East Midlands Cancer Alliance

The East Midlands Cancer Alliance (EMCA) Briefing Note - 18 July 2022

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

The East Midlands Cancer Alliance (EMCA) Board took place on 18 July 2022 via MS Teams to review progress to date and inform cancer transformation across the East Midlands. Richard Mitchell, EMCA Board Chairman and CEO of University Hospitals of Leicester NHS Trust welcomed representatives across the five newly formed East Midlands Integrated Care Systems (ICBs) from both commissioning and provider organisations, as well as representatives from specialised commissioning, primary care, public health, Health Education England, Macmillan, and Cancer Research UK. The Chair opened the meeting and welcomed contributions from all colleagues.

Alongside standing agenda items, the Board received presentations for three main items including:

1. Midlands Cancer Screening Dashboard
2. Lower Gastrointestinal (LGI)/Colorectal Pathway – Priority Recovery Pathway and Good Practice Share/Learn
3. Responding to the Changing NHS Landscape

Midlands Cancer Screening Dashboard

Cancer is a priority area across the East and West Midlands, and therefore a Cancer Screening Dashboard Group was set up to understand where focus could be prioritised to maximise screening uptake. Across the region there are differences in screening uptake resulting in variation in outcomes and performance which can create health inequalities, and the dashboard seeks to help inform greater intelligence and decisions for improvement; robust data collection and reporting is key and the importance and benefits of having all data in one repository is recognised.

Nighat Hussain of NHS England attended to present how the dashboard could enhance targeted, evidence-based interventions and provide reports that could drill down to show region, Alliance, PCN and practice-level information. It's further expected this will enable for trend analysis and profiling to focus resources in a particular area to combine both qualitative and quantitative information. The next two phases of development are to include primary care data, and establishment of an evaluation tool.

Priority Recovery Pathway – LGI/Colorectal

The LGI/Colorectal pathway remains the most challenged nationally, and across the East Midlands. To complete a suite of good practice share/learn sessions for the five most challenged tumour sites (Lung, Skin, Urology/Prostate, Gynaecology and LGI/Colorectal), the Board received a presentation from Mr Alastair Simpson, Colorectal Surgeon and EMCA Clinical Director for 'The Principles of the LGI Pathway' including good practice recommendations by Nottingham University Hospitals (NUH) which had been developed over a number of years. The principles for delivery were outlined as:

- Stratifying patients at the front end of the pathway
- Data completion/sharing with the development of a region-wide dashboard
- Addressing the pathway/problems as a team
- Breaking down the pathway to address each step

New Faecal Immunochemical Test (FIT) guidance was recently issued by the British Society of Gastroenterology (BSG) on 21 June 2022 with endorsement by NICE; the use of FIT is integral to delivery of the pathway for risk stratification and how the patient moves forward.

The national Best Practice Timed Pathway (BPTP) provides the framework that will deliver the 28-day FDS and subsequently the 31- and 62-day standard. With dedicated resources including named staff, triage, one stop diagnostics and greater engagement with radiology and pathology the pathway has become more efficient.

EMCA has launched a new Multi-Disciplinary Team (MDT) Optimisation Programme (R.O.S.E.) which is expected to further contribute to more timely management of both communications and decisions in care.

East Midlands Cancer Performance Pack

A comprehensive slide pack had been circulated with the papers and all members encouraged to look through for the national, regional and provider.

The 62-day and Faster Diagnosis Standard (FDS) performance remains challenged with the East Midlands registering the highest number of referrals and number of patients being treated for cancer on a national level. The number of patients waiting more than 62-days and 104-days continue to be constantly scrutinised by providers to understand and address issues and solutions relating to their positions. EMCA has prioritised five tumour sites urology (prostate), LGI/colorectal, gynaecology, lung, and skin with targeted work to support both providers and wider ICB systems; from early diagnosis, faster diagnosis, and operational improvement, as well as personalised care/treatment. There are multiple areas of improvement underway across the Alliance, aimed at short to medium, and long-term actions to enable sustained change across overall positions.

Responding to the Changing NHS Landscape

There is an opportunity as constituent members of the Cancer Alliance to ensure a proactive response to the current and future changes in the NHS. The role of EMCA is to improve outcomes and increase survivorship for cancer patients through early and faster diagnosis which will naturally increase demand on to provider capacity. This work is largely centred upon the deliverables of the NHS Long-Term Plan and managed at both an ICB and tumour site level through the sixteen expert clinical advisory groups (ECAGs).

In light of the changing NHS landscape and need to improve performance, EMCA sought input from colleagues to ensure the Alliance adapts to meet ICB needs, and whether an enhanced or additional area of focus is sought. It was noted there has been a marked change in the deliverables for Alliances in the past two years which has seen an increase from four programmes to approximately twenty live programmes and projects.

The Board was asked to consider seven questions posed in the slide pack, and following discussion and sharing of ideas it was agreed that over the coming weeks EMCA will engage ICBs and constituent partners by letter inviting thoughts/suggestions on future ways of working.

Discussion and Updates from Cancer SROs/ICB Leads

Increased suspected cancer referrals remain a concern and all were concentrating on delivering the FDS based on Best Practice Timed Pathway and working with primary care. Those patients on the 62-day and 104-day backlog continue to be scrutinised, with some improvements reported in overall backlog. However, the positions remain challenged and the impact of COVID on staff shortages is a common problem throughout the region.

All diagnostics remain challenged though areas that have improved waits to endoscopy, radiology and pathology were invited to share best practice throughout the region. Mutual aid had been successful.

Significant work continues on the development and establishment of Rapid Diagnostic Services (RDS) across best practice timed pathways, with a reformed Faster Diagnosis Standard/ RDS steering group in place.

Although working through the NHS Long Term Plan and provider strategies, the Board recognises the need to look further into the future particularly the need to identify workforce and equipment requirements for a modern NHS.

Items for Information and Endorsement

For Information: -

- S7A Commissioning – Cancer Screening Update
- Radiotherapy Operational Delivery Group Annual Report 2021/22
- National Deliverables and EMCA Plan including Programme updates
- Workforce – Health Education England (HEE) Update

For further information please contact:
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Date of next Board Meeting:
30 September 2022 @ 1pm via MS Teams

Please find below a table outlining each ICB Cancer SRO and EMCA Cancer Lead:

East Midlands ICBs	Cancer Senior Responsible Officer (SRO)	ICB Cancer Lead
Leicestershire	Jon Melbourne, Chief Operating Officer, UHL	Helen Mather helen.mather@leicestercityccg.nhs.uk
Nottinghamshire	Lisa Durant, System Delivery Director, Nottinghamshire	Simon Castle simon.castle1@nhs.net
Derbyshire	Sharon Martin, Chief Operating Officer, UHDB	Monica McAlindon Monica.mcalindon1@nhs.net
Lincolnshire	Dr Colin Farquharson, Medical Director, ULHT	Louise Jeanes louise.jeanes@nhs.net
Northamptonshire	Fay Gordon, Chief Operating Officer, KGH	Linda Dunkley linda.dunkley@nhs.net