

Meeting	Peninsula Cancer Alliance Board 22 July 2020
Title	Alliance Update
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Agenda Item	Item 4
Summary This paper provides an update on a range of Alliance projects and activities.	
Recommendation The Board are asked to note the update. The Board are asked to support the Revised Colorectal Pathway is submitted to the Peninsula Medical Directors for approval.	

Priority Projects

The Alliance has identified a number of priority pathway changes to support recovery.

Topic	Project	Timescale
Lung Cancer	Re-introduce reflex CTs for Chest X-rays coded as "CX3 - CT required".	Sep 20
	One stop diagnostic clinic implemented in RCH.	tbc
	Support other providers to bring parts of initial diagnostic pathway together, such as x-ray and CT, or CT and outpatient appointment, on the same day.	Mar 21
Prostate Cancer	Providers demonstrate that mpMRI is of sufficient quality to avoid biopsies (according to SW protocol).	Sep 20
	Providers move to LA TP. To include plan for training of staff, purchase of equipment.	Sep 20
	Providers to set out optimal skill mix for biopsy services.	Dec 20
	General anaesthetic template biopsies cease	Jul 20
	Implementation of non-face-to-face triage for direct to mpMRI	Oct 20
Colorectal Cancer	Introduce FIT for all 2 week wait referrals to support triage and management colorectal teams.	Jul 20
	All referrals triaged for priority and to direct to most appropriate next step	Jul 20
Skin Cancer	The Alliance will support the continued roll out of dermatoscopes and GP training in their use.	Aug 20
	Dermatoscopes images used to triage suspected cancer referrals (2ww for MM and SCC and routine for BCCs)	Oct 20
Breast Cancers	Breast pain service available for all practices for symptomatic breast referrals.	Mar 21
Rapid Diagnosis Service	Non Site Specific Referrals Providers recruit staff for RDS	Aug 20
	Non Site specific referrals for direct access CT in all providers	Aug 20 RDE Oct 20



	Review referral pathway for lumps and bumps. Agree Alliance-wide referral criteria and services for lumps and bumps, coordinating serviced for suspected Head & Neck cancers, Lymphomas and Sarcomas.	Oct 20
Endoscopy Service Review	Providers introduce consultant triage of all request for OGD (referral and direct access)	Jul 20
Lumps and Bumps		Oct 20

Revised Colorectal Pathway

Please see separate document

Rapid Diagnosis Service

Non Site Specific Pathway

In 2019/20, Cancer Alliances were asked to establish non-specific symptom (NSS) RDS for patients presenting with serious, but non-specific cancer symptoms. The impact of Covid caused the programme to pause for four months but has since been restarted. NSS for RCHT, UHP, TSD and NDH are scheduled to go live by the end of the August, followed by RDE in October. Based on the Oxford Scan model it is estimated that 2500 NSS referrals will be made per annum with an 8-10% conversion rate. The pathway model adopted has been to build upon the Acute Oncology Service with additional GP, CNS and navigator support and is funded for five years (£600k pa recurrent). Patient experience will be monitored through a pulse survey and care navigators supported to improve the pathway, through a PCA wide navigator training and development programme.

Alliances were also asked to establish RDS for patients with site-specific symptoms prioritised by underperformance of two week wait, or 62-day targets and, with later stage diagnosis. A programme to extend the RDS across all tumour sites from 2019-2025 within the £8.84m funding envelope was submitted and approved in February. As a result of COVID, Alliances were asked to accelerate implementation of RDS to improve the resilience and responsiveness of cancer services to manage increased diagnostic waiting lists and capacity and respond to any sudden influx of patients. Pathway work that was previously scheduled for 2020/23 has been brought forward and is set out in the PCA priority work plan. The RDS focus is on Upper and Lower GI, Breast, Head and Neck, Lung and Skin. This work programme is governed by the Rapid Diagnostic Steering Group, chaired by Amy Roy, UHP.

Unfortunately, the stakeholder engagement event had to be cancelled due to Covid-19. We have drafted the annual survey questions and some new draft patient information for the Non Site Specific Pathway, which the PPE Lead will share with the Trust patient groups. We are also working on a Pulse Survey which take place in-year at fixed times, to give us more real-time data. The Alliance, with local patients, will support RDS Care Navigators as they are appointed to make sure the information sent to patients reflects new practices and pathways.



4 Personalised-Care

Providers are required to delivery against 8 metrics for Personalised Care for Cancer. A summary of the performance in May is given in the table below. Providers received Cancer transformation Funds to recruit the support work and other staff needed to deliver the services these metrics measure. Providers need to move these services to business as usual in 2020/21 to enable thee service to continue.

Percentage of Providers meeting National Metrics for Personalised Care for Cancer

Metric	Metric	Breast	Prostate	Colorect.	Brain	Gynae	H&N	Haem	Lung	Sarcoma	Skin	Upper GI	Urology
PSFU1	60% of people who finish treatment for breast cancer being on a supported self-management follow-up pathway	80%											
PSFU2 a	Service offers to ALL their patients: (a)holistic needs assessment;	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PSFU2 b	Service offers to ALL their patients: (b)personalised care and support planning	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PSFU2 c	Service offers to ALL their patients: (c)end of treatment summary;	60%	20%	40%	0%	60%	75%	0%	0%	33%	20%	20%	40%



Metric	Metric	Breast	Prostate	Colorect.	Brain	Gynae	H&N	Haem	Lung	Sarcoma	Skin	Upper GI	Urology
PSFU2 d	Service offers to ALL their patients: (d)health and wellbeing information and support	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PSFU3	<i>Audit of compliance with breast cancer personalised stratified follow up protocol</i>	75%											
PSFU4	Clinically agreed personalised stratified follow-up protocol in place	80%	100%	60%	100%	40%	100%	40%	25%	33%	60%	0%	40%
PSFU5	Remote monitoring system in place	80%	100%	60%	0%	0%	0%	20%	0%	0%	0%	0%	0%
PSFU6	The number of holistic needs assessments recorded in the quarter for people after a diagnosis of cancer	279	424	147	61	128	99	53	312	#VALUE!	147	182	294
PSFU7	Submitting HNA data to COSD	100%	60%	100%	75%	100%	100%	80%	80%	67%	100%	60%	80%



Metric	Metric	Breast	Prostate	Colorect.	Brain	Gynae	H&N	Haem	Lung	Sarcoma	Skin	Upper GI	Urology
PSFU8	The number of OP slots released following implementation of personalised stratified follow up protocols for breast cancer	827	1285	880	0	0	0	0	0	0	0	0	0



6 Patient Experience

National Cancer Patient Experience Survey

The 2019 National Cancer Patient Experience Survey has demonstrated fantastic experience for patients in the Peninsula Cancer Alliance. The Alliance had more aspects of care rated above the national average than all other Alliances – with none below average. Giving the Peninsula the best net score for any Alliance (+24) and 3rd best on Q61 “Overall satisfaction”.

All of the Alliance’s hospitals were in the top quarter of results, with the Royal Devon and Exeter best of all hospitals in England. (+27)

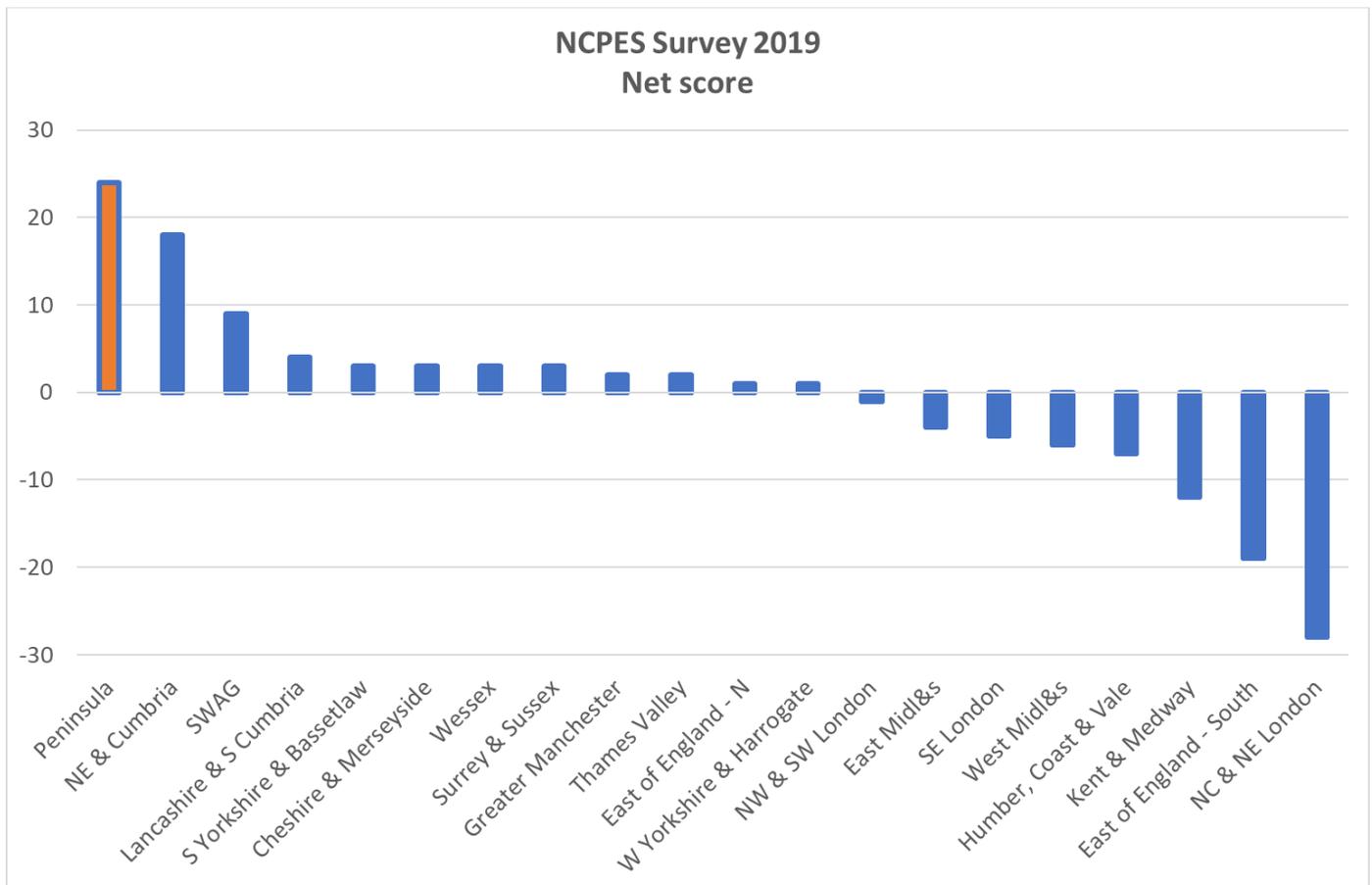
Summary of Peninsula cancer Alliance 2019 NCPES Results

Q61 is for Overall satisfaction

Net Score is number of questions rated above average minus number rate below average

Rank is out of 141 Trusts and 20 Alliances

Trust	Q61 out of 10	Q61 Rank	Questions Above Avg	Questions Avg	Questions Below Avg	Net score	Net Score Rank	Mean rank
NDH	8.8	65	5	47	0	5	35	50
RCH	9.0	21	14	38	0	14	13	17
RDE	8.9	26	27	25	0	27	1	14
TSD	8.9	28	6	46	0	6	27	28
UHP	8.9	54	14	37	1	13	15	35
Alliance	8.9	3	24	28	0	24	1	2



The Alliance is aware of the low response from BAME groups and is working with local organisations to ensure we understand experience from BAME patients.

Patient virtual consultation evaluation

The Alliance has received an expression interest to complete the literature review, which was agreed at the April 20 Board meeting. We will liaise with the bidder and report the outcome of the review to the next Board.

Public and Patient Experience Update

Nationally

Links with the National and other Cancer Alliance PPE Leads have grown with bi-weekly calls, where developments are shared such as the video about infection control procedures patients can expect at hospitals, which has been shared with the Lead Nurses. The Alliance's PPE Lead, Lisa Martin, has in turn been thanked for sharing the work she is leading for the Alliance:

- Lisa has been invited to join the National Steering Group for the Less Common and Rarer Cancers Cancer Improvement Collaborative (CIC) from Experience of Care Lead.
- Supported our National PPV Forum Representative to present a paper to the Board, which was seen as best practice
- Embedding of RDS Quality Markers into the Non Site Specific Pathway annual survey
- Approach to lack of responses from BAME patients to the National Cancer Patient Experience Survey.

Locally

Links with NHS and Healthwatch organisations have grown, culminating in the following:

- The Alliance be allowed to have two cancer-related questions in two surveys being undertaken by Kernow CCG
- The Alliance being invited to update the Citizen's Assembly on developments in cancer due to Covid-19 and Recovery plans.
- Sharing between the PPE Lead and SW Clinical Senate Officer which should lead to some specific engagement projects in the future.
- The start of information sharing between the PPE Lead and Engagement Lead for Healthwatch in Devon, Plymouth and Torbay.

Governance

PPE Lead has worked with the SSG Support Manager to create a role description, offer of support and recruitment process for new SSG Patient Representatives. These reps will play their part in the development of RDS pathways.

Early Diagnosis

The Alliance has designed a poster encouraging the public to make an appointment with their GP if they are worried about a serious condition like cancer. This has been distributed to Volunteer Cornwall and Devon Voluntary Action

MySunrise

The MySunrise app is due to go live (beyond Royal Cornwall Hospitals) by August.

The PPE Lead has provided national information for the app such as SafeFIT and advice on Covid-19. The Alliance has also funded videos of local services for the trust version of the app.

Personalised Care for Cancer

The PPE Lead has also worked with North Devon on their H&W offer and a survey to ask patients if this is something that may work better for them than an actual event, after their events pre-Covid-19 had mixed attendance levels.

BAME/ Health Inequalities

The PPE Lead has connected with the Race Equality Council and given some options to the MySunrise Team about how they could incorporate BAME relevant information into the app.

