

The East Midlands Cancer Alliance (EMCA) Briefing Note

11 December 2020

For the attention of EMCA board members, accountable officers, CEOs, cancer managers and cancer leads in CCGs and trusts:

The East Midlands Cancer Alliance (EMCA) Board met on 16 November 2020 via MS Teams to review the work and progress of the partner organisations in the EMCA. The meeting was chaired by Richard Mitchell CEO Sherwood Forest Hospitals NHS FT Trust. The Board has representation from the five East Midlands ICS/STPs from both commissioning and provider organisations. It also has representatives from specialised commissioning, primary care, Public Health England, Health Education England, Macmillan and Cancer Research UK (CRUK).

The Chair acknowledged the significant efforts and resilience of both EMCA and STP colleagues during COVID-19, particularly in working to restore cancer systems and supporting STPs with the continued delivery of the cancer transformation programme.

Imaging Networks

Andrea Clark, Regional Diagnostic Lead presented an overview of progress for the developing Imaging Networks. Members of the Board were advised of timescales confirmed with STP/ICS Directors, and that data packs would be available in the near future. Ms Clark outlined significant number of interdependencies and need to ensure other networks are aligned. Learning from the EMRAD programme was shared and will inform development of the Imaging Networks. It was noted there is an expectation that organisations will commit resources to support the imaging networks, including workforce, digital technology and capital plans which will remain integral to secure funding.

Cancer Maps: Professional and Patient Mind Maps

Dr Ben Noble shared the Cancer Mind Maps that have been developed with patient input in support of primary care transformation and the early diagnosis priority projects. Dr Noble confirmed the purpose is to support both quality referrals and to aid GP and patient education using technology. Dr Noble outlined a vision and provided a demonstration of the maps with confirmation they mirror Nice Guidance 12 (NG12) and are now available on Gateway C website for professionals, however the idea for this project is to provide a conduit for members of the public and clinicians alike. The next steps for this project were outlined, including finalising the maps and future management arrangements, and raising awareness of the tool. Members of the Board acknowledged the innovation, thanked Dr Noble for the positive progress and contribution, and noted there were application opportunities for self-care, self-referral and community diagnostic hubs.

ECAG Review Outputs

Mike Ryan, Head of Service confirmed the EMCA Expert Clinical Advisory Groups (ECAGs) have undergone a comprehensive review to refresh the function, membership, priorities, as well as implemented additional developments. Mr Ryan commended the EMCA team for undertaking the review of the ECAGs, and members of the Board agreed the strong support and leadership from Clinical Leads during these difficult times has been excellent. Mr Ryan highlighted the 13 ECAG Leads have identified priorities for the



year including restoration and recovery activities for each cancer pathway and outlined the actions underway. Further, the appointment of Mr Alastair Simpson as Clinical Director for EMCA will enable consistent direction and EMCA support, as well as increased focus on clinical leadership and development across pathways. Members of the Board thanked the EMCA team and agreed to receive future updates.

Health Inequalities

Public Health England colleagues Michael Taylor, Public Health Medicine Trainee; Abby Hunter, Regional Tobacco Manager; Matt Day, Co-Chair of the EMCA Public Health Leadership group presented Cancer health inequalities report in the East Midlands. Reducing health inequalities remains a priority in Phase 3 recovery plans this year, and EMCA have a strong track record in addressing these in accordance with the NHS Long Term Plan agenda. EMCA activities include programmes which aim to reduce smoking-related harm through regional tobacco control, funding of local smoking cessation plans, and targeted lung checks for older smokers. Furthermore, data tools such as the prevention dashboard and cancer statistics data enables detection of variance in cancer-related data between geographic locations, and between different levels of deprivation and people of different ethnic backgrounds. Members of the Board were informed that the modelling forecasts a likelihood of substantial increases in the number of avoidable cancer deaths in England due to diagnostic delays and COVID-19. It was clear that COVID-19 will have an impact on cancer, however based on data it is anticipated that in the short term there will be greater impact for the most vulnerable in society and lead to worsening inequalities. Members of the Board agreed the need to maintain a focus on health inequalities to ensure they are addressed and managed appropriately.

EMCA Business - Finance and Funding 20/21

Sarah Hughes, Managing Director, Cancer Alliances Midlands, summarised the funding for year 2020/21, reiterated that the finances had been challenging this year due to COVID-19 and highlighted the change to both the financial framework and the mechanism for payment. The Alliances will outline positions to STPs to confirm the funding allocations for the remaining year from months 7-12, noting the national team have confirmed the initial funding for the first half of the year was made as part of individual block payments. The funding for the remainder of the year is primarily based on 4 target priority programmes including Targeted Lung Health Check (TLHC), Colon Capsule Endoscopy (CCE) for the pilot sites, small amount of money for innovation and finally a larger proportion for the Rapid Diagnostic Centres (RDC). In addition, EMCA has requested consideration of strategic finance for 2021/22 and future years to support the STPs and enable planning with greater certainty.

Cancer Alliance Response to COVID-19

The Board was briefed on the East Midlands recovery and restoration activities that has taken place following wave 1, and it was acknowledged that there has been good progress made in recovering back to pre-COVID-19 levels of treatment activity in implementing phase 3 plans. A “Cancer Cell” was established earlier in the year to manage cancer recovery and has focused on three enabling programmes entitled ‘Adopt and Adapt’: Endoscopy, Cancer and Breast Screening. Further opportunities for improvement to be implemented include care navigation, data and digital enablement, referral management, diagnosis and care and treatment care and treatment. Additional focus has remained upon communications work to ensure patients have confidence to attend hospital and GP appointments in support of national campaigns such as ‘Help us to Help you’ and ‘Be Clear on Cancer’.

Endoscopy

Endoscopy services have remained a major focus of the cancer cell adopt and adapt programme, working to implement innovations and efficiencies to reduce demand (triage and FIT), alternative treatments (CTC) and addressing issues around infection and prevention control (IPC) such as split lists, AGP designation

and support to implement guidance. The CTC Task and Finish Group have reached a consensus on the clinical model and pathways and a summary progress report has been shared with the Cancer Cell for agreement. Additional developments include Trans nasal Endoscopy (TNE) with a training webinar scheduled for 18th December 2020. The Colon Capsule Endoscopy which is being taken forward across the Alliance has been provided with a funding allocation of £690k.

Performance

Members of the Board confirmed that the Cancer Alliance's role is to monitor performance to understand the impact of transformation and actions, and not manage performance. The Board was advised performance is continually being monitored on restoration and recovery which includes Board to Board meetings. These are chaired by the regional team and support can be provided for those Trusts that have challenges.

NHS Long Term Plan Programme Update: Targeted Lung Health Check Programme

The Board was appraised of progress in relation to the Targeted Lung Health Check (TLHC). The paper detailed background including the two chosen sites; Mansfield & Ashfield CCG in Nottinghamshire and Corby CCG in Northamptonshire. The Board noted the implementation planning by sites to deliver CT scanning services in April 2021, as well as the noted risks, constraints and challenges impacting delivery due to second wave of COVID 19. Steering Groups are in establishment with Lead Clinicians, and both sites are prepared with a planned start dates in April 2021.

NHS Long Term Plan Programme Update: Rapid Diagnostic Centres

The Board was provided with a detailed update for the 5-year Rapid Diagnostic Centres (RDC) programme, currently in year 2/5. This year work has been affected due to the impact of COVID-19 with projects across all five STPs now re-initiated. The current position was shared, and referrals into RDCs have commenced. The new East Midlands Cancer Alliance Clinical Director is taking a lead role in the programme.

The Board was informed that EMCA is seen as a leader nationally for RDC development, with 4 live sites, circa 750 patient referrals, and approximately 163 cancers detected to date. A number of risks and mitigations were discussed, including the impact of a second wave for COVID-19 on capacity and workforce, funding constraints with a lack of capital funding for equipment, and the alignment of RDCs and developing community diagnostic hubs.

NHS Long Term Plan Programme Update: Personalised Care

The Board was provided a paper detailing progress, including identified risks and issues to delivery based on national changes to the Long-Term plan deliverables narrative and timeline. The Board acknowledged the progress made along with the risks and issues, including personalised stratified follow up requirements and remote monitoring, and established guidelines for the Breast, Prostate, and Colorectal pathways. Significant progress has been made in support of living with and beyond cancer, including developing a case for change for psychological support for people diagnosed with cancer, as well as a health and wellbeing checklist. Furthermore, EMCA is developing an action plan in response to the recently published, national PSFU Qualitative evaluation study, preparing for the new Quality of Life Metric survey implementation from 2021, and supporting two East Midlands Trusts chosen to implement projects as part of the National Cancer Care Collaborative.

NHS Long Term Plan Programme Update: Primary Care Transformation

The Board was given an overview and update of the work of the EMCA Primary Care Transformation Group in support of the Primary Care Networks (PCNs). The aim of the group is to support delivery of the 2028 ambition for 75% of cancer diagnoses to be at stage 1 or 2 given patients diagnosed early have the best chance of curative treatment and long-term survival. Primary Care Networks are a significant driver to support achievement of the national ambition. Key programme achievements highlighted include the numerous education events and webinars toward meeting ambition; providing a PCN Support Pack Toolkit, delivery of NG12 summary videos for 13 cancers and links to Cancer Research UK (CRUK) and Macmillan and Gateway C resources, as well as a video text project launched to support the increase in cervical and other screening programmes aimed at people who miss their appointments. Designated GP Leads and partnership arrangements with CRUK and CCGs support delivery, with several innovations such as the professional and patient cancer maps and increasing safety netting. EMCA is in the process of establishing evaluation method to demonstrate the high value these primary care initiatives are having to enable earlier and faster diagnosis.

For further information please contact:

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Date of next Board Meeting:

18 January 2021 @ 14:00 via MS Teams

Please find below a table showing you who your EMCA STP leads are:

STP	EMCA board representative STP leads
Leicestershire	Helen Mather helen.mather@leicestercityccg.nhs.uk
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