

Summary of shortlisted nominations: Innovation & Improvement – Cancer Treatment Award

This award recognises innovation or improvements in cancer treatment that are benefitting patients in Wales. This may be in surgery, oncology or an associated element of treatment.

1. 3D printing for Chest Wall Tumour Surgery, Swansea Bay UHB

I am nominating Professor Goldsmith, the consultant who is **using three-dimensional (3-D) printing to reconstruct the chest wall ... and saving lives**, for the 'Innovation & Improvement - Cancer treatment award' to recognise his innovation to improve surgical cancer treatment that is benefitting patients in Wales.

One may think that 3-D printing the chest wall of individuals is something out of science fiction. But Ira Goldsmith, consultant surgeon at Morriston Hospital's Cardiothoracic Surgical Service, is using this newly emerging technology and his innovative approach to help people with a type of cancer of the ribs and transform their lives and survival. He was invited to talk about his innovative approach at the Society for Cardiothoracic Surgery of GB and Ireland (SCTS) Annual Meeting 2024, held this year in Wales. The talk was aptly titled, "3D printing for chest wall tumour surgery: From science fiction to scientific fact."

Sarcoma of the ribs is a very rare type of cancer and if completely removed with surgery helps the person to live a long life. However, removing this cancer involves removing ribs, which then leaves behind a very large hole in the chest. Reconstructing the chest is a very complex procedure. Traditionally Ira used a cement prosthesis, which he prepared at the time of surgery using a mesh and orthopaedic cement. Although it does the job, it is not a precise fit, is prone to getting infected and can move and cause problems such as dislocation. Also, the cement prosthesis takes around an hour and a half to prepare at surgery. So when he was faced with a 70-year-old grandfather who had heart and other health issues, Ira was keen to reduce the operating time as much as possible. He looked to recent advances in technology and decided to make use of 3-D printing and prepare a custom made titanium implant and use this instead. With a multi-disciplinary team approach and computer digital technology he designed the ribs and breast bone implant to the shape and size of the patients' ribs and breast bone with the help of SBUHB's 3-D technicians, Heather and Peter at Morriston Hospital. The implant was manufactured in titanium using 3-D printing laser technology by Renishaw in Wales. At surgery the prosthesis fitted into place perfectly. The implant was then covered with a muscle flap, which Mr Bragg, Burns, Plastics and Sarcoma surgeon harvested from the patients upper back. The wound was then closed. Following surgery the patient has been able to enjoy a good quality of life with his family. His tremor had settled, he has no pain, the chest appears normal in shape and there is no abnormal movement or recurrence of the cancerous growth.

Since this first custom-made chest wall titanium implant, which was a first one printed in 3-D in the UK and made in Wales, and first time the procedure carried out in Wales, Ira has been using this innovative technology to help more individuals with rare chest wall sarcoma growths. His innovation captured the media interest at the time and was headline news with, national newspapers, the BBC, ITV 1 and radio stations in Wales and applauded by the then Health Minister, Hon Vaughan Gething who tweeted: "Our NHS really is amazing". This interest was displayed by the audience who listened to his presentation at the SCTS Annual Meeting and felt greatly motivated to adopt Ira's technique at their surgical units in the UK.

2. The Immunotherapy Toxicity Service, Velindre Cancer Centre

Immunotherapy has revolutionised cancer care, however the drugs do have the potential to cause life threatening toxicity. Timely expert management is crucial and becoming more so as the drugs are used more and more widely. If we can pick up toxicities earlier and manage them before they become too serious we are more likely to be able to keep people on treatment. These immunotherapy toxicities can manifest in various organs and systems of the body, presenting challenges for both patients and healthcare providers. In response to this evolving landscape, Dr. Frazer has established a specialized team dedicated to managing immunotherapy toxicities, as a pivotal component of comprehensive cancer care.

The Immunotherapy Toxicity service was launched in September 2022. It takes referrals from across South East Wales for patients with complex toxicities from immunotherapy. Those patients are closely followed up by the toxicity team through a combination of telephone and face to face reviews, virtual advice to health boards, specialist MDT meetings and now a visiting consultant to Cardiff and Vale. Patients are supported from early recognition to resolution and discharge. This has been hugely beneficial to patients and their families but also to other clinicians, particularly where immunotherapy is new in their area of practice.

One of the primary benefits of the immunotherapy toxicities team is the depth of expertise they bring to patient care. At Velindre Cancer Centre, this team consist of healthcare professionals with specialized training and experience in immunotherapy-related adverse events, such as oncologists, specialist nurses, and junior/senior doctors as clinical fellows. By pooling their collective knowledge and skills, this team offer a multidisciplinary approach to patient management. Moreover, this team try to stay abreast of the latest advancements and guidelines in immunotherapy toxicity management. As this field continues to evolve rapidly, with new immunotherapy agents and combination therapies being developed, having a dedicated team ensures that patients receive the most current and evidence-based care. This proactive approach not only improves patient outcomes but also facilitates the implementation of best practices.

Many patients who would previously have been admitted are now cared for in an ambulatory setting. As complex patients are now managed through the service then we can build better data and understanding of how to develop further. There are collaborative MDTs across South Wales including a bi-monthly Endocrine meeting, and an agreed pathway for specialist advice for Gastroenterology patients. A pathway has now been developed for patients to receive biologic treatment for immunotherapy induced colitis within Velindre Cancer Centre with One Wales funding. Further specialist pathways are on the way to being formalised after closely working with specialists from across South East Wales. Patients with Adrenal Insufficiency now have a comprehensive education package about how to manage their condition delivered by the team Velindre. This has been hugely beneficial following the NHS Wales alert and has been extremely positively received by patients who feel much more empowered. A poster was shown at UKONS.

The team offers personalized care tailored to the individual needs. Immunotherapy toxicities can vary widely in their presentation and severity, necessitating a nuanced approach to patient management. By considering factors such as the type of cancer, the specific immunotherapy regimen, and the patient's

overall health status, this team can develop personalized treatment plans that prioritize both efficacy and safety. This patient-centred approach not only enhances clinical outcomes but also promotes patient satisfaction and adherence to therapy.

In addition to their clinical expertise, this team plays a crucial role in patient education and support. Many patients undergoing immunotherapy may be unfamiliar with the potential side effects and management strategies associated with these treatments. This team provides comprehensive education to patients and their caregivers, empowering them to recognize warning signs, adhere to treatment protocols, and make informed decisions about their care. For example, they have developed a podcast called Immunobuddies where patients can find a series of episodes replying to the most frequent patient's questions (<https://open.spotify.com/show/2eQXFfOOB3QlOkRCs87uhb>).

3. Improving the Biomarker Testing Process for Lung Cancer, Cardiff & Vale UHB

The small group of scientists that work in **cellular pathology in Cardiff pathology department provide support and expertise to enable patients to retrieve genomic testing on their specimen in a timely manner**. So called “companion diagnostics” have exploded in recent years, with new tests being developed at a huge rate. The team led by Sian Norris have managed to keep pace with the testing requirements so that the patient sample is prepared in the department and sent to genomics with extremely impressive rapidity.

The team support the biomarker testing of a number of cancer types, however, in recent years there has been much focus on lung cancer. Treatment of this cancer has been transformed by novel drugs, this personalised treatment is only possible if mutation status is known for the specific patient, so tests such as RAS, ALK, PDL-1 are required on each sample. This requires the scientific team to cut tissue onto slides, that are then assessed for quality and transported to the genomic service for testing. This process requires huge amounts of skill and effort, and is often unnoticed in the larger patient cancer pathway.

Sian and team have undergone a number of quality improvement drives over the last 5 years; the first round cut 15 days off the total turnaround time for specimens in the pathology department (from 35). This was through cutting the required sections "upfront" in the lab for those highly likely to contain a lung cancer. A more recent audit has shown that the element of the process in Sian's team's hands is now down to just one day. This allows oncologist to plan and start treatments in a much more timely and predictable manner with resultant better patient care.

I nominate the “Biomarker Team” from the Cardiff and Vale pathology department as a small team who behind the scenes are making real efforts to improve patient care by speeding up the cancer pathway.

4. All-Wales Colorectal Peritoneal Metastasis Service, Cardiff & Vale UHB & Basingstoke Peritoneal Malignancy Institute

I am delighted to nominate the All-Wales Colorectal Peritoneal Metastasis Team for the Moondance Cancer Awards. Only founded in 2022, the team have already **demonstrated remarkable innovation and improvement in the management of patients with colorectal peritoneal metastases** in Wales.

Survival rates for colorectal cancer in Wales are some of the lowest across Europe. Colorectal cancer can spread to the peritoneum which is the lining of the abdomen. Peritoneal metastases have a dismal prognosis with an expected survival of less than a year. Palliative treatment is often the only option but some are suitable for potentially curative surgery. This involves a major operation to remove the disease (cytoreductive surgery, CRS) combined with a hot chemotherapy wash called HIPEC (hyperthermic intra-abdominal chemotherapy). This treatment is available at specialist centres throughout the UK and Europe but until recently, there has been no Welsh provision. Funding requests for treatment outside of Wales were rarely granted resulting in a huge healthcare inequality. Patients had the option of palliative treatment, or paying for their own surgery. Given a cost of around £70,000, this was unachievable for most.

The All-Wales Colorectal Peritoneal Metastasis Team has advocated for patients and established the tertiary level expertise that Wales deserves. Members have shown extensive initiation, dedication and self-development to provide high standards of care. This has been supported through exceptional mentorship with the world leading team at Basingstoke Peritoneal Malignancy Institute. The team holds monthly multi-disciplinary meetings to discuss referrals from across Wales. To date, 22 meetings have taken place and advice given to 127 patients and clinicians. For the first time, Welsh patients can access timely expert advice without the need for funding applications. After review by the All-Wales Colorectal Peritoneal Metastasis Team, outcomes are communicated to the referring clinician immediately to minimise anxiety. Even if the patient is not suitable for surgery, this input offers comfort in knowing that all potential management options are explored.

The All-Wales Colorectal Peritoneal Metastasis Team have treated 19 patients with CRS and HIPEC. The operations have been a great success and removed the disease in all patients. These individuals now have a predicted prognosis of up to 49 months instead of survival of less than a year without surgery. As major surgery, complications are inevitable, but these are prospectively monitored and comparable to figures from established centres. The team were proud to have their outcomes accepted for presentation at the prestigious Peritoneal Surface Oncology Group International (PSOGI) Conference in Venice and further international publications and presentations are also in progress.

The All-Wales Colorectal Peritoneal Metastasis Service team have demonstrated remarkable dedication, good will, self-improvement and innovation to establish the quality expertise our Welsh patients need. All have acted beyond their expected duties to drive forward this change and actively sort opportunities to continue their self-development through teaching, courses and collaboration. There has been a tremendous amount of learning throughout which is being used to improve service and patient experience. Our new skills are being shared to develop other teams including collaboration with our gynaecology oncologists and a HIPEC study day.

The previous inequality between Wales and Europe is unacceptable. Demand is increasing and our patients are so grateful to have the opportunity for surgery. The All-Wales Colorectal Peritoneal Metastasis Team have significantly improved cancer care for those in Wales. They have demonstrated compassion, dedication and collaboration and continue to go above and beyond to make sure our patients in Wales have exceptional treatment.

'Thank you so very much. You instilled reassurance and hope into our hearts, for which we will forever be grateful.' Relative of CRS and HIPEC patient, 2023

5. Surface Guided Radiotherapy, South West Wales Cancer Centre

Implementation of safe and accurate delivery of radiotherapy for breast patients using a completely tattooless technique

For Radiotherapy treatment, patients are required to have a number of small permanent tattoos to aid the correct positioning for the treatment delivery. These tattoos are often visible and can be a permanent reminder of cancer treatment to patients long after treatment has finished and normal life has resumed.

2020 saw South West Wales Cancer Centre install innovative and state of the art cameras to allow for surface guided radiotherapy (SGRT). SGRT uses technology to track the patient's surface in 3D, aiding patient positioning and providing a tool to monitor the patient during their treatment. This live tracking of the patient provides additional accuracy as any movement of the patient can be identified and corrected for. This in turn allows for the delivery of the highest accuracy radiotherapy in Wales.

Using this technology has seen many advances in the treatment the department offers. As part of a departmental three phased trial, SGRT has allowed SWWCC to become the only department in Wales to successfully implement the safe and accurate delivery of radiotherapy for breast patients using a completely tattooless technique.

The tattooless technique results in a quicker set up time for patients with no negative impact on treatment accuracy. This development will provide a more positive experience and improve the cancer pathway for patients. It will eliminate any self-consciousness relating to the permanent tattoos previously used, and long lasting psychological reminders of the cancer treatment.

Improving patient experience and outcomes has always been the aim for the team involved in the implementation and role out of this change to practice. With this success in mind, tattooless radiotherapy will be expanded and be available to other treatment sites in the coming months.

Summary of shortlisted nominations: Innovation & Improvement – Cancer Workforce Award

This award recognises changes that have enabled or are enabling the cancer workforce - such as (but not limited to) better equipment, training or support to staff working at any stage of cancer pathways; introducing new roles or ways of working; or the successful redesign or redeployment of a workforce to meet evolving cancer demand.

1. Optimising the RDC & Expanding Services, Hywel Dda UHB

I am entering the diagnostic team at Hywel Dda for this award.

The team is made up of two clinical nurse specialists (CNS), an administration co-ordinator and a health care support worker (HCSW).

The team has evolved and developed since 2021. We started out as two employees CNS and admin co-ordinator we have since taken on a second CNS and HCSW. We were originally tasked with setting up the rapid diagnosis clinic (RDC) at Prince Philip Hospital to serve the West Wales population and allowing GPs to refer patients direct for CT-scan who have vague symptoms. This service has been successfully running for two and half years; now we have a weekly clinic have embarked on an education program engaging with and updating GP practices regularly.

We have also engaged in continual improvement initiatives. The data demonstrated that 75% of our patients have a primary symptom of weight or appetite loss. We have therefore just completed a project working with dietician colleagues to make every contact count. This involved ensuring that all patients attending are screened using the Malnutrition Universal Screening Tool and then given appropriate dietary advice and follow-up. We have ambitions to extend this holistic approach in the future and have been networking with social prescribers to see how we can best use the clinic appointment to get help for patients in all aspects of their lives. Cancer is diagnosed in 9% of our patient group so for these we can start the prehabilitation journey at this point so they are better able to tolerate treatment further down the road.

These initiatives have been driven by senior nurses in the team with great support from members of the admin always putting the patient at the centre of what we do and looking for ways to improve.

Shortly after starting the RDC we realised that due to the strong background of cancer nursing experience we felt that we could support the role out of a second service for patients with Malignancy of unknown origin (MUO) in Hywel Dda. This was an unmet need in the health Board and indeed there had been an ombudsman report recommending that better support be provided to these patients. Senior nurses have driven this initiative and a service was set up in November 2022 involving a weekly clinic with a medical consultant and discussion and advice from our colleagues in Swansea Bay MUO MDT if required. We have supported 140 patients via this service each with their own unique cancer diagnostic story.

The diagnostic team have provided the backbone to both services working hard to overcome the geographical and work force challenges by innovative use of existing resources including clinic space and multidisciplinary input.

We feel that we have been innovative in how we have used our team to go beyond our original remit of setting up RDC and to have the vision to use the skill sets we have to benefit patients across both these diagnostics services.

<https://hduhb.nhs.wales/news/press-releases/new-cancer-clinic/>

<https://hduhb.nhs.wales/healthcare/services-and-teams/rapid-diagnosis-clinic/>

Some Patient Feedback responses

“The staff were very helpful caring and explained everything clearly and why it was being done “

“Brilliant experience, I felt valued, and special.”

“Everyone was very friendly and professional”

“All involved were very caring and considerate I felt at ease at all times”

2. Cellular Pathology – New Ways of Working, Betsi Cadwaladr UHB

I am nominating the Cellular Pathology Team at Betsi Cadwaladr University Health Board for the Innovation and Improvement Award for Cancer Workforce. In Jan 2024 the team took part in training with the Toyota Lean Management Centre, and **fully embraced the learning and ongoing coaching with Toyota and Improvement Cymru to make changes across the lab, to apply Lean methodology and improve efficiency.**

With the demand for urgent sample processing increased to around 70% of all their work, the need to increase efficiency of the process has become paramount to ensure that patients are getting timely results and diagnosis. The leadership team at BCUHB recognise this and despite ongoing capacity issues and heavy workload, have dedicated time from their busy schedules to undertake training, review and improve their processes. I've been so impressed with whole teams' dedication to doing the best they can possibly do, as well as their adoption of Lean methodology and continuous improvement. Change is not easy for individuals and teams, but everyone has great enthusiasm about making improvements and gaining small efficiencies at every step of the process through the laboratory.

The most important aspect of the work, and the reason that I'm nominating the entire team, is because the improvement work is not just being pushed through by leadership – they are utilising staff suggestion sheets, daily staff huddles and 5S teams across all roles and sections to encourage continuous input from all staff, asking for feedback highlighting areas which cause issues or delay and suggestions for improvement ideas. The overwhelming majority of staff in the department are supportive and positively engaged in the improvement work being carried out there, so I feel the whole workforce deserve recognition – not just those who attended the training at leadership level. Change requires buy-in at all levels, and it's important to acknowledge where a team is trying to actively work in a different way. It's very refreshing to work with them as they work to promote a continuous improvement culture, looking at performance and processes for the benefit of the patients.

Initial work has been focused on tissue transfer in dissection, to improve process flow and 5S the area with the creation of visual standards and updated SOPs to try to tackle the levels of abnormality in the process causing variation (waste and increasing processing times). This also involved sharing a vision for an 'ideal' turnaround time with all the staff in the lab, introducing daily targets and visual management to identify how each day tracks against the flow of work. There have already been positive impacts, with re-timing of processes indicating a reduction of nearly 60 seconds per sample, which in consideration of a daily target of 149 samples per staff member per day, gives a time saving of over two hours a day – meaning more samples should be progressing through the lab at a quicker rate.

This is just the start of the work the Cellular Pathology team are planning, and they will continue to work alongside Improvement Cymru to spread and scale improvements. The improvements across the lab will reduce the turnaround time for all samples, from receipt to clinical reporting; for urgent suspected cancer samples the benefit of this is clear, with patients receiving quicker diagnosis; but the work will also focus on reducing the backlog of routine samples, which may include incidental findings of cancer from screening too. The work carried out by the Cellular Pathology Team is vital to support the speedy

diagnosis of Cancer to progress patients on any Suspected Cancer Pathway through to receive a decision to treat within 28 days of their initial cancer suspicion. This in turn ensures the best outcomes for all patients with cancer, each month of delayed treatment increasing mortality rates by around 10%.

The team are also supporting shared learning with other Pathology teams across Wales and have made themselves available for short notice calls from other health boards around some of their processes and are sharing data widely on how they are approaching some of their improvement work in dissection.

3. Regional Hepatocellular Carcinoma Service for South Wales, Cardiff & Vale UHB, Aneurin Bevan UHB & Cwm Taf Morgannwg

Development of a regional hepatocellular carcinoma service for South Wales

We are proud to promote our work as demonstrating that appropriate service design addressing clinical and holistic care can improve outcomes and experience for people living with hepatocellular carcinoma (HCC).

Background

In Wales the incidence of HCC has increased 3-fold over the last 20 years to 300 new diagnoses annually. This reflects an increase in chronic liver disease, in particular a 10-fold increase in metabolic associated fatty liver disease.¹ HCC is frequently diagnosed at an advanced stage in older individuals with comorbidities or liver failure that may preclude active treatment. The majority of treatments for HCC are delivered by interventional radiologists or surgeons with a smaller proportion receiving systemic therapy. In 2014 an unfunded HCC service was established without a cancer nurse specialist (CNS) team, review service or oncology presence in the multi-disciplinary meeting (MDM). By 2021 patients were waiting for up to nine weeks for MDM discussion frequently without specialist assessment.

Intervention

We developed a regional model for delivering MDM HCC care focused upon a complete multidisciplinary team, specialised clinical assessment with CNS support to deliver holistic care and monitor the patient journey during assessment and treatment. Specialised Interventional and diagnostic radiology, clinical and medical oncology clinical time was funded. To develop a truly regional service hepatologists were recruited from 3 health boards and 2 full time HCC CNS were appointed in Hywel Dda and Cardiff and Vale.

Outcomes

- MDM capacity and cancer pathway

MDM capacity was increased by 50%; 285 new and 193 follow up cases were discussed in 2023. The maximum wait for MDM discussion fell from up to nine weeks in 2022 to a median of seven days reducing delays in timely treatment.

- Specialist clinic

The new regional specialist HCC clinic was fully operational from June 2023. This clinic offers extended appointments to discuss symptoms, concerns, therapeutic options, and to optimise liver function. In 2023 111 new patient and 291 follow up appointments were delivered. All patients were offered an appointment within two weeks of referral.

The rapidly changing epidemiology and management of HCC over the last 5 years renders direct comparison of management challenging. However, the proportion of individuals in South Wales not offered anti-cancer therapy fell from 45% in 2016-8 to 25% in 2023.²

- HCC Cancer Nurse Specialist Role

From 2023 all people living with HCC are now offered a named CNS to provide clinical and holistic support (previously this service did not exist). In addition, all patients are offered a holistic needs assessments (HNA) proforma to help focus support. Fifty-seven HNA were completed between June and Dec 2023; 278 concerns were raised and all respondents raised at least 1 concern (figure 1). A CNS hotline telephone service has been established and receives 120 calls per month. Individuals who are only able to receive best supportive care are offered telephone or clinic review every 2-4 weeks.

Looking ahead and service development

We aim to continually review and improve our service for people living with HCC. We have developed a PREMs form specifically for people with HCC. The feedback has been very positive average response >95% positive (Figure 2). The lowest scoring factor was the need to travel to Cardiff (84% satisfied or very satisfied). We have therefore, established dedicated CNS clinics in Glangwili Hospital (Carmarthen) and County Hospital (Pontypool).

Over the next year we aim to further develop our service by establishing Selective Internal Radiation Therapy (SIRT) for HCC in Cardiff and developing improved nutrition support for people living with HCC.

¹ Wales Liver Disease Dashboard DHCW accessed April 2024

² Internal audits of treatments offered for HCC 2017-18 & 2023

4. Positron Emission Tomography (PET) Workforce Planning, NHS Wales Joint Commissioning Committee & Education and Improvement Wales

Delivering a National programme for Positron emission tomography services in Wales

Positron emission tomography (PET) is a central diagnostic tool in the management of patients with cancer. PET influences clinical decision making, with an increasing body of high-quality evidence to demonstrate the contribution of PET to improved patient outcomes and experience in cancer.

The Joint Commissioning Committee (JCC) commissions PET services across Wales, supported by the All-Wales PET Advisory Group (AWPET). AWPET identified multiple issues facing the PET service in Wales. These included a growing clinical demand for PET scans, lack of scanning capacity across Wales (and a reliance on mobile scanners), a shortage of skilled staff and inequity of patient access to the service.

In 2021, Welsh Government endorsed a JCC-led 10-year strategy and capital business case for the Welsh PET service, which includes the wider infrastructure and staffing requirements and ensuring equity of access.

The innovative programme is delivering on four fixed, digital PET scanners by 2028, with a new fixed digital scanner (GE Omniclear – first in Europe) successfully installed at PETIC, Cardiff (July 2023).

The workforce involved in delivering a PET service is highly regulated, highly specialised, and highly technical. Training is extensive and takes significant time. Furthermore, many areas of the workforce are facing national shortages and specialist staff within Wales nearing retirement.

A PET Workforce Workstream was established as part of the JCC-led Programme. The Workstream included representatives from all professional groups and all sites across Wales.

Since October 2022, the Workstream has met monthly. In May 2023, the workstream group produced documents that provided detailed information on the below:

- a detailed description of core PET workforce roles in PET-CT and their respective career pathways,
- a detailed picture of the current PET workforce,
- a detailed description of the pipeline and gap analysis for the required future PET workforce (in line with clinical demand), and
- a detailed description of all training requirements.

Those documents were summarised (Appendix 1) and submitted to HEIW to request funding for training for all working professions within a PET service. The outcome from HEIW was positive and several elements of training have since been funded or are planned for.

Amongst the workstream outputs endorsed by HEIW include:

- Detailed mapping of the career pathways of core PET professions;
- First in the UK Fast Track Medical Physics Expert (MPE) Training Scheme;
- 5 Year training plan for the existing workforce to enable upskilling;
- 5 Year training plan to increase the pipeline of the workforce to answer need, and
- Increased utilisation of the Equivalence Pathway to train professionally registered clinical technologists that can supplement that nuclear medicine workforce.

This approach to workforce planning is unique. The collective, all-Wales approach led to consensus, collaboration, and set-up of creative, innovative solutions to long-standing and UK-wide issues, such as setting up the fast track MPE training scheme and the first full map of career pathways.

The evidence-based approach to future needs and costings was highly received by HEIW and the wider community and could therefore be adopted more widely across other services. Certainly, having the central direction and enabling function of the Programme Office at JCC was essential to driving forward these achievements. Without this essential workstream, the future PET-CT service would be at risk with detrimental impact on the people of Wales.

The JCC programme team has applied a novel approach to enabling services to effectively forward plan. HEIW have been open, fully committed, and facilitative to the approach used.

The work was carried out to a very high standard, in extraordinary detail and at great pace. There has been close and highly effective collaboration between a diverse and fully committed group of stakeholders, working across organisational, governance and geographical boundaries to improve PET services for those with cancer and suspected cancer.

Summary of shortlisted nominations: Innovation & Improvement – Early Detection & Diagnosis Award

This award recognises ambitious and effective innovation in early detection and diagnosis of cancer or the implementation of significant improvements within existing diagnostic pathways.

1. The Lung Health Check – Operational Pilot for Wales, Cwm Taf Morgannwg UHB & National Strategic Clinical Network for Cancer

The Lung Health Check Operational Pilot for Wales

Lung cancer is by far the leading cause of cancer deaths in Wales.

Three-quarters of lung cancers in Wales are found at a late stage, when curative treatment is rarely possible.

Targeted low-dose CT (LDCT) screening for lung cancer finds three-quarters of lung cancers at an early stage, when key-hole surgery or radiotherapy can often provide a cure.

LDCT screening for lung cancer has been recommended for implementation by the UK National Screening Committee, but there are uncertainties and challenges as to how this can be delivered.

Lung Health Checks (LHCs) combine LDCT screening with smoking cessation interventions to maximise health benefits and cost-effectiveness. The LHC Operational Pilot (OP) is a collaboration between Cwm Taf Morgannwg UHB and the NHS Wales Executive Cancer Network with the aims of:

1. providing immediate health benefits to the pilot cohort,
2. informing and de-risking a future roll-out of LDCT screening in Wales, and
3. creating a core team with knowledge and skills that could act as a nucleus for a future roll-out.

The OP commenced in August 2023 in North Rhondda, an area with high levels of socio-economic deprivation, smoking and lung cancer mortality. The OP has undertaken over 500 screening LDCT scans at a mobile scanner, in people age 60-74 years who have ever smoked, and are at high risk of lung cancer following a telephone-based risk assessment.

Uptake of the initial risk assessment was 58.3%, outperforming all phase 1&2 NHS England Targeted LHC programmes (average uptake 34%, range 21-48%; see graph below). To end of February 2024, 86% of lung cancers identified through the pilot are undergoing curative treatment and over 80 people who smoke have been referred to the Help Me Quit smoking cessation service through the pilot*.

*Clinical activity within the pilot is ongoing, therefore these figures are not final and may differ from the pilot's final evaluation report.

The development and delivery of the OP has provided extensive insight, including: optimising uptake through pathway design, communications, and participant-facing materials; reporting of screening LDCT scans by thoracic radiologists across Wales using an innovative cloud-based Picture Archiving Communications System (PACS) and Artificial Intelligence (AI) lung nodule detection software; and development of protocols to manage expected, emergency and incidental findings. Programme and Clinical teams have been established who now have experience of planning and delivering lung cancer screening in Wales.

The LHC OP provides a template for delivery of a national lung cancer screening programme in Wales. The OP has attracted visits from Eluned Morgan, Cabinet Secretary for Health and Social Services, Buffy Williams, MS for Rhondda. Mark Drakeford, (former) First Minister of Wales, stated in the Senedd on 23rd December 2023: “...learning from the Cwm Taf pilot [...] we will deliver on what the national screening programme recommends”. Contributed to by the success of the OP, funding has now been secured for Public Health Wales to undertake planning work for a national lung cancer screening programme in Wales.

2. Endoscopy Service – Transformation Programme, Cwm Taf Morgannwg UHB

Cwm Taf Morgannwg University Health Board, Planned Care Group would like to **nominate the Endoscopy Service Managers and Administration teams for their commitment, operational support and dedication in improving and delivering System and Pathway Excellence to ensure we deliver a continued safe and quality diagnostic service for our patients.**

In March 2023 the Endoscopy Diagnostic service had significant challenges and risks, resulting in the LGI Urgent Suspected Cancer Tumour service being placed in to Targeted Intervention.

Challenges and Risks:

- Large USC symptomatic backlog waiting lists and delayed waiting times. This being the largest delayed cohort stage USC waiting list in Wales.
- Significant USC patients waiting over 28 days at diagnostic stage.
- Large Bowel Screening Wales waiting list and delayed waiting times. With the highest percentage of participants outside the 4 week screening assessment to screening colonoscopy compliance in Wales.
- Significant screening waits with Participants waiting up to 26 weeks for screening diagnostics.
- Both symptomatic and screening diagnostic delays impacting on Single Cancer Pathway 62 day compliance.
- High number of LGI patients waiting greater than 62 day and 104 days.

Also understanding the potential risk of significant clinical finding/pathology within our routine cohort with over 5000 patients in the backlog.

A Deep Dive exercise quickly turned into a Task and Finish Group which developed, implemented, delivered and monitored a Transformation Programme for Endoscopy Diagnostics. The teams across CTM worked together to overcome historic culture practices and processes that supported the key change required to improve systems and pathways ensuring the delivery of quality care and safety.

The transformation change/schemes included:

- ‘Back to Basics’ around RTT rules and Access Policies in relation to pathway management, booking processes and out coming. This included automated booking and partial booking system – reducing data protection and Governance risks.
- Across Health Board Standardisation of processes and systems. Previously run as three separate units.
- Fully utilising the endoscopy electronic system (EMS – Endoscopy Management System) reducing paper-based practice and supporting further paperless plans.
- (New Ways of Working) Reduction of duplicate working which has improved workload within the administration team. This has had a positive impact on staff wellbeing, culture and moral.

- Introduction and roll out of Text Reminder and Broadcast Messenger, reminding patients of booked appointments and the importance of attending. A new addition in the Health Board with Broadcast Messenger allowing administration teams to make instant contact with patients/participants after failed multiple telephone contacts. This has had a positive impact on utilisation and reduced DNA (did not attend) rates significantly. It has also allowed the scheduling team to use the digital platform to contact patient's last minute to backfill short notice capacity slots created from last minute cancellations increasing utilisation further and reducing lost opportunities. Last minute Urgent Suspected Cancer
- Triumvirate working has been encouraged ensuring team buy in from admin, nursing and clinical staff. Improving culture and innovation change.
- Productivity and Efficiency opportunities, going back to basics around D&C modelling and utilisation of core capacity. This was improved significantly through the introduction of the Endoscopy 6/4/2-1 process.

Utilisation across the three sites and Mobile Unit increased and continues to improve. March 2023 HB average utilisation was around 56% with the Mobile Unit running at 38%. It has been maintained at around 90 to 95% utilisation.

The improvements, transformational change and monitoring was also adopted to support the delivery of our Bowel Screening Programme. In April 2023 there were around 300 participants waiting which 240 were out of the 4 week standard for screening colonoscopy. As of Feb 2024, the HB has cleared the holding list and are now within the 4 hour standard.

The benefits and changes made has also benefit and improved non-USC waits. Over the last 12 months the service has made significant improvements to routine waits with a reduction of over 4000 patients.

The changes made by the service continues to make progress with a positive impact against 62 and 104 day waits. The services continue to work towards the SCP target to ensure high quality and patient safety is achieved at all times.

The improvements have also gone wider than service delivery/change and quality/patient care having a positive impact on staff wellbeing, culture and passion.

3. Prostate Cancer Rapid Diagnosis Pathway (PROSTAD), Hywel Dda UHB, Swansea University, TriTech Institute & Cancer Research UK

A Novel Prostate Cancer Rapid Diagnosis Pathway (PROSTAD)

Prostate cancer poses a significant health challenge globally, particularly regarding early detection and timely treatment. Delays in diagnosing prostate cancer are linked with poorer outcomes, reduced survival rates, diminished quality of life, and negative patient experiences. Prostate cancer is the most commonly diagnosed male cancer in the UK. In Wales 2,168 men were diagnosed with prostate cancer representing a 15% increase compared to 2020. Despite targets set by the Welsh Government and the National Optimal Pathway, the waiting times for prostate cancer diagnosis in Hywel Dda University Health Board (HDdUHB) and across Wales exceed recommended timelines of the 28-day decision to treat and 62-day referral to treatment targets. HDdUHB Urology and Tritech and Innovation teams mapped out the diagnostic pathway to pinpoint factors causing delays, such as patient communications, radiology and pathology capacity, and clinic wait times. The existing diagnostic pathways are characterised by inefficiencies and prolonged waiting times at every part of the pathway including from referral to Magnetic Resonance Imaging (MRI), reporting and clinical review for decision to biopsy.

Recognising the detrimental effects of these extended waiting periods on patient well-being and outcomes, the HDdUHB teams, in collaboration, Swansea University and Cancer Research UK's Test, Evidence, Transition (TET) Programme, are piloting a novel prostate cancer rapid diagnosis pathway (PROSTAD) in West Wales.

This initiative aims to mitigate delays between referral and diagnosis, thereby improving patient experiences and outcomes. Key components of the innovative PROSTAD pathway include fast-track multi-parametric MRI scans with a dedicated scanning session, prompt reporting and review of patients within 7 days after MRI and a shift towards using local anaesthetic trans perineal biopsies (which has lower rates of infection), all designed to accelerate the time from referral to diagnosis and maximise patient experience and outcomes.

Our intervention has been co-designed with the West Wales Prostate Cancer Support Group (our public and patient involvement group,) who are also providing patient experience perspectives and aiding the co-production of patient leaflets. The projects being rigorously evaluated through a mixed methods approach and a health economic evaluation. Since launch in June 2023, 110 patients have been through PROSTAD pathway. The average time to MRI after GP referral is 14 days (compared to 22 days for non-PROSTAD pathway), from MRI to reporting is 1 day (8 for non-PROSTAD). The preliminary findings from realist interviews have provided valuable insights into the impact on waiting times and patient experiences. A sample of patient quotes is below:

- *"We are all seeing on the television and the adverts on Facebook and everything about Prostate Cancer- the sooner you get it done the better, so this is a very good thing."*
- *"I am quite impressed by the speed and efficiency of it all."*
- *"I think it has definitely speeded things up, it all turned around very quickly, from GP to getting an MRI, to getting further action of a biopsy."*

This holistic understanding of the complex interactions amongst various stakeholders that happen within our healthcare system, is enabling us to refine our approach and identify factors critical to the long-term sustainability and scalability of the PROSTAD pathway.

A core objective of Cancer Research UK's TET programme is the transition of this evidence-based approach across the wider health system, creating the conditions for more universal spread and adoption.

The significance of our work also extends beyond the realm of prostate cancer diagnosis, serving as a model for innovation and improvement in healthcare delivery. By addressing system inefficiencies and prioritizing patient-centred care, the PROSTAD pathway embodies our commitment to excellence and continuous advancement in the field of oncology.

4. Radiology Cancer Navigator, Cwm Taf Morgannwg UHB

In August 2022 a new role was introduced to Cwm Taf Morgannwg UHB of Radiology Cancer Navigator. The role aimed to **provide more streamlined pathways, reduce delays for Radiology patients awaiting a potential cancer diagnosis by reducing waiting times, coordinating care, providing a point of contact, more relevant & accessible procedure information, and improving the Radiology referral system overall.**

The role itself is that of an Advanced Practice Radiographer utilising an extensive knowledge and skills base providing a connection between patients and clinicians through the Radiology pathways. Development began with changing the referral pathway system working initially with the Colorectal/Upper GI and Respiratory teams.

The vetting process was reviewed using process mapping. In August 2022 the average number of days from receiving the referral form to booking took 5 days, following changes made within 1 month of the Navigator role starting, this dropped down to 1 day for USC referrals and 2 days for routine.

A new GI Endoscopy accelerated imaging pathway referral process has also been introduced which has reduced the average days waiting time for completion CT staging scans following positive colonoscopy down from 13 (Jan-July 22) to 4 Days (Aug 22-Feb 23). This is in line with National Optimal Pathway which requires completion within 14 calendar days/10 working days. These requests are now being completed on the same day.

When GP Chest x-ray referrals result in a positive chest x-ray report a USC CT staging scan referral is generated. In Oct 2021 – Jan 2022 there was an average of 10-day wait for this CT, in Sept 2022 – Jan 2023 an average of 7-day wait (Navigator start date Aug 2022) and more recently for April – June 2023 down to 4 days.

The combination of reduced vetting times and coordinating appointments has had a direct effect on the next stages of the patient's pathway. The average time from diagnosis through Radiology and being discussed at MDT for Colorectal patients has reduced significantly.

The Navigator has undertaken her own clinical caseload on a weekly basis with on average 26 patients per week extra being scanned, thus increasing CT capacity.

Time savings for Radiologists, releasing them for other duties - due to the Navigator undertaking the vetting process are:

- 346hrs 40mins over 52 weeks

This also applies to Managers & Radiology staff with time savings due to dealing with less queries.

- 650hrs over 52 weeks

These time savings have also been recognised as a cascade effect to Cancer Nurse Specialists, Service Managers, Cancer Trackers, and MDT Coordinators, largely due to having one regular point of contact.

Patient feedback has revealed these positive comments: -

- The service was excellent, totally reassured by the Radiographer which placed me at total ease.
- I was seen exceptionally quickly - thank you. Because of this, the way I received all info was very appropriate, i.e., phone & email. Thank you.

Sarah Maund undertakes this role with passion and dedication to her patients, her wealth of knowledge and skills ensures patients receive the most appropriate and timely care required. As the main point of contact for Radiology Cancer Referrals she is able to coordinate and link between clinical teams and their patients. Even though this has been an introduction of an individual new role there has also been the acceptance and support provided by not only the Radiology teams (CT, MRI, Ultrasound) but also the wider clinical teams through MDT's and including surgical, medical and oncology. Linking also with outside agencies such as Velindre, Macmillan, Bevan Commission, Moondance and Wales Cancer Network.

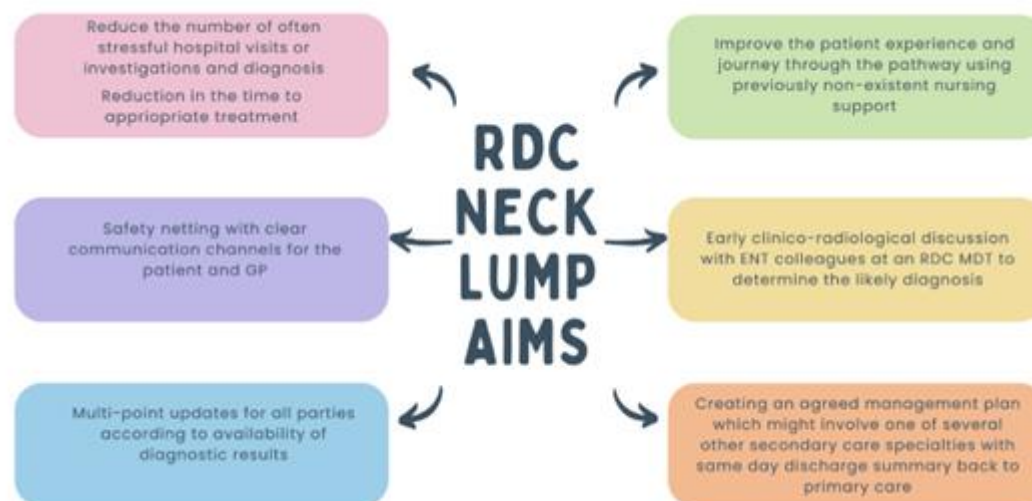
1. [Radiology Pathway Navigation – A New Direction - Bevan Commission](#)
2. [Helping improve outcomes for cancer patients | University of South Wales](#)
3. [Advanced practice role helps improve cancer pathways and waiting times for radiology patients - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)
4. [\(2\) Post | Feed | LinkedIn](#)
5. [Cancercast Cymru | Moondance Cancer Initiative \(moondance-cancer.wales\)](#)
6. Better Diagnosis of Bowel Cancer Episode
7. HCS_Cymru (@Healthcare Science Cymru) posted: Congratulations to Louisa Edwards and Sarah Maund for winning the award for Best Poster for Service Development! Brilliant work! https://x.com/hcs_cymru/status/1765766360489947233?s=51&t=A_X0WePoAyeneh82GGcp0g

5. Neck Lump RDC, Swansea Bay UHB

The Rapid Diagnosis Centre (RDC) Vague Symptom is now a nationally recognised pathway. The team at Neath Port Talbot Hospital was challenged by MCI whether the same concept could be used on other site-specific areas.

A patient presenting with a neck lump to a GP has multiple routes in which to access Secondary Care. Whether this be a referral for a specialist opinion e.g. ENT, Haematology or to Radiology for an US scan. The idea was to go beyond a unidirectional often disconnected 'one-stop' concept by building a complete framework around the patient filling every potential crack in the journey integrating radiology, ENT and other secondary care specialties with experienced nursing care. One-stop is not a new concept but the uniqueness of this clinic is the infrastructure provided by the RDC Team.

The new pathway encompassed the following priorities:



Patients can often feel confused and unsupported during this complex pathway, as there are multiple chains of communication between primary and secondary care teams and departments, with the potential for the patient falling between the cracks and becoming lost in the system. Both patients and primary care were dissatisfied with the service which felt fragmented and was not user friendly, with poor patient experiences and significant delays occurring primarily due to non-existent clear channels for communication.

The RDC differs from a once stop clinic. The primary support for each patient is the RDC Team which provides not only emotional nursing support for the patient and carers, but the team also coordinates each step of the pathway, alleviating the complexities of this process from both patient and primary care. The RDC creates a patient centred pathway replacing the previous system in which the patient felt confused and lost, starting from the initial

booking phone call to final discussion of results and onward management. The patient is thus able to share any concerns at any point along the pathway. Each new piece of information is co-ordinated between hospital teams and explained piecemeal to the patient pending specialist review.

The Neck Lump RDC started in March 2022 with fortnightly clinics. This was initially offered to a small pilot group of GP practices, but access was rapidly opened to all GPs in the Swansea Bay health board. From October 2022, we have been able to conduct a weekly clinic, with 6-8 patients booked per clinic. A sonographer head and neck ultrasound list run alongside this clinic, allowing onsite training and exploring opportunities for expansion in the future.

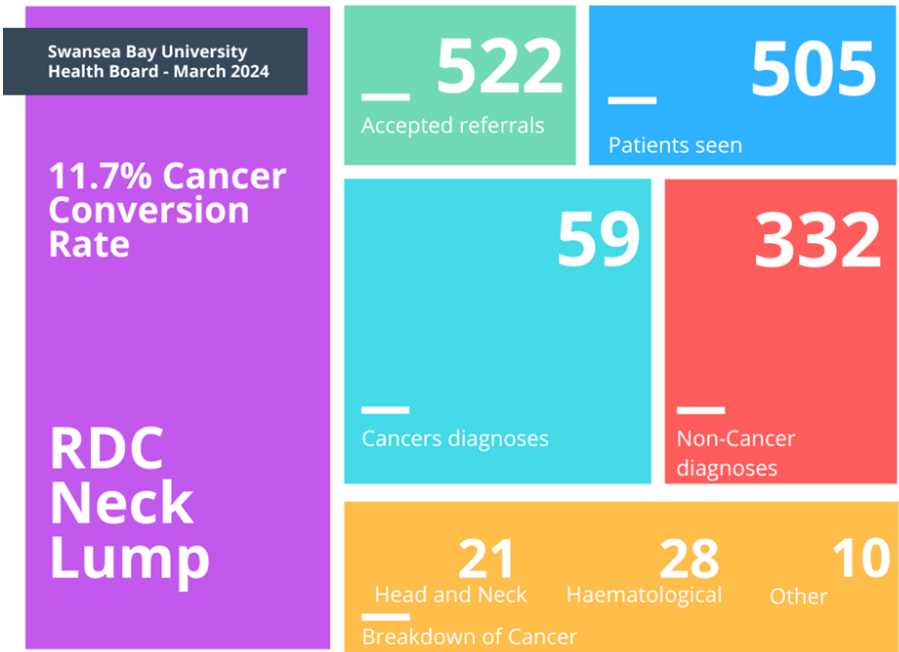
As you can see from the results, the most striking outcome which emphasises the need for a streamlined service, is the breakdown of cancers. The distinction between whether the cancer was haematological or head and neck in origin was proven by the histology, as previous practice was to refer all of the patients to ENT for an opinion and assessment before sending patients for investigations. Hence, streamlining and taking the delays out of the system.

The pathway has been evaluated by Swansea University, School of Economics and the findings should be reported shortly. An interim report highlights that the pathway is less costly and is quicker.

Feedback is very important to the team and below we have examples of patient feedback.

Patient Feedback

“Beyond magnificent, I came up with this phrase when I shared my experience with friends and work pals. No. It was all good, I didn't expect it to be this good.”
“The experience today could not have been any better.”
“I was really impressed by the speed and care I received. I was treated with kindness at every stage.”



6. Optimising the lower GI Pathway, Hywel Dda UHB

Innovation and improvement (early detection and diagnosis)

Title: Optimising patient pathways using FIT and accelerated imaging for patients referred with suspected Lower GI Cancer symptoms

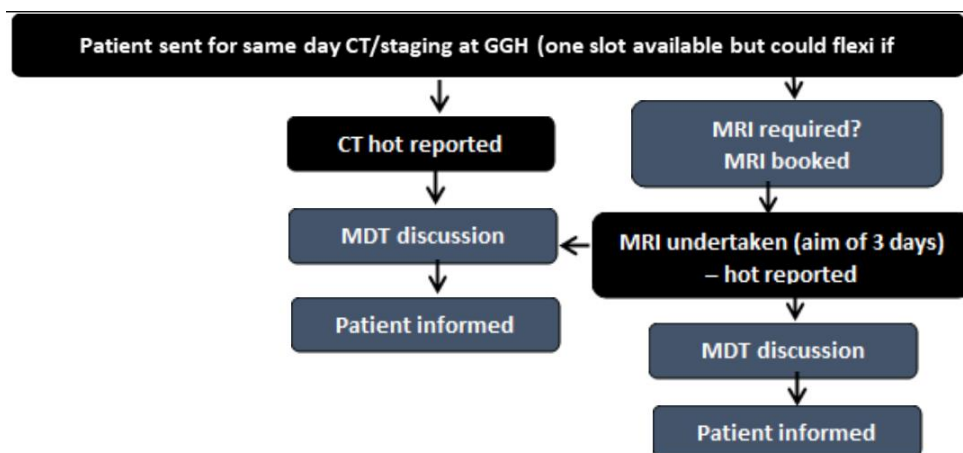
Background

The project aimed to establish same day staging CT scanning for patients with a suspected LGI cancer. Previously, patients could wait an average of 23 days for a CT scan following a suspicious endoscopy. The project also aimed to accelerate additional imaging such as Staging MRI of rectum and liver.

A cross system project team was established with representation from senior management and clinical leadership along with radiology, endoscopy, cancer nursing, allied health professions, etc. Members of this team attended training run by Toyota (funded by Improvement Cymru).

In terms of improvements, FIT was rolled out in primary care in April 2023. The new pathway amalgamated 3 referral streams into 1 and cut pathway times by 5 – 9 weeks.

For patients referred for an endoscopy, an alternative patient pathway was proposed to enable same day staging as overleaf:



It was decided to pilot the revised pathway, starting September 2023, at the Glangwili General Hospital site due to the higher volume of patients and the availability of two CT scanners on site.

Cellular pathology agreed to turn around EGFR blood testing for these patients as priority with 90% of results within one hour and 10% of results within two hours. Patient information was also produced to help prepare patients for potentially a scope and a scan on the same day.

Success factors

In terms of team working, this project has demonstrated the following success measures:

- Clear patient benefits
- Operational staff support from Ambulance Liaison to Radiology
- Clinical leadership
- Senior management leadership
- Effective partnership working
- Evidencing benefits of a clear and simple pathway

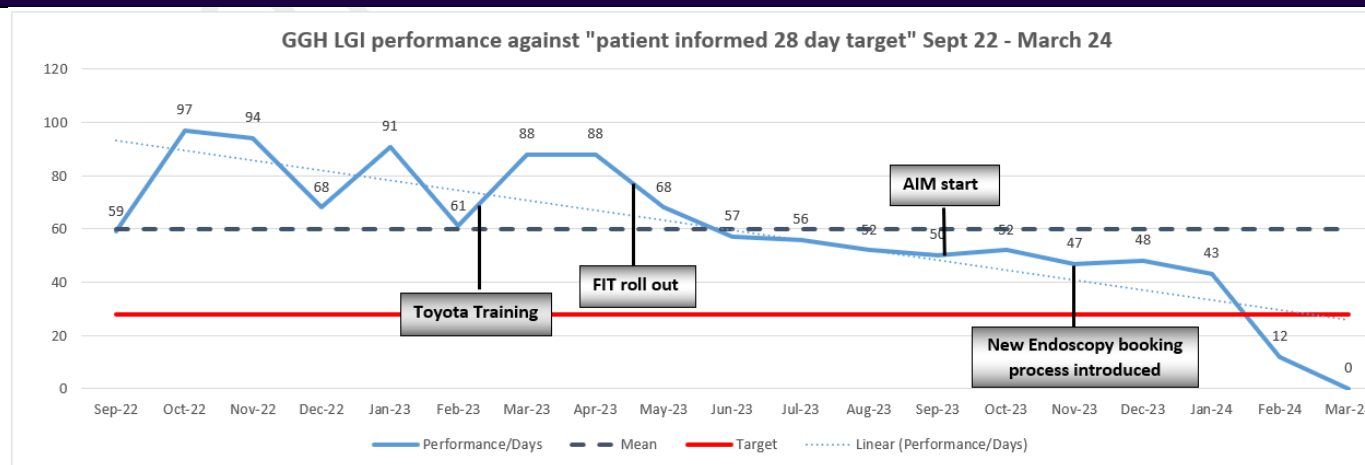
Outcomes/benefits

Benefits from changes in the early part of the patient pathway/FIT roll out in primary care, have included improving waiting times for routine patients. Before April 2023, the Health Board University Health Board had over 1000 patients waiting over 104 weeks for a routine appointment (due to limited capacity). Currently the 1st outpatient appointment aims to be done within 32 weeks for routine patients. Between April 2023 and November 2023, the streamlined pathway has enabled productivity gains of £736,653 due to a 53% reduction in wasted out patient appointments which equates to approximately 2.759 outpatient appointments between April – November 2023 or a predicted 4,137 outpatient appointments a year.

In terms of capturing user experience, due to the patients being recently diagnosed, it was felt more appropriate to capture staff views on patient experience. Patients going through the new pathway welcomed the speed of diagnosis stating “it feels like cancer is being dealt with straight away”. Patients also highlighted the convenience of making fewer trips to hospital and noted this also benefitted family members/carers who attended the appointment with them.

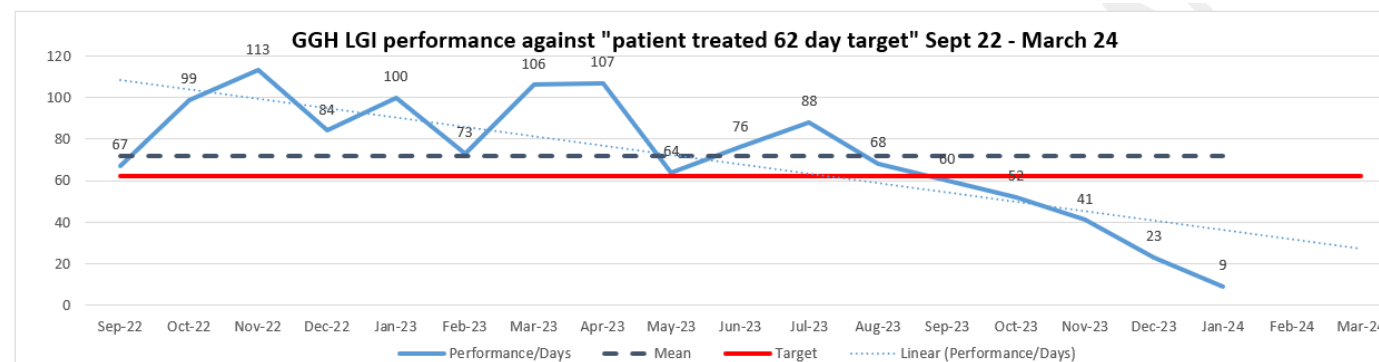
A main benefit of the new diagnostic pathway is that it enables quicker diagnosis - in terms of performance, there have been improvements as demonstrated below in both the SCP targets of patient being informed (28 days) and patients commencing treatment (62 days) as demonstrated below:

**GGH LGI performance against the 28 day target
September 22- March 24**



NB: patients are still going through the pathway so more recent figures are subject to change.

Average time GGH/LGI patients commencing treatment September 22-March 24



NB: Patients who have had their FDT have been counted - figures will change as more patients go through the pathway.

Next steps

The team is preparing to formally evaluate the project with a view to rolling out same day staging across the other hospital sites in Hywel Dda.

Summary of shortlisted nominations: Innovation & Improvement – Working with Industry & 3rd Sector Award

This award recognises the diverse roles played by industry and third sector partners in better cancer outcomes for Wales – whether in life sciences, in specialist provision, in patient support and palliative care, or beyond.

1. QuicDNA – All Wales Medical Genomics Service & Partners

Lung cancer is the third most common cancer in Wales and the leading cause of cancer death. Genomic analyses are currently requested from tissue biopsy at the lung cancer multidisciplinary (MDT) meeting, around 21-28 days after referral, where the histological diagnosis is reviewed. Genomic analysis can take another 14-28 days or longer if repeat biopsies are required. Second biopsies are required in 11.5% of patients. The diagnostic pathway can take a total of 8 weeks from primary referral to treatment. The National Optimal Pathway currently recommends that the genetic results should be available within 10 days of the biopsy in time for the MDT. The current pathway is not meeting nationally recommended standards. Patients with advanced lung cancer can deteriorate rapidly and die if treatment is not received in time. There is a critical need to improve the current pathway.

QuicDNA is a revolutionary project that will expedite the clinical implementation of liquid biopsy testing at cancer suspicion to accelerate access to targeted treatments which will prevent disease deterioration and improve patient's survival. The QuicDNA project, which launched in April 2023 in ABUHB, collects blood samples from patients at the rapid access lung clinic where patients with high clinical cancer suspicion are evaluated and before referral for a biopsy. The genomic report from liquid biopsy is reported for MDT. The project has committed to deliver over 1200 tests over the next 18 months across Wales. QuicDNA opened in C&VUHB in autumn 2023. Patients have already received targeted treatments based on the ctDNA result. ctDNA testing save costs for the NHS by avoiding repeat biopsies that are time-consuming and require the specialist skills of consultants, nurses and pathologists, overcoming workforce shortages, speeding up the diagnostic pathway and improving lung cancer MDT efficiency by including genomic reports at time of discussion.

QuicDNA project demonstrates outstanding leadership through a truly collaborative project between the NHS, third sector and industry. A fully funded partnership with illumina in summer 2020 allowed early access to the TruSight Oncology 500 ctDNA assay. An additional 1 million funding has been resourced from successful applications to Health and Care Research Wales, Moondance, and pharmaceutical companies (Amgen, Bayer, Lilly, AstraZeneca). A patient advocate for QuicDNA, a cancer patient with metastatic lung cancer, has already heroically raised £300k for this project, his story recently captured in a Daily Mail article <https://www.dailymail.co.uk/sport/rugbyunion/article-12324699/Six-Nations-chief-commercial-officer-Craig-Maxwell-key-figure-rugbys-corridors-power-receiving-brutal-terminal-lung-cancer-diagnosis-hes-mission-inspire-raisethousands-charity.html> This project exemplifies great communication, motivation, passion and trust.

The project has already been recognised at the Advancing Healthcare Awards Wales 2023 having been nominated for two awards for its transformative impact on healthcare in Wales. The cross-sector project won both the Overall Winner out of all shortlisted entrants across all categories, as well as the Award for New Ways of Working, which celebrates its innovative approach to accelerating the treatment pathway through earlier diagnosis for lung cancer patients.

The project also won the 'NHS Wales working with Industry' category at the MediWales awards 2023, being recognised for its innovative approach to cross-sector collaboration and how it's helping to deliver transformation in the NHS and improve patient outcomes.

2. Lung Health Checks – Operational Pilot for Wales, Cwm Taf Morgannwg UHB & National Strategic Clinical Network for Cancer

Through a successful collaboration involving multiple health, third sector and industry partners, an operational pilot (OP) of Lung Health Checks (LHC) is being delivered in Wales, providing immediate health benefits for the target population in North Rhondda and advance learning for a future national service. This could not have been achieved by any organisation working in isolation, with each partner playing a pivotal role in supporting this project to progress from inception to implementation within a relatively short space of time.

The recommendation for an OP in Wales was agreed in principle by Health Board Chief Executives in 2021, however no funding commitment was made, meaning that in order for this to progress alternative arrangements would need to be made. In recognition of the significant impact that LHC could have on cancer survival in Wales, the Cancer Network continued to support a LHC Programme Team, who worked in partnership with the Chief Executive Officer of Tenovus Cancer Care, Judi Rhys MBE, to take this forward. Following a presentation and discussion at the Cancer Network's Industry Forum, Ms Rhys led coordinated discussions with contacts from across Industry and the Third Sector in relation to the funding that would be required to deliver the OP and sought commitments for this.

From these discussions, funding commitments were made by Partners from Bristol Myers Squibb (BMS), Roche, MSD (Merck Sharp Dohme (UK) Limited), Novartis and Moondance Cancer Initiative. The LHC Programme Team were therefore able to progress discussions with Cwm Taf Morgannwg UHB, who confirmed their agreement to deliver the OP in collaboration with the Cancer Network and other partners.

With funding in place and agreement to proceed, planning for the OP progressed at pace. Following a competitive process, the LHC Team worked in collaboration with InHealth and Heart&Lung Health to deliver elements of the LHC service, including telephone risk assessments, mobile CT scanner and reporting of scans. This collaborative approach provided multiple benefits, including access to existing staffing and equipment infrastructure and the opportunity to adapt existing clinical protocols to fit the service model proposed for the OP. These elements were integrated with the parts of the service delivered by the LHC Team to ensure a seamless provision across the pathway.

The objectives of the OP were defined as follows:

- to provide immediate health benefits to the pilot cohort,
- to advance learning and modelling that will support and de-risk the rollout of a future Welsh LHC program, and
- to develop a core team who would gain experience from the pilot to be used as the nucleus for a national LHC rollout.

As a result of the collaborative approach taken, the OP has made significant progress and is delivering against each of these objectives, including 547 participants having received a screening scan.

Finally, as a result of the campaigning led and coordinated by Tenovus Cancer Care, including a briefing to the Senedd, tabled questions to Welsh Government, a published open letter with a range of key signatories, a public petition and targeted discussions with a number of MSs, a funding commitment has been made for Public Health Wales to undertake scoping for a national service for Wales during 2024/25.

The learning from the OP will play a significant role in informing this work and it is strongly felt that this could not have been achieved without the collaborative approach undertaken between all of the Health, Third Sector and Industry partners that have been involved in this project.

3. Tailored Holistic Patient Care & Support, South West Wales Cancer Centre & Maggie's (South West Wales)

This nomination is to highlight the collaboration between Southwest Wales Cancer centre (SWWCC) and Maggie's Southwest Wales, which has led to innovative and complementary ways of improving patient care.

The successful implementation of any programme of patient support at Maggie's is reliant on the clinical expertise, time and endorsement of NHS colleagues. Similarly, Maggie's Centre is an invaluable source of holistic patient support, care and advice far wider than the NHS is able to provide. Through close communication and collaboration, the centres have drawn on the pooled resources and strengths of each organisation to enhance patient support, tailored to the needs of the local population.

This nomination encompasses a body of collaborative projects to improve patient experience and holistic care.

These include:

1. Introduction of group pre-assessment (PA) information sessions, delivered in Maggie's centre.

There was recognition in the cancer centre that moving to a group consultation model for chemotherapy and radiotherapy PA sessions had potential to improve staff efficiency and patient experience, but the hospital lacked a suitable environment for these sessions.

Through co-working, since September 2023, PA for patients commencing chemotherapy, immunotherapy or radiotherapy (for prostate cancer) has been delivered in Maggie's as a group consultation by SWWCC staff in a comfortable non-clinical environment, resulting in efficiencies in delivery of care, as well as better patient experience. Maggie's further supported this service by recording patient information videos in conjunction with cancer centre staff.

By delivering PA in Maggie's, patients are introduced to Maggie's at an early point in their treatment pathway. Allowing them to meet the team, find out about the extensive programme of emotional and practical support available and learn about their treatment in a safe, comfortable, and homely environment.

Feedback about the group PA sessions has been very positive. Many patients have commented that they would not have visited Maggie's had their PA apt not been held there; consequently, these patients have returned to Maggie's to access further support.

In the case of PA for prostate radiotherapy, there has been a reduction in the need for re-scans due to better understanding of pre-treatment information. Delivering this patient education in a group setting also creates the opportunity to meet other people going through cancer care, which provides valuable peer support.

2. Joint delivery of psycho-educational health & wellbeing event for testicular cancer.

In SWWCC testicular FU clinic, a need was recognised for additional support for survivors to help address physical, social, psychological and sexual health issues related to testicular cancer diagnosis and treatment.

The SWWCC germ cell team, alongside the Maggie's cancer support specialists developed a half-day workshop addressing a variety of common survivorship issues. Feedback from the event held in early 2023 was very positive and presented as a poster at a national germ cell conference (see attachment). In response to patient feedback from the event, a quarterly testicular support group was formed allowing on-going peer support.

3. Pre-habilitation

Maggie's centres have started a universal cancer pre-habilitation programme to help patients optimise their physical and psychological health in preparation for any form of cancer therapy. SWWCC are working with Maggie's to endorse and encourage patients to engage in the programme and are working with Maggie's to assess the impact of the programme on patient outcomes.

4. Oncology staff education and well-being:

In addition to patient support, Maggie's offers support to the cancer centre staff to help with wellbeing and resilience.

There are on-going weekly meditation sessions open to all oncology staff within SWWCC. In addition, there is an annual well-being day for staff working within radiotherapy run in collaboration with Maggie's staff.

Maggie's regularly respond to requests for staff relaxation sessions to be delivered on the wards and psychological support in the form of clinical supervision.

The on-going wellbeing, staff support sessions offer a valuable opportunity for all oncology staff to take a much-needed break from both the physical and emotional pressures of the clinical environment. It also supports on-going working relationships allowing opportunities for clinical staff to meet and speak with the Maggie's team. The radiotherapy well-being day supported 30 members of staff, and also served to highlight the patient support available and consequently resulted in more staff members signposting patients to Maggie's.

Maggie's regularly contribute to the teaching programme within SWWCC.

The collaboration between Maggie's and SWWCC continues to bring invaluable support and holistic care to improve patient experience.

4. Prehabilitation: Meeting patient need through multi-sector working, Cwm Taf Morgannwg UHB & partners

The CTMUHB Prehabilitation Team started on developing a **multimodality, risk stratified prehabilitation service** in December 2023. Their hard work and dedication to multi sector working and pathway developments has been exemplary. This is leading to a service designed around the patient and a more sustainable healthcare system and workforce by working with Third Sector Organisations, Universities and Local services.

Their role was to establish a brand-new service to support people with physical activity, nutrition and wellbeing advice how have either had a cancer diagnosis or have a high suspicion of cancer. It was recognised early that the team of five, a Physiotherapist, a Dietitian, a Occupational Therapist and two Therapy Assistant Practitioners, were not going to meet the prehabilitation needs of more than 3500 patients diagnosed each year in CTMUHB with their small team alone. Additionally, it was recognised that one centralised prehabilitation service was not going to meet patient needs following user feedback. User feedback gained was that *'some may find the distance to travel prohibitive'* in centralised services. Further feedback demonstrated that patients don't always want in person support: *'I wanted the opportunity to attend virtual exercise classes or watch videos that were appropriately pitched to people having experiences similar treatments as me'*

Consequently multi-sector partnerships were formed with mutual benefits summarised below.

Partnerships currently established include:

- Multi Professional prehabilitation assessment clinic in University of South Wales. This provides cross organisational benefits including ability to increase research capability, early introduction of students to the healthcare experience who may have not had the opportunity previously e.g. exercise physiologists.
- Physiotherapy exercise support sessions delivered in local health centres in CTM. Thus supporting closer to home ethos, green environmental agenda and supporting the local leisure economy. It is also prudent healthcare by not utilising secondary care accommodation when not required.
- Third sector organisations. As part of the universal prehabilitation (suitable for people without complex needs) offer the team have linked with Maggie's, 5k your way and Coalfields Regeneration Trust who can link people with local services to support their individual needs, particularly focusing on exercise, social and practical needs. Additionally, online exercise support devised by third sector is also sign posted to patients who do not want to participate in face-to-face classes to increase flexibility.

In addition to the benefits of prehabilitation, by providing this cross sector service following benefits to patients can be realised:

- Greater capacity to assess and treat more complex patients with the prehabilitation service as patients with non-complex needs are met by third sector.
- Opportunity to be involved in research ensures that clinical developments are evidence based which will benefit future patients. Additionally being involved in research trials have been shown to improve outcomes.

- Promoting long term physical activity opportunities by providing them with an introduction to local services. Thus providing long term health and wellbeing benefits.
- As the services are closer to the patients home it provides them with time not spent travelling or visiting multiple appointments. Lower travel costs to participate in exercise support and at the same time be reviewed for their nutritional and wellbeing needs.

As the service is in its infancy, a full-service review and patient evaluation has not been conducted as yet. However, the team have received early patient written feedback *'Thank you so much for today , it was nice to have someone to discuss my worries with'*. The team look forward and are enthusiastic to grow this service and partnerships further following the excellent early foundations set.

[End]