

## **South West (SW) Alliances' Rapid Diagnostic Pathway Communication and Engagement Plan (Extended)**

### **Introduction**

The SW Cancer Alliances in partnership with Commissioners and providers are launching the SW Alliances Rapid Diagnostic Pathway for Lung Cancer project across both SWAG and Peninsula Cancer Alliances. This communication and engagement plan sets out the strategy and activities for undertaking engagement.

Views and feedback received during the engagement process will inform the development of the project.

### **Background**

Both South West Alliances have committed to introducing the SW Alliances' Rapid Diagnostic Pathway for Lung Cancer which is based on the diagnostic phase of the National Optimal Lung Cancer Pathway (NOLCP). The NOLCP offers a more streamlined pathway from referral to diagnosis and then treatment without compromising patient experience and ensures a more efficient and effective use of valuable resources.

In the South West we are introducing the South West (SW) CXR Reporting Tool to support the implementation of the straight to CT element of the NOLCP, unless a local alternative process has been agreed. We expect the reporting tool to increase consistency of reporting across the South West in the way that inter-operating variability has decreased in reporting of mammograms since the introduction of coded reports. Use of the tool for this purpose has been approved by the SW Alliances' Site Specific Groups (Lung).

SW Alliances' transformation funds have been allocated to this project to support transformation and 2017/18 funds have been received by providers. Future release of funds is dependent on submission of monthly highlight and data reports evidencing improved compliance with the SW Alliances' Rapid Diagnostic Pathway for Lung Cancer deliverables. Individual providers will develop bespoke implementation plans.

The communication and engagement activities outlined in this plan aim to inform and engage local stakeholders in transforming the lung cancer diagnostic pathway in line with recommendations made in the NOLCP. During the transformation the SW Alliances' will consider: Patient experience, clarity on the clinical evidence base, impact on workforce, evaluation of pathway outcomes, equity and efficiency of provision and commissioning implications.

The engagement and communications strategy is described in terms of the consultation phase, the implementation phase and the evaluation phase. Communication should be proactive and open, and written communications compliant with NHS England writing standards (Wilson, A. (2016.) NHS England writing standards. Leeds: NHS England.)

Overarching objectives of engaging stakeholders in order to achieve;

- **Implementation of the diagnostic phase of the National Optimal Lung Cancer Pathway (NOLCP);** The NOLCP stipulates that GP-requested CXRs for a potential cancer should ideally be reported immediately (hot reporting) and where the result is suggestive of cancer, a CT scan should take place on the same day or within 72 hours, it also sets a maximum of 6 days from acquisition of the CXR image to urgent clinic attendance with CT result available - but with this preferably happening within 1 or 2 days. Please refer to the NOLCP Implementation Guide August 2017 produced by the Lung Clinical Expert Group 2017 for specific detail.
- **Implementation of the South West Chest X-ray Reporting Tool** - Chest X-rays will be reported consistently; currently most chest X-ray reports are given as free text documents in the form of clinical narrative. Providing a structured reporting template will introduce a consistent vocabulary between radiologists and reduce ambiguity. It will also enable radiologists to provide consistently useful reports and promote adherence to guidelines. Structured reporting in breast cancer has been used for some time and has been shown to assist education and practice consistency. It has also assisted in research and performance evaluation.

**Stakeholder Audiences:** Identified in each engagement phase by; **Partners** (Key stakeholders with whom the decision makers will work in partnership to help to deliver the programme), **Involve and engage** (Stakeholders who will need to be actively involved and engaged on the programme), **Inform / communicate** (Stakeholders who need to be aware of the programme, kept informed of the main developments and have an opportunity to respond). Audience group categorisation will be defined for each phase based on whether they are material to the phases' engagement objectives.

### **Key Messages:**

1. The SW Alliances' Rapid Diagnostic Pathway for lung cancer aims to increase the percentage of lung cancer staged 1&2 at diagnosis improving the outcomes for patients and reducing the numbers of patients diagnosed via emergency admission. There is potential to improve survival and patient experience.

2. GP → chest X-ray → CT → Outpatient appointment
3. South west reporting tool adoption aims to improve clarity of CXR reports and the subsequent patient management requirements for GPs.
4. GP-requested CXRs for a potential cancer should ideally be reported immediately (hot reporting) and where the result is suggestive of cancer, a CT scan should take place on the same day or within 72 hours, it also sets a maximum of 6 days from acquisition of the CXR image to urgent clinic attendance with CT result available
5. Chest X-rays will be reported consistently; currently most chest X-ray reports are given as free text documents in the form of clinical narrative. Providing a structured reporting template will introduce a consistent vocabulary between radiologists and reduce ambiguity. It will also enable radiologists to provide consistently useful reports and promote adherence to guidelines. Structured reporting in breast cancer has been used for some time and has been shown to assist education and practice consistency. It has also assisted in research and performance evaluation.

Working in partnership with stakeholders, we will be clear about the opportunity to influence any proposals. Communications will aim to address any concerns that stakeholders may have about the proposed pathway. We will set our communications in the context of benefits to patients.

### **Reassuring stakeholders**

The communications plan includes a proactive programme of stakeholder communications and engagement to ensure that they are primed with the correct positioning and understand the rationale for the project and process for engagement.

### **Communicating the message**

SW Cancer Alliances, CCGs and Providers (Primary and secondary care) will work together to lead engagement activities to demonstrate their partnership approach. Wherever possible we will use respected clinicians and peers to support communication with professional groups, stakeholders, patient groups and the public. Commissioners will work collaboratively when planning the stakeholder engagement programme, ensuring we build on existing relationships with key individuals and groups.

### **Communications risks and mitigation**

The communications and engagement plan is intended to restrict the space available for incorrect information by communicating clear, coherent and consistent information in a sustained way. Vital to this will be stakeholders hearing consistent messaging from the SW Alliances with the same degree of consistency to ensure clarity can be provided on the transformation programme. Clinical leads will need to ensure that communication is two way and that they are testing its success by taking regular 'temperature checks' to make sure that messaging is getting through to stakeholders as intended.

Overcoming cynicism and fatigue is essential in full implementation of the pathway. Recognising the workload and resilience of NHS staff on whom implementation will depend and maximising opportunities for practical support and concise communications regarding requirements is essential.

**Ensuring wide clinical and patient involvement at an early stage:** Engagement must ensure there is an opportunity for patient and clinical representatives to influence proposals at a formative stage. Before any proposals for consultation are finalised, we will undertake meaningful engagement with clinicians, patient representatives and stakeholders.

### **Focus on the clinical case for change:**

There may be concerns that proposed changes are being driven for cancer performance and / or financial reasons rather than clinical reasons. Key messages will be further developed alongside the case for change to ensure that we are communicating a clear, robust clinical evidence based case for change.

### **Roles and responsibilities**

#### **SW Cancer Alliances'**

Pre-consultation engagement and evaluation communication will be led by SW Cancer Alliances. The Alliance Board supported transformation through successful application for Cancer Transformation Funds including project support both clinical and managerial. The SW Cancer Alliances will liaise with partners to ensure a clear, consistent and co-ordinated approach to communications and engagement activities. The SW Cancer Alliances' Lung Cancer Steering group will be the decision making authority. SW Cancer Alliances will publish reporting requirement communications. SW Cancer Alliances will submit a quarterly cancer transformation progress report to NHS England.

The Clinical Leads for SW Cancer Alliances' will engage the South West regional Local Medical Committee on the transformation project and provide updates as required.

The SW Alliances' Rapid Diagnostic Pathway for Lung Cancer Project Manager will be responsible for establishing and maintaining effective working relationships with providers, CCG's and STP's providing practical support to implement the SW Alliances' Rapid Diagnostic Pathway for Lung Cancer. The project manager will produce a monthly project Bulletin this will also be available on the SW Cancer Alliances' website. This will develop into a newsletter as the project progresses.

### **Clinical Commissioning Groups / STP's**

Implementation engagement and communication will be led by CCG's and providers on account of the bespoke pathways proposed. CCGs will have responsibility for decisions to approve changes to commissioned pathways. STP's will be required to submit quarterly reports to SW cancer Alliances' programme managers.

### **Provider Trusts**

Providers will be responsible for developing and agreeing the local implementation plan and process map for LMC approval, this should include detail of referral requirements and processes as well as outcome communications. Providers will also develop GP information and Patient information from guidance produced by the SW Cancer Alliances' Rapid Diagnostic Pathway for Lung Cancer Steering group. Providers will be required to submit monthly highlight and data reports to SW Alliances' project manager (Lung) on the final Friday of each month.

### **Patient Representatives**

Patient representatives will continue to be involved in developing the proposals through their active participation in working groups

### **The Consultation phase**

#### **Objectives;**

1. South West STP agreement for implementation of the diagnostic Phase of the NOLCP



2. Develop a SW Alliances Rapid Diagnostic Pathway for Lung Cancer project plan with agreed milestones; describe the Service Change, Governance, Evaluation and commissioning requirements of the transformation.
3. Develop a SW Alliances Rapid Diagnostic Pathway for Lung Cancer project plan with agreed metrics

**Partners**

Key stakeholders with whom the decision makers will work in partnership to help to deliver the programme

SW Cancer Alliances' Lung Cancer Site  
 Specific Groups  
 Lung Cancer MDT Clinical leads  
 Thoracic Radiologists  
 Macmillan GP's  
 SW Local Medical Committee  
 STP Cancer Leads  
 STP Cancer Steering Groups  
 Provider Management Teams including  
 Chief Executives, Medicine, Cancer,  
 Radiology Managers (clinical and non-clinical)  
 Clinical Commissioning groups (Cancer Leads clinical and non-clinical)  
 Patient Representation  
 PPE Leads  
 SW Cancer Alliances' Prevention and Early Diagnosis Steering group

**Involve and engage**

Stakeholders who will need to be actively involved and engaged on the programme

Local Medical Committees  
 Provider Radiology, Respiratory, Oncology,  
 Clinical Governance Teams  
 CRUK Facilitator Team  
 Lung Cancer MDT's  
 Provider and CCG Finance teams



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Provider Clinicians and staff working in cancer units  
Primary care staff working in cancer – GP cancer leads, GPs with a special interest in cancer,

**Inform / communicate**

Stakeholders who need to be aware of the programme, kept informed of the main developments and have an opportunity to respond

The public at large  
Cancer Waits Team  
NHS England  
NHS Improvement  
PHE  
QST  
Media  
Primary communicators in trusts (clinical directors, medical directors, chief executives)  
NHS staff of partner organisations (including acute trusts, primary care, and public health staff)  
Provider Patient Advisory services  
Local Education and Training board  
Academic staff at BMS, Peninsula, UEMS and PU PSMD (medical education and training providers)  
MPs with a special interest in cancer services

<b>Audience</b>	<b>Objective</b>	<b>Key Message</b>	<b>Who</b>	<b>Method</b>	<b>When</b>	<b>Priority</b>
Partners	South West STP agreement for	1.	SW Cancer Alliance	<ul style="list-style-type: none"> <li>• STP board,</li> <li>• STP Cancer Steering</li> </ul>	Complete	1

	implementation of the diagnostic Phase of the National Optimal Lung Cancer Pathway			<p>Groups,</p> <ul style="list-style-type: none"> <li>• Cancer Operational Groups</li> <li>• Lung site specific groups</li> </ul>		
Partners	Develop a SW Alliances' Rapid Diagnostic Pathway for Lung Cancer project plan with agreed milestones	2. 3.	SW Cancer Alliance	<ul style="list-style-type: none"> <li>• STP Board,</li> <li>• STP Cancer Steering Groups,</li> <li>• Cancer Operational Groups</li> <li>• Lung site specific groups</li> <li>• SW Alliances Lung Pathway Launch Event</li> </ul>	Complete	1
Partners	Develop a SW Alliances Rapid Diagnostic Pathway for Lung Cancer project plan with agreed metrics	1. 4.	SW Cancer Alliances' Rapid Diagnostic Pathway for Lung Cancer Steering group	<p>SLA with STP's</p> <p>Discussion and Presentation of Project updates at:</p> <ul style="list-style-type: none"> <li>• STP Cancer Steering Groups,</li> <li>• Cancer Operational Groups</li> <li>• Local Implementation Team meetings</li> </ul> <p>SW Cancer Alliances' Rapid Diagnostic Pathway for Lung Cancer communication pack.</p>	Complete	1

Involve and Engage	Develop a SW Alliances' Rapid Diagnostic Pathway for Lung Cancer project plan with agreed milestones	2. 3.	Partners	<ul style="list-style-type: none"> <li>Organisational cascade</li> <li>Standing dialogue mechanisms</li> <li>Local Implementation team meetings</li> </ul>	Complete	2
Involve and Engage	Develop a SW Alliances' Rapid Diagnostic Pathway for Lung Cancer project plan with agreed metrics	2. 3.	Partners	<ul style="list-style-type: none"> <li>Organisational cascade</li> <li>Standing dialogue mechanisms</li> <li>Local Implementation team meetings</li> </ul>	Complete	2
Inform / communicate	3. Consultation phase objectives	1.	Partners	<ul style="list-style-type: none"> <li>Organisational cascade</li> <li>Standing dialogue mechanisms</li> <li>Bespoke communications as required</li> </ul>	Complete	2

### The Implementation Phase

#### Objectives;

- Lung Cancer Diagnostic Pathway reconfiguration:** GP → chest X-ray → CT → Outpatient appointment across Peninsula and SWAG providers.
- Compliance with NOLCP diagnostic phase timelines**
- South West reporting tool adoption across peninsula and SWAG providers;** in reporting GP requested CXR

- 4. Successful Launch of locally defined Lung Cancer Diagnostic Pathway.** Local Engagement plans and schedule of regular primary care education events will be requested by SW Alliances' from CCG's ahead of provider SW Alliances' Rapid Diagnostic Pathway for Lung Cancer 'go live'. The SW Cancer Alliance will seek to understand and deliver support as requested by CCG's. As key partners in the SW Alliances' Rapid Diagnostic Pathway for Lung Cancer transformation project there is an opportunity for CCG's to engage CRUK in their local engagement plans. The CRUK offer includes attendance at engagement events and practice visits.

The SW Cancer Alliance will financially and practically support CCG's and providers with local LMC engagement and GP education in line with locally bespoke pathway implementation as required.

**Partners**

Key stakeholders with whom the decision makers will work in partnership to help to deliver the programme

SW Cancer Alliances' Lung Cancer Site  
Specific Groups  
Lung Cancer MDT Clinical leads  
Thoracic Radiologists  
Macmillan GP's  
SW Local Medical Committee  
STP Cancer Leads  
STP Cancer Steering groups  
Provider Management Teams including  
Chief Executives, Medicine, Cancer,  
Radiology Managers (clinical and non-  
clinical)  
Clinical Commissioning groups (Cancer  
Leads clinical and non-clinical)  
Patient Representation  
PPE Leads  
SW Cancer Alliances Prevention and Early  
Diagnosis Steering group



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**Involve and engage**

Stakeholders who will need to be actively involved and engaged on the programme

Local Medical Committees  
Provider Radiology, Respiratory, Oncology, Teams  
Provider and CCG medical, operational, performance, IT, governance, finance teams  
CRUK Facilitator Team  
Lung Cancer MDT's  
Trust clinicians and staff working in cancer units.  
Provider Patient Advisory services  
Primary care staff working in cancer – GP cancer leads, GPs with a special interest in cancer,

**Inform / communicate**

Stakeholders who need to be aware of the programme, kept informed of the main developments and have an opportunity to respond

The public at large  
Cancer Waits Team  
NHSE  
NHSi  
PHE  
QST  
Media  
Primary communicators in providers (clinical directors, medical directors, chief executives)  
NHS staff of partner organisations (including acute trusts, primary care, and public health staff)  
Academic staff at BMS, Peninsula, UEMS and PU PSMD (medical education and training providers)  
MPs with a special interest in cancer



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Audience	Objective	Key Message	Who	Method	When	Priority
Partners	Lung Cancer Diagnostic Pathway reconfiguration	2.	<p>Clinical Leads for SW Alliances' Rapid Diagnostic Pathway for Lung Cancer</p> <p>SW Cancer Alliances' Rapid Diagnostic Pathway for Lung Cancer Steering group</p>	<ul style="list-style-type: none"> <li>• Organisational cascade</li> <li>• Standing dialogue mechanisms</li> <li>• Facilitation, Presentation and Reporting project updates to:</li> <li>• STP Cancer Steering Groups,</li> <li>• Cancer Operational Groups</li> <li>• Lung site specific groups</li> <li>• Local Implementation Teams</li> <li>• Monthly Project Bulletin</li> </ul>	November 2017- April 2019	1
Partners	Compliance with NOLCP diagnostic phase timelines	4.	SW Cancer Alliances' Rapid Diagnostic Pathway for Lung Cancer Steering group	<ul style="list-style-type: none"> <li>• Organisational cascade</li> <li>• Standing dialogue mechanisms</li> <li>• Facilitation, Presentation and Reporting project updates to:</li> <li>• STP Cancer Steering Groups,</li> <li>• Cancer Operational Groups</li> <li>• Lung site specific groups</li> </ul>	November 2017- April 2019	2



				<ul style="list-style-type: none"> <li>Local Implementation Teams</li> <li>Monthly Project Bulletin</li> </ul>		
Partners	South west reporting tool adoption across peninsula and SWAG providers	5.	<p>Diagnostic Pathway for Lung Cancer Steering group</p> <p>And associated Clinical advisory group*</p> <p>Clinical and Radiology Leads for SW Alliances' Rapid Diagnostic Pathway for Lung Cancer</p>	<ul style="list-style-type: none"> <li>Facilitation, Presentation and Reporting project updates to: <ul style="list-style-type: none"> <li>Lung site specific groups</li> <li>STP Cancer Steering Groups,</li> <li>Cancer Operational Groups</li> </ul> </li> <li>Local Implementation Teams</li> <li>Organisational cascade</li> <li>Standing dialogue mechanisms</li> <li>Monthly Project Bulletin</li> </ul>	April 2018	1
Partners	Successful Launch of locally defined Lung Cancer Diagnostic Pathway	1.	<p>SW Cancer Alliances' Rapid Diagnostic Pathway for Lung Cancer Steering group</p> <p>Clinical and Radiology Leads for SW Alliances' Rapid Diagnostic Pathway for Lung Cancer</p>	<ul style="list-style-type: none"> <li>SW Local Medical Committee liason</li> <li>SW Cancer Alliances' Rapid Diagnostic Pathway for Lung Cancer Communication Pack publication</li> <li>Support offer from SW Cancer Alliances to CCG's engagement plans</li> </ul>	April 2018- November 2018	1

				<ul style="list-style-type: none"> <li>• CRUK offer facilitation</li> <li>• Monthly Project Bulletin</li> </ul>		
Involve and Engage	4. Implementation phase objectives	1. 2. 4. 5.	Partners Local Implementation Teams	<ul style="list-style-type: none"> <li>• CCG Engagement plans (Appendix 1)</li> <li>• Organisational cascade</li> <li>• Standing dialogue mechanisms</li> </ul>	April 2018- November 2018	2
Inform / communicate	4 Implementation phase objectives	Information on bespoke implementation plan details. 1.	SW Cancer Alliances Partners	<ul style="list-style-type: none"> <li>• CCG Engagement Plans (Appendix 1)</li> <li>• Organisational cascade</li> <li>• Standing dialogue mechanisms</li> <li>• Bespoke communications as required</li> </ul>	April 2018- November 2018	3

\*The SW Alliances' Rapid Diagnostic Pathway for Lung Cancer clinical advisory group will specifically focus on clinical engagement.

### Evaluation Phase

#### Objectives:

1. Evaluate;
  - GP referred Chest Xray Cancer diagnosis, pathway management and treatment outcomes by CXR findings; SWRT codes or locally agreed alternative
  - Provider compliance with NOLCP / SW Alliances Rapid Diagnostic Pathway for Lung Cancer timelines
  - Efficiency of local pathway implementation of SW Alliances Rapid Diagnostic Pathway for Lung Cancer



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- Patient experience of local pathway implementation of SW Alliances Rapid Diagnostic Pathway for Lung Cancer
- Impact on Lung Cancer 62 day 1<sup>st</sup> treatment performance
- Impact on Early Diagnosis of Lung Cancer (% diagnosed at stage 1 or 2)
- Impact on proportion of Lung Cancers diagnosed via emergency presentation

**Partner**

Key stakeholders with whom the decision makers will work in partnership to help to deliver the programme

STP Cancer Leads  
 STP Cancer Steering groups  
 Trust Management teams including chief executives, Medicine and Radiology Managers, Cancer Leads and Cancer Managers (clinical and non-clinical)  
 Clinical Commissioning groups (Cancer Leads clinical and non-clinical)  
 Provider and CCG medical, operational, performance, IT, governance, finance teams  
 Patient Representation  
 PPE Leads  
 CRUK Facilitator Team  
 SW Cancer Alliances Prevention and Early Diagnosis Steering group  
 NHS England  
 NHS Improvement

**Involve and engage**

Stakeholders who will need to be actively involved and engaged on the programme

Lung Cancer Site Specific Groups (SWAG and PCA)  
 Provider Lung Cancer MDT Clinical leads  
 Lung Cancer MDT's  
 Macmillan GP's  
 SW Local Medical Committee and Local



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Medical Committees  
Provider Radiology, Respiratory, Oncology  
Teams  
Provider Patient Advisory services  
Cancer Waits Team  
Quality Surveillance Team  
Trust clinicians and staff working in cancer  
units  
Primary care staff working in cancer – GP  
cancer leads, GPs with a special interest in  
cancer.  
Academic staff at BMS, Peninsula, UEMS  
and PU PSMD (medical education and  
training providers)

The public at large  
Media  
PHE  
Primary communicators in trusts (clinical  
directors, medical directors, chief  
executives)  
NHS staff of partner organisations (including  
acute trusts, primary care, and public health  
staff)  
Local Education and Training board  
MPs with a special interest in cancer  
services

**Inform / communicate**

Stakeholders who need to be aware of the  
programme, kept informed of the main  
developments and have an opportunity to  
respond



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<b>Audience</b>	<b>Objective</b>	<b>Key Message</b>	<b>Who</b>	<b>Method</b>	<b>When</b>	<b>Priority</b>
Partners	Evaluation phase objectives	1. 4.	Clinical Leads for SW Alliances' Rapid Diagnostic Pathway for Lung Cancer SW Cancer Alliances' Rapid Diagnostic Pathway for Lung Cancer Project Manager  SW Cancer Alliances Programme Managers	Quarterly report submission and or presentation to; <ul style="list-style-type: none"> <li>• NHS England</li> <li>• SW Alliances' Rapid Diagnostic Pathway for Lung Cancer Steering Group</li> <li>• STP Cancer Steering Groups,</li> <li>• Cancer Operational Groups</li> <li>• Lung site specific groups</li> <li>• Monthly Project Bulletin</li> </ul>	May 2018-March 2020	1
Involve and engage	Evaluation phase objectives	1. 4.	SW Cancer Alliances Partners	<ul style="list-style-type: none"> <li>• Organisational cascade</li> <li>• Standing dialogue mechanisms</li> </ul>		3
Inform / communicate	Evaluation phase objectives	1. 4.	SW Cancer Alliances Partners	<ul style="list-style-type: none"> <li>• Organisational cascade</li> <li>• Standing dialogue mechanisms</li> <li>• Bespoke</li> </ul>		4



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				communications as required		
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Views and feedback received during the engagement process will inform the development of the project, please contact: Nicola Gowen (Project Manager for SW Alliances' Rapid Diagnostic Pathway for Lung Cancer across SWAG and Peninsula):  
[nicolagowen@nhs.net](mailto:nicolagowen@nhs.net)