East Midlands Cancer Alliance

East Midlands Cancer Alliance (EMCA) Cancer Board Briefing Note – 17 July 2023

For the attention of EMCA Board members, Accountable Officers, CEOs, Cancer Managers and Cancer leads in CCGs, ICSs, and Trusts:

The East Midlands Cancer Alliance (EMCA) Board met on 17 July 2023 via MS Teams to review the work and progress of the partner organisations in EMCA. The meeting was chaired by Alastair Simpson, Clinical Director, East Midlands Cancer Alliance. The Board has representation from the five East Midlands ICSs across both commissioning and provider organisations. It also has representatives from specialised commissioning, primary care, public health, Health Education England, Macmillan, and Cancer Research UK (CRUK). The Chair opened the meeting and welcomed contributions from all colleagues.

Quality and Patient Experience

Living With and Beyond Cancer – Dashboard Presentation

Kathie McPeake, Macmillan Living with Cancer Programme Manager, NHS Lincolnshire Integrated Care Board (ICB) presented the Living with and Beyond Cancer dashboard developed to bring together quantitative and qualitative data to evidence the services in place supporting Living with and Beyond Cancer workstreams. The dashboard pulls together many data sources including the Cancer Outcomes and Services Dataset (COSD).

The dashboard has been created in Excel so that this can be shared across systems and will be able to be accessed widely. 75% of the data used within the dashboard is automated. The dashboard pulls data from Somerset, and it was discussed that data could also be pulled from Infoflex if the correct templates were developed.

All systems on the call agreed this was an excellent piece of work and something that many have been trying to develop for a number of years. Discussions took place regarding whether systems could come together to fund the further development of the dashboard to cover the whole of the East Midlands. It was acknowledged that all systems will be collecting some of this data so further discussions would need to be held as to how this data could be fed into the dashboard if we were to have an East Midlands-wide dashboard. Further discussions regarding this to be held outside the Board meeting. For further information regarding the dashboard please contact Kathie McPeake on kathie.mcpeake@nhs.net.

Elective Covid Recovery

Paper shared prior to meeting giving 62-day backlog information across the Midlands.

Mike Ryan, Head of Service, EMCA updated on performance, giving key areas of interest as:

- 21,000 – 22,000 patients over the 62-day backlog nationally as at the end of June
- Across the Midlands there are approximately 4500 patients waiting over 62 days.
- 7-8% of the national backlog is East Midlands patients.

UHDB & UHL remain tier 1 Trusts.
ULHT remains a tier 2 site.

However, it is important to note that things continue to improve, and systems are demonstrating a level of stability. We continue to focus on the backlog and supporting systems to reduce these.

The tumour site noted as the main concern is urology, based on the level of variation associated with it. Highest demand noted in urology/colorectal.

Mike referred to the paper that had been circulated with regards to performance and informed the board that within the appendix of the documents there is a section on FDS performance by priority tumour site.

Operational Performance Improvement

Presentation of cancer performance given by Mike Ryan, Head of EMCA using April/May Data.

Slides added at the back of the presentation which refer to FDS and the segmentation of breaches by week. Mike Ryan updated the Board that some of the data is there, but there is further data collection and analysis to be completed to identify target areas for improvement for specific tumour sites at individual Trusts.

Cancer Waiting Times

Cancer waiting time data was shared with the Board and performance noted.

Cancer Waiting Times were discussed by Alliance and System. Mike updated that there is a clinical review of the standards and have been over the last 4-5 years. It is anticipated that the standards will be consolidated to include:

- FDS
- 62 Day Standard
- 31 Day standard for treatment

There will be some changes in how data is collected. We will wait for technical guidance on this.

FDS Segmentation

Project initiated around what happens throughout best practice timed pathways on a tumour site basis, what the performance is throughout the pathway and what % of patients are getting a diagnosis within 28 days. It was noted that this had been an incredibly challenging piece of work, however we now have this data by tumour site and by Trusts. We have the data for 7 out of 8 Trusts.

Highlighted 75% FDS standard is not where we should be and that we need to strive for better performance.

Used March 23 data to test the model. The model focuses on the delay in notification of diagnosis to patients and to try and identify where the delays are within the pathway.

Discussion about how much of this delay is clinical or administrative so that we can focus resources.

EMCA have been asked to demonstrate at a future national share and learn event to share the impact of this work with other Cancer Alliances.

The EMCA Board was asked to ensure data is utilised to support local level improvement.

Cancer Screening Update

The Board was presented with an up-to-date screening report as of June/July 2023 for information.

Specialised Commissioning Update

Matt Day, Regional Director, Specialised Commissioning and Health and Justice NHS England verbally updated members of the Board. This included advising of 5 top cancer priorities for Specialised Commissioning which are as follows:

1. Oncology – pathway review is underway in partnership with the Alliance. Mike Ryan highlighted EMCA hosted a workshop in July for Oncology which is the first of 4 scheduled to take place.
2. Genomics – supporting with the contractual elements.
3. Radiotherapy – a needs assessment will be developed covering both the East and West Midlands.
4. Robotic Assisted Surgery – workshops were scheduled but had to be cancelled due to industrial action – revised dates have been circulated.
5. Cancer Surgery Review – it was noted that the work on this has paused and will re-commence in Autumn.

Cancer Workforce Development

The Board was provided with an updated report regarding workforce. HEE are currently working through the Long-Term Workforce Plan that has recently been released and projects/programmes of work will be aligned to this. An update on the Care Navigator funding will be provided over the next couple of weeks. HEE are keen to join up further work with the alliance with regards to workforce. Discussions regarding this to be taken outside of the meeting.

Genomics/BRCA Update

Mike Ryan, Head of EMCA presented a BRCA report as of June/July 2023.

Genomics was coming to the forefront for treatment of patients with cancer. It was noted that there were some issues with turnaround times for genomics; this has been highlighted as an ongoing issue which is being picked up outside of the meeting.

BRCA has been identified in prostate cancer for men, however BRCA has now been linked to the Jewish population. The national team is developing a model to target this population. The scope for East Midlands is fairly small, 50 to 100 perspective patients across the EM as a whole. Within this, a significantly smaller population will be diagnosed with cancer. Further updates on the model to target the Jewish population will be shared as it develops.

Cancer SROs and ICS Leads – individual updates

Derbyshire

Currently in tier one. Chesterfield is on track with the milestones that have been set. Derbyshire has made some improvements but there is more work to do. 62-day backlog is reducing. There is a focus on triage at UHDB. Gynae services are now available at both sites across Derbyshire. Implementing best practice timed pathways is the biggest action here. IST team will be attending UHDB for 2 days week commencing 24th July. Any learning from this will be shared. Update on Prostate pilot was given, fantastic response to the pilot and the full findings/learning from this will be shared. Increased sessions are being added as the demand is so high for this pilot. Evaluation will be completed in September and the team is working to make this service sustainable across Derbyshire.

LLR

Work currently ongoing to ensure that preparations are made for the forthcoming strikes. FDS performance is on track. Also showing that the work they focused on with skin issues is working and that is now in a much better place. They now need to get the backlog down. Urology FDS performance is now in a much better position. The main issue with this now is theatre capacity. Will be testing DMAS (mutual aid) for cancer for some urological procedures and some of this will be robotic. Approval has been given for a further robot to be purchased and used within Colorectal and Head and Neck; this will be operational in October. FIT response rate is now at 65% which is much improved.

Lincolnshire

Currently in tier 2, there is a risk that ULHT could be moved to tier 1, mainly due to their FDS performance. Deputy COO and Louise Jeanes have set up an internal IST to support system recovery – meetings twice a week, weekly FDS and backlog trajectories are being set. Working to achieve Oct trajectory of 70%. Additional tiering monies have been received to support. Specific problem in April where capacity was taken out of system, and this has impacted FDS performance. New lung pathway in place for risk stratification. Aim to expand the Gynae clinic into a post-menopausal bleeding (PMB) clinic with learning from Nottingham. Colitis step down pathway developed. New triage process for upper GI. Increasing breast capacity as much as possible. The system is working to maintain stability as much as it can.

Northamptonshire/ Kettering

Overall, in good position. Good FDS performance but this is not translating into 62-day position. Priorities set and these align with Long Term Plan. Implemented FIT lower GI pathway. Remain challenged around oncology workforce – spec comm doing deep dive into this. Concerned about access to PET – working on this, including the contractual aspects, and things have started to improve. Need to have further insight into TLHC and the expansion of this – Mike updated on the progress and agreements through the TLHC programme board. Timescales to be confirmed. Notts will expand further along with LLR and Derbyshire. Internal conversations with Northants as to how to revise the existing model. NICE will be endorsing guideline 12 to endorse FIT testing.

Nottinghamshire

End June slightly ahead of trajectory with 62-day backlog. July will be challenging due to industrial action. FDS on track – May should achieve. Continuing planning for TLHC this year and team are in dialogue with providers about what needs to happen, and this should be in place by Q4. Second CDS centre approved for Nottingham – this should be operational by March 25 to complement CDC in Mansfield. Lung cancer self-referral hotline started in July – patients can self-refer and go through to telephone triage. Continue to improve best practice timed pathways data collection. Concentrated on 31-day treatment and completed analysis and deep dive and this has improved data quality on the level of treatments completed. PTL is stable. Tele dermatology plans are being put forward to try and progress this within the organisation.

Self-Assessment Update

***What makes an Effective Cancer Alliance* – Self-Assessment Process:**

Mike Ryan, Head of EMCA reported that Cancer Alliances have been required to undertake a self-assessment process. This is much like a stakeholder assessment and a 360 review. The review looks at many elements of the Alliances, for example data and governance.

Guidance for the self-assessment process was shared in Feb and this was circulated to various stakeholders who were then required to complete. EMCA's assessment was completed on 16th June. We are now waiting for the national team to confirm next steps.

Mike Ryan passed on his thanks to all stakeholders who completed the assessment and fed back that the results had highlighted a number of areas for improvement. EMCA will look at these results when considering the developments of the Alliance to assure that we align the developments with what systems want from the Alliance. Once we receive written confirmation of the next steps we will circulate these.

Items for Information

AOB

- EMCA hosted an oncology workshop with clinical teams as the 1st of 4 workshops, positive feedback regarding the event received.
- EMCA newsletter has been launched – please let the team know if there is anything that you would like to add to the newsletter.
- Discussion regarding the next meeting to be held face to face – emails to be circulated outside meeting.

For further information please contact:
Mike Ryan, Head of Cancer Alliance, michael.ryan@nhs.net; telephone 07783 815336

Date of next Board Meeting:
25 September 2023 @ 1pm – 5pm, venue to be confirmed, **face-to-face meeting**.

EMCA ICS leads contact details:

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