



## Humber, Coast and Vale Cancer Alliance

### September 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.

### A message from Lucy Turner, Programme Director

I am delighted to share with you that our new Humber, Coast and Vale Cancer Alliance website is now live and can be accessed [here](#) . We now have Facebook which can be accessed <https://www.facebook.com/HVCancerAlliance/> If you could please **like** the page, **share** some of our posts and **invite** your colleagues to like the page it would be much appreciated.

The website continues to evolve as we develop the content further. Our [About Us](#) film is now on the website and features many staff, locations and services from across the area. Thank you so much to all of you who agreed to take part in the filming and who helped make it happen. Our Cancer Champion programme continues to deliver training sessions across the Alliance on signs and symptoms of cancer and celebrated its first birthday this month. We have now trained 1,290 people across the community and in business. For more information or to book a place, please get in touch through our website or email address.

Please get in touch with us if you would like to share any information, suggest additions or share news with us, we would love to include these on our website: [comms.hvcanceralliance@nhs.net](mailto:comms.hvcanceralliance@nhs.net)

### Changes to the Leadership Team

As many of you will already know, John Hancock will be leaving the Cancer Alliance on the 4<sup>th</sup> October. On behalf of the whole Alliance, I would like to thank John for his hard work and tenacity whilst he has been seconded part-time to the Cancer Alliance. John will be returning to his full time CCG role and will no doubt continue to be involved with the work of the cancer Alliance as a CCG representative.

As many of you will know, Jane Hawcard, Senior Responsible Officer is leaving the East Riding CCG at the end of October to take up a new role as Chief Finance Officer for the North Yorkshire CCG and Phil Mettam, Chief Officer at Vale of York CCG will join us as Chair.

We are pleased to welcome Hayley Williams to the new post of Deputy Programme Director at the Cancer Alliance team this week. Hayley joins us with a wealth of cancer experience, having been a Cancer Manager in Sheffield for a number of years before leading a Programme in South Yorkshire and Bassetlaw Cancer Alliance. She will be leading the Treatment and Pathways Programme and is very much looking forward to getting to know everyone. I know that you will all support her, especially given my imminent departure on

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24<sup>th</sup> October. The Programme Director role will be advertised again in the next few weeks, once Phil Mettam has taken up the role of Chair.

I have thoroughly enjoyed my time at the Cancer Alliance and can really see the progress we have made in the last nine months. Thank you to all the colleagues who have made me feel so welcome and who have supported me during my time in post.

On a final note, we are holding a Senior Clinical Leaders' Event on the afternoon of 11<sup>th</sup> October at Cave Castle. An agenda will be sent out to delegates this week and I would urge you to attend to help us shape the clinical leadership model for the Cancer Alliance going forward. More details are available from Charlotte Pennington [charlotte.pennington@nhs.net](mailto:charlotte.pennington@nhs.net)

### **Lung Cancer Services:**

Work continues on the vision of Alliance lung cancer services for the future. Although Lung Health Checks are an integral part of this programme, the focus spans the whole pathway from prevention through to treatment and beyond. This is to ensure that staff, diagnostic capacity and expertise are shared across the Alliance as well as supporting services to embed the required pathways for achievement of the 28 day faster diagnosis standard and delivery of the national Lung Cancer Optimal Pathway. A preliminary report was shared at the System Board and approval was given for a phased approach to be planned. Stakeholder engagement with partner organisations will continue to develop future lung cancer services across the Alliance.

Any enquiries, please contact [trish.rawnsley@nhs.net](mailto:trish.rawnsley@nhs.net) or [Rachel.iveson1@nhs.net](mailto:Rachel.iveson1@nhs.net)

### **Lung Health Check**

The Lung Health Check (LHC) programme continues to gather pace. The Delivery Group and Working Groups are developing their respective areas of work in partnership with Hull University Teaching Hospitals NHS Trust (HUTHT), Hull CCG, Public Health and NHS England.

Scheduled to start in early 2020, HUTHT has been confirmed as the main provider of the respiratory nursing team conducting lung health checks, additional nurses have already been recruited.

Several public engagement events have been held to gain feedback from eligible participants about invitation letters, promotional literature and siting of the mobile units. Feedback has been submitted to NHS England and final materials are due in September. A short animated film has been developed by the communications and engagement team to raise awareness in the community and can be accessed at [www.lunghealthcheck.org.uk](http://www.lunghealthcheck.org.uk)

Lung health checks featured at the NHS Hull's primary care Protected Time for Learning event on 18<sup>th</sup> September at the KC Stadium and invitations have now gone out for the CCG

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community stakeholder event scheduled for 16 October 2pm to 4pm at The Guildhall, Hull. For more information or to register please email [comms.hcvcanceralliance@nhs.net](mailto:comms.hcvcanceralliance@nhs.net)

The project team continues to work with Cobalt Siemens to identify suitable areas to site the mobile units in terms of feasibility, good public access and high uptake. The team is also working with the CCG and primary care to encourage attendance and to identify the eligible cohort of participants.

A large group of stakeholders and clinical staff attended a showcase day in Manchester to learn more about their pilot programme. The team came away with the reassurance that most areas have been considered and learnt more about the different elements of the programme. The main challenge now is joining up of IT systems and managing data flow, these are being worked through with partners from NHS Hull CCG, HUTH and CHCP.

Clinical Leaders and Project Teams attended a national NHSE meeting in September and shared progress and challenges faced with other pilot sites. The newly appointed national evaluator, IPSOS Mori spoke about the Liverpool Healthy Lungs Programme and about the Manchester CURE model of smoking cessation.

The draft bid to extend the lung health check programme to other areas of the Cancer Alliance has now been submitted to Yorkshire Cancer Research. A complementary bid to provide smoking cessation advice and support on the mobile unit has also been submitted by the Hull Public Health team.

## Diagnosics

Technical roll out of the radiology workflow solution continues and we hope to commence use of the system before Christmas. We will spend the following few months trialling and evaluating how it is used in order to gain the best possible advantage from its use and to reduce reporting delays on pathways wherever possible. Discussions with neighbouring alliances continue to be positive. We are also looking into the possibility of using artificial intelligence to help utilise reporting capacity, initially on the lung pathway, to best effect.

Members of the team attended a radiology learn and share event in London on 18 September and this provided an opportunity to both give and receive peer support. We understand that a national imaging strategy will be published shortly and we look forward to receiving this and developing our five year plans accordingly.

Within this same timeframe, we hope to commence the use of digital reporting in pathology on our priority pathways.

We are moving forwards with the update of the capacity and demand work and will update further on this in the next few months.

We have had the opportunity to review a refreshed Right Care pack for endoscopy and to have a focussed discussion with HEE regarding potential for innovative workforce

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development. We have a clearer picture of the in depth data that needs to be collected to inform changes that could reduce pressure on services and have begun to map out how we can work together to create a more sustainable workforce. Further meetings will be held in November and December to review the data and begin pathway development discussions and to flesh out workforce plans.

### **Rapid Diagnostic Centres**

We have submitted our plans for development of Rapid Diagnostic Centres to the regional and national teams and initial feedback suggests there are no serious concerns about the scale of our ambition or stated approach. The next step is for us to develop a five year plan, by January 2020, describing how we will roll out the model across the entire alliance footprint and ensuring we take this opportunity to reduce time to diagnosis for our patients wherever possible.

NHS England and NHS Improvement have published [Rapid Diagnostic Centres vision and 2019/20 implementation specification](#).

This document outlines the vision and approach for how Rapid Diagnostics Centres will develop and support the transformation of cancer diagnosis services over time. It also provides an implementation specification for Cancer Alliances to begin setting up RDCs in 2019/20.

The Cancer Alliance System Board meeting held in July 2019 received a joint proposal from the Treatment and Pathways and Diagnostic work streams, as each Cancer Alliance is required to submit their 4 year implementation plan by the end of August 2019. Support was given by the board to continue discussions regarding the proposals with Hull University Teaching Hospitals NHS and York Trust for 2019/20 and also to include NLaG in the deliberations for implementation thereafter. Whilst the title refers to Diagnostic Centres, it is acknowledged that the requirement is regarding diagnostic pathways.

Any enquiries, please contact [Michaela.golodnitski@nhs.net](mailto:Michaela.golodnitski@nhs.net) or [Laura.tattersall@nhs.net](mailto:Laura.tattersall@nhs.net)

### **Treatment and Pathways**

On 17th September 2019 stakeholders from across the Alliance attended the Colorectal Business Meeting at The Ropewalk, Barton Upon Humber.

The agenda included updates from the Cancer Alliance and discussions around FIT implementation for low risk symptomatic patients across the area, which will be rolled out across HCV by December 2019, the development of Inter-Provider Transfers guidelines for colorectal cancer patients, final details for the HCV Colorectal Operational Policy, Rapid Diagnostic Pathways and the implementation and streaming of MDT guidelines.

It was also noted that HCV CA recently took part in a nation evaluation and monitoring programme that CADEAS are running. This is the monitoring and progress of implementation of NICE DG30 guidance and HCV CA contributed through an interview,

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which will be published as part of a national evaluation next year.

Pramintra Chitsabesan, Colorectal Clinical Lead for HCV CA, chaired the event and said:

“Working more closely in a collegiate and co-operative way is important. Together, we aim to improve cancer care throughout the whole process – right from a patient who may or may not have symptoms, through to primary and tertiary care.

It’s not only important to improve our ability to cure patients but also to improve their abilities to live with cancer, making work around palliation and supportive care just as vital.

To this end we are trying to develop a Humber, Coast and Vale operational policy for colorectal cancer that is agreed across the whole patch and the response to the initial document at this meeting has been very good. It has allowed us to set out a stall for what we think is great care while allowing us to finesse our processes.”

A further colorectal business meeting will be held in December 2019 and will continue to build on the work plan.

The Prostate Business meeting has now changed to a Urology Business meeting and a deputy clinical lead is being sought to lead this work. Please contact [Hayley.williams32@nhs.net](mailto:Hayley.williams32@nhs.net) if you would like to discuss this opportunity further.

### **Clinical Leadership in HCVCA**

As reported in the last Stakeholder Update there was unanimous support at the Cancer Alliance System Board for the re-introduction of Cancer Site Specific Groups, development of a Cancer Clinical Advisory Group and to re-advertise for a primary care cancer lead for the Alliance. These structures will be designed to ensure that clinical engagement is ‘front and centre’ of cancer work plans and aspirations.



The update report was submitted to Board in September following which further discussions will take place with clinical leads at their time out event on 11<sup>th</sup> October 2019.

For any enquiries please contact [hayley.williams32@nhs.net](mailto:hayley.williams32@nhs.net) or [amina.bristow@nhs.net](mailto:amina.bristow@nhs.net)

Updated Terms of Reference for the Cancer Alliance System Board were approved at the Board in September. The new terms of reference have now expanded membership of the Board to include more clinicians and broader CCG representation.

### **Living With and Beyond Cancer**

The Living With and Beyond Cancer Programme consists of two main elements – Risk Stratified Follow up and the Recovery Package. In line with the emphasis on personalised support and care outlined in the NHS Long term Plan, Risk Stratified Follow Up has been renamed “Personalised Stratified Follow Up” and the Recovery Package has become “Personalised Care Interventions”. This allows for ongoing and future

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developments and reinforces the importance on personalised care for those living with and beyond cancer.

### **Treatment summaries**

Treatment summaries are an important element of the Personalised Care Interventions. They facilitate a standardised and consistent approach to sharing crucial information between primary and secondary care and the person living with cancer. It helps inform the Cancer Care Review discussion between patient and GP and ensures that GPs are aware of their current circumstances following treatment. For the patient, they provide a short summary which tells them the treatment they have had, possible side effects which may occur, red flag symptoms to look out for and details of who to contact with any queries or concerns. The Treatment Summary is personalised and sits alongside other interventions, such as the Holistic Needs Assessments and Care Planning to support self-management.

York Teaching Hospital NHS Foundation Trust has used some of the Transformation Funding from Humber, Coast and Vale Cancer Alliance to develop treatment summaries for patients at the end of each significant phase of treatment regardless of their tumour site. As well as working with IT the trust Living With and Beyond Team undertook significant consultation with patients and staff to ensure that the information and format would meet their needs. Treatment summaries became available in August.

Macmillan Cancer Support funding for a Living With and Beyond Cancer Project Officer to work as part of Humber, Coast and Vale Cancer Alliance project team. Interviews are being held early October.

For any enquiries about the work of the Living With and Beyond Cancer Team or the project officer post, please email Alison Cockerill at [Alison.cockerill@nhs.net](mailto:Alison.cockerill@nhs.net) or ring 07718 192254.

### **Other News:**

#### **Save the Date:**

Thursday 5<sup>th</sup> March 2020 for the Humber, Coast and Vale Cancer Alliance, Share and Learn Celebration Conference – venue to be confirmed.

### **Message from Cally Palmer, National Cancer Director, NHS Cancer Programme:**

The NHS Cancer Programme is delighted to announce that Professor Peter Johnson has been appointed to the role of National Clinical Director for Cancer at NHS England and Improvement.

Peter is a highly-regarded clinical researcher in the field of oncology and his current roles include Professor of Medical Oncology at the University of Southampton and Director of the Southampton Cancer Research UK (CRUK) Centre.

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Since 2018, he has also been Director of the Francis Crick Institute cancer research network – promoting collaboration between research groups at the institute and at CRUK’s other research centres.

Previously, Peter was Chief Clinician for Cancer Research UK from 2008 to 2017. He established the stratified medicine programme which piloted the use of genomic analysis as part of routine care and which led on to the [100,000 genomes project](#).

Although he trained broadly in medical oncology, Peter’s clinical work now specialises in haemato-oncology, and his research is in cancer immunology. He has led many clinical studies, from first-in-human testing to practice-changing international randomised trials.

I am really pleased to be able to welcome such a distinguished clinical and research leader from the world of cancer to the NHS Cancer Programme.

As National Clinical Director, Peter will chair the clinical group [which is part of our governance structure](#) for the National Cancer Programme. He will play a central role ensuring we continue to have strong clinical input into key projects such as Rapid Diagnostic Centres and the Faster Diagnosis Standard.

He will also support Cancer Alliance Clinical Chairs to implement the ambitions of the Long Term Plan for cancer across England.

We are already working through organising a series of introductory meetings with stakeholders. I am sure you will also get a chance to meet Peter as part of our regular events and engagement.

Contact Us:

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