2.8 million people work in partnership with the health and social care system to improve health and wellbeing. It envisages a new relationship between the community, the NHS and social care staff whereby citizens take greater charge and responsibility for managing their own health and wellbeing. Similarly it challenges the health and social care workforce to work together to provide new models of care, and seamless systems that ensure high standards and consistency across Greater Manchester.

The population health plan for Greater Manchester (2017-21) further sets out objectives to improve local health outcomes, grouped under the themes of start well, live well and age well. Delivery of the plan will involve health and social care professionals in entering new supportive relationships and partnerships with the people of Manchester. It will require them to move away from the traditional model of health care services delivered in secondary care establishments. The GM workforce strategy⁶ reflects this approach and includes a focus on enabling better care through workforce transformation, education and training, and leadership, talent and development. The Adult Social Care transformation programme further recommends putting priority on improving the capability and capacity of the social care workforce through establishing a social care innovation hub and providing common information, advice and support to the whole social care system⁷

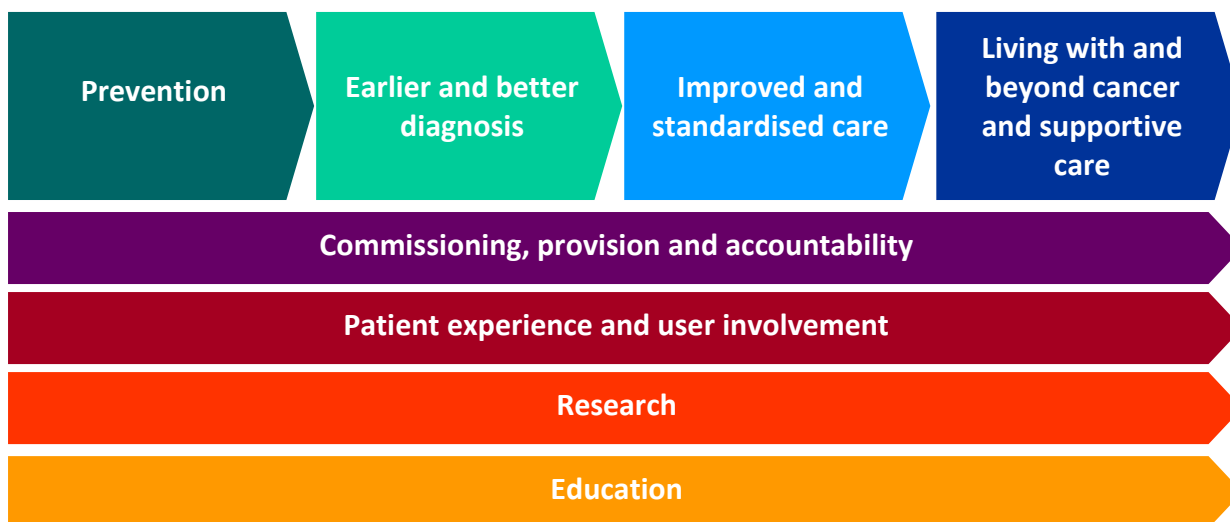
In delivering this 'call to arms' the GM Health and Social Care Partnership has established a Cancer Board, tasked with taking forward the national vision and developing a plan for cancer in the region. The Board's high level strategy, 'Achieving world class cancer outcomes'⁸, details the burden of cancer in GM and shows how the GM cancer system can take charge to effect real change for local people. The plan sets out six key objectives (see Figure 2) and highlights eight domains (Figure 1) where action is essential. These comprise the four pathway components of prevention, earlier and better diagnosis, improved standards, and living with and beyond cancer and supportive care; underpinned by the cross cutting areas of commissioning, provision and accountability, patient experience and user involvement, research and education (See Figure 1).

⁶ GMCA : Developing a sustainable workforce in Greater Manchester 2016-2021 (Draft V 5)

⁷ GMHSCP: Adult Social Care Transformation Programme report of Steven Pleasant, Feb 2017

⁸ GMHSCP Achieving world-class cancer outcomes: taking charge in Greater Manchester 2017-2021; January 2017

Figure 1: The Greater Manchester Cancer Plan Eight Domains



High-level objectives have been set for each of the eight domains (education objectives depicted in the infographic below), with each domain taken forward by a plan detailing how it will be delivered. This document is “The Plan” for the Education domain. It sets out how cancer education will support the GM cancer plan across the domains, and how the four key educational objectives identified will be delivered.

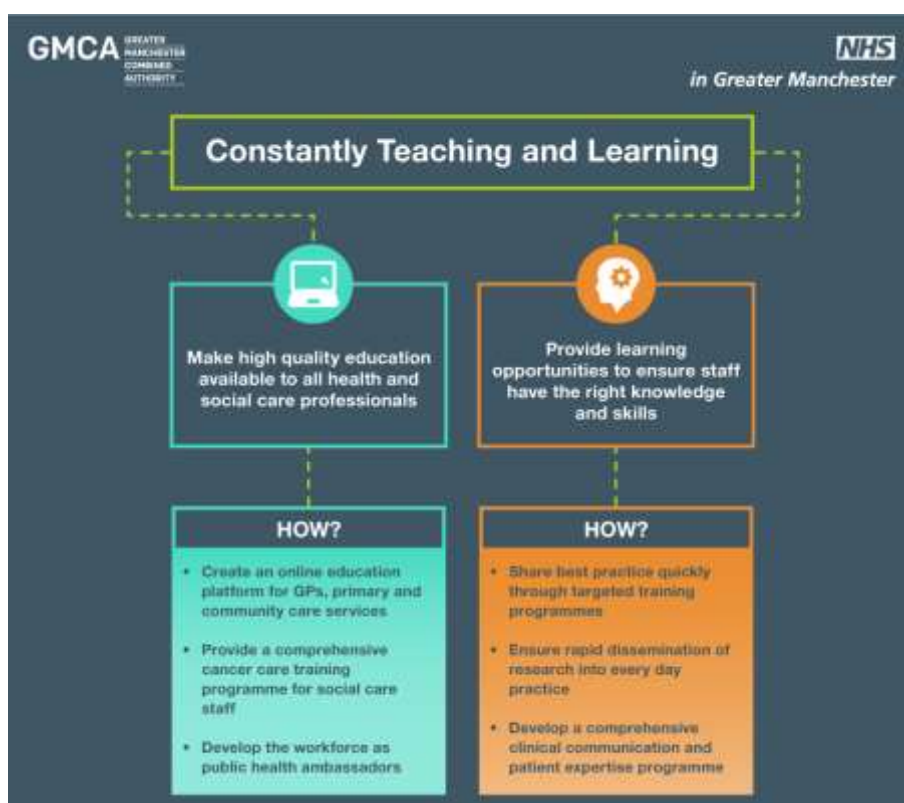
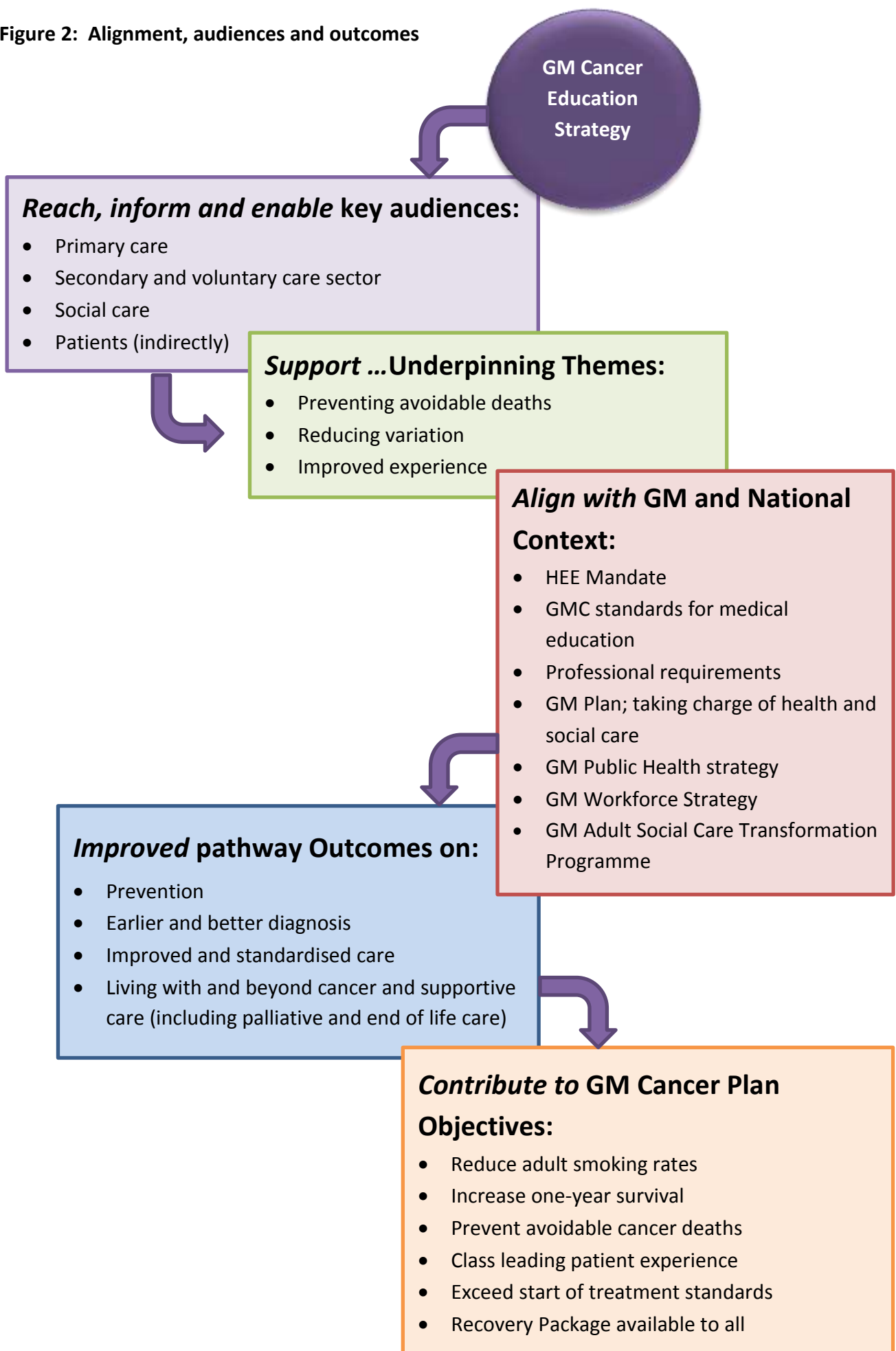


Figure 2 illustrates how this education plan aligns with both GM and national policy drivers, engages with all the key ‘audiences’ and will contribute to the achievement of outcomes and objectives for each part of the cancer pathway.

Figure 2: Alignment, audiences and outcomes



2) Strategic Outcomes and Scope

This Plan sets out how education will support and enable better experience and better health outcomes at every stage of the patient pathway from prevention to early detection, through diagnosis and care into living with and beyond cancer or supportive and palliative care. Its impact will be delivered through informing and enabling health and social care staff of all grades and disciplines, including those who interact with the public in delivering the prevention agenda.

The scope of the plan is the education of the health and social care workforce delivering GM cancer plan outcomes. Education of the public in both prevention and early detection is the focus of the new GM Population Health Plan (2017-2021), and will not be the focus of this document. Neither is the development of the general health care workforce, or cancer role specific workforce, which falls into the governance of Health Education England. This plan focuses on the education needed to deliver the specific objectives of the national and the GM Cancer plan.

Outcomes, Activities and Deliverables

Table 1 summarises how cancer education initiatives and activities will contribute to Greater Manchester cancer objectives and outcomes at each stage of the patient pathway. Additionally, two cross cutting educational themes - patient experience and research - will touch every part of the patient pathway.

Table 1: Cancer education aligned to pathway based outcomes

Pathway component	Outcomes that cancer education contributes to/enables	Contribution of Education
Prevention	<ul style="list-style-type: none">• Reduce smoking by 13%• Increase awareness of other lifestyle risks and change behaviour• Increase uptake of immunisation of HPV	<ul style="list-style-type: none">• Training the health and social care workforce as 'ambassadors' who can help support public health messages on lifestyle, immunisation and screening to reach a wider audience
Earlier and better diagnosis	<ul style="list-style-type: none">• Increase the uptake of screening programmes• Increase public awareness of signs and symptoms• Improve adherence to NICE referral guidelines• Pilot self-referral or other routes to referral for patients• Reduce the time taken to cancer diagnosis to 28 days for all patients	<ul style="list-style-type: none">• Training for the whole health and social care workforce to support the population in recognising cancer symptoms and attending screening programmes• Education for primary care and community care professionals on NICE referral criteria and referral processes• Training for those involved in new referral pathways on systems and processes to provide efficient and effective services

Pathway component	Outcomes that cancer education contributes to/enables	Contribution of Education
Improved and standardised care	<ul style="list-style-type: none"> • Consolidate specialist pathways for surgery • Improve multi-disciplinary team working • Align clinical standards for care • Deliver therapies closer to home 	<ul style="list-style-type: none"> • Provide education on specialist pathways for generalists • Ensure education supports effective MDTs • Provide education to support management of SACT patients in the community, including acute oncology education for primary, community and secondary care. • Provide education to the secondary workforce on long term complications of cancer • Educational events supporting research into specialist practice across the system
Living with and beyond cancer and supportive care	<ul style="list-style-type: none"> • Rolling out the recovery package to all GM • Develop new aftercare pathways • Explore supported decision making in progressing disease • Support people with the long term consequences of treatment • Earlier integration of supportive and palliative care • Deliver choice at end of life 	<ul style="list-style-type: none"> • Education to support delivery of the recovery package • Support the roll out of new aftercare pathways providing education on all levels • Develop programmes to support decision making and supportive communication for primary and social care services • Develop education to support secondary and primary care to manage long term effects and deliver 'living with' care, including knowledge about specialist support services • Support primary, community and social care with skills and knowledge to deliver supportive, palliative and end of life care
Patient experience (system based)	<ul style="list-style-type: none"> • Improve patient experience • Embed users in service development • Ensure access to CNS or key worker for all • Include cancer information in locality directories 	<ul style="list-style-type: none"> • Develop a comprehensive portfolio of effective communication and emotional support training for the system • Embed customer care / patient experience training across all sectors • Provide education on patient inequalities • Provide training on co-design • Support creation of a CNS development pathway for GM • Work with users to develop GM cancer information for patients and carers
Research	<ul style="list-style-type: none"> • Deliver the BRC and NIHR themes • Grow our experimental research centre • Deliver the 100K genome project 	<ul style="list-style-type: none"> • With MAHSC and Charity create a co-ordinated pathway for development of clinical fellows in cancer across all disciplines, supporting the BRC, NIHR and CRUK initiatives • Develop pathway for developing new research support staff, using apprenticeship frameworks • Ensure basic education about the 100K genome project is available to all, with access to specialist education as required

3) Key Priorities

The key priorities for education were identified in the GM cancer plan, and reflect the groups of the workforce involved in delivering cancer care.

Priorities	
1	Enhance early detection of cancer in primary care by raising awareness of cancer symptoms
2	Ensure rapid translation of research into practice by ensuring GM has a comprehensive programme of CPD events for the cancer workforce
3	Support improvement of standards across all cancer pathways through delivering a co-ordinated programme of education for all secondary care staff involved in delivering each cancer pathway
4	Empower the workforce to become 'health ambassadors' equipped to engage with the public to support health through prevention, immunisation, screening and symptom recognition initiatives
5	Drive up standards in social care through providing accessible cancer care education for all
6	Raise standards of patient experience, psychological and emotional care through developing a GM communication and patient experience training programme for all health care professionals involved in the cancer pathways
7	Empower cancer patients to be partners in their care through providing access to cancer knowledge and education

4) Delivery Principles

Five principles underpin the education initiatives described in this plan and reflect quality measures supported by Health Education England. These principles (outlined below) will support Greater Manchester education commissioners in ensuring that only the very best quality programmes of education are commissioned, with a realistic opportunity of succeeding in changing behaviour and driving up standards of care across the whole system.



Inter-professional

Health and social care is by nature multi-professional. Wherever possible, multi-professional approaches will be used to deliver education to enable inter-professional learning. This reflects the norm of the workplace in which cancer workers deliver care, and is most likely to effect long term sustainable behaviour change.

Effective

A core principle for all education delivered in alignment with this plan is that both the content of the programmes, and the delivery methods used, are evidence based; i.e. they have been shown to be effective in delivering the desired outcomes. This approach will inform all activity and decision making so that we are able to quickly identify, learn from and roll out best practice.

Affordable & Sustainable

It is essential that any training developed to deliver this plan is affordable and sustainable when scaled across the Greater Manchester and Eastern Cheshire system, and delivered over time. The development and planned delivery of the programmes needs to take into account available funding and best use of limited resources.

Accessible & Equitable delivery

The Greater Manchester cancer plan has a core outcome of removal of inequity in service. Therefore it is essential that all initiatives are deliverable and scalable across the geography, take account of the diversity of need in the 13 CCG localities – including those facing economic disadvantage and with poorer health statistics, and are realistic in an NHS climate where there are constraints on the release of front line staff to attend education.

Measureable

In developing and delivering educational initiatives, it is essential that the system looks at how it can record impact and benefit, through defining measureable outcomes. Traditionally education is evaluated through subjective experience. A principle of this plan is that each initiative should have a robust strategy for measuring impact. This will include evidence of inter-professionalism, of quality, of reach or coverage, and of impact on attitudinal and behavioural outcomes

5) Key Audiences and their Requirements

This plan proposes development of education programmes that involve multiple audiences around each part of the pathway. Each separate 'audience' will make a distinct contribution, have differing levels of expertise and have different learning needs to fulfil their role. Reflecting this we will design and deliver education to support specific audiences, directly or indirectly. These will at all times reflect the inter-professional nature of the service being delivered. These audiences are:



Primary Care & Community Services

The workforce within primary care is key to every stage of the patient pathway. It is estimated that 90% of NHS patient contacts are carried out by general practitioners⁹. GPs are the gatekeepers into secondary services and with their extensive teams, provide support during delivery of secondary services, recovery after those services, and support living with and beyond all types of illness. Unlike secondary and tertiary service providers, the primary care workforce's role with patients and their families starts from the beginning of life and continues until death.

Community health care services complement primary care, providing community nursing and AHP services, community pharmacy, dentistry and optometry. Staff working in community services are often in small teams or in groups or individual practice, meaning access to high quality education and information can be difficult.

⁹ Royal College of General Practitioners

To ensure that primary and community care services can fully support the aspirations of the Greater Manchester cancer plan and the population health plan, education programmes must equip them with the attitudes, knowledge, skills and behaviours required to deliver the best possible care. That spans both the key initiatives which they lead in the health sector (e.g. referral), and those which they significantly support (e.g. public health programmes or improved pathways in cancer care). This plan proposes a comprehensive approach to delivering education for all disciplines of staff working in primary care, including all nurses, doctors, and allied health professionals, administrative and receptionist teams and community AHPs for example pharmacists, optometrists and dentists.

This will require education aimed at delivering the basics of good care, and education to support specific initiatives being piloted across the system. Some modules of education will be generic and applicable to all cancer patients, no matter what their specific diagnosis, for example, cancer prevention, or psychological, acute, and palliative care. Other modules will address issues which vary for different cancer pathways, e.g. cancer referral criteria, after care of specific treatments, or living with specific late toxicities.

To date, successful face to face programmes aimed at primary care and community services have tended to be locality based; they have been funded and led by teams from both NHS services and from third party charity partners. Examples of these include the Cancer Research UK safety netting training, Macmillan Cancer Improvement Programme, and community teams' palliative care training sessions for local residential care homes. Many of these programmes have been evaluated and locality specific pilot programmes have been shown to be highly effective. However, following these pilots, there is no system to ensure continuation and/or roll-out of successful initiatives or discontinuation of unsuccessful ones. Hence a key requirement is to develop evidence based systems that do this to ensure ever improving care and outcomes.

Secondary care

Across Greater Manchester there are nine acute care NHS trusts, one tertiary cancer centre, 9 hospices and a number of private health care organisations offering treatment and care for cancer care patients. Care in each of the 12 Greater Manchester regions is commissioned by its own CCG, meaning that there is great variation across the geography. When, the new GM Cancer Board was established, a key remit was to reduce variation of care across Greater Manchester through an integrated commissioning system and through the leadership of the cancer pathway boards.

Traditionally each NHS trust has provided some level of cancer education for its general workforce who come into contact with cancer patients, led through the cancer specialist teams. Additionally, the School of Oncology, and other education institutions (e.g. universities and hospices) have provided access to specialist training for those integrally involved in the cancer pathway in a variety of subjects. Good quality, knowledge about and access to this training is not equitable across the workforce. Some groups are very well supported whilst others are less so.

A consequence of the uncoordinated and fragmented approach to secondary workforce development (CPD) has been difference in pathways in different areas of the GM geography, and different levels of education across different providers. Recent changes in funding for CPD, from Health Education England, have added further uncertainty about access to education for qualified professionals in the regions system.

To address this disparity, each cancer pathway board has been tasked to start to provide pathway focused education. To date this has primarily been delivered through an annual pathway educational meeting. Whilst a helpful start, this does not address the needs of the whole workforce. Nor does it serve GM's commitment to empower the 177,000 people employed in its health and social care workforce to become champions who can educate the public about healthy living, screening programmes and recognising early symptoms of possible cancer.

To improve the equity of service across Greater Manchester for every patient on every pathway, a more co-ordinated approach is required. This must ensure that every health care worker delivering care on a pathway understands what they need to deliver and has access to training to support them in delivering it. This will include care during treatment, aftercare and acute oncology, requirements for the recovery package and aftercare pathways, as well as supporting patients living with and beyond cancer treatment and care, including end of life care. Weaved through all of this is the essential communication skills training required to enable staff to provide a basic level of psychological care.

Greater Manchester has been recognised as an Academic Health Science Centre. This involves pushing the boundaries of clinical science and gives GM the opportunity to lead the country in the swift translation of research into practice. Education needs to cover key research initiatives, ensuring that those working with patients can support the research agenda's Greater Manchester is delivering. Initiatives are required which support this goal, for example, education supporting the 100K genome project. Additionally, workforce education needs to support rapid translation of research into practice and sharing of best practice across the system.

Social Care

The social care sector is a much maligned and under resourced, yet essential part of our care system. Social care represents three distinct groups:

- Informal carers at home; estimated at approximately 280,000 carers
- Formal domiciliary care at home; the market provides approximately 5-6 million hours of care each year in GM
- Residential care workers; there are 444 care homes in the GM geography¹⁰.

¹⁰ GMHSCP: Adult Social Care Transformation Programme, report of Steven Pleasant, Feb 2017

Traditionally, education for care homes and domiciliary social care has been the responsibility of the employers. Many groups (e.g. district nurses and community palliative care nurses) have provided much needed education into these sectors. However, there is no co-ordinated approach to ensuring that everyone providing social care to a person with or living beyond cancer has access to training which will equip them with the right skills to provide the very best care. In line with GM's commitment to empowering the whole health and social care workforce to become champions for healthy living and cancer awareness, that includes help with communicating education for this sector needs to include preventative advice, screening programmes and spotting the warning signs of cancer to assist with earlier diagnosis objectives.

Advice and information for informal carers in the home has often come informally from community services staff, or from the internet. There are some very good internet sites containing information for relatives and carers, for example Macmillan, Cancer Research UK or individual disease specific cancer sites e.g. beating bowel cancer. These contain general information about disease, treatments, managing side effects and living with and beyond disease, including palliative care. Being national, these sites do not contain local information, and in the majority of cases they have been set up to inform, not to educate carers.

Greater Manchester requires a system to ensure that those in the informal social care system have access to education that supports them to deliver the "fundamentals of best care" in an effective, safe and person centred way. This should include basics of good personal care, nutrition, moving and handling, and pressure area care, and other basic care requirements. For all three groupings within social care, initiatives that are effective in improving the care that is offered and its impact need to be identified as good practice and replicated across the GM system.

Patients

The Greater Manchester aspiration is that the people of GM are partners in delivering outcomes in health and social care. To be partners, patients need to be empowered to enter into more equal relationships with health care workers and professionals. Within cancer this mean enabling patients to understand and take control of their role in preventing cancer, in ensuring early detection, and in working with health professionals to make the most of treatments offered. Furthermore, it means being empowered to take back control of their life after cancer treatment, and when living beyond it or entering end of life stages of cancer.

Education of patients about illness and disease was traditionally the remit of health professionals, whilst education of the public about health, wellbeing and illness has been the remit of education, the government through public health campaigns, and of the media. In today's digital world patients have access to a plethora of information about their health, about cancer and about how they might care for themselves when on a cancer pathway. Much of this information is excellent, however some is questionable and misleading. This means that patients and the public are often left uncertain about which information on the web to trust, and which to ignore.

If Greater Manchester is to empower people and patients to become partners in health care it needs to take a lead in educating them about how they can take an active role. The charity partners have excellent information and support available. Greater Manchester needs to ensure firstly that the local population know what information they can trust; secondly that where there are gaps, they are filled; and thirdly that we provide specific educational initiatives to target health inequalities across our system.

Integration across Audiences

Whilst audiences will be targeted so that the content of education, the language used and way it is presented, meets their requirements, we will also adopt an integrated approach that takes advantage of linkages wherever possible. For example, whilst online content will be targeted at different audiences, we will explore the potential for it to be commissioned in an integrated way using shared platforms to maximise efficiency. Furthermore the cross cutting thematic area of *communication* will apply to all audiences and put focus on the importance of the way that information is delivered (e.g. including emotional and psychological components of effective communication).

6) Overall Approach and Delivery Mechanisms

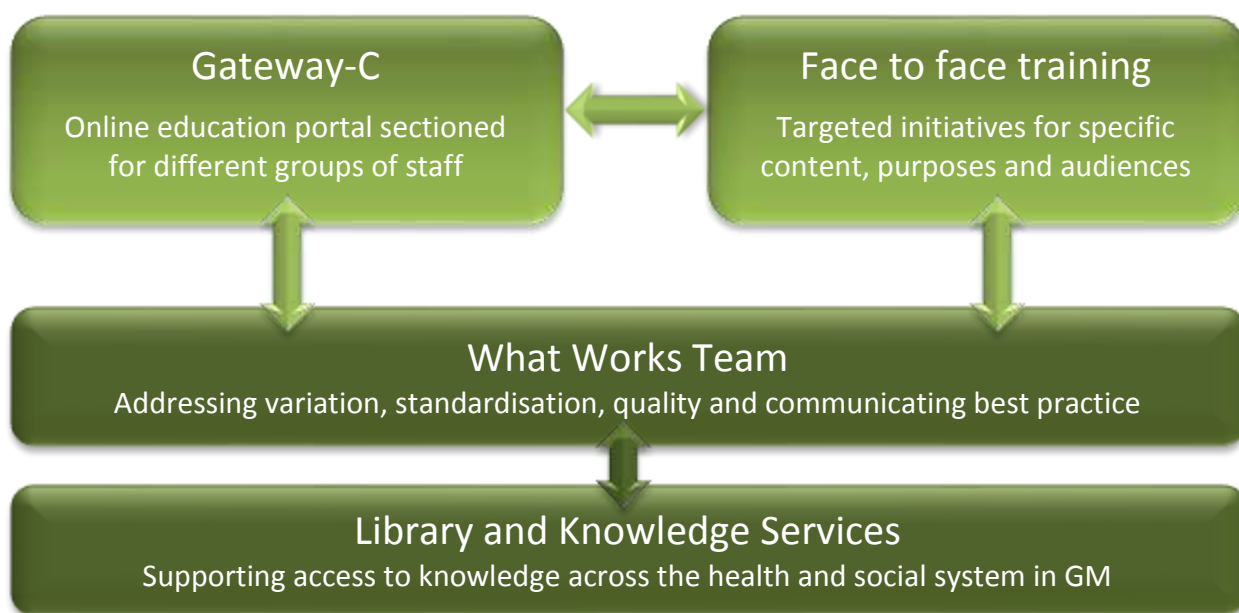
The aim is to create a seamless, comprehensive educational system, which is accessible, affordable, and sustainable. The solution will require a blended approach to education using a balance of online systems and face to face training sessions.



This approach can deliver high quality education and information consistently to everybody within a given audience, coupled with targeted and more intensive interventions to reach specific audiences for specific purposes.

Figure 3 summarises the how this approach will work in practice and the mechanisms required. An online portal ('Gateway C') will provide a foundation of core content tailored to each audience group. This will be supported by face to face training made available across the whole GM and Eastern Cheshire geography. Delivery will require a small co-ordination (or 'what works') team backed by library and information services to maximise the impact of all educative mechanisms. This will communicate and roll out best practice across localities, working with GMHSCP, HEE and commissioners to ensure commissioning of effective online and face to face initiatives.

Figure 3: Education Delivery Model



Throughout, we will couple a resolute focus on delivering what we have set out to achieve with the flexibility to respond to new circumstances and intelligence as they emerge. This is especially important in the context of rapid medical advances and a new and evolving devolution process. Maintaining close connection to research activities and findings will be instrumental to this approach.

The following section details the key mechanisms required in further detail and how they will be delivered. They apply to new action to be commissioned as well as ongoing activity. The focus is on those activities that can be influenced in Greater Manchester and through this plan rather than, say, national education activity which we benefit from but do not lead.

7) Delivery

This section sets out the three key mechanisms through which cancer education will be delivered:

- a) **The Gateway-C online education portal**
- b) **Face to face and targeted provision**
- c) **The What Works team**

Whilst these are set out separately for clarity, in practice they will work together and support each other as an integrated educative system. These three deliverables will together take forward the seven priorities identified in section 3. That relationship is a blended rather than a siloed one, with each priority typically requiring a mix of face to face and online provision targeted at the relevant pathways and audiences, and backed by evidence based continual improvement programme to prioritise the most cost-effective approaches.

7.1 Gateway-C online education portal

Context and Importance

Online provision will be the bedrock of future cancer education and provide a high quality, easily accessible information and education resource accessible across audiences and tailored to them as necessary. Work on this provision – described as Gateway C – has already begun and the task is to move from the pilot stage to a comprehensive, well used product.

Current Position and Provision

Gateway-C is an online education portal which has been piloted through the GM cancer vanguard. The portal has the potential to be expanded technically to meet the needs of the whole health and social care sector, and can be commissioned to deliver online learning covering all elements of training required. It therefore has the accessibility, equability and scalability required.

Gateway-C is accessed through a purpose built web site. The website sets out options for learning, and also has searchable databases for other cancer related information and resources in the GM community. These include a searchable calendar of face to face events, searchable links to resources produced by other NHS and third sector groups e.g. CRUK or Macmillan, and a searchable database of community support and interest groups. This capability can be expanded to meet other requirements of this plan.

Behind the website is a managed learning environment where education can be hosted, delivered, evaluated and monitored. This environment allows each individual to access and re-access a personal learning space where education units can be built which maximise the potential of not only informing, but changing practice. Being an education environment, rather than an information one, learning can be assessed and impact measured. There is no limit to the number of educational units which can be built, or to the number of individuals who can be registered as users.

Evaluation of Gateway-C has proved it to be a user friendly, accessible, effective mechanism for delivering education with clear evidence of change in knowledge and confidence and subjective evidence of delivery of change in behaviour.

The vanguard pilot of Gateway-C focused initially on enhancing early detection, through two modules of learning aimed at GPs recognition and referral behaviours in lung and colorectal cancer.

More recently Gateway-C has added elements supporting GPs and others in primary care and community services in referral for pancreatic cancer, in managing late effects of chemo and radiotherapy, and in supporting end of life care.

The initial pilot involved 37 GPs from eight practices, 4 in Wigan and 4 in south Manchester. The views of GP trainees and practice nurses about the relevance and usefulness was also sought. The pilot reviewed the experience of online learning, its relevance and usefulness to practice, reported learning applicability and also more objective evidence of changes in both confidence and ability in applying the NICE referral guidelines.

GPs rated the learning very highly, with 75% saying the learning experience was either good or excellent. There were many comments about the learning expressing how useful it had been and how relevant to practice. Data showing change in confidence in making key decisions showed significant changes in both confidence in knowing when to refer and also in knowing when not to refer.

"I have spoken to a number of my GP partners who have also completed the learning modules, and they all agree that this has been one of the most useful educational experiences they have had, and there is evidence that the learning has ALREADY begun to change practice."

GP, Wigan

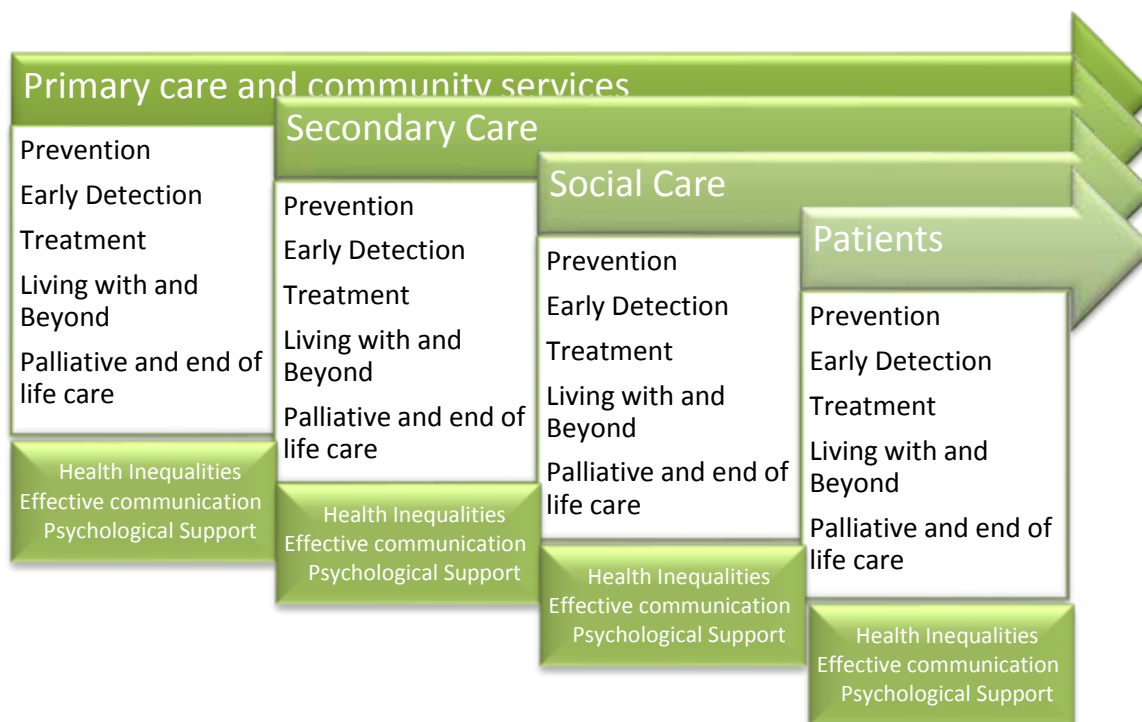
Future Requirements

Gateway-C will be structured and tailored to meet the multiple needs of different audiences.

There is a good case and support from HEE for an integrated approach that spans audiences, however to ensure that education is pitched appropriately, there are audience-specific areas and content on the platform where needed. The flexibility of the learning environment means that units of learning can be accessed from different entrance points, meaning where possible we can ensure optimal use of learning units.

We would therefore recommend that the Gateway-C website has doorways into learning for defined audiences, primary care and community services, secondary care, social care and patients and families as shown below, with learning objects tailored to needs across the agreed patient pathway (prevention, early detection, treatment, living with and beyond, palliative and end of life care). The essential ingredients to improve patient experience of learning will be embedded within these, including addressing health inequalities, delivering effective communication, and providing psychological support, as represented in Figure 4.

Figure 4: Gateway-C high level structure - education content by audience and pathway



The system requires education which supports the prevention, early detection, treatment, living with and beyond and end of life elements of the patient pathway, for staff at all levels and in all sectors of health and social care, as shown in figure 4. Education needs to equip each group with the attitudes, knowledge, skills and behaviours required to deliver the best care for the people of GM and Eastern Cheshire.

This necessitates:

- generic education modules applicable to all cancer patients, no matter what their specific diagnosis, for example, cancer prevention, or psychological, acute, and palliative care
- pathway specific modules addressing issues which vary for different cancer pathways, e.g. cancer referral criteria, after care of specific treatments, or living with specific late toxicities.
- audience specific modules of learning to ensure that each groups meets the needs of patients as they move through specific parts of the patient pathway.

Table 4 identifies key content required.

Delivery Proposals

Gateway-C already exists as a mechanism for delivery as part of the vanguard initiatives to trial new approaches to improving care for patients. The task is therefore for Gateway C to be developed and extended to all sectors of health and social care in Greater Manchester to facilitate delivery of the units of education identified in this plan.

Proposal 1:

Commission and develop Gateway-C to provide the educational materials, modules and supporting information required by the plan

The units of education identified in the plan will need developing and delivering. It is vital that expert groups including subject matter experts, target group representatives, and educationalists, and technology enhanced learning experts are brought together to do this. This work will require commissioning, and project managing to ensure timely delivery, quality assurance, and marketing. A project plan is required to set out key priorities and review funding requirements, which should be presented and agreed by the Greater Manchester Cancer Education Board.

Proposal 2:

Create a project board to oversee the development and ongoing quality assurance of Gateway-C and its content

Table 4: Recommended content for gateway C

Pathway	Deliverable	Audience				Disease specific
		Primary	Secondary	Social	Patient	
Prevention	Public health training for staff (Making every contact count)	✓	✓	✓		
	Health inequalities in public health	✓	✓			
Early Detection	Understanding cancer screening programme	✓	✓			
	What I need to know about screening			✓	✓	
	Recognising suspicious symptoms		✓	✓	✓	Yes
	Diagnostic modules for cancer referral	✓				Yes
	Managing inequality in cancer detection	✓	✓			
	What happens next after referral				✓	
Treatment	Cancer pathways core skills for expert delivery	✓	✓			Yes
	Managing treatment effects and their impact	✓	✓			
	Acute oncology	✓	✓			
	Understanding my treatment and what to expect				✓	Yes
	Caring for myself / someone on cancer treatment			✓	✓	
	The recovery package	✓	✓			
Living with & Beyond	Late toxicities and their management	✓	✓			
	New aftercare pathways	✓	✓			Yes
	Supporting someone living with problems from cancer treatments			✓	✓	
	Living beyond cancer				✓	
	Caring for myself as patient or carer			✓	✓	
End of Life	Difficult issues in end of life care	✓	✓			
	Understanding equality in end of life	✓	✓	✓		
	Caring for someone in the last stages of life			✓	✓	
	Caring for myself as a carer			✓		

7.2 Face to face and targeted provision

Context and Importance

Face to face sessions are the traditional way of delivering education and can be very powerful. They allow for instant feedback and for tailoring to individual needs. Face to face training provides opportunity for the networking and interaction required to create working relationships and allows for debate around concepts, which enhances learning and helps change attitudes and beliefs. Depending on the content of learning and the size of the audience, face to face learning can be highly effective. However there are drawbacks to face to face training. Effectiveness can be compromised if group size is too large to either teach the objectives of the session or monitor the engagement of the student with the educational material, or if the person delivering the session lacks training as an educator. Access and scalability are also a challenge when considering the remit of this plan.

The role of face to face provision is therefore an essential part of the plan, but needs to be targeted at those elements where it is required or where it enhances the core online offering delivered through Gateway-C.

Current Position and Provision

Within the primary, secondary and social care sectors face to face training is well established. There are many examples of high quality programmes of face to face education delivered through specialist teams within organisations or localities. These include those from third party funded initiatives or pilot programmes across individual or groups of localities, and from The Christie School of Oncology, universities, and the hospices across the GM system. Many of these are highly successful and have resulted in desired changes in practice. Examples of these include the Cancer Research UK safety netting training for primary care, the Macmillan Cancer Improvement Programme for primary care, and community teams palliative care training sessions for local residential care homes.

The Christie School of Oncology has led in developing programmes of education and study days on such things as managing acute toxicities or advances in immunology, primarily aimed at those in secondary care and those working on specialist cancer pathways. The hospice education sector offers excellent palliative care programmes aimed at both primary, secondary, and community care teams, while the Maguire Unit at The Christie offers enhanced and advanced communication skills training programmes for all sectors of the workforce.

Future Requirements

To deliver the cancer plan, a number of multiple training needs have been identified across the patient pathway where face to face education will be ideal.

1. Areas where education requirements can only be met through specific face to face education delivery.

Communication skills training for all groups of the workforce

- The national cancer plan and the GM plan both highlight the need to improve patient experience and support patients through the cancer journey. The ability of the health or social care worker to communicate effectively is key to getting patient experience right. Effective communication involves the ability to listen and respond to patient concerns and wishes, the ability to give information effectively by tailoring to the needs and abilities of that patient, and the ability to support the patient in effective decision making. If GM is to lead the way in developing patient experience it needs to develop a comprehensive communication and patient experience programme, delivered to all levels of staff and available across the whole system.

Psychological support level 2 training for key MDTs members

- Psychological support level 2 training was introduced to ensure that the emotional and psychological needs of the patient were considered at each stage of their treatment. NICE guidelines and Peer review measures require all MDTs to have at least one core member trained and supported to provide psychological support at Level 2 or above. In Greater Manchester training was co-ordinated through the cancer network. Currently training is available in some localities, but this is not consistent across the system.

2. Areas where the educational requirements can be supported through online learning, but are best met through face to face delivery due to the added benefits of face to face training

Research into practice events for the specialist cancer pathway workforce

- Continuing professional development events, online, through universities, or through attendance at meetings or conferences enable recent researching findings are presented to the oncology community.
- Each pathway has been tasked with developing an annual event for its pathway, to ensure an opportunity is provided to debate new approaches and translate research into practice as effectively as possible with the Greater Manchester System. Additional opportunities are provided in GM through the School of Oncology's events programme and nationally through royal society and professional association meetings.

3. Areas where basic educational requirements could be met through Gateway-C, but where face to face approaches can enhance effectiveness and outcomes

Multiple programmes

- There are many educational initiatives which have been shown to change practice. Gateway-C will not replace all of these, but will provide much of the same material available to all, across the whole GM system.
- Face to face training has a role in enhancing these messages in key target areas where the data show specific inequalities.

Delivery Proposals

This plan proposes optimising the use of face to face education in line with the three key areas of education needs identified in the previous section. This will ensure that face to face education complements Gateway-C, creating efficient and effective systems of learning which ensure that those things that can be done online effectively and efficiently are done online, through gateway-C, and that those things which need face to face time are delivered face to face. It will also support ironing out of inequalities through using targeted face to face delivery to support online education in areas of key need and to address challenges relevant to specific communities, for instance linked to ethnicity, gender or sexuality. This will maximise the use of powerful face to face sessions and ensure best use of time for the workforce.

To optimise use of face to face learning and ensure that GM fills the gaps, invests in effective provision, avoids duplication and shares best practice, a “What works” team is proposed. The functions of this team are set out in section 7.3 and its operation will support strategic proposal 3 below by providing evidence on effective face to face (and online) provision and helping to drive its delivery.

Proposal 3:

Provide targeted face to face training to complement online training where there are specific needs and benefits, and ensure ongoing improvement in its quality, consistency and cost effectiveness

7.3 What Works Team

Context, Importance and Current Position

There is a wide spread of cancer education initiatives already in place in GM, and many more exist nationally and internationally. Often different approaches and educative resources will be in place in different regions of GM system, leading to variable outcomes for communities across the region. Whilst an element of flexibility and variation can lead to innovation and tailoring to local needs, it is vital to ensure that money is invested into the most effective approaches and to avoid duplication and inconsistency in quality and outcomes. However, there is no current mechanism to achieve this.

Future Requirements and Function

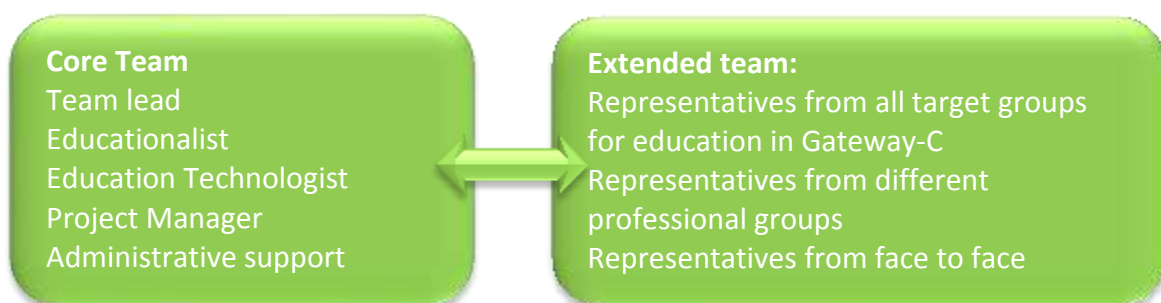
A new mechanism is needed to drive good practice identification and roll out. Equally there is a need for a co-coordinating resource and project managing the strategic proposals outlined in this plan. This will ensure the development of Gateway-C and face to face education that supports this strategic plan and the Greater Manchester Cancer plan. This will be a long term task that requires a dedicated resource – a ‘What Works’ team. The What Works team will link with and be supported by cancer library and knowledge services.

The What Works team will determine the best educational approaches to reduce variation and inequality in knowledge, skills, attitudes and behaviours across the GM system. It will:

- Work with stakeholders to facilitate commissioning and development the gateway-C
- Act as a central hub communicating good practice across the system, recommending the most successful models to standardise around and roll out.
- Work to create a dashboard to identify instances where one area (or institution) significantly underperforms compared to another and put in place education based solutions.
- Work with the Greater Manchester Cancer central team to identify areas where targeted face to face education supporting gateway-C can reduce inequalities in cancer care provision
- To co-ordinate the development of an operation plan setting out a time frame for delivery of the proposals and priorities detailed in this plan
- To work with commissioners to identify funding to deliver the plan

The structure of the core What Works team needs to be small to ensure efficiency, and to be focused on delivery and identification and implementation of good practice so as to meet its objectives. Not all members of the core team need to be full time.

The team needs to have access to a wider groups experts representing each of its target groups of education, e.g. primary care, different professionals from community services, different groups from secondary care, social care target audiences, and patients and families. Additionally the team needs to work with those involved in specific initiatives.



Delivery Proposal

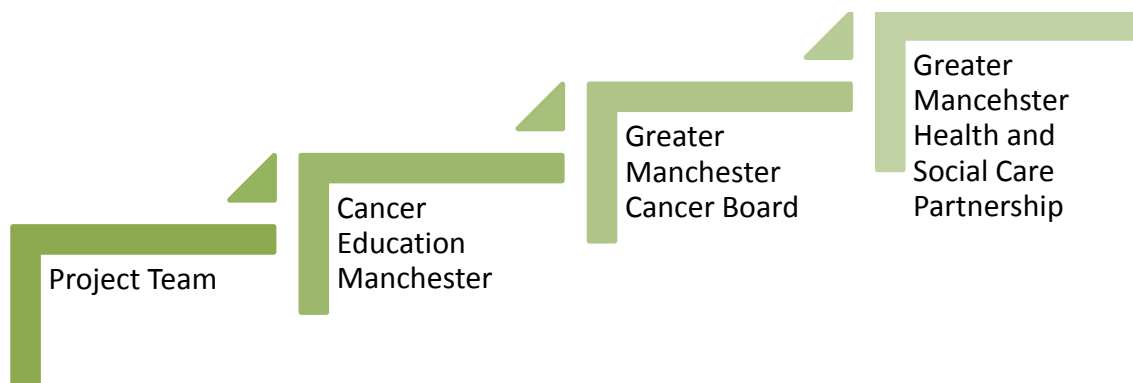
Proposal 4:

Establish a what works team to identify best practice, address key areas of variation and inequality, co-ordinate the commissioning of face to face training, and support roll out and embedding of key initiatives

8) Governance, Monitoring and Review

Governance and oversight for delivery will be the remit of the plan owners, the Education Board of Greater Manchester Cancer, Cancer Education Manchester

The project team will provide an update report to Cancer Education Manchester at each quarterly meeting. The Education Board will take key development plans and provide a 6 monthly report to Greater Manchester Cancer through its Chair



Monitoring and Outcomes

It will be important to monitor educational activity and its success in supporting the outcomes we seek. Our approach to doing this will be based on a logic model that tracks the accessibility and provision of cancer education, the uptake of this by the intended audiences, the impact this has in terms of changes in practice, and the long term outcomes that result in terms of improved patient care and cancer outcomes.



Specific indicators for each part of this monitoring framework will be identified alongside the development of the deliverables themselves so that they are tuned to the detail of the mechanisms that are put in place and expectations for them.

For **provision and access**, the ultimate goal is anticipated to be making world class cancer education available to all those within the intended audiences, although in practice there may be a staged approach to achieving this as mechanisms are worked up and best practice is rolled out. In addition, the definition of what constitutes world class information will evolve as the effectiveness of different approaches are assessed and best practice is identified.

Simply making education available does not guarantee that it will be used. Hence, we will also measure the **uptake** of what is provided by the intended audiences. Long term, a goal of 100% uptake will be desirable, although in practice a staged approach to achieving this will again be expected given the need to proactively communicate what is available and to address any barriers to uptake (e.g. competing work pressures and priorities).

Assessing the short term **impact** from accessing educative material or initiatives can be done in a variety of ways. These include self-assessment of the usefulness of the material by its users, or the tracking of changes in behaviour that follow education across all stages of the pathway.

Identifying the long term **outcomes** that result from cancer education – for example in terms of patient experience, quick and accurate detection and diagnosis, and the proportion of people recovering from cancer or living longer and better lives – is difficult because many other factors also contribute to these outcomes (e.g. clinical advances and resources). Therefore the task is not so much about tracking outcome statistics in themselves (which are more appropriate to measuring the GM Cancer Plan in the round) but assessing the contribution that education has made to them. To do this, specific studies or formal evaluations of education initiatives are likely to be required, for instance to quantify how changes in behaviour impacts catalysed by initiatives will translate into long term outcomes.

It will be important for the What Works Team to be involved in developing and using monitoring data to assess the cost-effectiveness of different approaches and to help identify and roll out best practice to deliver the best possible cancer education and outcomes across GM.

Glossary

CCG : Clinical Commissioning Group

CPD: Continuing Professional Development

GM : Greater Manchester

GMHSCP : The Greater Manchester Health and Social Care Partnership

GP : General Practitioner

HEE : Health Education England

NHS : National Health Service

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Greater Manchester **Cancer**

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