



10:00     E       10:00-     E	Chair's opening remarks Ben Clover, Bureau Chief, HSJ Keynote presentation National undate: Progress on delivering			
10:00     E       10:00-     E	Ben Clover, Bureau Chief, HSJ Keynote presentation			
10:00- <u>H</u>	Keynote presentation			
10:30 F	National jindate: Progress on delivering			
	National update: Progress on delivering the Long Term Plan for cancer			
	<ul> <li>Diagnosing cancer earlier and personalising treatment</li> <li>Building systems: Primary care Networks and Cancer Alliances</li> </ul>			
	- Innovating to meet the challenges			
	Professor Peter Johnson, National Clinical Director for Cancer, NHS England and NHS Improvement			
	1			
	Panel discussion			
11:05 F	Reducing the cancer burden: the role of public health messaging         -       Consider the importance of national public health campaigns vs local campaigns         Understand the roles of primery and exists are in presention, campaigns			
	<ul> <li>Understand the roles of primary and acute care in prevention, screening and early diagnosis</li> </ul>			
	<ul> <li>and early diagnosis</li> <li>Learn about the impact of campaigns, including on the demand for screening and the gap between more affluent and more deprived communities</li> </ul>			
F	Freya Howle, CURE Programme Lead, Grea	ter Manchester Cancer		
	Barbara Rice, Team Leader and Operational Manager, Healthwatch Thurrock			
	Matthew Walmsley, Deputy Director - Marketing Strategy, Planning & Insight, Public			
	Health England			
11:05- N	Morning refreshments and networking			
11:20				
	Interactive Discussion Groups			
	loin these focused small group discussions t			
	from each other and get your pressing questions answered. With the number of participants per table limited, make sure you sign up early to ensure your place at			
Y	vour two preferred tables			
[	Formation of the PCNs: impacts and	Faster Diagnosis Standard: Cascading		
	opportunities	best practice		
	Funding innovative work	How primary care teams can support		
		personalised care		
	Trials bring innovative treatments and	Ensuring patient centred care		
	Trust income. How can we do more?	01		
	Novartis Oncology			
	Supporting local systems to deliver cell	Mind the gap: managing workforce		
	and gene therapy in cancer care	challenges		
	Gilead			
12:05- I	Lunch and networking			
13:05	-			
Breakout s	sessions			

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	ving sessions give you the opportunity to go i	
	ions and discussions from experts and trailb	
at curren	t challenges and the practical strategies for a	addressing them. 'Opportunity' sessions
take a for	ward-look at some of the most exciting inno	vations and ground-breaking work.
	<u>Stream A</u>	<u>Stream B</u>
13:05-	<b>Opportunities</b>	Solutions
13:45	What the future holds for cancer	Practical strategies for doing the best
10.10	treatments	with the capacity and workforce we
I	- Learn about innovative, new	have
	and future cancer treatments	- Discover how to remove the
	from those creating and	barriers to networked working,
	commissioning them	
	÷	including governance
	- Understand what you need to	agreements and ways of sharing
	do now, in order to ensure you	information
	are ready for future treatments	- Understand the impact of
	- Discuss how to reduce	multidisciplinary team meeting
	variations in access to the most	reform on efficiency and
	effective treatments	effectiveness and how to
	Session reserved for Gilead	achieve this
		<ul> <li>Discuss recruitment and</li> </ul>
		retention strategies for
		addressing the shortage of CNS
		Jackie Fenemore, Chair, Lung Cancer
		Nursing UK
		Chris Harrison, Medical Director, The
		Christie FT
I		David Long, Oncology Business Unit
		Director, MSD
		John Renninson, Clinical Lead, Peninsula
1		Cancer Alliance
13:45-	Session change	
13:50	_	
13:50-	Solutions	<b>Opportunities</b>
14:30	How to improve pathways to ensure	Realistically how can data ensure you
	they are best for patients	help your population?
1	they are best for patients	
	- Discuss how we ensure the	- Is late diagnosis the reason
	- Discuss how we ensure the most appropriate pathways are	- Is late diagnosis the reason cancer outcomes are not what
	- Discuss how we ensure the most appropriate pathways are in place for patients	<ul> <li>Is late diagnosis the reason cancer outcomes are not what they should be? Understand</li> </ul>
	<ul> <li>Discuss how we ensure the most appropriate pathways are in place for patients</li> <li>Learn how GIRFT methodology</li> </ul>	- Is late diagnosis the reason cancer outcomes are not what they should be? Understand what the data shows us
	<ul> <li>Discuss how we ensure the most appropriate pathways are in place for patients</li> <li>Learn how GIRFT methodology can be used to improve</li> </ul>	<ul> <li>Is late diagnosis the reason cancer outcomes are not what they should be? Understand what the data shows us regarding variances in</li> </ul>
	<ul> <li>Discuss how we ensure the most appropriate pathways are in place for patients</li> <li>Learn how GIRFT methodology can be used to improve pathways and promotes QI</li> </ul>	- Is late diagnosis the reason cancer outcomes are not what they should be? Understand what the data shows us
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	<ul> <li>Discuss how we ensure the most appropriate pathways are in place for patients</li> <li>Learn how GIRFT methodology can be used to improve pathways and promotes QI solutions</li> <li>Reflecting the impact of</li> </ul>	<ul> <li>Is late diagnosis the reason cancer outcomes are not what they should be? Understand what the data shows us regarding variances in diagnosis, treatment and response</li> </ul>
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	<ul> <li>Discuss how we ensure the most appropriate pathways are in place for patients</li> <li>Learn how GIRFT methodology can be used to improve pathways and promotes QI solutions</li> <li>Reflecting the impact of changing pathways on the workforce, to ensure that</li> </ul>	<ul> <li>Is late diagnosis the reason cancer outcomes are not what they should be? Understand what the data shows us regarding variances in diagnosis, treatment and response</li> <li>Learn what data is available across the UK and how you can</li> </ul>
	<ul> <li>Discuss how we ensure the most appropriate pathways are in place for patients</li> <li>Learn how GIRFT methodology can be used to improve pathways and promotes QI solutions</li> <li>Reflecting the impact of changing pathways on the workforce, to ensure that patient needs are met</li> </ul>	<ul> <li>Is late diagnosis the reason cancer outcomes are not what they should be? Understand what the data shows us regarding variances in diagnosis, treatment and response</li> <li>Learn what data is available</li> </ul>
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	Dr Liz Toy, Clinical Lead Lung Cancer GIRFT	<ul> <li>How local and regional linked datasets can add insights to the national datasets</li> <li>Discuss the opportunities given by data sources to affect programmes of care</li> <li>Andi Orlowski, Deputy Director, Business Intelligence, Imperial College Health Partners, Senior Advisor Population Health Analytics, NHS England James Peach, Commercial Director, DATA-CAN, the HDR UK Cancer Hub James Warburton, Medical Director, Oncology, Novartis</li> </ul>
14:30- 14:35	Session change	
14:35 14:35- 15:15	SolutionsLiving with and beyond cancer: from diagnosis to end of life care-Consider the ripple effect of a cancer diagnosis – assess the impact in all areas of life-Improving health outcomes for patients and the system to help alleviate the financial burden on our healthcare system-The social costs of living with and beyond cancer – address the impact on individuals and their family-From heart sink moment to chronic condition – how to make sure our support systems are fit-for-purpose for long- term managementErling Donnelly, UK Oncology Lead, Pfizer UK Barbara Wilson, Founder and Director,	Opportunities         Rapid Diagnostic Centres: one size         fits all?         -       Hear two different approaches to rapid diagnosis in rural areas         -       Understand how the approaches meet the specific needs of the areas         -       Consider how to establish the best model of RDC for your area         Joe Mays, Lead for Prevention and Early Diagnosis, Peninsula Cancer Alliance         Amelia Randle, Clinical Director, SWAG Cancer Alliance
15:15-	Working with Cancer Afternoon refreshments and networki	ng
15:45		
15:45-	Keynote presentation	
16:15	What does it mean to be a 'cancer patient'? Stepping outside the health system	
		ous, exploring the questions we really
	want to ask but are sometimes	
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	- Think about the difference between clinical outcomes and patient			
	outcomes			
	- Learn what practical steps you can take to refocus on the issues that really			
	matter to those facing cancer			
	Laura Fulcher, Founder, Mission Remission			
16:15-	Presentation			
16:30	Horizon scanning: Disrupting research cycles for real world outcomes			
	- Understand how research and real world outcomes are fundamentally			
	connected in work at the University of Manchester			
	- Learn what this research means for understanding clinical complexity and			
	pathways			
	- How clinical groups, commissioners and researchers can work together to			
	improve outcomes for complex cases, including comorbidity			
	Professor Rob Bristow, Director of Manchester Cancer Research Centre, The University			
16.00	of Manchester			
16:30-	Panel discussion			
17:00	Horizon-scanning: What the next 12 months will hold			
	- Examine the range of opportunities and solutions for the coming year,			
	including new technology, novel treatments and national work			
	- Discuss how to get to where we need to be in order to achieve national and			
	local aims			
	- Learn about the support and solutions available to enable your plans to			
	progress			
	Professor Rob Bristow, Director of Manchester Cancer Research Centre, The University			
	of Manchester			
	Professor Berne Ferry, Head of the National School of Healthcare Science			
	Steve Williamson, Lead Cancer Pharmacist, NHS England and Improvement			
17:00-	Chair's closing remarks followed by networking reception			
18:00	Ben Clover, Bureau Chief, HSJ			

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