



## **Humber, Coast and Vale Cancer Alliance**

### **May 2019 update**

As part of our communications and stakeholder engagement plans, the Cancer Alliance would like to ensure that our stakeholders are kept informed on the latest news and developments across the Alliance.

#### **Cancer Alliance System Board – 13<sup>th</sup> May 2019**

The Board received a revised performance report focussing on 28 day and 62 day performance as these standards have been prioritised at local, regional and national levels. Increasing attention is, and will continue to be given to demand and performance over time rather than a consecutive month comparison).

Whilst 62 Day RTT performance across HCVCA does not meet the required national 85% standard, the performance differential to that of other Alliances is narrowing. The Alliance providers have in place a wide range of initiatives to improve performance against this standard.

#### **Lung Health Check (LHC)**

As previously reported in February, NHS England announced that the Cancer Alliance and NHS Hull CCG had been successful in securing Hull as one of the ten sites across England that has been chosen to deliver the first phase of the NHS LHC. The targeted screening will help improve survival rates by going to areas with the highest death rates from lung cancer.

A LHC Delivery Group has been set-up to oversee the development and roll-out of the LHC across Hull with five working groups established to implement the required products needed to launch the LHC.

#### **Working Group 1: Engagement and Communication with communities and GP Practices**

Leads: Emma Shakeshaft Communications & Engagement Lead, Hull CCG and Kay Gamble, Communications & Engagement Lead, CA

#### **Working Group 2: Primary care engagement, identify and invite eligible participants, secure facilities and site to deliver LHCs**

Leads: Dr Vince Rawcliffe, GP Board Member, Hull CCG  
Dr James Crick, Consultant in Public Health Medicine and Associate Medical Director

#### **Working Group 3: Undertaking LHC Assessments: staffing, operational policy and protocols**

Lead: Jo Thompson, Responsible Assessor for LHC Programme, and Respiratory Nurse, Victoria Sharman, Matron, HUTH

#### **Working Group 4: Secondary Care Investigations & Treatment for LHC participants**

Lead: Dr Gavin Anderson, Responsible Clinician for LHC Programme and Clinical Lead for Lung Cancer Services, HUTH or nominee tbc



### **Working Group 5: Data & Information Management**

Lead: Dr Stuart Baugh, Clinical Director for LHC Programme and Consultant in Respiratory Medicine, NLAG.

### **Lung Cancer Services**

Aligned to this, the Board also received an update on the work in reviewing Lung Cancer Services and the development of the Rapid Access to Pulmonary Investigation Day pathway (RAPID) to improve patient experience, reduce variation, standardise diagnostic evaluation and eliminate medically unjustifiable delays.

### **2019/2020 HCVCA Funding Allocation and 2019/2020 Objectives**

The Board approved the 2019/2020 Cancer Alliance 'Plan on a Page' which provided the details of how CAs had allocated funding locally to ensure delivery of national and local priorities. HCV CA was allocated £4,355,000 for 19/20 delivery which included £1,429,000 for the delivery of the Lung Health Checks in Hull.

The CA Objectives were also approved at the Board and will now going forward to be discussed further as part of wider Health & Care Partnership event on 11<sup>th</sup> June.

### **The NHS Long Term Plan**

As briefly mentioned above, Humber, Coast and Vale Health and Care Partnership are holding a HCV Partnership Leaders event on Tuesday 11<sup>th</sup> June 2019, from 1pm to 5pm at the Lakeside Conference Centre, Sand Hutton, York. The Cancer Alliance and other work programmes will present their long term objectives to senior leaders and other key stakeholders at the event.

### **Cancer Screening Programmes**

Sir Mike Richards has now published his [Interim Review of national cancer screening programmes](#) in England

Sir Mike's interim report, published Friday 24<sup>th</sup> May, calls for practical measures to be used across the NHS to make screening more convenient and reverse the long-standing decline in the proportion of people being tested. "The NHS should roll out online booking, out of hours appointments and text reminders to boost the uptake of breast, cervical and other screening services", leading expert Professor Sir Mike Richards says.

### **Colorectal Rapid Pathway Work Programme**

The Humber, Coast and Vale Cancer Alliance held a FIT workshop for clinicians and managers across the locality on the 28.2.19; this was a success with high level plans agreed for FIT roll out for low risk symptomatic patients (VoY/ SR and NL/ NEL CCGs). All Trusts aim to have implemented FIT for low risk symptomatic patients in 2019.



In addition, HUTH is currently evaluating a pilot regarding local implementation of FIT across ERY CCG and Hull CCG and in York Dr James Turvil is undertaking research regarding the application of FIT in high risk patients.

A further colorectal business meeting has been booked for the **20<sup>th</sup> June 2019**. The agenda will cover updated Colorectal Rapid Pathway (including Straight to Test), FIT implementation (Low Risk Systematic Patients), Inter-Provider Transfers guidelines for colorectal cancer patients, Implementation of MDT guidance/ Acute Service Provision and refresh HCV colorectal timed pathways. Providers and HCVCA are making use of 'shadow' 28 day referral to diagnosis data as a proxy measure of implementation of the colorectal rapid pathway.

A new project manager to support the delivery of the Colorectal Rapid Pathway work has commenced in post and can be contacted on [amina.bristow@nhs.net](mailto:amina.bristow@nhs.net)

### **Prostate Rapid Diagnostic and Assessment Pathway**

Work has commenced on the 2018/19 progress report and gap analysis work is underway.

Following the Prostate Focus Group in February colleagues have been discussing adoption of the new access criteria for MRI/CT/Biopsy with their colleagues within each trust, this has now broadly been agreed and with some further work aims to implement new criteria in June.

At the Business Meeting in May IPT protocols across the patch were reviewed and the protocol for Prostate agreed. Also discussed at the meeting was the development of Standards of Care for MDT processes in line with national guidelines. Meetings are taking place across the patch to agree criteria and format of process.

A new Project Manager supporting work on the Prostate Rapid Diagnostic and Assessment Pathway has commenced in post and can be contacted on [laura.tattersall@nhs.net](mailto:laura.tattersall@nhs.net)

### **Diagnostics**

Procurement of the Radiology workflow solution has been completed and the technical roll out has commenced with an ambition to 'go live' in the autumn, commencing with the priority pathways: Lung, Colorectal and Prostate. In the meantime, process mapping work is underway with a view to identifying efficiency savings that can be realised through use of the system.

The procurement of digital slide scanners has also been completed and a plan is in place to address training requirements. The ambition is to commence digital reporting on the priority pathways by the autumn.

A HCV wide endoscopy group has now been formed, along with a decontamination sub group. Potential for efficiencies in the procurement of decontamination equipment and the associated maintenance contracts has been identified and is being explored. Right Care data and examples of best practice from other parts of the country are being used to inform a



programme of demand management, workforce development and productivity gains, with a further clinical meeting being planned for July to reflect on possibilities.

Work continues on the development and prioritisation of joint asset registers for Radiology and Endoscopy. This will support recommendations about future strategic investment of resources as well as identifying possible joint procurement opportunities.

Workforce planning is crucial to the future of Diagnostics and we are working across the HCP and closely with HEE to identify innovative approaches to bridge current and future gaps in workforce availability. A piece of work to identify potential for extended scope practitioners has also commenced.

A diagnostics end of year report setting out the key achievements in 18/19 and the ambitions for 19/20 has been produced and can be accessed by contacting us [comms.hcvcanceralliance@nhs.net](mailto:comms.hcvcanceralliance@nhs.net)

A new Project Manager for Diagnostics commenced in post in April and can be contacted on [laura.tattersall@nhs.net](mailto:laura.tattersall@nhs.net)

### **Cancer Champion Programme**

The Cancer Champion Programme trained its 1,000<sup>th</sup> Cancer Champion volunteer last month at the Community Hub at the Asda Superstore, Mount Pleasant, Hull. For further information about the Cancer Champion programme please [Click here](#)

### **Living With and Beyond Cancer April update**

All three hospital trusts are already offering elements of the Living With and Beyond Cancer Programme Recovery Package to some patients, with plans to extend this to others. However in order to identify gaps and enable them to focus on areas where more work is required, the Living With and Beyond Cancer team have been working with the hospital trusts to ensure that a baseline is established for the numbers of patients receiving different aspects of the Recovery Package (eHolistic Needs Assessment and Care Plan, Treatment Summary, access to a Health and Well-being event, intervention or information) and a high quality Cancer Care Review in their GP practice. It will help identify gaps in provision in different tumours as they work towards the goal outlined in the NHS Long Term Plan of *“by 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.”*

The NHS Long Term plan also set a target that after treatment, patients will move on to a risk stratified follow-up pathway that suits their needs, and ensures they can get rapid access to clinical support if they are worried that their cancer may have recurred. For breast cancer this should be established by 2019, for prostate and colorectal cancers in 2020 and other cancers where clinically appropriate by 2023. The trusts are making progress on developing and implementing their risk stratified pathways. York introduced their risk



stratified pathway for newly diagnosed breast cancer patients from January 2019 and have a well-established risk stratified remote surveillance pathway for colorectal cancer. Hull also introduced their risk stratified pathway for colorectal and prostate cancers in January and NLAG have established and implemented a pathway for colorectal cancer.

### **Other news**

The Living With and Beyond Cancer Programme Board which meets bi-monthly has welcomed two new patient representatives in 2019 to its meetings. Zoe Bounds from York and Clare Davis-Eaton from N.E.Lincs provide valuable insight into the views of service users. A meeting was held with representatives of Breast Cancer Now to discuss their manifesto for the provision of specialist support for patients with metastatic breast cancer. This was also discussed at the Living With and Beyond Cancer Board. More information about the manifesto can be found at <https://www.breastcancercare.org.uk/get-involved/campaign-us/secondary>

### **Welcome to:**

Laura Tattersall, Project Delivery Manager to the Diagnostics work-stream and Prostate rapid diagnostic and assessment pathway

Jen Hall, Macmillan Patient and Public Engagement Officer, Communications and Engagement Team

Tracey Emmerson, Project Support Assistant

Vicky Walpole, Project Manager, Lung Health Check Programme (3 months)

Martyn Slingsby, Programme Manager

### **Goodbye to:**

Keith Kocinski, Data and Information lead who has now retired. Keith was instrumental in the development of the cancer dashboards and performance reporting to name just a few and we thank Keith for all the expertise that he brought to the Cancer Alliance. He will be missed but we wish him well in his retirement

In light of the 2019/2020 programme of work and new arrivals to the team, we are reviewing the Programme team structure and will update you shortly with confirmed changes.

Meanwhile for further information please get in touch with us at:  
[comms.hcvcanceralliance@nhs.net](mailto:comms.hcvcanceralliance@nhs.net)

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