The East Midlands Cancer Alliance (EMCA) Briefing Note

7 August 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 27 July 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 CRUK. The board welcomed Mike Ryan newly appointed Head of East Midlands Cancer Alliance.

The Chair acknowledged the efforts and hard work of EMCA, during COVID-19, to restore cancer systems and support the continued delivery of the cancer transformation programme.

Purpose of the EMCA Board

The Board agreed its role is to support, co-ordinate and have oversight of the cancer transformation programme. To support cancer systems to provide high quality equitable services that reduce cancer incidence and clinical variation and achieve improved patient experience, cancer survival and outcomes for people in the East Midlands.

The Board acknowledged the value and contribution of the Expert Clinical Advisory Groups (ECAGs) to identify best practice and inform system wide pathway improvements for key national priority areas (prostate, lung, upper and lower GI, gynae, skin). Going forward the Board will use system performance to identify trends and work with systems to implement projects at pace (i.e. Rapid Diagnostic Centres) and scale up good practice.

Board members will continue to be active in taking forward new ways of working and best practice within their own organisations to support their colleagues to achieve improvements in the cancer system. It was agreed members are to have a refreshed job card and that the membership has appropriate primary and secondary care representation.

Presentation: "Lincolnshire Specialised Skin MDT links"

Julia Schofield, Consultant Dermatologist, ULHT gave a presentation on the Lincolnshire cancer pathway developments and Skin XL project.

Cancer Alliance response to COVID-19

The Cancer Alliance is leading the regional response on the recovery and restoration of cancer services across the East Midlands through four key workstreams; Performance, Communication, Workforce and Endoscopy. The significant COVID-19 challenge of managing diagnostics in the cancer system is being largely addressed through the Endoscopy workstream, incorporating aspects of the national "Adapt and Adopt" (London) programme.

The operational focus and effort on managing the significant number of patients waiting for treatment, monitored through Patient Treatment List (PTL). The Board acknowledged the

issue raised by Trusts regarding patients refusing to attend treatment appointments due to their COVID-19 concerns. Cancer waiting list guidance published by the national team states that these patients should remain on the PTL – as patients referred back into primary care will likely increase primary care workload and impact on patient outcomes.

Positive progress and good practices across primary care and secondary care were shared including the use of alternative diagnostic tests i.e. FIT test, consultant connect service and innovative practices, using patient scripts and engaging clinical staff to promote green pathways/establishing a clean site, to encourage reluctant patients to attend treatment appointments.

Opportunities arising from COVID 19 include improved operation and use of ECAGs to deliver clinically led improvements; an increased collaboration across the two Midlands Alliances; sharing of key learning and good practice across the region and embracing new ways of working.

Finance and Operational Planning 2020/2021

The EMCA team continue to seek clarity on the allocation of cancer transformation funds for 2020/21 as there is a difference between the national team view and the local system view. It is not recognised locally that sufficient funds were allocated through the block contracting arrangement for transformation schemes. EMCA has requested further clarification on funding allocation for next three to four years as the absence of funding is adversely impacting on their ability to work with the systems to plan and deliver key areas of the cancer transformation programme. EMCA has escalated the issue to the National Policy Director and will discuss at the next Regional Cancer Board.

COVID-19 has also impacted on third sector organisations has resulted in financial constraints and the loss of funding for key programme roles within the cancer system. Despite these funding challenges the Alliance will continue to develop pathways and embed good practices, where additional funding is not an issue and has advised cancer systems to see alternative funding where possible to progress key programmes of work.

Nationally operational planning for 20/21 commenced and was then suspended due to COVID-19. The Alliance has refreshed its existing plans and will review when new planning guidance is published, to provide further clarity on long term key priorities. The revised plan will reflect the change of focus as a result of COVID-19 - incorporating the Alliance response to current challenges around access to diagnostics and recovering cancer treatment wait times. This will be underpinned by a Midlands-wide cancer strategy, as requested by Nigel Sturrock, Regional Medical Director.

National Priority: Targeted lung Health Checks Programme

The Corby and Mansfield & Ashfield pilot projects were scheduled to go live in April and June 2020; respectively however the start was paused during COVID-19. The national team requested the re-start of the programme as soon as possible. Both East Midlands pilot sites have taken the decision to pause the programme until March 2021 due to their reduced capacity for undertaking CT scanning as a result of COVID-19. The proposal was noted by the Board and will be discussed further at the next Regional Cancer Board meeting. (*post meeting note: the phase 3 letter specifically requests that TLHC pilots recommence).*

National Patient Cancer Experience Survey (CPES) Report 2019
East Midlands has been singled out to receive excellent feedback in terms of patient experience. The board noted the positive outcome. The East Midlands response rate of 62% (5,415 respondents) was higher than the national response rate 61%; the average patient rating for the Alliance was 8.8 (2019) up from 8.7 (2018); we are one of three Alliances in the country that demonstrated significant improvement in some questions which for us were:

- All hospital staff asked patient what name they prefer to be called by: Alliance score 77% v 71% nationally
- Patient completely given understandable information about whether radiotherapy was working: Alliance score 64% v 60% nationally

Imaging networks
With the publication of the new guidance this will be an agenda item at the next meeting.

Clinical Director
Clinical Director interviews taking place beginning of August 2020.

For further information please contact Sarah Hughes Managing Director, East and West Midlands Cancer Alliances, email: sarah.hughes25@nhs.net Telephone: 07876 869436

Date of next Board Meeting
14 September 2020 @ 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
Nottinghamshire	Simon Castle simon.castle1@nhs.net
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Lincolnshire	Sarah-Jane Mills/Louise Jeanes Sarah-Jane.Mills@LincolnshireWestCCG.nhs.uk louise.jeanes@nhs.net
Northamptonshire	Karen Spellman/Linda Dunkley karen.spellman@ngh.nhs.uk linda.dunkley@nhs.net