



Peninsula Cancer  
Alliance

# Newsletter

## W E L C O M E

Welcome to the Winter 2021-2022 edition of the Peninsula Cancer Alliance Newsletter. Here at the Peninsula Cancer Alliance we are very proud of the work that everyone takes a part in. Look out for our newsletter which will be sent out quarterly and will highlight the projects and updates that have been taking place throughout the peninsula. These news items will also be appearing on our [website](#).

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## FASTER DIAGNOSIS STANDARD (FDS) REPLACING 2WW

The NHS constitution for England provides that patients have the right to access certain services within maximum waiting times. For urgent cancer referrals this includes the requirement for patients to see a specialist within two weeks. However, following a review of NHS access standards, NHS England set out proposed changes in the waiting times standards including a reduction of cancer waiting time targets from ten standards to three. This includes a maximum 28 day wait from GP referral to definite diagnosis or exclusion of cancer known as the Faster Diagnosis Standard. The new standard is intended to:-

- reduce the time between referral and diagnosis of cancer, particularly where a faster diagnosis is proven to improve clinical outcomes.
- reduce anxiety for the cohort of patients who will be diagnosed with cancer or receive an 'all clear' but do not currently receive this message in a timely manner.
- reduce unwarranted variation in England by understanding how long it is taking patients to receive a diagnosis or 'all clear' for cancer; and represents a significant improvement on the current two-week wait to first appointment target and a more patient-centred performance standard.

Due to Covid-19, the decision was taken to delay official reporting of the FDS, meaning that it continued to be collected in shadow form until October 2021/22. It is now published and managed in line with other cancer standards and has a threshold of 75% agreed in the Standard Contract. In future it is anticipated that the 2WW standard will be stood down, but this is not likely to happen until the new financial year as this requires a parliamentary process. The language will therefore begin to change as two week wait (2WW) becomes obsolete, replaced instead with rapid diagnostic pathways and the faster diagnosis standard.



## EASY READ TRANS-PERINEAL PROSTATE BIOPSY LEAFLET AVAILABLE

The Cancer Alliance has recently created an Easy Read Leaflet for patients who are having a Trans-Perineal Prostate Biopsy. This work has been led by the Trans-Biopsy Nurses Group. This leaflet explains the procedure for men having a biopsy to check for possible prostate cancer. The online leaflet has been distributed to Trusts across the South West and will also be available on the Peninsula Cancer Alliance website. If you would like a copy email: [peninsula.ca@nhs.net](mailto:peninsula.ca@nhs.net)

## NON-SITE SPECIFIC RAPID DIAGNOSTIC CENTRES RECRUITING

Non-Site Specific Cancer pathways in Trusts are successfully running across Devon and Cornwall. Patients in areas served by hospitals in Plymouth, North Devon and Truro now have access to a service for urgently investigating symptoms or signs that suggest cancer, but which do not fit any of the referral criteria for site-specific pathways. Details on how the pathway is currently run in Plymouth can be found here: [Suspicion of cancer service \(plymouthhospitals.nhs.uk\)](https://plymouthhospitals.nhs.uk)

Exeter and Torbay Hospital Trusts are currently looking to recruit clinical leaders to run the pathways. If you are interested in learning about and applying for these roles, please contact our GP Clinical Lead, Joe Mays.



## CYTOSPONGE

A pilot using a new diagnostic technique to improve the diagnosis of upper gastrointestinal cancer has launched at UHP. Problems with heartburn and acid reflux are very common, but occasionally this can lead to changes in the normal cells that line the oesophagus. Very rarely these cells can develop into pre-cancerous or cancerous cells and may lead to oesophageal cancer. When changes to cells are found early it can make any treatment much simpler and the impact on a patient is much less significant.

Currently patients in the UHP catchment area who contact their GP with low-risk symptoms, such as heartburn or reflux, will be referred as usual to the Trust. Once the hospital receives the referral, the team will determine which patients are eligible to be offered cytosponge as an alternative to invasive gastroscopy. A cytosponge is a small capsule on a string, similar in size to a vitamin tablet. The capsule contains a sponge which collects a sample of cells from the oesophagus as it is removed. It is much more comfortable and acceptable to patients than endoscopy.

During the short procedure patients swallow the cytosponge capsule and string, along with some water. The end of the string is attached to a piece of card which the nurse will hold. The capsule dissolves in the stomach in around 8 minutes, releasing the sponge. The nurse will then gently pull the sponge up by the string, which only takes a couple of seconds and should not be painful. The sample is then sent for analysis to determine if there are any abnormalities.

The cytosponge procedure is quick, safe and extremely effective and does not require sedation. It should also minimise the waiting time from being referred, to being seen at hospital. The result of the Cytosponge will indicate which patients are low risk and can be managed in primary care, or those who need further investigation. Cytosponge can also diagnose other oesophageal conditions apart from cancer.

The Peninsula Cancer Alliance are now looking to identify GP surgeries outside of the UHP and RDE catchment areas to trial the cytosponge within their PCN. Cancer leads in PCNs are asked to identify those patients on their lists with acid reflux/on PPI who might be suitable for the test. The PCA will then provide funding and training for the pilot and evaluation (or those PCNs that are currently working with the PCA may choose to use their funding for this purpose). Please email [domonique.curaba@nhs.net](mailto:domonique.curaba@nhs.net) if you are interested and we will set up a call.



## GPs PRIMARY CARE & WIDER HEALTH SERVICES

Working with NHS Creative, the Peninsula Cancer Alliance have developed a new document for patients being referred on the non-site-specific pathway which can help to explain the next steps in the process. Extra detail and support can be found online. This document will be available to download and print from DRSS (for Devon) and RMS (for Cornwall), as well as being available on the Royal Cornwall Hospitals NHS Trust patient information page. For anyone struggling to find this resource, it is also available on our website: [Reducing Health Inequalities – Peninsula Cancer Alliance](#)

## QUALITY OF LIFE

NHS England and NHS Improvement and NHS Digital have launched a nationwide Cancer Quality of Life Survey to help us understand what matters to patients.

The survey was launched in September 2020 for a small pilot of breast, prostate and colorectal cancer patients, and has since been rolled out to all patients diagnosed with breast, prostate or colorectal cancer in England around 18 months after their diagnosis.

All cancer patients will be invited to complete the survey from October 2021. The information collected from the survey will help us to work out how best to support people living with and beyond cancer.

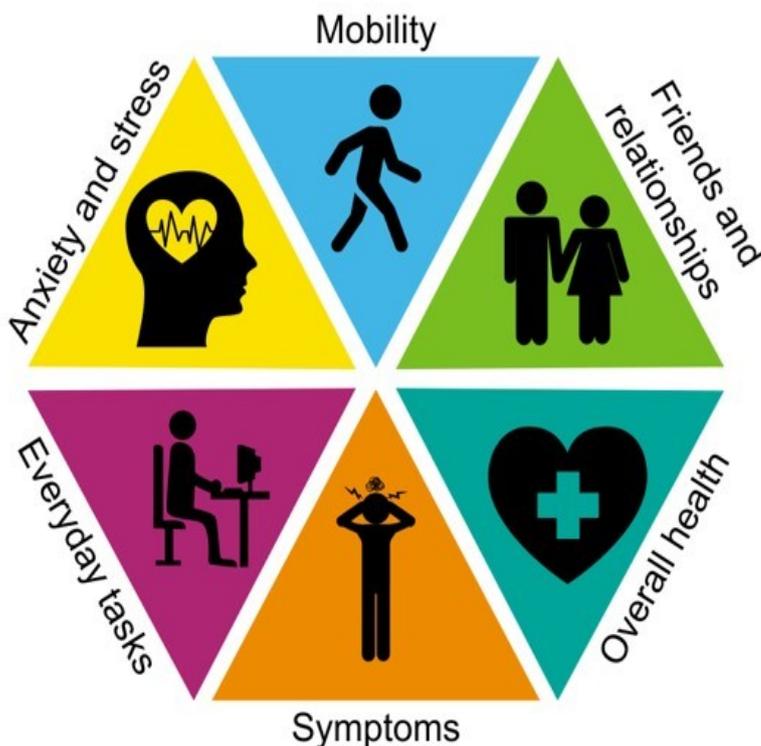
This is an ambitious programme with a scale and depth that isn't being matched anywhere else in the world. Although patient-reported outcome measures (PROMs) that focus on quality of life are in use in parts of the NHS, and in clinical trials round the world, the potential for PROMs to improve care and outcomes for people affected by cancer has not yet been realised. Only by monitoring quality of life, using a consistent assessment point with nationwide coverage, can data be made available to help improve care across the NHS. For the first time, our survey will routinely measure quality of life outcomes in a way that influences health policy, professional practice and patient empowerment.

We want to encourage as many people as possible to complete their survey so that the information collected fully represents our cancer population. More information about the survey can be found on the survey website: [www.CancerQoL.england.nhs.uk](http://www.CancerQoL.england.nhs.uk) and free helpline – **0800 783 1775** – to support patients to complete the survey and respond to any queries or difficulties.

Patients completing the survey can access their individual summary report which shows their quality of life scores with a comparison to the general population. First results from the survey will be available on a public-facing website ([www.cancerdata.nhs.uk/cancerqol](http://www.cancerdata.nhs.uk/cancerqol)) from the end of October 2021. Data will be available at national, cancer alliance and regional level.

All researchers will be able to make requests to obtain and analyse the anonymised dataset through requests to the Cancer Registry's Office for Data Release. Information from the QoL survey will be used to understand where changes in care are needed. For example, depending on the results of the survey, we may want to improve psychosocial care that alleviates anxiety, or provide additional services to increase mobility, or target resources towards different patient groups or geographical areas that are at risk for poorer quality of life outcomes.

The first results of the survey show that although patients reported relatively high quality of life, it is still slightly lower than the general population. We are looking at how we can close this gap. The results demonstrate some variation between cancer alliances and different cancer types and can enable local systems to act on the data as appropriate.



## NATIONAL LYNCH SYNDROME PROJECT UPDATE

The National Lynch Syndrome (LS) Project has been developed to ensure an effective and fast diagnostic pathway from diagnosis of colorectal and endometrial cancer to diagnosis of LS. The main aims are to:

1. Assist in meeting the NHS Long Term Plan ambition to diagnose cancer at an early stage. The Long-Term Plan aims to diagnose 75% of cancers early by 2028.
2. Increase the identification and diagnosis of Lynch Syndrome in colorectal and endometrial cancer diagnosis.
3. Improve cancer prevention through identification of individuals at risk by genetic testing of unaffected family members through cascade testing.

The ultimate aim of the project is the delivery of a comprehensive service for the detection of Lynch Syndrome. At a more local level, the current areas of work across the Peninsula Cancer Alliance (PCA) include:

- Identified Lynch Clinical Champions for colorectal and endometrial cancers in the five hospital trust's across the PCA.
- Working with the Southwest Genomic Medicine Service Alliance Lead (Dr Neil Ryan) and Cancer Lead for Southwest Genomics Medicine Service Alliance (Mr Frank McDermott) in developing a registry of Lynch patients across the Peninsula Cancer Alliance (PCA). This involves jointly working alongside the Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance (SWAG).
- Auditing current pathological tumour testing practice across the PCA.
- Monitoring completion of training and workshop modules.

Contact Dave Perkins, Project Officer or Sarah-Jane Davies, Alliance Manager for more information.



## BREAST RFID TAGS

The Breast Surgery Team at Royal Devon & Exeter have been investigating the possibility of various breast tumour localisation technologies since 2018. They undertook paper evaluations and observed the use of three different technologies. They came to the conclusion that the RFID technology was the best option for testing whether insertable seeds/tags could deliver efficiency savings over the use of "wires" in the real world. They were chosen because they are easy to trial as they do not involve radioisotopes and do not require changes in theatre equipment and have a relatively low capital outlay. In 2020, the RD&E undertook a trial of RFID tags alongside wires to determine surgeon, radiologist and patient satisfaction with their use. Patients were happy with their use and both radiologists and surgeons found them relatively easy to use. After a delay in the project due to Covid, the RD&E started using RFID tags from June 2021. Although the consumables are considerably more expensive than wires, they can be inserted up to 28 days before surgery and a radiologist does not need to be available on the day of surgery to insert wires and all tumour-localisation can be grouped into specific sessions. This can save up to 4 radiology sessions per week. Their use is also predicted to improve theatre utilisation as time is not wasted waiting for on-the-day wire insertion. Early data suggests that localisation is improved thus requiring fewer repeated surgeries. The Cancer Alliance have kindly agreed to support trusts across the Peninsula to also adopt the technology and have agreed to pay for 2 readers and tags for NDDH, RCHT, SD and UPHT to trial the technology over the next year. The RD&E have agreed to undertake the procurement centrally and distribute the equipment and technology and will happily provide support to their peers in adopting this technology. Once the procurement process has been completed, surgeons and radiographers from neighbouring trusts are invited to visit the RD&E to watch the process of tag insertion and removal. For more information please contact: [Gill.Baker1@nhs.net](mailto:Gill.Baker1@nhs.net)

## SECONDARY CARE LUNG VOLUMETRY IN THE SOUTH WEST

The Peninsula Cancer Alliance are working with trusts across the South West to implement Aidence and over the next year we hope that radiologists will be using this to assist in their lung screening programmes and diagnostics.

Veye Lung Nodules provides detection between 3 mm and 30 mm, classification (solid, non solid), diameter and volume measurement and volume doubling time (based on the most recent prior). This works along with Veye Chest which is a medical device that reads CT chest scans to detect and quantify possible malignant anomalies.

The Aidence solution has been successfully trialled at the RUH Bath and is led by Dr Graham Robinson, where its use continues..

We are currently rolling out around the South West and are now live at Yeovil District Hospital NHS Foundation Trust. Radiologists in Trusts around the Peninsula have been contacted and we are hoping by the new year to have a few more using the software to assist in their lung pathways.

We believe this will be very useful at working with the implementation of pulmonary nodule management pathways. This is currently the largest Aidence trial taking place in the UK and funding is in place until September 2022.



## THE OVER AND ABOVE FERN CENTRE

The Over and Above Fern Centre is the new cancer and wellbeing centre based at North Devon District Hospital. The Centre is funded by the hospital charity, 'Over and Above' and is specially designed to offer holistic support to patients living with and beyond cancer, their relatives and carers. The Centre offers a range of services including:

- A drop-in facility to meet our volunteers and get supporting information
- A cancer care counselling service
- Complimentary therapies (reflexology, reiki and massage)
- Macmillan financial advice outreach twice a week
- Monthly wig fitting services
- Monthly bra fitting services
- Online groups such as coffee mornings, yoga and tai chi classes
- Various face to face groups such as, 'look good, feel better', arts and crafts, mindfulness and carers workshops (numbers limited due to social distancing measures).

The Fern Centre also has 3 ensuite accommodation rooms and are able to offer emergency accommodation to relatives and carers who wish to remain close to their loved ones admitted to North Devon Hospital. The accommodation is available to relatives and carers of:

- Patients brought in under emergency conditions
- Patients in the ICU and in a critical condition
- Young patients where the parent/guardian is unable to stay on the ward
- Patients near end of life.

The accommodation can also be **pre-booked** if you live further than 20 miles away from North Devon Hospital and:

- Have consecutive appointments on the Seamoor Unit
- Have a planned procedure and wish to stay the night beforehand.

A small fee of £25.00 per night is payable to the charity to meet cleaning costs.

For more information about the Fern Centre please go to our website <https://overandabove.org.uk/fern-centre/> or request to join our monthly newsletter mailing list. You can also find us on Facebook by searching "Over and Above Fern Centre" and follow us on Twitter at #TheFernCentre.



## LOCAL CHARITIES

The new local charities group was formed a year ago in order to join together the PCA, NHS stakeholders and the wider charity, community and voluntary sectors to continue to ensure the needs of cancer patients and their families/carers are met and to identify any unmet or partially met cancer related needs.

Over the last year the group have considered the latest data from the Cancer Quality of Life Survey and will focus on the survey closely in order to collaborate to improve the experience of care across the region. The Local Charity Group' meets every six to eight weeks. If you would like to join the group please email: [peninsula.ca@nhs.net](mailto:peninsula.ca@nhs.net)

## MY SUNRISE CANCER COMPANION APP

The MySunrise Cancer Companion App continues to go from strength to strength across the region and it's now just over a year since we launched to 5 NHS cancer centres across the South West ,with support from the Peninsula Cancer Alliance. Over this last year we have learnt such a lot on this journey of development and have been thrilled with the positive feedback from both staff involved and patients using the App. We have also been cited nationally as an exemplar solution for supporting cancer patients digitally in the national NHS Cancer Quarterly Programme Report which is great recognition of this work.

MySunrise is continually expanding and being updated and we now have a video library of over 60 specific videos supporting cancer patients in the South West, including the recent addition of some in British Sign Language. We continue to look to how we can make the App more accessible and better support patients and cancer centre staff through these difficult times of Covid.

We have listened to over 400 patients and our clinicians across the South West and together this feedback has steered us towards the next exciting phase of development, which will see patients supported through cancer specific pathways in the app. Patients undergoing treatment for colorectal, lung, endometrial, prostate, head and neck and breast cancer will receive a unique version curated around their treatment pathway and we look forward to launching this new version of the App complete with these new pathways in the New Year.

We were really pleased to hear positive feedback from patients using the app around the region which was presented at the recent MySunrise Day. Keeping patients at the centre of our work is key and we are also pleased to be working with the SWAHSN and the University of Exeter looking at health inequalities in cancer and the challenges of digital exclusion and making MySunrise more accessible. We look forward to sharing the outcomes and recommendations from this work in due course.

Dr George Brighton and Dr John McGrane would like thank all the patients, staff and the team at the Peninsula Cancer Alliance who have supported this work and without whom none of this collaboration and progress could have been made.

## FUTURE EDUCATIONAL EVENTS

The Peninsula Cancer Alliance is joining forces with other alliances across the country to create a National Cancer CNS Day in order to promote the fantastic work of our CNS teams across the country, to highlight their hard work and celebrate their dedication to providing excellent patient care. Please keep an eye out on our website and social media on 15 March 2022, where we will be showcasing the role throughout the day.

For more information on the National Cancer CNS Day please visit: [UKONS - Raising the Profile of the Cancer CNS – National Cancer CNS Day on Tuesday 15 March](#)

If you would like to be involved in this campaign please email: [peninsula.ca@nhs.net](mailto:peninsula.ca@nhs.net)

