East Midlands Cancer Alliance (EMCA) Board Briefing Note
Meeting held 27th January 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 27th January 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.

EMCA Recruitment

Vicky Millward, Managing Director, EMCA provided an update regarding the recruitment drive. A revised structure will be sent out to attendees following the meeting:

- Gurjit Pahal has been recruited as Associate Director of Programmes
- April Davies has been recruited as Associate Director of Corporate.
- Senior programme managers in all now in post.
- Senior administrors will be recruited to soon.

ECAG Update

Alastair Simpson, Clinical Director, EMCA provided an update on the restructure of ECAGs (Expert Clinical Advisory Groups) to ensure they are best supported and set up to be the clinical strategic arm of the Cancer Alliance by extension, with all the partner organisations. ECAGs chairs up to now have been a voluntary position but EMCA recognises this is difficult to maintain for busy clinicians so it will now be a paid leadership role within each ECAG for approximately 2 clinical hours per week. There will also be dedicated programme management support, which will be facilitated to ensure all work programmes are met. There will be an offer of data and analytic support with central funding that can theoretically be accessed by any ECAG, likely to be targeted at the national priority pathways in the first instance to ensure improvements are identified across the whole pathway.

The current national financial position was discussed and the impact this is having, with alliances required to justify public spending and demonstrate the benefit. As a result, all ECAGs will have fresh terms of reference with a clear work programme identified with a combination of what the clinicians feel is worthwhile; what ICBs feel are the priorities for the East Midlands; and the national priorities.

Finance Report

April Davis, Associate Director of Corporate, EMCA provided an update on the financial statement from December 2024. It is expected that all funds will be allocated by the end of the financial year. There will be a new investment committee set up which will provide clarity for funding requests and adopt a single route of bids.

EMCA are not planning to make any decisions regarding disabling existing cancer services but will be supporting systems with evaluation of funding provided to embed those positions into business as usual.

Transformation Programme Status

A summary of the programmes with the highlight report discussed which outlines progress to date across all programmes, next steps within programme delivery and highlights any risks.

One of the key risks is the programme management resource within EMCA, of which all programme manager roles have now been recruited to, but it will still be around 2-3 months before they are all in post. Fixed term programme management resource has been obtained in the interim to focus on delivery delays for programmes with capacity constraints.

Gurjit Pahal, Associate Director, Programmes, EMCA asked for feedback with regards to the terms of reference for the Cancer Delivery Group, which will oversee the monitoring and delivery of the Cancer Alliance delivery plan, comments to be sent by the end of the week.

Liver Surveillance Presentation

Alison Broughton, Senior Programme Manager, EMCA provided an update on the liver surveillance programme and progress to date. The programme started when planning guidance was released to identify whether there was a central data system for liver surveillance and whether there was an automated call and recall system. It has been identified that a lot of the data was held on spreadsheets by individual clinicians. Set up a steering group to analyse potential solutions and sign off on the most appropriate model. Within 3 months of the final design meeting all Trusts will have access to the solution. Plan to have the full solution in place by quarter 4.
The next steps for the programme include:

- Recruit into posts following demand and capacity exercise.
- Repeat the minimum standards audit.
- Implement the Infoflex and Somerset solution.
- Analyse capacity for ultrasound scanning.

ICB and Trust Cancer Updates

Representatives from individual systems and Trusts provided updates. No escalation of risk or issue reported.

Nottinghamshire and Nottingham City
Simon Castle reported a drop in performance over the Christmas period and an increase in backlog, however performance is starting to turn back around, and the backlog has reduced over the past week. The Lung Cancer screening programme reached a milestone of over 300 cancers diagnosed with a 65% early diagnosis rate. The pancreatic cancer case finding work is progressing well with good PCN engagement.

Lincolnshire
Louise Jeanes highlighted that performance is static but there is a rising backlog. Focus will be planning which will align with national priorities.

Northamptonshire
Sarah Barnes reported that performance regarding the FDS (Faster Diagnosis) continues to beat the national and regional averages with 87% for NGH and 85.2% for KGH in December for 31-day targets. Continuing to clear the backlog, which is ahead of the plan, initiated the pancreatic case finding programme and a PCN (Primary Care Network) site has been submitted which is being handed over to the PCN to lead on the project. The FIT (Faecal

Immunochemical Test) pathway is going to be reviewed as it has different results in each Trust and is a big cost pressure.

Leicester, Leicestershire, and Rutland
Adam Andrews reported that performance continues to be challenging, particularly around the 62 and 31 days. The Fifth Linac will be part of that solution which comes online in March, but the recovery plan is out to December to get back into line on 31 day through this. Mutual aid from other systems has been helpful. ICB has agreed to bring forward the business case for the lung cancer screening programme to this year's planning round.

Derbyshire
Monica McAlindon highlighted that they are focussing on early diagnosis and health inequalities including working with different areas of Derbyshire. Working to review the assess and cut pathways in primary care, as well as the FIT (Faecal Immunochemical Test) pathway. There are challenges for referral growth which may be linked to Staffordshire referrals, deep dive will be completed to investigate the cause and find appropriate solutions.

Specialised Commissioning

Laura Morris, Specialist Commissioning Lead, NHSE provided an update on the progress of separating the delegated and retained functions and working with the joint committees. Priority areas include head and neck, urology and sarcoma. Have now recruited to a full team which is allowing more links with ICB to be formed so that work across the whole pathway can be commenced.

Public Health Screening

This item was deferred until the next meeting.

Workforce Planning

Alison Broughton, Senior Programme Manager provided an update on workforce, training, and education. An updated from NHSE regarding METP leads was provided who will be in touch with the trusts and all ICBs to put forward their training and education needs for CNS (clinical nurse specialist) and Chemo nurses. NHSE reported there will not be an increase in allocations for this year and it will be fairly like last year, with a focus on digital training and education.

An update on Aspirant Nurse Programme, CPD accredited, was provided with the full year evaluation report having been circulated. Other alliances asked to adopt the programme, positive feedback received. The programme has won an award for Nottinghamshire Collaborative Working. The team are now looking to adapt the programme for primary care staff with additional training.

The next steps for the cancer workforce include:

- Develop generic statements for job descriptions across the cancer workforce.
- Digitised framework for the domains within the ACCEND programme, with identified training linked to each competency.
- Work in collaboration with trusts to embed the ACCEND programme and deliver education sessions to Trusts.

Any Other Business

Gina Zelent joined the Board as the Consultant in Public Health with the NHSE Midlands region Public Health Directorate.

Aisha Minhas, Senior Programme Manager, EMCA provided an update regarding the expression of interest for the pancreatic cancer case finding that has been submitted. PCN has been submitted to take part. Aisha expressed her gratitude to the ICB cancer leads and their PCN leads for their partnership in putting the bid together.

Richard Mitchell closed the meeting by asking colleagues what they are going to do differently because of today's meeting, of which Alastair highlighted the importance of good communication and the evolution of the infrastructure to make it as efficient as possible.

Date of next Board Meeting:

24th March 2025 between 1-2:30pm via MS Teams

EMCA ICB Leads contact details:

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