RM Partners
West London Cancer Alliance

Hosted by The Royal Marsden NHS Foundation Trust

NHS

Cancer Strategy for North West and South West London

2021-25

December 2021

Contents

Executive summary

This is an ambitious new strategy to achieve world class cancer outcomes for the populations of North West and South West London, by:

- Diagnosing people earlier and faster and improving survival
- Eliminating variation and inequalities
- Optimising care through innovation and improvement
- Improving patient experience and quality of life

It comes at a critical time for the NHS. During the pandemic, fewer people have been referred, and less people diagnosed. Elective waiting lists and times have increased. This strategy describes our plan to recover cancer activity and delivery of cancer targets by the end of March 2022 and to work to improve cancer outcomes over the coming three years.

As we agree this strategy, the Health and Care Bill is progressing through Parliament, with NW London and SW London Integrated Care Systems (ICSs) due to become statutory organisations in 2022. Cancer Alliances will continue to be the primary vehicle for delivery of the NHS ambitions for cancer and improvements in cancer performance. We bring together patients and partners to plan and deliver best care and outcomes across complex cancer pathways. This strategy describes how RM Partners will lead the planning and delivery of cancer on behalf of NWL and SWL ICSs.

Health inequalities have widened during the pandemic, and tackling this is a major theme of this new strategy. Working with ICS Population Health Management programmes, we will be able to better identify cancer inequalities in our local populations and take targeted action to tackle this. There is currently a 66% gap in bowel screening between the least and most deprived populations in NWL and this strategy plans to reduce this by at least one-third.

Diagnosing cancer early saves lives and this strategy sets out the route to get us from 56% of cancers diagnosed at stage 1 or 2, to the national target of 75% by 2028. Tackling variation across NW and SW London will increase early diagnosis by 8%. We aim to be diagnosing 940 more patients at stage one and two each year by 2025.

This strategy describes seven strategic delivery programmes that together will drive our recovery from covid-19 and deliver improvements in cancer care and outcomes across NW and SW London. Innovation is a critical part of the step change required and we are proud to be one of the test site for the GRAIL test and other NHS innovations.

RM Partners have £37 million of confirmed national funding to support this strategy through to 2023/24, and this is expected to continue beyond 2024. More widely, specialist cancer commissioning excluding drugs, screening and core commissioning spend accounts for £168m each year across RMP. Our investment strategy will deploy these funds to stimulate transformation and deliver measurable and sustainable improvements in cancer outcomes and efficiency, and support decisions how longer term funds are utilised to support our population. It describes the key principles for evaluating the impact of transformation funding in order for it to become recurring.

The partners supporting this new strategy understand that these are unprecedented times and that there will be significant risks to its delivery.

This strategy ends with a description of the key risks and how we will proactively manage them together, building on our strong relationships and track record.

Dame Cally Palmer
Chair RM Partners
Chief Executive, The Royal Marsden NHS Foundation Trust
National Cancer Director, NHS England

Rob Hurd
CEO NWL Integrated Care System

Sarah Blow
Accountable Officer SWL Integrated Care System

The aims of this strategy

Our mission is to achieve world class cancer outcomes for the the people of NW London and SW London.

We will do this by:

- Diagnosing people earlier and faster and improving survival
- Eliminating variation and inequalities
- Optimising care through innovation and improvement
- Improving patient experience and quality of life

Whilst continuing to support the recovery of cancer services and patients from covid-19.

Diagnosing people earlier and faster and improving survival

Diagnosing cancers earlier at stage 1 or 2 will save more lives. The Long Term Plan (LTP) commits to a target of 75% early diagnosis, which will mean an extra 55,000 people each year survive cancer for five years or more. In RM Partners, 56% of cancer patients received their diagnosis at stage 1 or 2 in 2018.

Removing variation and optimising care

We want to ensure that the speed, experience and treatment of our patients is world class. We will ensure that all our tumour pathways are standardised, evidence based and resilient.

Removing variation is key to this and will increase early diagnosis by 8% across NW and SW London.

Our innovation programme capitalises on the research expertise of our teaching hospitals, the Institute of Cancer Research and Imperial College and focuses on novel usage of proven interventions and at scale adoption.

Improving patient experience and quality of life

We will focus on evidence-based approaches to deliver improved psychological, physical and survivorship outcomes for cancer patients across the cancer pathway. Specifically, we will focus on pre- and re-habilitation and stratified follow-up.

Seven programmes to deliver this strategy

This strategy describes seven programmes which will deliver ambitious improvements to the whole cancer pathway:

1. Recovering from covid-19
2. Addressing cancer inequalities
3. Reducing variation in screening programmes and increasing uptake
4. Working with Place and PCNs to diagnose cancer earlier
5. Improving diagnostic and treatment pathways
6. Personalised holistic care
7. Innovation, spread and adoption

Cancer Alliance role

Cancer Alliances are responsible for leading the whole system planning and delivery of cancer services for each of their ICSs, and the wider population of neighbouring ICSs. RMP's role is to lead:

- System planning that supports improvement in cancer outcomes and standards and enable ICS commissioning;
- Whole system delivery of cancer pathways, linking primary and secondary care and diagnostic pathways, to support long term commissioning decisions, with resource to support;
- Using clinical expertise to ensure every intervention is evidence based.

Leadership and partnership

This new strategy for cancer comes at an important moment in the evolution of the NHS and of health and care in NW and SW London as our two Integrated Care Systems (ICSs) become statutory organisations.

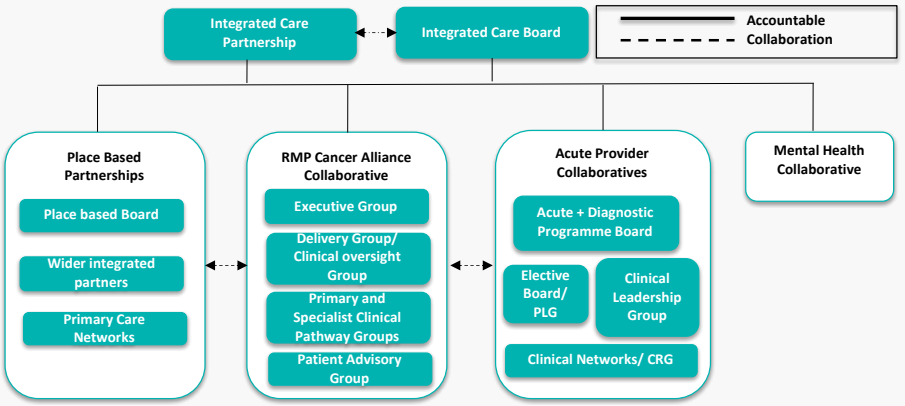
RM Partners looks forward to working within the new statutory arrangement. We will build on our long history of iterative collaboration in both systems, working with our partners to ensure accountability and delivery of this strategy. Developing even stronger partnerships with places and providers, with greater integration of health and care, improving the health and wellbeing of our shared population and reducing health inequalities is key to successful delivery.

RM Partners is well placed to lead the restoration and improvement of cancer services across NW and SW London over the coming three years:

- The aims and programmes of this new strategy are aligned with the priorities and programmes in both ICSs.
- It includes a greater emphasis on working with Place Based Partnerships to improve early diagnosis and support people with cancer.
- It continues the strong track record of provider collaboration in cancer, which was so evident in the the success of our collective response to covid-19 in the cancer hubs.
- Whilst continuing to convene and provide clinical leadership and expertise for cancer across NW and SW London.
- And continuing to create and deliver transformation programmes that address key areas of need and variation and ensure optimised and standardised pathways.

RM Partners will also have a role in supporting NW and SW London with devolution of specialist commissioning to meet our population's needs and drive innovation and quality across the cancer pathway.

Governance supporting delivery of this strategy

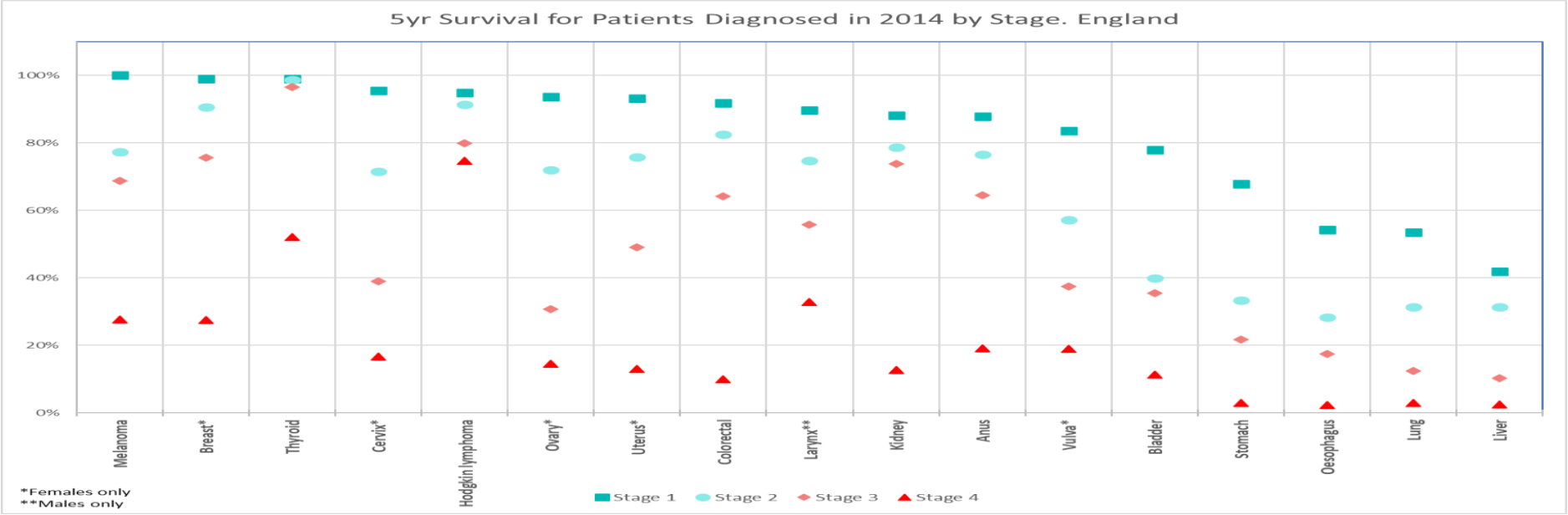


The RM Partners Board will continue to bring together senior representatives from the partner organisations, to make decisions and support the delivery of this strategy.

The RM Partners Board will include representatives from our constituent providers, NWL and SWL Integrated Care Systems, Integrated Care Partnerships and provider collaboratives. RM Partners will be represented on the two ICS Boards.

Variation in 5 year survival and early diagnosis

A major focus of this new strategy is tacking variation across tumour type, provider, practice and Place – in particular, variation in the stage at which patients have their cancer diagnosed. These two charts demonstrate why this is so important.



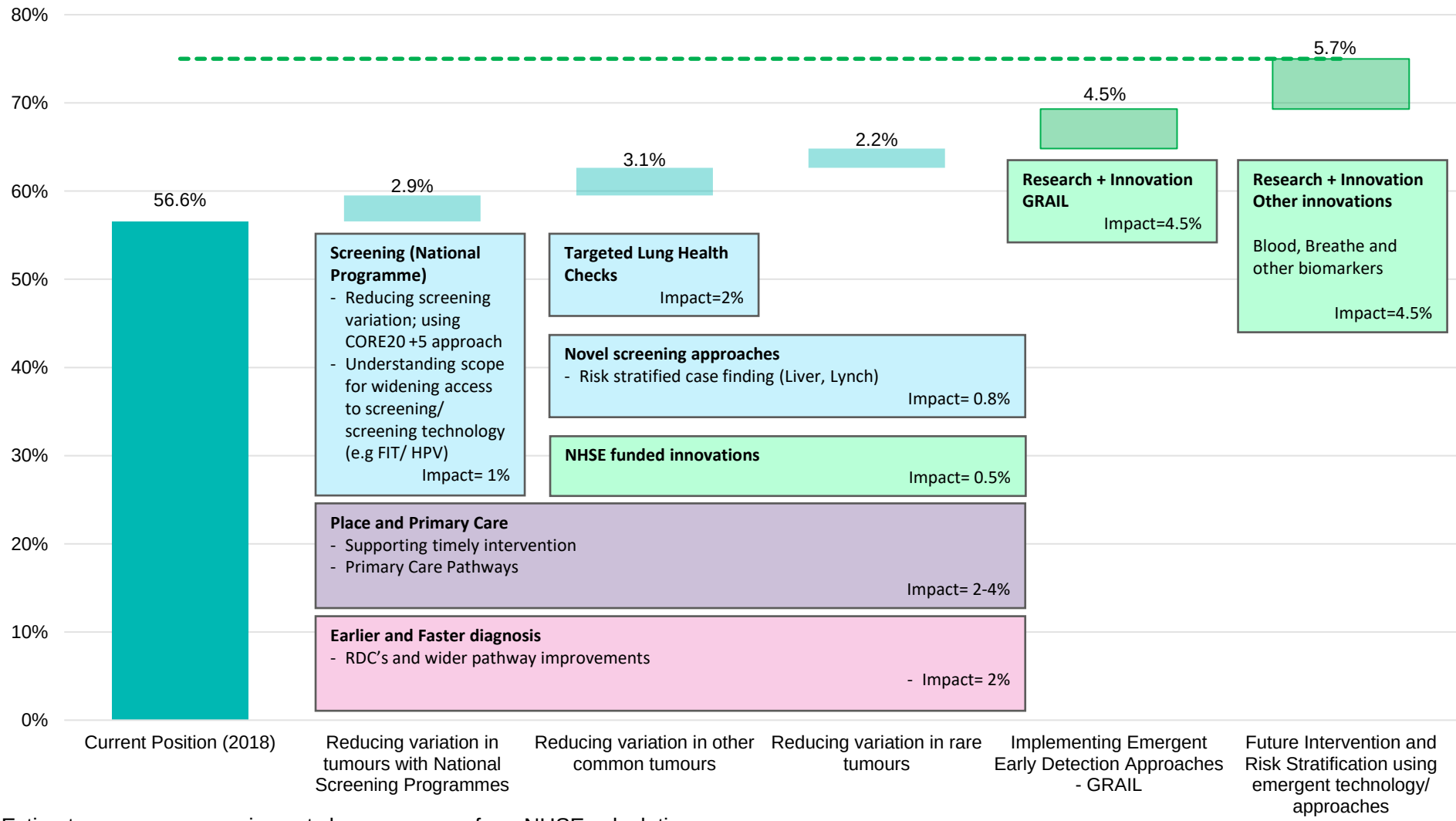
- The 5-year survival for patients in all tumour types is better the earlier their cancer is diagnosed.
- The minimum survival difference between stage 1 and 4 diagnosis is 40% (liver) with the median survival difference **being 75%** across all tumours.

By approaching variation we have a significant opportunity to improve early diagnosis:

- Our starting point is **56.6%** of patients are diagnosed early (stage 1 and 2) across RM Partners, with wide variation between tumour types (2018).
- If all CCGs in NW and SW London had matched the highest for early diagnosis, **an extra 941 patients** would be diagnosed early.
- This would increase the overall proportion of patients diagnosed early by **8.3%.**

Early diagnosis improvement trajectory

This chart describes how we intend to meet the national target of 75% of cancers being diagnosed early by 2028.



* Estimates on programme impacts by programme from NHSE calculations

Strategic delivery programmes

This new cancer strategy for NWL and SWL has **seven strategic delivery programmes**, designed to achieve our strategic ambitions of:

- ✓ **Diagnosing people earlier and faster and improve survival**.

  Improving the early diagnosis rate by 4% by 2025.

- ✓ **Removing variation and optimising care**.

  Tackling the 8% variation in early diagnosis across NWL and SWL, so that 940 more people have their cancer diagnosed early over the next three years.

  Targeting people with the highest need and tackling inequality.

  Adopting innovations that improve cancer care and outcomes.

- ✓ **Improving patient experience and quality of life**

  Improving access to care and ensuring it is personalised and holistic.

These seven programmes are summarised on the following pages, describing their strategic importance, what this new strategy will do to transform them and the improvements that will be delivered. Detailed programme plans have been developed for each of them.

1. Recovering from Covid-19

Why this is important	What we will do	What we will deliver
Whilst cancer services continued during the pandemic, far less people were referred, and less people were diagnosed (measured by number of first treatments), meaning additional volumes of patients are now expected. Missing treatments have reduced from 1259 in April 2021 to 605 September 2021. A particular focus on Breast Urology and Lung is now required. The resilience of services, in the context of a far wider elective recovery requirement is an increasing concern, particularly for: • The specialist cancer workforce • The ability of diagnostic pathways to cope with additional recovery volumes of referrals. The introduction of the new faster diagnosis standard; number of people waiting in excess of 62 days from an urgent referral; and the overall attainment of the existing cancer standards are an effective indicator of system and Trust pressure and capacity.	Focus on supporting additional referrals to reduce missing first treatments using all information available to specify interventions (described in programme 4). Closely monitor Trust volumes of referrals, and if needed support mutual aid to ensure equity of access. Continue to support recovery of the Breast screening programme. Optimise treatment pathways and reduce bottlenecks, including: • Straight to test for Lower GI, Upper GI and Urology; • The Rapid Diagnostic Pathway Pillars. Continue to support Trusts with pathways which are driving long waiters to build on the system improvements of the last 12 months and maintain improving position.	**Referrals above baseline** aligned to H2 planning guidance, to bring total missing cancer diagnoses from TWW pathways to 19/20 baseline year by April 2022. **Delivery of cancer standards** by 31st March 2022. **Full RDC compliance** on all tumour groups by March 2024. Each Trust **at or below number of people** waiting on the cancer PTL more than 62 days by March 2022. Thereafter stable management of cancer waiting lists to ensure no further peaks.

2. Addressing cancer inequalities

Why this is important	What we will do	What we will deliver
RMP is committed to identifying and tackling health and care inequalities with its partners across NWL and SWL. Cancer inequalities can exist for: • Socioeconomic groups and deprivation; • Protected characteristics of age, sex, religion, sexual orientation, disability, pregnancy and maternity; • Vulnerable groups, including homeless people; Gypsy, Roma and Travellers; sex workers; vulnerable migrants; people who leave prison; • Different geographical areas. The covid-19 pandemic has exposed and compounded health inequalities, disproportionately impacting older people; people with a higher number of co-morbidities; people from BAME groups and people from deprived groups.	Tackling inequality is a theme that runs through each of our delivery programmes. We will follow the national 'Core20PLUS5' approach, focusing on the most deprived 20% and early diagnosis (one of the national 'plus5' clinical areas). To support equity in early diagnosis we will: • Directly engage with patients and populations to address inequalities; • Focus screening uptake improvements in the most deprived populations; • Ensure there is screening parity of esteem for people with learning disabilities and serious and enduring mental health issues; • Working with wider population health approaches to identify cohorts of people who are least likely to access either screening programmes or their GP with concerning symptoms; • Prioritise our pilots in areas which have the most vulnerable populations and delivering care in ways that can be easily accessed by them.	**Reducing the variation in screening rates** between the least and most deprived communities by one-third by 2025. In bowel screening this gap is currently 66%. Ensuring that cancer screening is included as part of the **annual mental health and learning disability assessment**. **Population health insights** using the ICS population management tool that enable highlight variation and to target future interventions and approaches to reducing inequality. These include reducing screening variation and addressing variation in cancer referrals.

*CADEAS screening report March 2021

3. Reducing variation in screening programmes and increasing uptake

Why this is important

Screening has three benefits:
- Prevents cancer
- Increases early-stage diagnosis
- Improves survival outcomes

Improving screening uptake and coverage is central to achieving the early diagnosis ambition by 2028 and reducing cancer inequalities.

Our screening programmes consist of **National Screening programmes,** such as Breast, Bowel and Cervical. RMP's key focus here is variation in uptake and coverage in NWL and SWL of these national screening programmes. For example, the gap between highest and lowest GP Practice coverage for bowel screening coverage is 66%.

We are proud to be part of the **National Lung Screening Pilot** which seeks to screen those higher-risk of lung cancer, to detect early stage lung cancer.

Increasing understanding of cancer risk and genetics mean we anticipate a greater focus on **risk stratified screening approaches**, enabling earlier diagnosis.

What we will do

National screening programmes:
- Focus on Covid-19 recovery in breast screening.
- Reduce variation in population covered, particularly for bowel screening
- Provide place-based support tailored to their population needs and focuses on variation in uptake.
- Align performance metrics with PHE/NHSE/I for screening and non-screening cancer pathways to ensure adequate capacity for screen + patients, particularly in colposcopy, where greater specificity of HPV testing has increased volumes of referrals.

Targeted Lung Health Checks:

Spread the Targeted Lung Pilot across RMP to ensure maximum access to our patients, pending National agreement.

Screening and surveillance:

Work with genomic medicines to ensure an Alliance-wide approach to screening for patients with lynch syndrome, and other high risk factors.

What we will deliver

National screening programmes:

Recovery of breast screening coverage to pre pandemic level by 2025, and round length by April 2022*.

A 30% reduction in variation in bowel screening uptake at GP Practice level by 2025.

Aligned screening and non-screening pathways, evidenced by attainment of the Faster Diagnosis Standard (FDS) and screening standard by April 2023.

Targeted Lung Health Checks:

100% population coverage of TLHC, subject to national agreement across our Boroughs by 2025.

Risk stratified screening:

Lynch syndrome screening embedded in every colorectal and endometrial cancer MDT across RM Partners (2022/3).

Design and roll out of risk-stratified screening for Hepatocellular carcinoma (2022-4) in high-risk populations with 100% population coverage.

* Round length is National Breast screening recovery priority

4. Working with Place and Primary Care Networks to diagnose cancer earlier

Why this is important

Place and primary care play a fundamental role in supporting patients to receive an early, accurate cancer diagnosis.

To increase early diagnosis there are two important time intervals to impact (WHO):

- The 'patient interval' – the time it takes for patients to consult their GP;
- The ' referral interval' – the time it takes between first consultation and referral.

Our Places/ Boroughs form the foundation of integrated system working and form the basis of engagement with populations and primary care to minimise variation and create consistent awareness and behaviour in the patient and referral intervals.

Late diagnosis is aligned with inequality and tackling this is also a focus for Places.

What we will do

Integrate our work with NWL and SWL ICS's and each of their Places, including their approach to Population Health Management to identify and support at risk populations. Embed Place based cancer clinical leadership to drive improvement.

Restore the missing treatment gap for patients by:

- Working with patients and communications teams to increase awareness of cancer symptoms among the public and focusing on Places with the biggest gap.
- Raising awareness of missing treatments in primary care, including focused GP events and communications. A focus on Urology and Lung, including pilots on specific interventions in primary care.
- Testing and implementing new models of care that ensure appropriate management of patients in cancer pathways.

Engage local communities to address areas of inequality which contribute to a longer patient interval for some patients.

What we will deliver

Population health insights to target future interventions and approaches to reducing inequality.

Restoration of pre-covid treatment volumes and closure of the missing treatment gap by April 2022 (except breast screening patients).

Targeted interventions at Place level:

- Public awareness of lung cancer in Merton, Kingston and Wandsworth, where there is the most missing diagnoses;
- Testing clinical case finding for urology and lung in Hillingdon, Ealing, Kingston and Wandsworth.

Optimise approach to FIT testing so that 80% of GI TWW have a FIT test by July 2022. Implement Breast pathway to support women with Breast Pain, reducing TWW clinics by 6.5/ week by 25 as a result*.

Reduced variation in stage of diagnosis across all our communities.

* Based on Notinghamshire model data

5. Improving diagnostic and treatment pathways

Why this is important	What we will do	What we will deliver
Covid-19 has compounded inequalities and variation in diagnostic pathways. The number of people diagnosed with cancer has been rising in recent years, with a 29% increase in the number of cancer diagnoses expected between 2016-28. We will need to transform the way we deliver diagnostic services to maintain our standards whilst demand increases. Outcomes from cancer differ across NW and SW London. To support faster diagnosis and improve survival, equitable access to timely specialist diagnostics and high-quality treatment is critical.	We will support cancer recovery and sustainable delivery of cancer performance metrics. We will use our established pathway groups in each tumour type, to define the interventions to meet the ambitions in the long-term plan and reduce the variation early-stage cancer diagnosis across RMP. **Diagnosis:** We will ensure every patient has a clear diagnostic pathway into secondary care through Rapid Diagnostic Centres (RDCs). We will roll out non-site specific RDCs (for patients who don't meet site-specific criteria), across NW and SW London and we will develop innovative workforce models to sustain them. For site-specific RDCs we will: • Restore performance of best practice pathways in **Lower GI, Upper GI, Prostate** and **Lung;** • Design, pilot and roll-out new models of care for **Breast, Bladder, Endometrial** and **Head and Neck;** • Provide support to the **telederm Skin** pathway. **Treatment:** We will ensure equitable access to specialist diagnostics, including genomics through working with Genomic Laboratory Hubs in RMP, and the operational delivery networks. To address in-stage variation in outcome (survival) each pathway group will develop and agree standards of care to be embedded in every MDT across RMP.	**Increase** the number of **early-stage cancers** diagnosed **by 940 patients per year.** **100% of population** covered by non-site specific RDCs by 31st March 2022. Consistently meet the faster diagnosis standard for every tumour type, including **1000 more patients / month meeting FDS** by 31st March 2022. **Consistently exceed the national standard** for starting treatment **within 62 days** of urgent cancer referral, by 31st March 2022.

6. Personalised holistic care

Why this is important	What we will do	What we will deliver
108,000 people are living with and beyond cancer across West London, and personalised care support them to have better outcomes during and after their treatment. Personalised holistic care helps people living with cancer to take an active and empowered role in the way their care is planned and delivered, with interventions and tailored around the things that matter most to them. Pre- and Re-habilitation are important elements of personalised care plans that have been show to improve short term surgical recovery and reduce cancer reoccurrence (Chen and Ahmad 2018).	Evaluate current approach to and provision of personalised care across NWL and SWL to inform an agreed long term equitable model. Continue to develop and train our workforce, so they have the skills and understanding to deliver personalised care and effective holistic needs assessments. Support to PCNs across NWL and SWL to enhance personalised care using QOF Cancer Care Enhanced services. Co-design personalised care interventions which are known to impact cancer outcomes, such as prehabilitation, rehabilitation and psychological support, and ensure that our pathways transition to end of life support when this is needed. Continued development of straight to follow-up pathways in thyroid, testicular and gynaecological cancers.	**Equitable access to psych-oncology services** measured against NICE guidance which is accessible irrespective of where a patient lives across RMP. Achieving **70% compliance with Holistic Needs Assessments** and treatment summaries in secondary care and **Cancer Care reviews in Primary Care** by 2025. Comprehensive and standardised **access to prehabilitation and rehabilitation** services where this will improve short- and long-term outcomes for patients, starting with GI cancers where the evidence is the strongest. Pilot a model for **Senior Oncology Assessment** to personalise the treatment pathway against patient needs, to reduce side effects of treatment including non elective admissions. Access to **stratified follow-up for each priority pathway** – testicular in 2021, thyroid in 2022 and gynaecology in 2023.

7. Innovation, spread and adoption

Why this is important

The ongoing work of each Cancer Alliance is critically dependent on an active research programme if improvements in cancer outcomes are to be made and the aims of the Long-Term Plan met.

NWL, SWL and RMP have world leading **academic partners**, including Imperial College and the Institute for Cancer Research.

A key role of RMP is ensuring that the people of **NWL and SWL are amongst the first to benefit** from advances in diagnosis and treatment. Improving outcomes, meeting national ambitions and targets and improving how care is delivered.

Priority areas for research are now agreed by the **Pan London Cancer Alliances Research Steering Group**, who have prioritised:

- Early diagnosis;
- Survivorship;
- Health inequalities.

What we will do

Regular horizon scanning for innovations that can improve cancer diagnosis and treatment, supported by our academic partners.

Real world implementation of innovations (technological or behavioural) where scale of the NWL and SWL patient population and clinical engagement and partnership can drive rapid spread and adoption.

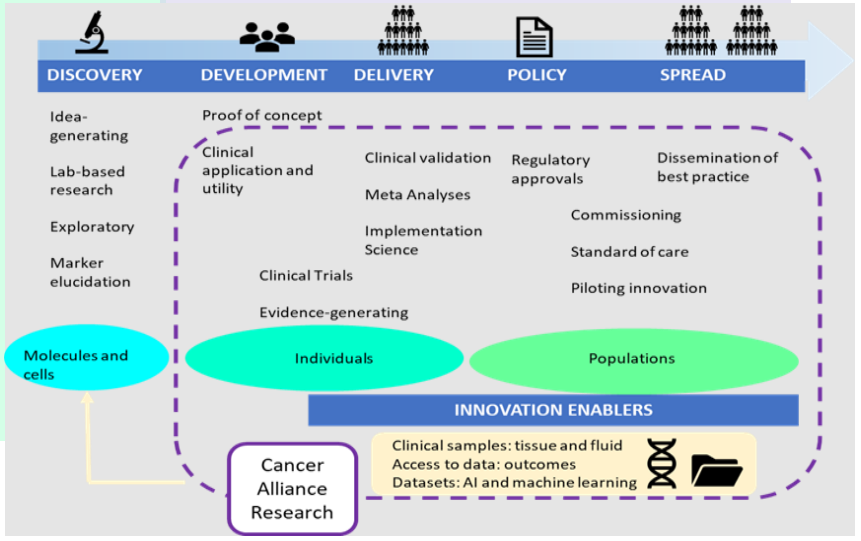
Supporting the **development of clinical and academic research careers** through a fellowship programme with a focus on **applied health research**.

A continued focus on supporting the development, delivery, policy and spread stages of innovation and improvement that benefit our population, as illustrated in this diagram:

What we will deliver

An active and **ambitious research and innovation programme that generates evidence in areas of unmet need**, implementation of innovations into NWL and SWL and future **research embedded across all our work programmes**.

Continued **leadership of national research protocols** and collaborations, such as NICE FIT and RDC biomarkers.



Investment strategy

Our investment strategy is to use the £37 million fund already allocated to improve cancer pathways, to stimulate transformation and deliver measurable and sustainable improvements in cancer outcomes and efficiency. Funding allocations are agreed through RMP governance. This strategy's seven delivery programmes describe our priority outcomes and improvements. The table opposite describes the current funding position. The table below sets out our approach to applying, evaluating and sustaining investment in cancer improvement.

Source of funding	2021/22	2022/23	2023/24
RDC	4.3	4.6	5.7
Lung*	2.7	2.0	2.0
Core	5.0	4.4	4.3
Non-Recurrent	0.7	-	-
Recovery/ERF	1.2	-	-
Total	**14.0**	**11.0**	**12.0**

- 2024/5 currently unconfirmed- all other years have been formally notified
- *Lung- to be confirmed by National team
- *Non recurrent includes innovation funding for CCE and cytosponge

	Key financial principles	Approach to financial evaluation	Implications for commissioners and wider collaborative
In year, **non recurrent** funding	Supports a one off intervention to create improvement. Recurrent funding not required from local commissioners .	• Evidence that stated intentions were delivered. • System learning to ensure applicability in other settings/ scenarios recorded.	Assured of sustainability.
Innovation funding with **recurrent** funding implications	**Transformation of existing services with invest to save potential at provider/ system level:** Initial scoping includes overall service costings, compared to existing services to create the financial and economic hypothesis. Potential provider/ system savings described (FUP/ reduced diagnostics etc)	• Evaluation shows quality safety and financial benefits against initial plan, and any variation reviewed prior to scale up and business as usual; • If significant financial variation mitigations will be agreed with provider and commissioners prior to scale up.	Commissioners aware and supportive of interventions, financial and costings approach, and who will hold savings. If financial and other metrics meet than pilot transferred into BAU and savings.
	Commencement of novel services/ interventions: Where service is novel, the expected quality and efficiency outcomes will be stated at the outset, and their delivery evaluated. As programmes commence the cost base will be challenged to ensure efficiency is maximised from the outset.	• Evidence Financial and Economic benefits and implications as well as strategic, quality and safety benefits • Ensure cost base of service commensurate with similar services • Understand and inform impact on strategic commissioning intentions to support ICB commissioning.	Where new costs are incurred at service level, RMP will agree a tapering approach to funding to ensure a manged transition following successful evaluation to reduce single year impact to commissioners.

Risks, management and mitigation

Key risks	Management and mitigation
Early diagnosis improvements may be impacted by delayed presentation following covid-19, or failure to address variation. This could worsen cancer inequalities.	The delivery programmes in this strategy aim to minimise the continuing impact of the pandemic, while accelerating recovery. We will: • *Focus on addressing variation, and share areas of variation with our stakeholders* • Support primary care and Places to communicate with the public to come forward. • Work closely with Trusts to monitor referrals and capacity and support when needed • Optimise pathways such as 'straight to test' to ensure rapid diagnostic pathways • Focus on recovery of the national screening programmes
Significant workforce shortages in a range of cancer specialist roles (e.g nurses, oncologists, radiologists, AHP) could affect the capacity and stability of some cancer services across NWL and SWL.	We will take a proactive role managing and mitigating workforce risks, including: • Working with HEE and our two ICSs to develop an effective approach to supporting the training and development of specialist nurses across RMP. • Understanding where role variation exists and developing plans to enable staff to work at the 'top of their licence' (for example in straight to test pathways). • Identify those specialities where we expect demand to increase the most and work with our partners to develop proactive recruitment and retention strategies.
The impacts of rising demand for cancer services, alongside increasing urgent and emergency care and the wider demands of elective recovery – could mean we don't have enough cancer capacity across NWL and SWL.	We will support NWL, SWL and partners to manage and maximise cancer capacity by: • Supporting the elective programme in modelling demand, capacity and • Sharing performance data and forecasts to enable system-wide decisions • Supporting Trusts to manage capacity risks together through mutual aid. • Plan and implement additional diagnostic capacity • Continued focus on optimising cancer pathways
Changes to commissioning and specialist commissioning arrangements expected in 2023, could destabilise specialist cancer services. Overall system cost pressures from 2023 could risk the adoption of innovative approaches and treatments.	We will take a lead, with delegated resource to support NWL and SWL to understand and plan for the implications of the devolution of specialist cancer service commissioning, to assure service, quality and financial resilience and performance. We will work with London region, the Pathfinder programme and our tertiary providers to agree the best approach to devolution of the £168m spec comm cancer budget (excluding drugs). We will approach all programmes with a joint financial understanding of the longer term impact moving forward to minimise adoption risk.

Risks at local ICS level will be agreed and documented via ICS Cancer Boards

RM Partners
West London Cancer Alliance

Hosted by The Royal Marsden NHS Foundation Trust

This strategy was developed and approved by:

• RM Partners Executive Group	07/12/2021
• RM Partners Clinical Oversight Group (joint meeting)	02/12/2021
• RM Partners Delivery Group (joint meeting)	02/12/2021
• NWL Partnership Board	26/01/2022
• SWL Specialist and Cancer Board	26/01/2022
• RMP Patient Advisory Group	Feb 2022
• NWL Clinical Quality Leadership Group	Jan 2022
• SWL Clinical Leads Group	Jan 2022

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