

Shortlist: Working Together

The winners of this award will be a group or team that demonstrate how deep collaboration has enabled them to better respond to the needs of (suspected) cancer patients during this time.

1. Rapid Diagnosis Clinics – Betsi Cadwaladr University Health Board

Who	Summary of nomination
<p>Nominees: Elaine Hampton – BCUHB Rapid Diagnosis Clinic Clinical Lead and Macmillan GP Facilitator Alice Eyre, Natalie Morrice-Evans, Naomi Solyanik – RDC Coordination Managers Nicky Grayston, Carmen Montana, Maria Chapman –RDC Clinical Nurse Specialists Dan Menzies, Teresa Ching, Ali Thaseen, Jonathan Sutton – Secondary Care Consultants Raj Basu, Selena Harris, Nia Jones, Rebecca Andrews, Katharine Burton, Parminder Kanith – Primary Care GPs, RDC Clinicians working in the clinics Caroline Williams – Performance manager Kakali Mitra – Consultant Radiologist Martin O'Donnell – Patient Representative Sarah Marshall – Patient Representative Helen Lawrence, Rachel Langford Jones, Joanne Ellis-Williams – DGH Medicine Management Ann M Jones – Senior Project Manager Lists some of the national team</p> <p>Nominated by: Ann M Jones (self-nomination)</p> <p>Organisation: Betsi Cadwaladr UHB</p>	<p>A diverse and busy group of people came together at a difficult time – based in different locations across North Wales & beyond and bringing different specialities, experiences and perspectives – to establish Rapid Diagnosis Clinics. RDCs assess and get to a probable diagnosis and onward course of action/treatment for patients with vague symptoms that may be cancer promptly, in a one-stop service. This can mean a reduction in unnecessary or duplicated tests, a better patient experience and easier referrals for GPs.</p> <p>Over 12 months the team – with support from colleagues elsewhere in Wales and an outline national specification – aimed to achieve a local “gold-standard” service – designed with and for the people of North Wales. The combined skills and passion of the diverse team overcame all hurdles to launch 3 clinics on 3 sites within 12 months – resolving operational and capacity issues, gathering patient input, resolving financial, recruitment and IT hurdles.</p> <p>https://bcuhb.nhs.wales/services/hospital-services/rapid-diagnosis-clinics/</p>



2. All Wales PET Advisory Group – Welsh Health Specialised Services Committee (WHSSC) & others

Who	Summary of nomination
<p>Nominees: Dr Andrew Champion – assistant director evidence evaluation WHSSC Dr Martin Rolles – Consultant clinical oncologist – Southwest Wales cancer centre Swansea Dr Sian Lewis – managing director WHSSC Prof Christopher Marshall – PETIC Director – Wales Research and Diagnostic PET imaging centre Cardiff University Prof Neil Harman – Head of Nuclear Medicine – SBUHB Dr David Jones – Principal Radiographer/nuclear medicine/pet-ct BCUHB Dr Sarah McAllister – programme manager WHSSC</p> <p>Nominated by: Prof Iolo Doull, Executive Medical Director WHSSC</p> <p>Organisation: WHSSC and others</p>	<p>In 2016 the All-Wales PET Advisory Group (AWPET), chaired by Dr Martin Rolles, was established to advise on the provision of positron emission tomography services for the people of Wales. In 2017, AWPET identified multiple issues including a growing clinical demand, lack of scanning capacity (and a reliance on mobile scanners), a shortage of skilled staff and inequity of patient access. In 2018, AWPET published a report of their findings.</p> <p>In 2020, Welsh Government (WG) formally invited WHSSC to develop a 10-year strategy for the Welsh PET service. WHSSC managed a multi-stakeholder collaboration and submitted a comprehensive and high quality business case in 2021, which was endorsed by WG in August 2021, with a commitment to provide £25 million of capital investment to support implementation. The NHS Wales Chief Executive noted the business case as a “testament to the diligent work of you and your team”. The Programme will deliver four fixed, digital PET scanners by 2026. This investment will ensure that all Welsh cancer patients will have equitable access to high quality PET scanning and research, in line with best practice across the UK and Europe.</p>

3. Myeloma dashboard – Digital Health & Care Wales, Cardiff & Vale University Health Board, Value in health centre

Who	Summary of nomination
<p>Nominees: Sally Cox – Principal Information specialist Keith Howkins – Principal Information Specialist Viktoriya Velikova – Information Analyst Dr Ceri Bygrave – Consultant Haematologist Andrew Simmons – Data Analyst Haematology Sarah Puntoni – Programme Manager Navjot Kalra – Assistant director for digital transformation</p> <p>Nominated by: Dr Sally Lewis, Director of Welsh Value in Health Centre</p> <p>Organisation: DHCW, Cardiff & Vale UHB, Value in Health Centre</p>	<p>Ceri Bygrave and her Myeloma team wanted to be able to visualise and triangulate the data they were collecting, and to compare nationally across Wales. The goal was to be able to access timely information about their patients and link outcomes data to treatment and diagnosis data.</p> <p>The Welsh Value in Health Centre data team were tasked to produce a visualisation product that linked myeloma patient diagnosis and treatment information collected in the outpatient setting with diagnosis and outcome data (chemotherapy data, mortality, lab results, inpatient data and eventually Patient Reported Outcome Measures (PROMs) data.</p> <p>The team worked with Ceri and her team to understand requirements, explain what data was available to include nationally and to unpick the clinical and informational complexities of the data. Phase 1 of the Myeloma dashboard was launched in February 2021 and further datasets have been added and linked up, such as MDT and Chemocare over the past year. The team continue to work together to progress and improve the dashboard. It is now being used as a model for all tumour sites going forward.</p> <p>The group have shown incredible teamwork. The technical team have a good level of understanding of the clinical need and were able to turn this into a useful product to benefit patients.</p>

4. Community of practice – Macmillan Primary Care Cancer Framework

Who	Summary of nomination
<p>Nominees:</p> <p>Dr Elise Lang – Macmillan Primary Care Clinical lead for Wales Cancer Network, GP cancer lead for Velindre – Cardiff & Vale UHB</p> <p>Dr Rachel Lee – AMD Cancer Services Cardiff & Vale UHB, Macmillan Clinical Adviser for Wales</p> <p>Dr Mary Craig – Cancer Lead GP for Aneurin Bevan UHB</p> <p>Dr Gemma Eccles – Cancer Lead GP Aneurin Bevan UHB</p> <p>Dr Ruth Corbally – Cancer lead GP Powys HB</p> <p>Dr Savita Shanbhag – GP Cancer Lead Hywel Dda UHB</p> <p>Dr Saloni Jain– GP cancer Facilitator Hywel Dda UHB</p> <p>Dr Elaine Hamilton – GP Cancer Lead Betsi Cadwaladr CUHB</p> <p>Dr Raj Basu – GP facilitator Betsi Cadwaladr UHB</p> <p>Dr Jennie Liddell – GP Facilitator Hywel Dda UHB</p> <p>Amanda Pallister – Programme manager MPCCF– Wales cancer network (no longer in post)</p> <p>Dr Calum–Forrester–Paton – GP partner, cancer lead CwmTaf Morgannwg UHB</p> <p>Juliet Norwood – Practice nurse Wales Cancer Network</p> <p>Hayley Phillips – practice nurse Wales Cancer Network</p> <p>Sue Llewelyn – Lead nurse for MPCCF (now retired)</p> <p>Michelle Wozencraft – Communication support for MPCCF (no longer in post) WCN</p> <p>Sarah Macaulay – Evaluation support for MPCCF – Wales Cancer Network</p> <p>Nominated by: Dr Rachel Lee (self-nomination)</p> <p>Organisation: Varied</p>	<p>The Community of Practice (COP) at the heart of the Macmillan Primary Care Cancer Framework (MPCCF) is a group of cancer lead GPs, Facilitators and Practice Nurses supported by a central programme support team. The COP worked collaboratively during the coronavirus pandemic to share joint learning and innovative ways of working with an aim of providing better support to cancer patients. The group:</p> <ul style="list-style-type: none"> - Adapted from meeting quarterly face-to-face to meeting fortnightly virtually to update on work streams and innovations, to share learning and to provide much needed peer support - A Covid Cancer briefing was developed which, for example, shared how the lead GP in Cardiff and Vale had worked with their cancer teams to update referral pathways for suspected cancer patients taking into account the new virtual way of working, adapting guidelines to ensure USC (Urgent Suspected Cancer) referrals were still made without necessarily seeing patients face to face. - Created a series of short videos released on social media and shown on BBC news to encourage patients with concerning symptoms to come forward - Continued to deliver education to hundreds of clinicians working in the community, such as lunchtime 1-hour webinars, with the opportunity to talk to a local specialist around specific cancer sites. - Collaborated with the End-of-Life GPs to develop joint newsletters for Health Boards <p>The COP has allowing shared learning of new innovations for cancer treatments and development of work streams and pathways for Cancer Care. The peer support and listening-ears allowed the team to keep in touch and continue working through the pandemic, <i>stronger together</i>.</p>

5. South Wales lung cancer collaboration – Swansea Bay & Cardiff & Vale University Health Board

Who	Summary of nomination
<p>Nominees: Pankaj Kumar – Deputy Group Medical Director, Morriston Hospital, Consultant Cardiothoracic Surgeon – Swansea Bay UHB Dean Packman – Directorate Manager – Swansea Bay UHB Ira Goldsmith – Consultant Thoracic Surgeon, Swansea Bay UHB Malgorzata Komaszewska – Consultant Thoracic surgeon, Cardiff & Vale UHB Nick Gidman – Directorate Manager – Cardiff & Vale UHB</p> <p>Nominated by: Dean Packman, Directorate Manager (self-nomination)</p> <p>Organisation: Swansea Bay UHB & Cardiff & Vale UHB</p>	<p>At the beginning of the pandemic in 2020, extreme service pressure (workforce and/or estates) resulted in significant service disruption. In response, a Joint Service Model for Thoracic Surgery between the teams at CVUHB and SBUHB was developed. A flexible 'regional' approach to capacity at the two centres was necessary in order to ensure clinically prioritised cases across entire South Wales.</p> <p>A single South Welsh Lung cancer tracker was jointly developed. All patients from the lung cancer MDTs in South Wales being assessed for thoracic surgery are tracked till such time as definitive treatment is completed. Common clinical pathways and flow mapping were developed to ensure visibility of every patient with lung cancer being assessed for thoracic surgery.</p> <p>The resultant service model is responsive, fluid and enables demand and capacity alignment with relative ease between the two centres. Clinical prioritisation is transparent and there is a focus on ensuring that single cancer pathway (SCP) targets are delivered. If there are any significant imbalances between demand and/or capacity at either of the two centres, then patients are redirected between the two centres in order to address the imbalance with the patient's consent and clinician support. An added benefit has been the opportunity to review the SCP times and look for opportunities to improve.</p>



6. Improving the Cancer Journey Programme – Powys Teaching Health Board

Who	Summary of nomination
<p>Nominees: Meinir Morgan – Macmillan Programme lead Sue Ling – Macmillan Communications and engagement officer Yvette Marks – Macmillan project manager</p> <p>Nominated by: Ann Camps, Macmillan Partnership Manager</p> <p>Organisation: Powys Teaching Health Board</p>	<p>The ambition of the Powys Improving Cancer Journey initiative (ICJ) is to make sure everyone living with cancer gets the support they need, and are empowered to self manage, where appropriate, with support close to home in their local communities. This initial three-year programme which commenced in January 2020 aims to do this through increasing understanding of the cancer patient experience and cancer pathways in Powys.</p> <p>The Powys ICJ programme team has brought together a small number of dedicated, committed, and enthusiastic organisations working together to provide holistic care and support for people affected by cancer in Powys. In its first year, the Powys ICJ programme team has:</p> <ul style="list-style-type: none">- Successfully designed and set up four delivery partners to conduct electronic holistic needs assessment (promoting joined-up care across NHS Wales and England)- Engaged with service users and the broader cancer community in Powys to understand what works best and what needs to change to provide the best possible care and support, including establishing a reference group <p>This now is the foundation to support and enable delivery planning with learning and progress being shared with the Powys Regional Partnership Board, demonstrating how the Macmillan ICJ Powys team are translating Welsh Government and Powys Health and Care strategy into an innovative delivery model using an asset based community development approach.</p>

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