

Meeting	Peninsula Cancer Alliance Board Meeting – April 2022
Title	Programme Update
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Agenda Item	9
Summary	PMO Update: Peninsula Cancer Alliance Work Programme
Recommendations	<p>The board are asked to note:</p> <ul style="list-style-type: none">• Progress achieved during a challenging year• Exceptions (particularly for personalised care with remedial actions taken by the alliance)

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Earlier Diagnosis

Cancer DES Support

Programme Overview

The Alliance invested £378k across 12 months into the delivery of the PCN Cancer DES Programme across both Devon and Cornwall in 2021/22. The programme is providing support to all PCNs and practices with delivering Cancer DES.

The 9 PCNs (4 in Cornwall and 5 in Devon) receiving the enhanced offer of additional support are receiving funding for the following roles to support their delivery of the DES, as well as access to a dedicated support offer:

- GP Clinical Leadership; 24 sessions over 12 months per PCN
- Cancer Support Worker for 1 year:
- Project Management Support

The key objectives for the programme for 21/22 were to:

- Review referral practice for suspected cancers, including recurrent cancers
- Contribute to improving local uptake of National Cancer Screening Programmes
- Establish a community of practice between practice-level clinical staff to support delivery of the requirements

Programme achievements in 2021/22

- Targeted PCNs successfully inducted into programme and supported to develop locally derived projects and plans based on their population specific issues and improvement areas.
- Targeted PCNs undertaking an audit and case review process for each cancer diagnosis to identify those presenting at late stage, emergency, or outside 2ww, and determine learning and agree actions (e.g., Safety netting processes / correct coding method etc).
- PCNs are working closely together with regular meetings to share learning and best practice as well as opportunities to collaborate (e.g., Cervical drop-ins/ Protocol development).
- A community of practice has been established for the dissemination of key information across all PCNs.
- Webinars held to share key learning including site specific focused sessions on Lung, Colorectal, Breast and Gynae, Brain, Skin as well as developmental sessions around Quality Improvement (with collaboration from South West Academic Health Science Network) and referral practice, and screening.

- PCNs provided with access to local data including screening uptake, referral activity, etc by demographics such as IMD / age etc
- Range of interventions to support earlier diagnosis have been identified:
 - Target ovarian cancer- 2 PCNs have developed pathways offering coding programme that alerts GPs to a potential ovarian cancer diagnosis.
 - National Bowel Screening Programme uptake drive and communications campaign on how to reorder testing kits.
 - Community based symptomatic breast service under development to reduce demand in the acute centre.
 - Coastal communities 'Seafit' programme initiated targeting health inequalities.
 - Development of smoking cessation services and sign posting / support for patients who will have targeted lung health checks from May 2022
- Awareness raising of MySunrise App to support all patients with cancer and reduce demand on acute cancer hotlines / GP cancer clinical leads and nursing staff.
- Engagement of pharmacists, CSW, social prescribers, administrators, and nurses into communities of practice to support delivery of new interventions in 2022/23.
- An inequalities forum has been established with the ambition of identifying and reducing inequalities in cancer service provision and experience, particularly in light of the pandemic with covid-19 and the cost of living crisis exasperating levels of poverty and inequality.

No exceptions

Targeted Lung Health Checks

Programme Overview

Health modelling for phase 1 of the Targeted Lung Health Check (TLHC) programme has estimated that 565 cancers will be found within the 43,868 identified cohort of ever smokers aged 55-75, including recalls, during 2022-23 - many earlier than would have been found otherwise enabling the system to offer more treatments such as curative surgery, which will save lives and reduce mortality from lung cancer in the Peninsula.

Programme achievements in 2021/22

- Health modelling of service including anticipated numbers of invitations, take up, cancers identified, and incidental findings completed and used to inform plan.

- Operational delivery group has been established, clinical leadership appointed to oversee programme plan, protocol development and run rate and capacity requirements.
- Investment of £80k into respiratory and radiology team, £52k for clinical leadership, £30k for administrative support and £25k for IT support to embed radiology hardware and software.
- The programme has been designed to meet or exceed nationally set standards and pathways that define who should be invited (the cohort), along with measures to improve uptake and reduce inequalities.
- The procurement of an end-to-end service has been outsourced to 'In Health Ltd' who will provide the service at various locations across the region.
- PCN's are engaged and kept up to date with information on processes, timeframes, and anticipated incidental findings.
- GP practices within the targeted 6 PCN's have signed up to Information Sharing Agreements to allow for the one-off extraction of patient data from the GP systems.
- 11.5k patients identified in the East Cornwall PCN for the first cohort starting in May 2022, then rolling out across a further 5 PCN's.
- 'Express diagnostics' engaged for Spirometry Services to support the programme, and contract being finalised.
- Steps have been added to be able to pause or slow the pilot as a failsafe, if needed.

No exceptions

National Lynch Syndrome Project

Programme Overview

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 Lynch Syndrome (LS) to assist in diagnosing cancer at an early stage and to prevent cancer through identification of individuals at risk by genetic testing of unaffected family members through cascade testing.

Lynch syndrome is an inherited genetic condition caused by a germline pathogenic variant in one of four DNA mismatch repair (MMR) genes. Pathogenic variants in another non -MMR gene, known as EPCAM, can also cause Lynch syndrome. The ultimate aim of the project is the delivery of a comprehensive service for the detection of Lynch syndrome.

Programme achievements in 2021/22

- Engaging with the Southwest Genomic Medicine Service and agreeing forward plan for mainstreaming tumour testing and embedding best practice.
- Identification of clinical LS champions for colorectal and endometrial cancer
- Completion of training and workshop modules by clinical leads.
- Published Peninsula Alliance LS signposting website for clinical teams and patients <https://www.canceralliance.co.uk/professionals/early-diagnosis/lynch-syndrome>
- Input into the development of a regional coordinator role across the southwest to assist in establishing LS registry and audits
- £64k (non-recurring) provided to pathology Services to cover the costs of IHC tests,
- £50k to backfill clinical training, develop patient resources and cover MDT support.
- Educational day arranged for South West (6th April 2022) – Embedding Lynch Syndrome pathways for patients hosted by Southwest Genomic Medicine Service.
- Commencement of GPs/PCN comms to prepare for a rise in the number of people presenting with LS.
- Commissioning of Lynch syndrome specific information for clinicians and patients on mySunrise along with an ambition to use this app to co-ordinate and schedule care.

No Exceptions

Innovations

The Peninsula Cancer Alliance have 3 innovation pilots taking place over this year.

Aidence

Insignia and Aidence are providing the Peninsula Cancer Alliance with a central Lung Volumetry Imaging Service which detects, classifies and measures nodules and works with a medical device that reads scans to detect and quantify malignant anomalies.

Programme achievements for 21/22

- Funding has been obtained to extend cover until September 2022 at which point the business case will be put to commissioners to adopt.
- All sites in the Peninsula confirmed as Live with the software and being used in Royal Devon and Exeter, and launching at Torbay and South Devon, Royal Cornwall Hospital, over this next month.
- Work is being conducted with Aidence to submit a SBRI Cancer Programme funding application which will enable another 18 months of funded use.
- Data collection in place to support evaluation.
- PCA wide lung nodule management pathway under development

Exceptions

Currently University Hospital Plymouth and North Devon Hospital have paused the Aidence pilot. The lung nodule pathway is a key recommendation in the GIRFT report.

Colon Capsule Endoscopy

NHS patients attending University Hospitals Plymouth will be offered a colon capsule endoscopy. CCE can be used for patients fulfilling NICE NG12 criteria for suspected colorectal cancer who had a FIT result of 10-100 µg Hb/g faeces. The cameras are the latest NHS innovation to help patients access cancer checks at home. This is being piloted as an alternative to endoscopy and may help to reduce existing diagnostic backlogs. Evaluation of this national pilot is being undertaken by York University.

Programme achievements in 21/22

- Staff training complete, clinics established, and equipment procured and delivered.
- 50 Capsules swallowed at UHP with reports being submitted to the national team.
- Extension of service to post-polypectomy surveillance patients particularly those overdue their colonoscopy.

No exceptions

Cytosponge

Cytosponge is a new innovative test which was developed to identify Barrett's oesophagus – a condition that can increase a person's risk of developing oesophageal (food pipe) cancer and is being piloted in RDE and UHP. Cytosponge is a soluble capsule that contains a small sponge or a 'sponge on a string'. The patient swallows the capsule, a small sponge is released and a trained nurse/clinician withdraws the sponge which collects small samples of cells that can then be sent to pathology for analysis. This pilot will help to clear diagnostic backlogs as an alternate solution to endoscopy for all new referrals.

Programme achievements in 2021/22

- £56k invested in CytoSponge equipment and pathology services
- Clinical leadership, and nursing support recruited for triage, clinic and communicating results.
- 0.5 WTE band 4 admin support recruited
- Royal Devon and Exeter have completed 27 completed procedures and University Hospital Plymouth have completed 57 procedures
- 84 patients spared an endoscopy to date.

No exceptions

Personalised Care

Programme Overview:

The NHS Long Term Plan for Cancer states that where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support:

- Personalised Care and Support Planning (based on holistic needs assessments) ensures people's physical, practical, emotional and social needs are identified and addressed at the earliest opportunity.
- End of Treatment Summaries provide both the person and their GP with valuable information, including a detailed summary of treatment completed, potential side effects, signs and symptoms of recurrence and contact details to address any concerns.
- Primary Care Cancer Care Review is a discussion between the person and their GP / primary care nurse about their cancer journey. This helps the person to discuss any concerns, and, if appropriate, to be referred to services or signposted to information and support that is available in their community and from charities.
- Health and Wellbeing Information and Support includes the provision of accessible information about emotional support, coping with side effects, financial advice, getting back to work and making healthy lifestyle choices. This support will be available before, during and after cancer treatment.

The Peninsula Cancer Alliance has been working with trusts and primary care to offer these personalised care interventions to people with breast, colorectal and prostate cancer and for other cancers.

Programme achievements in 2021/22

- The Quality-of-life survey shows PCA response rates are in the top 5 nationally. The alliance continues to promote the survey via the website and twitter and in relevant meetings and SSGs.

- Each trust has identified/ planned additional tumour sites to agree PSFU protocols and implement digital RMS.
- All trusts are offering eHNA to patients following diagnosis, but access is variable.
- MySunrise App has been further developed to include: British sign language subtitles added to the main videos; integrating of site specific Genomic information; Development of colorectal, head and neck, lung, gynae, breast and prostate pathway pages so patients can access site specific information on all aspects of the pathway; and filming to provide bitesize generic health and wellbeing videos for patients, as well as Head and Neck site specific videos (a need identified by the PCA Personalised Care Group) completed.
- A joint project MySunrise, PCA and SWASHN is exploring the challenges of digital inclusion to help inform the future personalised care strategy.
- Band 7 CNS appointed to work within The Lodge support centre.
- Macmillan bids have been approved for AHPS and CSWs in TSDFT and NDHT to primarily lead on prehab/rehab.
- Trusts are beginning to recruit to band 4 CSW posts which should see an improvement in personalised care activity.
- Health and Wellbeing Information and Support has continued throughout the pandemic via telephone and via virtual events.
- Cancer support centres have reopened and are delivering more courses and support groups for patients across the region.
- Mapping of services has been undertaken with local IAPT mental health providers to promote availability of IAPT Long Term Conditions programme for people affected by cancer. Macmillan have agreed funding for a CNS role to support psychosocial work.

Exceptions to note

- North Devon currently unable to implement remote monitoring (except Prostate) due to the Royal Devon and Exeter and North Devon trust merger. North Devon site will go live with EPIC in July 2022. Planning discussions between clinical teams and the EPIC team are happening regarding the DRMS build.
- RCHT are switching to SCR packages and these are currently held up in procurement. As and when SCR realise new RMS packages for tumour sites the trust will implement.
- Issues remain within TSDFT with remote monitoring as infoflex is currently only web-based, this is escalated within IT.
- Number of challenges in UHP due to lack of resource to implement, IT workload and service pressures due to COVID. Unable to give a date at this time for implementation of remote monitoring. Risk mitigation within teams is in place.
- COSD Data Reports :RDE have escalated that they are unable to pull data from their IT systems following the implementation of MyCare. Until this

issue is fixed the Trust will be unable to submit COSD data. This has been escalated high within the trusts.

- All trusts offering eHNA to patients following diagnosis but completion of these are variable across trusts. Current CNS workforce pressures and lack of funding for cancer support workers/ AHPS within trusts have impacted on some tumour sites and data collection.
- Torbay have struggled significantly with staffing in order to deliver PCSP and to staff their support centre. However, leads have been working with trust personalised care teams to ensure emotional support to patients continues to be provided.

Action: A new personalised Care Programme Lead is being recruited to develop a business strategy / options appraisal to move the personalised care agenda forward in 22/23 and oversee and support delivery of the programme, unlocking barriers to implementation. This post will be recruited to by the end of Q1. In addition funding will be available to trusts to support project delivery.

Urgent suspected cancer diagnostic pathways

Programme Overview

Over the next two years the 2ww cancer waiting time standard will be stood down and, in its place, will be the faster diagnostic standard. The Faster Diagnosis Framework was published in 2022 and brings together previously separate objectives relating to Rapid Diagnostic Centres, the Faster Diagnosis Standard (FDS) and Best Practice Timed Pathways and aligns this work with other related programmes such as the Community Diagnostic Programme. In practice what this means is that cancer pathways will be known as urgent suspected cancer pathways, they will need to follow the core principles of rapid diagnostic pathways as set out in the rapid diagnostic service specification (even if directed via community diagnostic centres), they will need to comply with the milestones set out in the published timed pathways to reduce unwarranted variation between providers, and they will need to ensure diagnosis is communicated to the patient by day 28 of the pathway.

Programme Achievements in 2021/22

- Non-Specific Symptoms (NSS) Cancer Pathways have now launched in all five Acute Trusts in the Peninsula. RDE have recently launched this service in March 2022. For the year April 2021 – February 2022 a total of 1,113 NSS referrals have been made with 79 cancers diagnosed (7% conversion rate).
- 5 Tele dermatology pilots have been launched to support the skin cancer pathway to speed up diagnosis, manage high volumes of referrals and reduce face-to-face appointments in dermatology clinics that are not clinically necessary. Initial feedback from the Plymouth skin pilot has reduced urgent suspected cancer appointments by 20% in Nov & 26% Dec.
- 36 rapid diagnostic urgent suspected cancer pathways (formerly 2ww) have been launched across 5 trusts that adhere to the 30 patient derived quality markers determined nationally.
- Mapping of Pathways against the timed best practice has been undertaken in each trust and Task and finish groups have been established to oversee improvements. Where constraints are identified, the demand is in the process of being compared to capacity and planned activity.
- Improvement plans have been developed and processes to monitor timeframes including through time-series data on the proportion of patients meeting each milestone.
- Cancer Alliances are working with system wide key stakeholders, to understand current challenges to delivering the faster diagnosis standard

(including pathology and radiology) and working with the networks to resolve these.

- Over 150 patient surveys have been completed providing important feedback on the overall experience of the diagnostic pathway with an average satisfaction score 87% and a dashboard developed to enable trusts to benchmark their performance and development of improvements will be supported through the newly developed patient forum.
- 87 patients received their LATP on the urology mobile unit in Cornwall between October and December 2021. Patient feedback was excellent and lessons learnt relating to process informed subsequent service development in Devon. A further 56 TP Biopsies and 51 cystoscopies were carried out at Torbay before the van moved to North Devon.
- 35,000 Faecal immunochemical tests (FIT) were completed by patients in the Peninsula Cancer Alliance during 2021-22. The alliance has continued to monitor uptake locally and following a successful year long promotional campaign all practices are now using the test.
- Following two years' trialling an Excel version of the Prostate dashboard and its associated data entry tool, a Power BI format dashboard has been developed, along with a more user-friendly and interactive version of the Excel data entry tool which is now being used by all trusts across the Peninsula to support pathway improvements.
- Access to H7 connections to improve monitoring of PET CT plus alliance wide calls set up with Alliance medical to ensure patients are s
- Review of Breast MDT working has commenced and is being driven through the SSG.
- RFID tags are being piloted in RDE and made available to all trusts. These tags can be inserted weeks in advance improving patient experience and improving surgical process as no wire is needed to be inserted on day of surgery, and also releasing some radiology capacity.
- Colorectal lead nurses group has been established to help drive forward the faster diagnosis elements of the pathway, in particular nurse led triage. This is now established in RCHT, RDE, NDH and TSD are recruiting.
- Peninsula ROSE network established to support the use of Rose in Peninsula particularly for head and neck clinics.
- Peninsula had the highest participation in England in the Erica trial led by the University of Exeter. 90 Practices signed up to trial the decision support tool supporting GPs to detect cancer using symptom sets.

Exceptions will be covered in Performance

Workforce

Summary

The Peninsula Cancer Alliance is working with HEE to identify the workforce requirements for cancer and develop workforce plans whilst recognising the significant variations and the need for local conversations and solutions. The plans will then be used to consider the impact of future service models and the actions and investment required to secure the benefits of innovations.

Programme achievements in 2021/22

- Key colleagues in the wider NHS (CCG, ICS and HEE) who are working on workforce to collaborate with, have now been identified and engaged.
- PCA Project Officer for Workforce engaging with the wider workforce networks to ensure that there is a consistent and standardised approach for the next steps.
- Staff movement – PCA Project officer for Workforce working with national and regional teams to learn and collaborate for implementation across Peninsula.
- PCA Project Officer for Workforce working with CCG and ICS on a strategy around temporary staffing.
- Pathology: Working with Pathology S1 Network Manager the workforce data has been collated and report completed. A stakeholder survey is now out for completion. Star Workshops have been arranged for Aug/Sept
- Diagnostics: Working with Diagnostics Working Group to collate new data (due May 2022) Star Workshops have already been held with 16 projects identified – PCS to have oversight/collaborate on projects. Data due May 2022 – then add to master dataset and share with HEE.
- Radiotherapy: Working with Head of Radiotherapy network, new data due from census in May 2022, survey has already been agreed and process for star workshops. Data due May 2022 – then add to master dataset and share with HEE
- Oncology: Oncology Workforce steering group established and data collection finished, Nurse data added to master dataset, some clarification required from Lead Nurses due end of April Data 80% complete and in master dataset, shared with HEE, last 20% to be added end of April and shared. Working Group to look at data, and possibly hold star workshops
- Beds/Admin: Some beds workforce data has been collated; meetings are in the diary for the remainder of cancer managers.

- Surgery: Meetings are taking place with HR Leads and data has been requested.
- AHP: Part of PENRAD workforce working group, they are currently undertaking a data refresh, which is due to be completed and shared on 5/5/22.
- Workforce Optioneering Tool: Working with HEE to create an optioneering tool with all the workforce data collated, likely to be delivered in August 2022.

No exceptions