

Natasha Douglas Healthwatch Stockton on Tees 6-8 Yarm Road Stockton on Tees TS18 3NA NHS North East and North Cumbria Integrated Care Board Pemberton House Colima Avenue Sunderland Enterprise Park Sunderland SR5 3XB

15/10/2025

RE: Listening, Learning, and Supporting Change: Personalised Cancer Care in Tees Valley

Dear Natasha,

Thank you for sharing your personalised cancer care report with us, which provides lived experience and insight from service users, carers and professionals in relation to their personal cancer journeys. We note that some of the feedback featured in the report highlights some really positive experiences of care and also highlights some opportunities for improvements across the health and social care system in Stockton-on-Tees and the wider Tees Valley.

As we consider our strategic commissioning plans and priorities for the coming year and beyond, receipt of the report is very timely. We have the opportunity to take this feedback into consideration through our planning process and feed this into discussions with providers and our social care partners, in the development and progression of our key priority areas.

We have taken the opportunity to reflect on the recommendations made within the report and have provided some supporting information which hopefully offers some additional insight in relation to commissioning arrangements and schemes we have implemented over the course of this year, plus some information in relation to some ways of working that will support towards the recommendations made, thinking about next year and beyond.

Contractual arrangements and staffing

NHS North East North Cumbria ICB (NENC ICB) commissions a range of health services for its population that span primary, community and secondary care sectors. The ICB also hosts the Northern Cancer Alliance (NCA), which is responsible for supporting cancer service improvement and transformation.

Secondary care health services are usually commissioned via an NHS Standard Contract. The way services are funded is usually in line with national tariff arrangements and built up based on national best practice. In addition to these secondary care services, patients will come in to contact with healthcare staff across a range of organisations, including primary care and voluntary sector organisations.

www.northeastnorthcumbria.nhs.uk







All practices across Stockton on Tees are members of Primary Care Networks (PCNs), who are groups of practices working together to provide personalised and proactive care to their populations. PCNs have access to funding for additional roles via the additional role reimbursement scheme (ARRS). Roles includes 'personalised care roles', including Care Coordinators, and Social Prescribers.

Many PCNs employ Cancer Care Coordinators who support patients on their cancer journey, alongside Social Prescribing Link Workers to help patients to connect to wider voluntary and community sector services. Whilst having a Social Prescribing Service is mandatory, Cancer Care Coordinators are not mandatory and therefore there can be differences in staffing, including employment models and contract terms.

Workforce planning is undertaken each year by PCNs to confirm their intended utilisation of the ARRS budget and planned recruitment of additional roles, and the ICB encourages PCNs to maximise the utilisation of their ARRS budget. PCNs in Stockton on Tees have made excellent process and had employed 97 whole time equivalent staff (March 2025) across a wide range of roles.

The national contract, which all PCNs across Tees Valley are signed up to deliver (the national directed enhanced service for PCNs), includes a requirement in relation to 'improving health outcomes and reducing health inequalities' and in specific reference to cancer requires PCNs to review cancer referral practice in collaboration with partners and work to improve early diagnosis.

To support delivery of these contract requirements all PCNs have identified a 'Cancer Lead' from within their member practices to help provide leadership to improve early cancer diagnosis, referral practices, and patient support across their network of practices.

In addition, the ICB employs a 'Cancer Care Facilitator' and ' Cancer Community Development Worker' who work specifically in Tees Valley and their roles support PCNs and the PCN Cancer Leads to raise awareness of cancer signs and symptoms and deliver improved cancer services for patients. An example of project that has been delivered by the Cancer Care Facilitator this year is a targeted cervical screening uptake programme. Through targeted discussions with people, the project has worked to understand barriers to attendance, undertaken personalised patient conversations and has worked to increase screening uptake as a result.

In addition to core commissioned pathways of care, the NCA is often in a position to fund additional services or projects, to test out and support the development of new pathways. In light of this, the funding for these services is often non recurrent. All beneficiaries of NCA funding are aware of this funding approach, and communication is ongoing throughout the project period to discuss how a project is progressing and to agree any exit arrangements as needed when the funding comes to an end. Should the nature of this national funding allocation change in future years, the NCA would be in a position to agree to longer term funding arrangement for projects.

The NCA also work with the four Community Foundations across NENC to allocate grant funding to support VCSE development as well as linking Trusts with communities to pilot alternative and often novel prehabilitation projects.

Retention of staff is important and although secondary care staff are directly employed by our providers across the Tees Valley, the NCA is collaborating with providers, supporting them to implement the Aspirant Cancer Career Education and Development (ACCEND) framework. ACCEND enhances patient care through the provision of a comprehensive framework encompassing defined career pathways, core cancer competencies in practice, and a structured

educational framework. This framework is designed to support the development of the workforce providing care to people affected by cancer.

It also aims to enhance recruitment and retention of healthcare professionals working with cancer patients, ensuring they have access to clear career pathways and robust education frameworks. ACCEND also facilitates the implementation of education and training opportunities for the specialist non-medical cancer workforce and the generalist workforce who give support to people affected by cancer. Embedding core cancer capabilities supports standardisation across the cancer workforce and helps ensure staff involved in delivering cancer care have the necessary skills and knowledge to provide the best possible care to cancer patients.

A cancer patient should have the support of a named nurse, as well as receiving a holistic needs assessment that would address any issues that they may face upon discharge, with further review in a primary care setting. Recent data shows that in excess of 90% patients in the Tees Valley have received a primary care review in the past 12 months which is encouraging.

Mental health support

As part of the NCA's 'living with and beyond' cancer programme, there has been a focus on the psycho-social aspect of the cancer patients' experience. A specific 'Improving Mental Wellbeing in Cancer' project has been rolled out and across Tees Valley. This has, amongst other aspects, developed networks across the Tees Valley to support collaboration and integrated working across services, concerned with the psychological wellbeing of people affected by cancer.

As you are probably aware, the wellbeing hub in Stockton has also opened which offers, amongst other aspects, mental health and wellbeing support.

The NCA also has plans in the future to work with providers to ensure cancer pathways are as psycho-socially aware as possible.

Coordination between hospitals

A Local Clinical Interface Group has been established to bring together clinicians across Primary and Secondary Care to discuss pathways and identify improvement across pathways which will improve coordination between hospitals. This is led by and chaired by Dr Cath Monaghan, Medical Director for the ICB and Consultant in Acute Medicine at North Tees Hospitals. An example of this work includes improvements to discharge information for patients who have undergone a prostate specific antigen (PSA) test to diagnose for prostate cancers, to provide general practice with more specific information to ensure patients can be followed up in a timely manner should their symptoms or PSA results change.

More widely Healthwatch will be aware, due to the extensive patient engagement work that has been supported by Healthwatch, that North Tees and South Tees Hospitals are working together under the University Hospital of Tees model. This will afford the opportunity of standardisation for patients across a range of specialities and pathways to strengthen coordination between hospitals which will ultimately improve patient experience.

Healthcare is generally provided in as close to home setting as possible, however, some specialist care is only available in certain specialist centres where they have the right equipment and clinical expertise to deliver the care safely and effectively. A healthcare travel costs scheme is in place across Tees Valley, which supports patients with certain circumstances in getting financial support

where travel is required to appointments. There are criteria in place which outline who is eligible to access travel cost reimbursement and details are located on Trust websites.

Primary care access

In addition to the recommendations made, the report sets out some examples of where patients reported difficulty in accessing appointments at their GP surgery.

There are a range of ways patients can engage with general practice including via online consultations, which enable patients to enter information which can be used by the practice to triage them to the right professional / service, alongside requesting support via the telephone and by attending the practice to request an appointment. Appointments are available face to face and via the telephone.

Enhanced access, as promoted in the Healthwatch report, is also available across Tees Valley to offer patients the opportunity of appointments alongside general practice core hours (08:00-18:30) to see a GP or other healthcare professional. Appointments in enhanced access are provided on evenings and weekends and appointments are available at several locations* within Stockton on Tees, depending on the practice which the patient is registered. Receptionists will advise patients which location their enhanced access appointment will take place at. (*Tennant Street Surgery, Woodbridge Practice- Ingleby, Eaglescliffe Medical Practice, Norton Medical Centre and Marsh House Medical Practice).

We recognise that at times things do not go as planned, and that all patients should expect a positive experience of accessing healthcare. From 1 October 2025, the 'You and Your General Practice' <u>patient charter</u> has been launched. This sets out what patients can expect from their practice and what practices can expect from patients. This charter sets out the opportunity to patients to raise feedback or concerns to the Practice Manager, or via the ICB, or Healthwatch. The ICB will collate information received to identify themes that can support action planning. We encourage patients to report feedback, both positive and negative regarding their GP surgery so that practices have the opportunity to respond to these and make improvements.

We also recognise that at times symptoms can be difficult to spot, or symptoms can be similar between conditions. To this end, Jess' rule has been in the <u>press</u> and the following link: <u>NHS</u> <u>England » Jess's Rule: Three strikes and we rethink</u>. This provides information from NHS England to encourage GPs teams to rethink a diagnosis if a patient presents three times with the same symptoms or concerns, particularly if symptoms unexpectedly persist, escalate, or remain unexplained. Posters and campaigns will be available to practices to promote this.

Thank you very much for sharing the report with the ICB. We are grateful for the insight it provides and look forward to continually working with you to support with patient engagement and patient insight, to continually improve service provision.

Kind regards,

Karen Hawkins – Director of Delivery (Tees Valley) **Martin Short** – Director of Delivery (Tees Valley)

Cc Levi Buckley – Chief Delivery Officer, North East and North Cumbria Integrated Care Board