East Midlands Cancer Alliance

**East Midlands Cancer Alliance (EMCA) Cancer Board Briefing Note – 25 March 2024**

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

The East Midlands Cancer Alliance (EMCA) Board met on 25 March 2024 via MS Teams to review the work and progress of partner organisations and EMCA. The meeting was chaired by Alastair Simpson, Clinical Director of East Midlands Cancer Alliance. The Board has representation from the five East Midlands ICSs across both commissioning and provider organisations. It also has representatives from the Integrated Care Board (ICB) Leads and CEOs, Specialised Commissioning, primary care, public health, Workforce Training and Education (WTE), Macmillan, and Cancer Research UK (CRUK). The Chair opened the meeting and welcomed contributions from all colleagues.

## East Midlands Cancer Screening Presentation

Stephanie Cook, NHS England Head of Vaccination and Screening Public Health Commissioning presented the screening report for March 2024. The bowel screening rollout to age 54 in Kettering is live, with the regional team awaiting allocations for system rollout extension to 50 and 52-year-olds, however preparations are underway in anticipation. The presentation included updates regarding bowel, cervical and breast cancer screening and summaries of each screening hub including activity and compliance with programme targets. Some highlights of discussion include bowel cancer screening rollout to age 54 in Kettering authorised to begin as of 25th March and capital funding has been granted for breast screening from national team given to Derby, Leicester & Worcester (West Midlands) to purchase new equipment. The cervical screening IT system implementation is in progress at University Hospitals of Derby & Burton with a planned completion date in quarter four.

## LGI/Colorectal Presentation

Mr David Humes, Honorary Consultant Colorectal Surgeon & Associate Professor of Surgery, shared the implementation of FIT pathways in colorectal cancer in Nottingham. The process was a collaboration across primary and secondary care as well as the East Midlands bowel screening hub. Following approach from primary care to integrate the use of FIT kits into a pathway, the pilot was commissioned in 2016 for one year. This then developed into the Rapid Colorectal Cancer Diagnosis (RCCD) pathway which began in November 2017. Mr Humes presented the current pathway including the workforce delivering the service. This included daily consultant vetting (job planned) and a large colorectal nurse team plus front-loaded admin support. Secure data flows have been implemented and allow real time pathway information. 4-year data was presented showing that ~39k FIT tests have been returned by patients with a cancer diagnosis rate of 1.5% (599). Inequalities in the pathway were presented and in conjunction with Cancer Research UK there are plans in place to address the inequality gap between least and most deprived patients for non-returned FIT kits. In summary, it has taken time to establish local pathways and works well with continued education and collaboration. Mr Humes emphasised that data is key to developing the pathway, that FIT can help rule in/outpatients with colorectal cancer and that a 3% risk prediction may aid in prioritising the use of endoscopy.

## Oncology Presentation

Sarah Furley, Managing Director of East Midlands Acute Providers (EMAP) Network, introduced the origins of EMAP and the scope of the network for the eight acute provider trusts in the East Midlands. Working on short- and medium-term change programs, the network is also seeking to align strategic decision making where beneficial. The key to success of the network to date has been shared vision and purpose delivered through distributed leadership and enabled by robust governance, systems, and processes.

The network oncology programme is established with designated programme board and clinical leadership across Trusts. Sarah highlighted workforce development needs, alongside the significant increase in demand on services. The priority is to establish stability and improve equity of access to nonsurgical oncology treatment. The second priority is to define a future sustainable service and inform transformation to ensure oncology capacity is sufficient to improve outcomes and activity levels. Discussions have been held with the national digital mutual aid hub and the regional mutual aid hub to identify existing models and Expert Clinical Advisory Groups may be approached to provide thresholds for treatment by pathology. In addition, each service will conduct a right-sizing exercise and sharing learning to influence strategic decisions. The network is currently in the process of appointing a clinical lead and identifying project managers to assist delivery of the identified goals.

## EMCA Cancer Performance Pack –

Mike Ryan, Managing Director (Acting) and Head of Service updated that the region has achieved compliance with the 28-day faster diagnosis standard for January 2024, however there are remain improvements to be made to achieve the same for 31 day and 62-day performance targets. Mike highlighted LGI, Urology and Gynae account for 76% of the patients waiting >62days for treatment, and a new Midlands cancer public dashboard is available. The East Midlands has been successful in seeing significant performance improvement in 23/24, however the challenge remains to best use capacity to improve performance, reduce variation to ensure consistency across the alliance for patient waiting times, and ensure equity of access to services.

**Urology Presentation**

Mike Ryan, Managing Director (A) and Head of Service presented the rationale for urology to be a priority tumour site for development and investment in 24/25 to improve both performance and outcomes. Multiple initiatives and interventions were highlighted to inform improvements that will positively impact patient pathways including ensuring standards of care to the pathway across the region, right sizing teams and clinical operations, fully embedding patient stratified follow up (PSFU) for patients with prostate cancer, as well as enabling the extension of a pilot for prostate cancer targeted case-finding.

**2024/2025 Planning Update**

Mike Ryan Managing Director (Acting) and Head of Service presented the high-level alliance narrative for ICB planning and presented details regarding the national programme deliverables. Further to the November and January Board meetings, Mike summarised progress and development to date reiterating the development of two-year plans in 23/24 with some adjustments required to suit the 24/25 national cancer transformation deliverables. This included performance improvement and productivity expectations with reference to the five priority specialties (gynaecology, urology, colorectal, breast and skin) as well as additional focused programmes of work focussing on less survivable cancers. The plans are not finalised yet and the alliance will continue to work with ICBs and the national programme before submitting the completed version in early May 2024.

**ICS and Trust Cancer Updates**

Representatives from each ICB and Trust provided updates without specific requests of the Board. It was highlighted that across EMCA there has been significant improvement in performance and backlog position at every Trust in the past year despite the challenges, however, there remains lots of work to be done and improvement to achieve. No major risks or issues raised for escalation.

**Specialised Commissioning**

Emma Partridge, Senior Commissioning Manager at NHS England Specialised Commissioning, shared information regarding demand & capacity modelling for PET CT scanning across the Midlands with support from the group to continue the work. Emma highlighted the opportunity for colleagues to contribute to the upcoming national procurement exercise in 24/25 toward a 10-year contract from April 2025.

**Cancer Transformation Programme – For Information/Report by Exception**

Mike Ryan Managing Director (Acting) and Head of Service provided update of the transformation programmes, and highlighted EMCA conducting an evaluation of the status to help inform the planning process which will include for future years, to demonstrate the level of progress and impact. Mike confirmed EMCA has been fully assured throughout 23/24 by NHS England (regional and national) as part of quarterly assurance report processes, and actions are underway to ensure continuity in transferring to a new host employer, NHS Nottingham, and Nottinghamshire from 1 April 2024.

**Any Other Business**

Congratulations were given to University Hospitals of Leicester NHS Trust (UHL) for achieving recognition at the recent, national Health Service Journal Partnership Awards Ceremony with winner/gold award for the “Most Effective Contribution to Improving Cancer Outcomes.”

**Date of next Board Meeting:**

20 May 2024 @ 1pm – 3pm via MS Teams.

**EMCA ICS leads contact details:**

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