East Midlands Cancer Alliance

The East Midlands Cancer Alliance (EMCA) Briefing Note – 30 September 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 30 September 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 ICBs within East Midlands 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 Covid Recovery: 62 Day Backlog

Previous focus for the EMCA has been implementation of the long-term plan transformation programmes; however, latterly there has been a request to investigate methods to support operational recovery, through either workforce resource or supply of funding. The elective recovery programme is in phase 2, phase 1 focussed largely upon reducing number of patients waiting 104 weeks for their elective care. The second phase is now aiming to reduce the number of elective care patients waiting 78 weeks and additionally the number of patients waiting longer than 62 days for their first definitive cancer treatment. To categorise trusts, a tiering system has been introduced within the East Midlands. There is one system within Tier 1, this is University Hospitals of Leicester, and two in Tier 2, University Hospitals of Derby and Burton and United Lincoln Hospitals. To support operational delivery within these trusts, transformational funding has been deployed with understanding that the focus will resume in the next financial year. Key aim for the alliance currently is to aid ongoing recovery work and to avoid any duplication, as this work is being led by NHS England regional teams. Future review date for the trusts' tier classification yet to be finalised.

East Midlands Cancer Performance Pack

From a national perspective, colorectal, prostate, and skin are the priority target areas for recovery, with improvements expected to be delivered immediately if not already. The first improvement is embedding FIT (Faecal Immunochemical Testing) within colorectal in accordance with BSG (British Society for Gastroenterology) and NG12 guidelines along with other colorectal-focussed improvements. Across the East Midlands, colorectal FDS (Faster Diagnosis Standard) performance is above national average however the sustained high volume of patients continues to be challenging. The second improvement is to ensure protected capacity for mpMRI investigation for prostate cancer and the local anaesthetic transperineal biopsy service. These are delivered across the region mostly, however the next step is to train nursing teams to deliver the transperineal biopsy service. The third improvement is to deliver and utilise tele dermatology, which is in place across the whole system. In Leicestershire there is an innovation to adopt artificial intelligence to reduce constraints at the front end of the skin cancer pathway. This is predicted to risk-stratify patients' cases and reduce the clinical triage burden upon consultants by around 40%.

The East Midlands achieved compliance of FDS target for the first time within the region, which is one of only five alliances nationally achieving the standard (75%). This included six out of eight trusts achieving or exceeding the target, with the two remaining trusts also making improvements towards the standard. The East Midlands 62 Day position is improving gradually but yet to be in the desired pace. For trusts in the region there is slight variation in performance and mutual aid is ongoing to ensure equity of access to improve waiting times for patients. The regional team is also developing a cancer and elective recovery hub, which aims to utilise all capacity inside the region and out, as well as some independent sector providers. The key message is to remain focussed upon early and faster diagnosis, as this will continue to aid performance sustainably.

Specialised Commissioning Update

The presentation was shared with the board. The four principles underpinning the Future Commissioning Model Programme (FCMP) are: updated methodology for setting national standards; population-based allocations at system level; strengthened clinical networks with dedicated funding; refreshed data infrastructure and analysis toll at all levels.

Responding to the Changing NHS Landscape

Stakeholders of the EMCA were recently asked to participate in a survey that sought to establish perceived role, function, and governance of the alliance. The results of the survey were presented to the board. Most popular answers for role of the EMCA were to develop strategic transformation plans for cancer and align with ICB-level plans and foster productive relationships and partnerships at national, regional, and local levels. Another significant response was that 14% of respondents agreed that the current model of delivery of cancer is sufficient to meet the current and future needs. The future of the national cancer program and the future of cancer alliances was discussed additionally: while thought to be enduring, alliances need to ensure they continue to add value. Consensus from the board was to act upon stakeholder survey results, to adapt and to feed back with results at the next Board meeting in November.

Discussion and Updates from Cancer SROs/ICS Leads

Steady recovery is being noted across the region, with deep dives and gap analyses of specific specialties thought to highlight key areas for improvement and investment. Systems that are recording improvements in FDS performance are not recording similar improvements in 62-day performance. Converting this positive front-end pathway work into overall pathway improvements remains a priority. The delivery of local anaesthetic transperineal biopsy mobile services was presented between systems, with transferability of the service between providers in the region deliberated. Systems have been under huge pressures in the recent weeks, however, have largely managed to protect cancer capacity.

S7a Commissioning – Cancer Screening Update

Recovery of breast services remains the key challenge for Section 7a public health commissioning. Lincolnshire remains the priority within East Midlands and liaison with the service has been welcomed. Engagement continues to remain positive. Recovery is gradually increasing alongside a new business case prepared to address workforce constraints. The aim is to utilise independent sector support, which should speed up the progress.

Backlog exists for cervical screening, due to technical changes in the pathology laboratory. There are no considerable concerns regarding bowel screening programme. Teams are comfortable with the pace of the age extension being rolled out. The Nottingham hub is confident that the increase in workload following the release of BSG guidance for FIT will not alter turnaround times. The key aim is to ensure the interactivity of IT systems works smoothly.

EMCA Transformation Programme Overview

Nottingham University Hospitals were commended for winning the overall award at the National Patient Experience (PENNA) Awards. Updates were given for all major programmes including primary care transformation, targeted lung health checks and MDT ROSE. The alliance will be hosting a genomics and primary care event on 2 November 2022 to inform improvements within the region. The future programme update pack will include summary snapshots from associated networks i.e. ME2 Pathology & EMRAD (East Midlands Radiology Consortium).

EMCA Finance Allocations 2022/23

Funding has been available to support systems operationally and fast track pathway improvements within this financial year, whereas next year funding is planned to return to support transformation plans.

Workforce Update

Pilot workforce masterclasses from HEE will be opening for applications in November to begin in February 2023. HEE along with NHS England and Improvement are able to assist with systems' multi-year workforce planning requests wherever possible. The current request from HEE is to enquire the education and training system needs for now and future.

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

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

Midlands ICSs	EMCA board representative ICS Leads
Leicestershire	Helen Mather helen.mather@leicestercityccg.nhs.uk
Nottinghamshire	Simon Castle simon.castle1@nhs.net
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