

Meeting	Peninsula Cancer Alliance Board 8 th July 2021
Title	Innovations Update
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Agenda Item	8.4
<p>Summary</p> <p>The Peninsula Cancer Alliance has received £426k to deliver a range of cancer innovations in 2021/22 including the following:</p> <p>National Pilots (£286k)</p> <ul style="list-style-type: none"> • Cytosponge (£157k) • Colon capsule endoscopy (£129K) <p>Local Pilots (140k)</p> <ul style="list-style-type: none"> • Aidence pulmonary nodule manage software implementation (£50k) • MIA (Kheiron) Mammography reporting (18k) • Prostate cancer localised risk calculator (£12K) • MySunrise (£60k) 	
<p>Recommendation</p> <ul style="list-style-type: none"> • The Board are asked to note the work being undertaken in innovations and support the proposed approach. 	

**Peninsula Cancer Alliance
Innovations Update
01/07/2021**

1.0 Programme overview

The innovation programme has been set up to support the cancer ambitions in the Long Term Plan:

- Diagnose 75% of cancers at stages 1 and 2.
- An extra 55,000 people each year will survive for five years or more following their cancer diagnosis.
- Speed up the path from innovation to business as usual, spreading proven new techniques and technologies and reducing variation

The aims of the programme are to enable:

- Testing and evaluation of prioritised innovations in a 'real world' setting
- Accelerated roll out of prioritised innovations

Innovations are defined by the national team as:

“A service, process or product that is new to the NHS or applied in a way that is new to the NHS, which significantly improves the quality of health and care wherever it is applied.”

NHSE/I are currently focusing on innovations that are furthest along the innovation pathway and therefore have an established evidence base and are ready for testing and evaluation in a 'real world' setting.

Examples could include:

- Diagnostic tests
- Pathway changes/service redesign
- New non drug treatment approaches
- Technologies
- Educational, communications or behavioural interventions.

2.0 National Pilots

2.1 Colon Capsule Endoscopy

In June, clinical guidance on triaging patients with lower gastrointestinal (GI) symptoms was published supporting the use of Colon Capsule Endoscopy (CCE) in patients with NG12 specified symptoms and a FIT result of between 10-100 ug/gm.

The National Cancer Team has allocated funding to support Cancer Alliances to establish pilot CCE clinics to test and develop the evidence base for this technology, and to support restoration of endoscopy services during the COVID-19 pandemic. All Cancer Alliances were invited to put forward an expression of interest to take part in the project and 18 out of 21 Alliances enrolled including UHP for Peninsula Cancer Alliance (who received £129k).

An advisory group is supporting evaluation and is chaired by Peter Johnson, National Clinical Director for Cancer, responsible for setting the clinical direction of the Cancer Programme Team. This group provides expertise and advice and have advised on recommendations including:

- Clinical guidance on the use of CCE
- The development and delivery of a robust service evaluation
- Training requirements for the clinicians delivering CCE pilot clinics
- The escalation and review of adverse incidents

The group are now supporting the evaluation and review of the pilot now it is live and helping ensure the safe and effective delivery of the pilot clinics. The group will review data and feedback from the pilot sites, making recommendations as to the longer term use of CCE.

2.2 Cytosponge

Endoscopy services have been severely impacted by the Covid-19 pandemic and reduced capacity levels have resulted in long waiting lists for patients. The NHS Cancer Programme is running a pilot to implement Cytosponge in secondary care for patients. Eligible patients will be offered Cytosponge as an alternative to a gastroscopy thereby releasing pressure on this constrained part of the system.

This pilot has been set up to support the recovery and restoration of endoscopy services by introducing Cytosponge as a diagnostic triage tool in secondary care for patients on routine referral with acid reflux symptoms. This will enable the identification and prioritisation of patients who are most at risk of developing cancer.

Cytosponge consists of a sponge inside a vitamin-sized capsule which is attached to a string. The capsule is swallowed, and after 7 minutes the capsule dissolves and the sponge is pulled from the stomach collecting a sample of cells from the oesophagus that is sent to the laboratory for analysis. The oesophageal cells are assessed for intestinal metaplasia and dysplasia.

The pilot is being run through Cancer Alliances, who will nominate hospital trusts to deliver Cytosponge clinics. PCA received funding for 2 hospitals to deliver Cytosponge clinics, RDE and UHP.

The pilot will implement Cytosponge in UHP and RDE and evaluate its impact on endoscopy demand, patient outcomes and value for money.

A table setting out the investment is detailed below:

1) 2021/22 budget for devices				
	No. of devices	Cost for devices	Cost for pathology	Total
Cost of devices	360	£51,840.00	£59,400.00	£111,240.00
2) 2021/22 implementation budget				
Other operational implementation costs	Cost per hour	Unit (patients tested)	Patients seen per hour	Total
Clinical supervision (consultant)	£114	-	-	£5,472
Nurse time for triaging phone call (band 7)	£60	360	6	£3,600
Nurse time for cytosponge clinic (band 7)	£60	360	2	£10,800
Nurse time for follow up call with results (band 7)	£60	360	6	£3,600
Admin support (band 4)	-	1	-	£22,256
TOTAL				£45,728
TOTAL FUNDING 21/22*	£157,000			

3.0 Additional Innovations Funding

The Rapid Diagnostic Centre / Service programme has £140k assigned for innovation delivery. PCA is investing in the development of the following innovations:

- Aidence pulmonary nodule manage software implementation (purchased in 2020/21)
- MIA (Kheiron) Mammography reporting - screening at Cornwall
- Prostate cancer localised risk calculator (SW wide)
- MySunrise (continued development)

4.0 Concluding comments

Through the evaluation of the above projects we aim to strengthen the evidence base for these innovations and support them to become commissioned as business as usual, speeding up the implementation into the NHS.