East Midlands Cancer Alliance (EMCA) Board Briefing Note
Meeting held 24th March 2025

For the attention of EMCA Board members, Accountable Officers, CEOs, Cancer Senior Responsible Officers (SROs), Cancer Managers and Cancer Leads in ICBs and Trusts:

The East Midlands Cancer Alliance (EMCA) Board met on 24th March 2025 via MS Teams to review the work and progress of partner organisations across EMCA. Richard Mitchell chaired the meeting. The Board has representation from the five East Midlands ICBs across both commissioning and provider organisations. It also has representatives from Specialised Commissioning, Public Health, Workforce Training and Education, Macmillan, and Cancer Research UK. The Chair opened the meeting and welcomed contributions from all colleagues.

Finance Report

Vicky Millward, Managing Director EMCA, provided an update regarding the financial position for the coming year and confirmed that there will be no changes to the funding that has been agreed by NHS England. EMCA are preparing to submit their cancer plan for the coming year which will be reviewed by colleagues at NHS England for final sign-off and approval.

The funding from the financial year 24/25 has all been allocated and the team are now looking to allocate the funding for the next financial year, 25/26. Each Integrated Care Board (ICB) has submitted bids to apply for funding for programmes that meet the cancer plan. Once the allocations have been finalised this will be sent to the Board for final approval.

Transformation Programme

Gurjit Pahal, Associate Director EMCA, provided an update on programme status within the delivery plan. Within the operational performance workstream one provider has entered Tier 1 for cancer performance, so EMCA will work with that provider to develop an action plan and provide overarching support. EMCA will also dedicate a programme manager to solely focus on delivering that action plan.

Telederm rollout has not reached the milestones as expected within the plan. One ICB is looking at a community model and EMCA will provide necessary support to ensure target milestones are reached.

Within the Early diagnosis programme, EMCA has been successful with their bid to take part in the pancreatic case finding pilot. Their application was commended by national team for the quality of the proposal. EMCA has also been awarded three additional grants for cervical screening, Heartburn Health checks in collaboration with Boots, and a platelet flag pathway in primary care.

There are currently eleven open risks on the register but none of which are highlighted as red. The current highest scoring risk is regarding a risk to sustained transformation due to lack of pick-up funding in systems. The Alliance is still funding what could be considered business as usual posts in an effort not to destabilise cancer services. The Alliance will work with systems over the next year to evaluate the impact of SDF funding and support the completion of business cases for sustainable commissioning in 26/27.

Lung Cancer Screening

Aisha Minhas, Senior Programme Manager EMCA, presented a paper on Lung Cancer Screening (LHC) Programme finance to seek the EMCA Cancer Board's agreement on a preferred funding option for the fixed-term costs of the LCS Health Checks programme from 2025, ensuring its long-term sustainability.

The initial national funding model for the programme included both fixed costs and activity-based funding. The model has now transitioned exclusively to activity-based funding. ICBs have raised concerns regarding the funding gap between activity income and essential programme costs, including project management, responsible roles, and Screening Review Meetings (SRM) activities.

The National guidance for cancer alliances is to work with ICBs towards a self-financing model and refrain from using Service Development Funding (SDF) funding to supplement delivery gaps in order to establish a long-term sustainable model.

Following a detailed assessment of programme delivery requirements and risks EMCA has allocated a contribution towards fixed funding to each ICB over the next three years which some ICB's have advised still retains a gap in delivery. EMCA requested the Board to consider a number of options to support and advise ICB's further to avoid the risk of not meeting national rollout targets.

A detailed discussion was held which included the national direction and funding commitments for the programme and how this impacts ICB assurance and sign off. The Board deferred the decision on this item requesting that EMCA work with ICB's to explore and develop options such as regional, inhouse models for delivery which may minimise risks around affordability and scalability. The options will need to be discussed and agreed at the EMCA Lung Cancer Screening Board before being submitted to the EMCA Board for approval.

Primary Care

Pawan Randev, Primary Care Lead EMCA, provided an update regarding the primary care programme and the breadth of work that is undertaken within this programme.

Primary Care is the main route of entry to cancer diagnostic pathways for patients. Earlier diagnosis requires symptom awareness amongst the population, prepared professionals in supported settings and access to key diagnostics and cancer pathways.

The Primary Care programme is responsible for:

1) Supporting Primary Care Network Directed Enhanced Service (PCN DES) for early diagnosis and increasing screening uptake.
2) Developing key resources like Cancer Research UK (CRUK) Head & Neck Cancer Toolkit (requires doctors.net login).
3) Supporting pathway changes e.g., Faecal Immunochemical Testing (FIT test)
4) Innovation and Horizon scanning

The Cancer Awareness Measure survey (run by CRUK) has been made available in local versions looking at symptom and risk factor recognition and screening awareness. Over 1300 people took part in an online survey which sampled ethnic populations within Leicester City and Leicestershire County as a whole.

The self-referral chest x-ray pilot has been live in Coalville which bypasses the need to make an appointment within primary care. This has led to an increasing number of chest x-rays being performed. Initial expectations of numbers performed was model based on the Greater Manchester pilot which delivered 150 x-rays within a year; however, the recent data shows that within 19 weeks 250 x-rays have been performed. This pilot has potential to be extended to reach other areas.

Pawan also presented education opportunities open to GP trainees relating to earlier diagnosis of cancer and trauma informed cancer care.

Endoscopy

Andrew Chilton, Regional Endoscopy Clinical Lead, provided an update regarding the Endoscopy work programme and the development of the Midlands Endoscopy Network.
The Endoscopy Network aims to improve the delivery of endoscopy by constantly improving services to become the best and most mature network in England. The key element of the network aligns with the national long-term plan of 75% of cancer diagnosis being made at stage one or two.

The network has appointed ten ICB leads, with one more in the process of being appointed. Investment into the region has seen performance improvements with collective sharing of good practice. The Midlands Endoscopy Training Academy has been developed which extends from A&C staff to consultant level.

The overall impact has seen significant improvement to waiting time proportions, bringing the Midlands back in line with the rest of the country.

ME2 – Pathology Presentation

Mick Chomyn, SRO East Midlands Pathology Network, provided an update regarding the East Midlands pathology network and confirmed that diagnostics will remain a key priority for the year 25/26.

The position for pathology for the next financial year was presented, alongside the key milestones for the next quarter. A bid has been submitted for a fully integrated laboratory information system to be deployed across Leicester and Northamptonshire.

Work to integrate the pathology network within patient care records and conversations with Nottinghamshire are in progress. The aim is to integrate this across all five ICBs across the East Midlands.

An update regarding the status of the 6-point histopathology improvement plan was provided with the next steps.

Specialised Commissioning

Jenny McGill, Senior Commissioning Manager, NHSE provided an update regarding the main headlines about the future of NHS England and acknowledged that the situation remains unclear about next steps for specialised commissioning of both retained and delegated services, but business as usual will continue in the interim.

A review of the Northampton request to deliver RAS Partial Nephrectomy services has been scheduled during the next eight weeks and the Board will be informed of the decision.

Capital funding has been made available to support providers to replace radiotherapy equipment, of which four bids within the East Midlands were successful.

Public Health Screening

Steph Cook, Public Health Screening Lead NHSE, provided an update regarding the screening work programmes and reported that the Nottingham Breast Screening programme is experiencing difficulties reaching nationally expected targets, which has been escalated to NHS England and wider ICB systems with a view to work collectively to deliver an improvement plan.

Public Health are currently undertaking a workforce survey for all screening work programmes to review workforces in place and support levelling up of funding into those services if required.

A meeting with national team has been scheduled to determine the expected timeframe for the rollout of the changes to the FIT80 screening programme.

An update was noted on each system regarding their screening programmes and whether targets are being achieved.

Workforce Planning

Alison Broughton, Senior Programme Manager EMCA, provided an update on workforce within the cancer services across the East Midlands and highlighted that the use of bank staff is above plan.

The Aspirant nurse programme yearly review is now available and has been shared with stakeholders and members of the Board.

Workforce progress includes:

1) Expanding the aspirant programme to primary care workforce.
2) Aspirant Cancer Career and Education Development Programme (ACCEND) framework digitised and has gone live.
3) Behaviour change training available for all staff who have direct contact with patients.
4) EMCA website has been updated with ACCEND information.
5) EMCA will be hosting information sessions on ACCEND programme from April 2025.

Any Other Business

Vicky Millward recognised the challenging environment everyone is going through and sees this as a real opportunity to review the deliverables at scale and reduce duplication of work by identifying new models in a new environment.

Alastair Simpson, Clinical Director EMCA, recognised the difficulty of this year ahead and highlighted that the East Midlands region can support each other in partnership and encouraged systems to reach out to Cancer Alliance for support.

Richard Mitchell, Board Chair EMCA, closed the meeting reflecting on the uncertain times ahead and focus on providing better care today whilst also focussing on the care we can provide in the longer term.

Date of next Board Meeting:

19th May 2025 between 1-2:30pm via MS Teams

EMCA ICB Leads contact details:

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