East Midlands Cancer Alliance

The East Midlands Cancer Alliance (EMCA) Briefing Note – 21 November 2022

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

The East Midlands Cancer Alliance (EMCA) Board met on 21 November 2022 via MS Teams to review the work and progress of the partner organisations of the EMCA. The meeting was chaired by Richard Mitchell, CEO, University Hospitals of Leicester NHS Trust. The Board has representation from the five East Midlands ICBs from both commissioning and provider organisations. It also has 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.

Elective Recovery

Nationally there has been slow improvement in the 62-day backlog. Regionally there are some areas of improvement, most notably Birmingham. Leicester (Tier 1) report an increase in their backlog continuing a longer upward trend.

Derby (Tier 2) had reported substantial decreases in backlog particularly on the LGI (Lower GI) pathway.

Full regional dashboards noted in the performance pack. These contain the positions for >62-day volumes for *all* providers, alongside the wider Cancer Recovery and overall performance picture by also including levels of referrals, first treatments, and performance against the faster diagnosis, 31-day first treatment and 62-day urgent referral to first treatment standards. "**Next steps on elective care"** for tier one and tier two providers had been included as a reminder to the board of the actions outlined relating to cancer:

1. Lower GI: Full implementation of FIT in the 2ww pathway.
2. Full implementation of tele dermatology in the suspected skin cancer pathway.
3. Full implementation of the Best Practice Timed Pathway for prostate cancer.

Midlands Cancer Screening Dashboard

Learning from COVID responses, the regional board identified areas to improve outcomes for patients and providers and agreed the development of a Midlands Cancer Screening Dashboard.

Robust data collection and reporting is key and the importance and benefits of having all data in one repository is recognised, hence the development of the dashboard has proved to be useful.

The Cancer Screening Report – September 2022 shared with the Board. Key areas of information:

- Recovery of Breast Cancer Screening Programme – particularly in Lincoln.
- Looking at remodelling data to support recovery of the backlog.
- Bowel cancer screening rolled out to 58-year olds in Nottingham, Derby and Leicester.
- Mindful of capacity issues in diagnostics.
- In the process of looking at specific health inequalities in screening going forward.

East Midlands Cancer Performance Pack

Board members were highlighted of the overall national, regional and provider picture. Treatment levels increasing, still not in line with pre-COVID levels. Referral levels in LGI, urology and gynaecology continue to be high; significant increases in lung and skin referrals, resulting in capacity issues.

The position across EMCA remains extremely challenged. Clear stepped change plans are the key step forward. Early diagnosis improving across the patch and focus remains on capacity for both diagnosis and treatment to accommodate those patients that are being diagnosed earlier.

Discussion and Updates from Cancer SROs/ICS Leads

Increased suspected cancer referrals remain a concern, systems concentrating on delivering the FDS (faster diagnosis service) based on Best Practice Timed Pathways by working in collaboration with primary care. Those patients on the 62-day and 104-day backlog have been scrutinised, improvements reported on overall backlog. However, the position remains challenged, as the impact of COVID on workforce is still a major issue 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. The impact is also noted on benign pathways resulting in huge backlogs within services. Work continues on the development and establishment of Rapid Diagnostic Services.

Although working through the LTP (long term plan) and provider strategies, the Board recognises the need to carry out a deep dive to look further into the future, particularly the need to identify workforce and equipment requirements for a modern NHS service. Winter will have an impact on the pressures, and further plans already being developed.

Policy/Strategy

Responding to the Changing NHS Landscape
There have been many changes in the NHS over the past 18 months nationally, regionally and locally, specifically with changes in government and merging of regional teams. There is a forum whereby 21 Cancer Alliances meet, however they all operate differently due to small/large geographical areas, number of trusts within each alliance, and where they are hosted.

In September 2022, EMCA surveyed views to refresh desired functions and role of EMCA in context of the changing landscape and the results were shared. The main functions of the Cancer Alliance were agreed as:

- Foster productive partnerships.
- Establish/enable robust governance mechanisms.
- Develop strategic transformation plan for cancer, ensuring alignment with wider STP/ICS-level plans.
- Align and deploy designated funding.
- Harness data to analyse and improve operational performance and longer-term outcomes.
- Work closely and collaboratively with the regional NHSE teams.
- Maintain an expertise and overview of cancer services, and broker interventions to improve performance
- Clinical expertise and leadership

Cancer Workforce Dashboard - HEE updated the Board on the development of the HEE Cancer Workforce Dashboard, which enables to support workforce planning. HEE demonstrated the modelling and the functions the dashboard could be used for. There are other similar dashboards in use e.g. secondary care, primary care, mental health.

Transformation/Sharing Best Practice

COVID has put pressure on services, and the progress with delivery of the Personalised Care initiative has stalled or in some cases, moved backwards. There are more patients living with cancer, so it is even more important to get this truly embedded into practice whilst recognising the competing pressures on organisations. It has been agreed to relaunch Personalised Care to secure wider ownership and awareness to include all aspects under one umbrella: -

a) Prehabilitation
b) Psychosocial Support
c) Personalised Care Package
d) Personalised Stratified Follow Up

The Board were asked to promote and support the wider adoption of Personalised Care. PSFU Guidelines for Thyroid had been developed with the EMCA Head and Neck Expert Clinical Advisory Group (ECAG) and were endorsed by Board.

Early Diagnosis, Detection and Genomics

Genomics conference held an event on 2 November 2022, feedback was shared with the Board. Genomics is an emerging field of medicine with a good infrastructure nationally, with seven Genomic Medicine Service Alliances (GMSAs) established. EMCA is linked to the East GMSA which also includes the East of England. This GMSA is aligned to the diagnostic hub in Cambridge.

Work through EMCA Genomics, Colorectal and Gynaecology ECAGs has been undertaken on the further development of Lynch Syndrome pathways to develop more targeted personalised treatments.

EMCA Genomics ECAG currently working with next steps for further update report to the Board.

East Midlands Cancer Alliance

Items for Information and Endorsement

For Information: -

- EMCA Finance Allocations 2022/23
- Q2 Report

For further information please contact:
Mike Ryan, Head of Cancer Alliance, michael.ryan@nhs.net; telephone 07783 815336

Date of next Board Meeting:
23 January 2023 @ 1pm via MS Teams or face-to-face - **tbc**

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

Midlands ICSs	EMCA board representative ICS Leads
Leicestershire	Helen Mather helen.mather@leicestercityccg.nhs.uk
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