

Cancer Action Plan				Overall RAG	R	
Key Deliverables to December 2016		Top Risks / Issues		Likelihood	Impact	Score
<ul style="list-style-type: none"> Robust Project management in place Develop and Agree Terms of Reference (ToR) Develop and agree Monthly Progress Plan Practice Visits on use of Referral Forms and Early Diagnosis Increased use of NICE compliant 2ww Referral forms and Patient information Leaflet Increased awareness of Cancer Screening in the Community 		Practices cannot send referral forms to Hospital via System one		5	4	20
		Referral forms sent via fax not received by Hospital		3	5	15
Tasks	Owner	Start date	End Date	Comments / Status		RAG
Roll out and promotion of new NICE compliant 2WW referral forms to all practices. Use of these forms through GP systems and email referrals .	Kishor Padki - Cancer clinical lead TCCG	Apr-16	Ongoing	1. Early diagnosis of cancer communication to GPs in CCG bulletin - Completed 2. NICE guidance presented to CEG - Completed Patient information leaflets sent to all Gps for use - Completed Detailed practice visits planned with CRUK lead - Ongoing Note: Plans are in place to send on-going Communication to practices		G
GP communication through CCG bulletins Start of practice visits to iron out initial problems with the roll out.	Kishor Padki - Cancer clinical lead TCCG	Apr-16	Ongoing	GP communication through CCG bulletins - Completed . Further communication planned. Start of practice visits to iron out initial problems with the roll out - Ongoing		G
Promote e-referrals of the forms through practice visits and Comms messaging .	Kishor Padki - Cancer clinical lead TCCG Alison Springett - Senior Primary Care Manger	Oct-16	Dec-16	1. Alison Springette to speak to Sharon Chapson and Link with Communications Team		A
Audit of emergency presenters with Cancer at BTUH	Kishor Padki - Cancer clinical lead TCCG			Data collection with BTUH cancer services clinical director lead - Completed		A
Raising awareness of cancer screening in population	Funmi Worrell			Press releases via comms teams		A
Public Health comprehensive review of current commissioning arrangements on tobacco control	Kev Malone			1. Remodelled service specification agreed with provider. 2. Tobacco Control Strategy to be refreshed via a task and finish group within Thurrock's Tobacco Control Alliance and presented to July's HWB Board.		A
Thurrock Council should train its front line staff in 'Making Every Contact Count' and include identification and referral of smokers into commissioned stop smoking services.	Kev Malone			MECC training completed for GP admin staff		A
Public Health should commission its stop smoking provider to provide further support and training to front line practice staff for the provision of stop smoking information and on the day redirection to a practice staff member who can make an on-the-day referral/email	Kev Malone			Already in place, completion for March 2017		G
NHS Thurrock CCG in conjunction with Thurrock Council Public Health Team should develop and implement a communications campaign promoting the importance of cancer screening programmes, with particular targeting of areas with low screening coverage	Funmi Worrell			ongoing		A
GP practices should be investigated if they have a referral ratio into the Two Week Wait (TWW) pathway below 80% and/or have conversion rates that are significantly greater than the England average	Kishor Padki - Cancer clinical lead TCCG					A
Thurrock CCG should amend current commissioning arrangements with NELFT, SEPT and BTUH, and Thurrock Council with its front line providers to include an obligation for them to routinely identify and refer patients who smoke into Public Health commissioned stop smoking services. (Minimum agreed numbers of referrals should be incorporated into all contracts and routinely performance managed)	TBC					A
The Public Health team based in Thurrock Local Authority, should investigate and seek to reduce the level of variation in coverage between GP practice populations on all three cancer screening programmes.	Funmi Worrell			Ongoing		G
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