East Midlands Cancer Alliance

East Midlands Cancer Alliance (EMCA) Board Briefing Note
Meeting held 25th November 2024

For the attention of EMCA Board members, Accountable Officers, CEOs, Cancer Senior Responsible Officers (SROs), Cancer Managers and Cancer Leads in ICSs and Trusts:

The East Midlands Cancer Alliance (EMCA) Board met on 25th November 2024 via MS Teams to review the work and progress of partner organisations across EMCA. Richard Mitchell chaired the meeting. The Board has representation from the five East Midlands Integrated Care Boards (ICBs) across both commissioning and provider organisations. It also has representatives from Specialised Commissioning, Public Health, Workforce Training and Education, Macmillan, and Cancer Research UK. The Chair opened the meeting and welcomed contributions from all colleagues.

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EMCA Update

Vicky Millward, Managing Director, EMCA provided an update on the new EMCA structure approved at Board with support received from regional COO and host ICB which will increase the resource to programme and corporate functions. Recruitment commenced in September 2024. A Deputy Clinical Director was appointed October 2024, Dr Kelly Lambert. Two Associated Director posts have now been appointed with Miss Gurjit Pahal in post, Miss April Davis will start in January Jan 2025. A PMO Comms lead Miss Sylvia Buckley has also been recruited and in post. Senior Transformation manager posts 8C, Mrs Alison Broughton and Mrs Aisha Minhas are now in post, Ms Natasha Sutherland start date is to be confirmed.

The Governance and accountability review has now concluded. This includes a refresh of EMCA Board to ensure oversight of all programmes within the cancer plan, Board will approve quarterly programme submissions to ensure whole alliance accountability and ownership of delivery. EMCA have aligned their local delivery plans with East Midlands Acute provider (EMAP) with a focus on mutual aid strategies for urology and equitable access for RALP's and a regional review of timely access to radiotherapy. EMCA whole team have reviewed all milestones as part of the new ways of working that were not previously in pace and have now ensured all milestones are true to delivery.

EMCA Development Programme agreed and endorsed by EMCA Board. This will deliver a comprehensive team development plan and a system diagnostic for systems leadership work. Stronger engagement with ICBs and closer alignment with finance allocations providing better grip and control of EMCA spend and ROI with impact reporting.

Community Diagnostic Centres (CDCs)

Andrea Clarke, Director of Diagnostics provided an overview of CDCs across the East Midlands footprint and the rationale for how sites are selected. CDCs now account for 12% of all national diagnostic tests and next year are expected to receive approximately £100m for the Midlands of the £600m allocated for CDCs. Priorities will be to complete existing ones (Boston) and establish new sites. All ICBs will be required to produce a Diagnostic Strategy and address how it will impact population health. Discussion covered how CDCs could support delivery of Targeted Lung Health Checks Programme and other cancer diagnosis areas such as tele dermatology going forward.

Clinical Strategy Update

This item was postponed.

Finance Report

Seb Richards, Finance Lead updated that a rigorous exercise with systems to obtain a better overview of allocation versus spend has been undertaken to put us in a better position for Q4. This will be followed by work to understand reporting expectations from NHSE. VM informed the Board that an Investment Committee will be established for Finance for overview of underspend, allocations, and commitments for next year taking a risk stratification approach to funding.

Transformation Programme Status

A summary of the programmes with the highlight report discussed and Vicky Millward requested feedback from the report format on whether this was useful, what was missing and how it could feed into Integrated Care Boards. Overall feedback was that this was a useful format to be adopted going forward.

Genomics Presentation

Vicki Kiesel, Clinical Lead and Sally Picken EMCA lead for Genomics provided an update on the programme and ECAG progress to date. This is a fast-growing area and not all Alliances have a Geonomics ECAG, this is a proactive approach to identify and better treat people genetically at risk of cancer. Key successes are the Lynch Syndrome pathway which is now embedded in all trusts in East Midlands and genetic testing is now undertaken for colorectal

and endometrial Cancers as well as cascade testing for family members. Clinical leads have opened a dialogue of opportunities with primary and tertiary care, work to improve turnaround times (TATs) and reduce variation. The programme is also working on prevention opportunities and as an example a respective audit in a GP Practice in LLR highlighted only 22% of people genetically at risk were prescribed aspirin which can reduce cancer risk in those patients by 50%. The work programme is seeking to carry out prospective audits to proactively identify people with genetic risks of cancer, this will support work on risk stratification of surveillance and screening as appropriate and support East Midlands in improving early diagnosis rates currently well below the national average. The ECAG is also looking at an educational component across all ECAG's.

Metastatic Spinal Cord Compression (MSCC) Protocol/Guidelines Presentation

Craig Knighton, Consultant Clinical Oncologist presented the MSCC Compression pathway and guidelines that have been developed and in implemented phase across the East Midlands. The protocol includes an Alert Card for all cancer patients, EMAS increase response to Category 2, initial assessment, treatment, and post treatment guidelines. CK emphasised the importance of pushing out workforce awareness of the protocol, most contact with MSCC is out of hours and EMCA will support getting this out to doctors in training. Chair thanked CK for his presentation and acknowledged the hard work and diligence required in establishing the pathway.

Lung Cancer Screening – Patient Story

Lizzie Barrett from Notts ICB attended to present a story about a patient named Jacqui who was diagnosed with stage 2 lung cancer through the Targeted Lung Health Checks Programme (transition to Lung Cancer Screening Programme). Jacqui who had a history of smoking had booked and attended the health check and subsequent low dose CT scan after continuously seeing the local marketing and Comms for the programme whilst under hospital care for other conditions and believed any signs or symptoms would already have been picked up. Following diagnosis, Jacqui gave up smoking immediately and after treatment of surgery, chemotherapy and radiotherapy 12 months later Jacqui is grateful to be able to share her story.

ICB and Trust Cancer Updates

Representatives from individual systems and Trusts provided updates by exception only. No escalation of risk or issue reported.

Nottinghamshire and Nottingham City

Simon Castle updated that the system had gone live with the 3rd phase of the Targeted Lung health Checks Programme and is working on the business case and process for the 4th phase. He highlighted the system interest in being involved in the Pancreatic targeted case Finding opportunity through the recently launched Expression of Interest launch.

Lincolnshire

Louise Jeanes highlighted risk around cancer transformation. The ICB is reviewing all business cases and considering long term sustainability for projects as part of evaluation criteria in the context of financial challenges for the system. This approach may impact cancer transformation projects and sign off going forward.

Northamptonshire

Peter Watson acknowledged financial constraints and highlighted the long-term funding the system is seeking for wider roll out of the success rehab service currently delivered in NGH.

Leicester, Leicestershire, and Rutland

LLR reported the same issues around finance as for Lincolnshire.

Derbyshire

Monica MCALINDON also reported the same issues for finance and business case but wanted to acknowledge that the improvements in the system were attributed to posts funded through EMCA. She also stated that the system was now out of tiering.

Specialised Commissioning

Jon Currington, Specialist Commissioning Manager provided the update on the proposed delegated specialised commissioning transfer of staff and function responsibilities. The entire team will be transferred, staff will be transferred into the area that they currently spend most of their time from 1st July next year. Retained Services will be PET CT and geonomics which will continue to be managed on Midlands and East Midlands footprint. Jon can do further workforce transfer briefing but confirmed that there will be no staff reduction as part of the transfer.

Public Health Screening

Stephanie Cook, Public Health Screening Lead presented an update on the Screening Delegation proposals, an initial information session with ICB and stakeholders was held on 7th November and further follow up consultation session to take place next week where national papers will be shared. The proposal that is being consulted on is to retain commissioning of Bowel Screening Hubs, HPV Cytology labs and Newborn Blood Spot tests at national/regional level. SC will also have meet with East and West Cancer Alliance MDs to go through further details and impact.

Workforce Planning

This item was deferred.

Any Other Business (AOB)

There was no AOB.

Date of next Board Meeting:

27th January 2025 between 1-3pm via MS Teams

EMCA ICB Leads contact details:

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