



Humber, Coast and Vale Cancer Alliance

June 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

“Thank you to all stakeholders for your commitment and engagement with the Cancer Alliance over the recent months. This last month, as we all celebrated National Volunteers’ Week, I would particularly like to thank all the volunteers who give their time and support, in so many ways, volunteering with services and organisations across the Alliance; Thank you”.

19 Cancer Alliances Event

Dr Stuart Baugh, HCVCA Clinical Director and Lucy Turner had the opportunity to meet with other Clinical and managerial leads from all 19 national CAs in early June. This was a fantastic networking opportunity and it was good to share our local plans for delivering Lung Health Checks and discuss proposals for Rapid Diagnostic Centre(s) in HCVCA.

Transforming Oncology

We were delighted that the second in a series of Oncology workshops was so well attended on Friday 21st June. Plans are still being progressed for how we can transform provision of Oncology Services across HCV. We used some techniques that the Project Team had been taught on their TCSL course in Leicester. One of these was ‘Fresh Eyes’; we asked delegates to think how Disney, Amazon and Manchester United would approach managing oncology services and what we could learn from them.

HCV Partnership Leaders’ Event -11th June 2019

More than 100 leaders from across Humber, Coast and Vale came together for the biggest Health and Care Partnership Event yet. There was a high level of energy and excitement in the room and many colleagues have provided positive feedback about how much they enjoyed the event and learning about all the work that is taking place across the Partnership. The event started with a welcome from Executive Lead, Andrew Burnell, and new Independent Chair, Professor Stephen Eames CBE. Participants then heard from Healthwatch about their engagement work with members of the public from across HCV on the NHS Long-Term Plan, which will help to shape the Partnership Long-Term Plan and ensure the views and perspectives of local people are at the heart of the developing plan. Over the course of the afternoon, colleagues took part in a series of discussions based around each of the Partnership’s collaborative programmes with HCVCA Lucy Turner, Dr Stuart Baugh and Lay Representative, Angela Broekhuizen presenting the HCVCA long term objectives. The comments and ideas raised in each of these discussions will help to inform the Partnership’s Long-Term Plan, which will be developed over the coming months.



Lung Health Check

The Cancer Alliance, NHS Hull CCG, HUTH and other partners are making good progress in developing the lung health check service for Hull as one of the ten sites across England that has been chosen to deliver the first phase of a multi-million pound programme by NHS England. The lung health check will help to increase early detection of lung cancer and therefore improve patient survival rates.

The LHC Delivery Group has met and has signed off the way in which health checks will be delivered and we have now issued a specification to supplier Cobalt Siemens to procure a mobile LHC unit and low dose CT scanner. We are currently working on identifying a schedule for the unit to visit areas within Hull and will be working closely with patients and the public to identify where the mobile unit should be sited to encourage uptake and ensure easy access within communities.

A bid for funding has been drafted to submit to Yorkshire Cancer Research which would enable us to offer lung health checks in other areas within the Cancer Alliance.

Any queries please contact trish.rawnsley@nhs.net or Rachel.iveson1@nhs.net

Cancer Champion Programme

The Cancer Champion programme continues to deliver training sessions in communities and businesses across the HCVCA and has trained a total of 1,106 Champions to date.

The next stage of development for the programme is develop a train the trainer model of delivery to increase the number of sessions delivered and number of Cancer Champions trained.

A priority of HCV CA is to increase uptake of cervical screening in 19/20 and the Cancer Champion programme will, therefore, focus on recruiting and training cervical screening cancer champions to deliver key messages across the community. A particular focus will be around cervical screening uptake in people aged 25-40 and those groups that are seldom heard. For more information or to book a training session, please contact us at eryccg.cancerchampion@nhs.net

Diagnostics

Technical roll out of the workflow solution is progressing well and the servers enabling connectivity to the data centre have been built. The next stages will be to build the servers that will be situated within the hospital providers and to establish a demo of the working environment that can be trialled by clinicians as they familiarise themselves with the system. An initial round of process mapping has been completed and a summary of the findings have been shared. These will now be analysed to establish their contribution to efficiency savings and to identify any further actions required.

Plans to roll out training for the use of digital slide scanners are progressing but will take a little longer than anticipated, though this should still enable digital reporting to have commenced on the priority pathways by the end of the year.



A draft list of priority investments for radiology equipment has been created and will be presented at the next Systems Board. The asset register has also been updated to reflect the latest submission of the Model Hospital data.

The diagnostics team are working closely with WYH CA and YHEC to update to the capacity and demand modelling tool, with a view to expanding our ability for strategic planning for the next five years. This will enable the impact of RAPID pathway implementation, lung health checks and the roll out of FIT testing to be applied to the data.

Funding has been secured from HEE for additional training for 7 reporting radiographers across HCV and work continues with HEE and HCV colleagues to identify further training opportunities.

An initial round of site visits across HCV decontamination services has been completed and has provided an opportunity to learn from best practice as well as flagging further opportunities for joint procurement including consumables and other products used by the services. A further analysis of the opportunities will be undertaken over the summer.

Any queries, please contact Michaela.golodnitski@nhs.net or Laura.tattersall@nhs.net

Treatment and Pathways

Rapid Diagnostic Pathways (Lung, Colorectal, Prostate and Oesophago Gastric)

Implementation of the rapid diagnostic pathways can be measured by the reporting of the 28 day diagnosis standard. Providers have agreed to share their 'shadow reporting' of performance against this standard.

Further work is required to establish a 'straight to test' pathway for suspected colorectal cancer referrals. Timescales for full implementation across all three sites have been revised to April 2020.

Oesophago Gastric Rapid Diagnostic Pathway is the most recent of the four priority pathways to be published and it is a requirement of both commissioners and providers to have this pathway in place by the end of April 2020. It is anticipated that a clinical leader will be agreed by the end of June 2019.

The remit of these clinically led groups has expanded to include anticipated guidance regarding the 'streamlining' of MDTs and agreement of inter provider transfer arrangements.

FIT - In June the Cancer Alliance held a business meeting with colorectal colleagues from across the HCV. The event was attended by clinicians, lead nurses and allied health care professionals from HUTH, York and NLAG and discussions included Rapid Pathway, FIT and standards of care. Slides from the meeting will be available on the Cancer Alliance Website shortly. For queries, please contact amina.bristow@nhs.net



New FIT test is launched into the national bowel screening programme

The NHS has started rolling out the new bowel cancer screening test (FIT - faecal immunochemical test) as part of the NHS Bowel Cancer Screening Programme in England.

The main benefits of FIT are that it is easier for participants to use - only one sample is required versus the current guaiac faecal occult blood test (gFOBt), which requires samples to be taken from three different stools. FIT is more sensitive than gFOBt and is therefore able to detect signs of cancer earlier, saving more lives. The new test is a significant deliverable as part of the NHS Long Term Plan. Practices have been issued with a briefing and FAQ documents in advance of go-live. [For more information click here](#)

Clinical Leadership in HCVCA

Clinicians in primary and secondary care and nursing staff have been consulted on how the Alliance can ensure (and support) clinical engagement is 'front and centre' of the strategic direction of cancer work plans and aspirations. From feedback received it is evident that there is the clinical appetite to engage, the challenge will be to design and implement the 'protected space' and resource to do this. A report will go to the System Board meeting on 08 July for further discussion.

Rapid Diagnostic Centres

Based on the outcomes of the Health Economic Evaluation of a 'vague symptom' pathway (nationally, this will be renamed as 'serious non-specific symptoms'), the Treatment and Pathways Work Programme is working in partnership with the Diagnostic Work Programme to design and implement a Rapid Diagnostic Pathway in Humber, Coast and Vale. As required by the National Cancer Team, a proportion of the Cancer Transformation Funds available to the Alliance has been ring fenced to ensure that at least one such pathway is in place. More detailed service specification/ guidance are awaited.

Any queries, please contact john.hancock2@nhs.net

Living With and Beyond Cancer

Treatment Summaries

Congratulations to York Teaching Hospital NHS Foundation Trust who have developed a system to enable all patients with a cancer diagnosis to receive a treatment summary at the end of treatment as part of the Recovery Package. This will outline the treatment the patient has received, red flag symptoms to look out for, who to contact with any concerns and planned follow up. This has been a significant piece of work which has benefited from patients and staff views, dedicated IT time and considerable input from the Living With and Beyond Team to enable it to happen. [For more information click here](#)

Cancer Care Reviews

All GP practices in Hull, North Lincolnshire, Vale of York and Scarborough and Ryedale CCG areas have received their Cancer Care Review folders to support the delivery of Cancer Care Reviews which patients should receive within six months of receiving a cancer diagnosis. East



Riding of Yorkshire GP practices should receive their packs in the coming weeks. [Additional copies can be downloaded here](#)

Breast Cancer Stakeholder Event

Preparations are underway for the Breast Cancer Stakeholder Event to be held on Monday 1st July in Barton, to support the implementation of risk stratification for breast cancer.

Stakeholders from all three trusts will be attending which will enable all to learn more about the benefits to patients and trusts. Additionally, providing dedicated time with colleagues to develop action plans and how to implement risk stratification in their hospitals or where this is already happening, to reflect on how it is going, any challenges which have arisen and how they may be overcome.

Any queries, please contact Alison.cockerill@nhs.net

News from NHS England and NHS Improvement

NHS Long Term Plan

In January, NHS England and NHS Improvement committed to publish an implementation framework for the NHS Long Term Plan, setting out further detail on how the commitments in that document will be delivered. The framework has been published today at: <https://www.longtermplan.nhs.uk/implementation-framework/>

Local systems are working hard to develop draft versions of their five-year strategic plans. These plans will clearly describe the population needs and case for change in each area, and then propose practical actions that the system will take to deliver the commitments set out in the NHS Long Term Plan.

The framework summarises these commitments alongside further information to help local system leaders refine their planning and prioritisation. This includes detail about where additional funding will be made available to support specific improvement priorities and where activity will be paid for or commissioned nationally.

The framework reiterates key features of local plans, which should:

- **be clinically led:** with systems identifying and supporting senior clinicians to lead on the development of implementation proposals for all Long Term Plan commitments that have clinical implications and for their plan overall;
- **be locally owned:** closely involving local government and the voluntary sector as plans develop, and giving local communities (including those often most marginalised) a chance to inform their thinking;
- **include realistic workforce planning:** with realistic workforce assumptions, matched to activity and financial constraints, in line with the Interim NHS People Plan;
- **be financially balanced:** with systems showing how they will deliver commitments within resources available, including plans to moderate demand and to support the financial recovery of individual organisations;



- **deliver all Long Term Plan commitments and national access standards:** including how they will continue to maintain and improve performance for cancer treatment, A&E, and reducing wait times for elective care;
- **be phased based on local need:** while the framework includes some national foundational requirements, it emphasises that not all Long Term Plan commitments should be implemented at the same time everywhere; and
- **consider how to reduce local health inequalities and unwarranted variation:** also showing how systems will make use of allocated funding to tackle these, and to deliver tangible improvements in health outcomes and patient experience.

Local systems will prepare draft versions of their five-year plans by mid-September, with final versions submitted by November 2019. These plans will later be published as part of a national implementation plan setting out key milestones and performance trajectories.

NHSE would like to take this opportunity to thank the many of you who have actively helped the NHS and its partners to develop this document by sharing ideas, championing areas of service improvement and when necessary challenging our thinking. Each system is expected to make sure it continues to involve local communities – especially drawing on the expertise of those who provide and use services. Further information about this is provided as part of the framework.

Further information about how local systems are taking shape can be found in a new NHS briefing: *Designing integrated care systems (ICSs) in England*, which gives an overview of the arrangements needed to build strong integrated care systems, setting out the different levels of management that they include. NHSE hope it will help your teams and networks to understand this work better and strongly encourage you to share it with anyone who would find it useful.

Documents:

[Implementation Framework](#)

[The Implementation Framework: support offer](#)

Consultation – cancer services for children and teenagers and young adults

In June NHS England launched a 60 day consultation for new service specifications for cancer services for children (CYP) and teenagers and young adults (TYA):

- [Children’s \(CYP\) Cancer Services](#). These are used by children aged between 0 and 16. In some cases, and with the agreement of Teenage and Young Adult’s Cancer Services, they may also treat teenagers up to the age of 18.
- [Teenage and Young Adult’s \(TYA\) Cancer Services](#). These are used by teenagers and young people aged between 16 up to the day before their 25th birthday. In some cases, and with the agreement of Children’s Cancer Services, they may also treat teenagers from the age of 13.

The [NHS Long Term Plan](#) set out a commitment to improving outcomes for children, teenagers and young adults with cancer, and we believe these proposals will help us to achieve this. This includes:



- Developing and implementing networked care to improve outcomes for children and young people with cancer, simplifying pathways and transitions between services and ensuring every patient has access to specialist expertise;
- Supporting children and young people to take part in clinical trials, so that participation among children remains high, and among teenagers and young adults rises to 50% by 2025; and
- Putting in place more effective consent processes for using data and tissue samples in research that will contribute to improving survival outcomes.

The consultation guide and the supporting documents, that explain the proposed changes in more detail, are available on the NHS England website. The consultation guide covers both the CYP & TYA service specifications, but there are separate surveys. This includes the proposed new service specifications, engagement reports and impact assessments.

We are arranging a number of webinars – some are aimed at young people and their families, with others provided for clinicians and professionals, and we will be updating the website with details over the next few days. Please also see a [blog from the Chair of our CRG \(Clinical Reference Group\) Rachael Hough](#), published today.

We will be working with CLIC Sargent and the Teenage Cancer Trust to ensure we hear the views of children, young people and their families.

The consultation will run for 60 days from **Wednesday 5 June until Sunday 4 August 2019**.

For further information, or to unsubscribe from this stakeholder update, please get in touch with us at: comms.hcvcanceralliance@nhs.net

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