

Peninsula Cancer Alliance Programme Report 2023-24



This report summarises key milestones from April 2023 to March 2024, and aims to provide you with an update of the work of the Peninsula Cancer Alliance



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About Us

The Peninsula Cancer Alliance (PCA); working across Devon, Cornwall and the Isles of Scilly, is one of the 21 Cancer Alliances across England, bringing together clinical and other senior leaders and patients.

We plan and lead locally to deliver the ambitions set out in the NHS Long-Term Plan - reduce variations in outcomes and improve access to high quality, evidence-based interventions across whole pathways, and for the Alliances whole population.

The Alliance has a Long-Term Plan for 2019 to 2024. This sets out how we are working to diagnose more cancers early, provide services rapidly and support people living with and beyond cancer.



Check out our website and socials:





NHS Long-Term Plan

The NHS Long-Term Plan aims to save thousands more lives each year by dramatically improving how we diagnose and treat cancer - our ambition is that by 2028, an extra 55,000 people each year will survive for five years or more following their cancer diagnosis.

This will include improving our national screening programmes, giving people faster access to diagnostic tests, investing in cutting edge treatments and technologies, and making sure more patients can quickly benefit from precise, highly personalised treatments as medical science advances.

What the NHS will do:

- Lower the age for bowel screening, introduce new forms of cervical cancer screening and extend lung health checks as part of our ambition to have **three-quarters of all cancers diagnosed at an early stage**.
- Create new **Rapid Diagnostic Centres** across the country so patients displaying symptoms of cancer can be assessed and diagnosed in as little as a day.
- Introduce a **new, faster diagnosis standard** which will ensure that patients receive a definitive diagnosis or ruling out of cancer within 28 days.
- Give people with cancer care that suits their needs with **personalised care packages**, giving patients more say over the care they receive.
- Make sure that people can access **more effective tests and treatments**, from genomic testing to proton beam therapy, to help find more cancers before symptoms appear.





Learn More About Our Team

Meet the Peninsula Cancer Alliance team and the work we will be completing over 2024/25.



Sunita Berry
Managing Director
Site Lead for **Lung**



John Renninson
Clinical Director



Andy Sloper
Senior Analytical Manager
Early Diagnosis, Health Inequalities,
Timely Presentation



Sarah Smith
Project Manager
Site Lead for **Skin**



Domonique Curaba
Project Manager
Innovations, Liver Surveillance,
Communications Lead



Alix Ramelli
Business Manager



Beth Kingshott
SSG Support Manager
Patient Engagement, Experience of Care and
Site Lead for **Haem/Neuro/Head and Neck**
(interim)



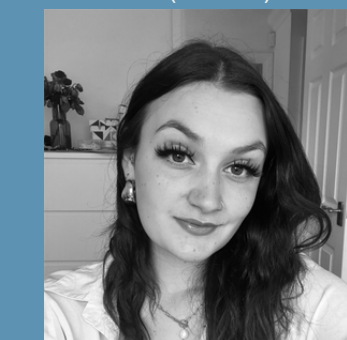
Beverly Parker
Assistant Managing Director
Oncology Network, Radiology Lead,
Screening and Site Lead for **Urology**



Michelle Weston
Programme Manager
TLHC, Community Pharmacy Pilot



Amanda Nadin
Senior Programme Lead
Peninsula Cancer Academy



Laura Gilvear
Alliance Administrator



Joe Mays
GP Lead
NSS Lead



Andrew Filby
Programme Manager
FIT and Site Lead for **Gynae, UGI,**
LGI and NSS



Emma Wheatfill
Programme Manager
Treatment Variation Lead,
Personalised Care Lead, Oncology
and Site Lead for **Sarcoma, CUP,**
AOS, and TYA



Charlotte Thomas
Macmillan Project Manager
Psychological Support



Iwona Mezydlo
Programme Manager
Operational Performance Lead and Site
Lead for **Breast and Pancreatic**



Liz Seekings
Programme Manager
MDT Transformation, Primary Care



Faster Diagnosis Standard (FDS)

Towards the end of 2023/24, the PCA performance of the 28 days from referral to diagnosis ranked us as 2nd out of 21 Alliances across the country with average performance of 75.4%.

The faster diagnosis programme has been implemented in response to publication of the Faster Diagnosis Framework by the NHS National Cancer Programme and new NHS Operational and Planning Guidance. The Alliance has invested £1.5 million in projects across a range of tumour sites including Breast, Lower Gastrointestinal (LGI), Upper Gastrointestinal (UGI), Prostate, Bladder, Gynae, Skin and Sarcoma. Working in collaboration with Site Specific Groups (SSGs), services and cancer leads we have implemented best practice timed pathways, investing in clinical, non-clinical and scientific roles to support improvements in capacity, quality and patient experience.

This programme has been supported by £3.8 million of capital that was secured at the end of 2023 for a new robot, histopathology equipment, scopes, electromagnetic navigator bronchoscopy, trans-nasal endoscopy, MRI/CT pad and outpatient space, all of which will support ongoing performance in 24/25.

Improving performance against the 28-day standard is a key priority for 2024/25 and the faster diagnosis programme will continue to work with organisations to support this and, importantly, find new and innovative ways to support the diagnosis of our patients. All providers have confirmed planning trajectories (including mid-year milestones) to further improve performance by March 2024.



Genomics

A focal topic of our genomics programme is to identify and support those patients with Lynch Syndrome. Around 175,000 people have Lynch Syndrome in the UK, but fewer than 5% of individuals know they have the condition and around half of those will go on to develop colorectal cancer. The PCA has therefore implemented a testing and surveillance programme for all patients with colorectal and endometrial cancers, including support for patients to understand the implications of test results for both themselves, their relatives and provision of genetic counselling. A regional Advice and Guidance Network has been established alongside a Lynch tracking peers support network. This supports clinicians with the ongoing development of the pathway. During 24/25, this will become business-as-usual model and managed by the screening programme.



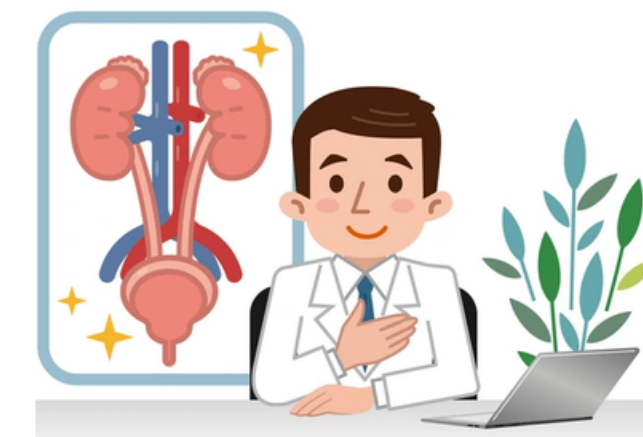
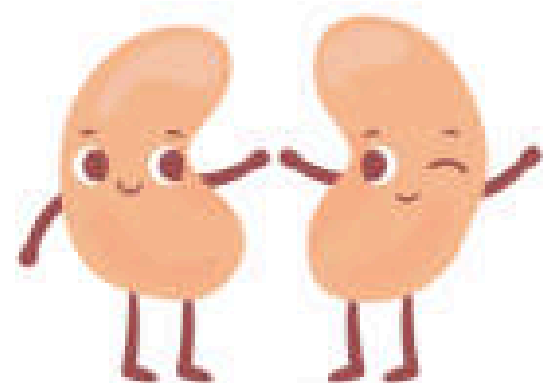


Urological Cancer Pathways

Urology is one of the most challenged pathways. The Alliance has provided ongoing support to address the workforce issues. All five of the Peninsula's acute centres now have nurse led diagnostic prostate pathways in place, utilising standardised triage and biopsy protocols, and releasing consultant capacity for more complex cases and procedures.

The Alliance has funded a clinical lead for each tumour site and an expert clinical working group is in place for Bladder, Kidney and Prostate cancer. Support has been provided by Get It Right First Time (GIRFT) through the Urology Area Network to support these working groups. A monthly meeting is held with the GIRFT team to provide this support.

A nurse biopsy network has been established to support the ongoing development of these pathways. Imaging and histology reporting turnaround times have been quantified with prioritised actions to be taken forward in 24/25 in collaboration with the Pathology and Imaging Networks. The Alliance has funded the piloting of an AI tool, PathLAKE, to support digitisation of histopathology for prostate biopsies.





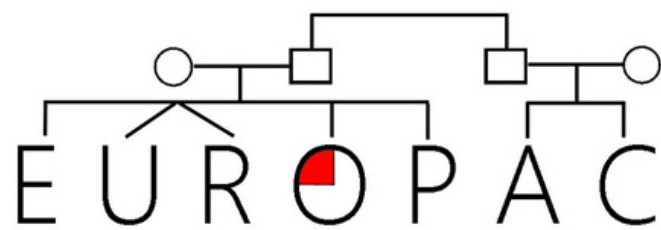
GI Cancer Pathways and FIT

Considerable progress continues to be made on addressing the ongoing challenging endoscopy position. This includes the development of a long-term sustainable plan which includes capital investment, revisions to workforce and training, as well as delivery of limited short term additional capacity and pathway improvements.

The Alliance has worked with colorectal clinical teams, screening teams and GPs to embed a new LGI pathway following the publication of new joint guidance from the British Society of Gastroenterology and the Association of Coloproctology of Great Britain and Ireland in May 2022. To support delivery of the pathway, the Alliance has invested in colorectal navigators and nurse-led triage. The new pathway enables more targeted use of our limited diagnostic capacity by using faecal immunochemical tests (FIT) to triage all patients with suspected colorectal cancer in primary care. A negative FIT pathway has been created to ensure that only those who need an endoscopy receive one. Comprehensive training for GPs has been provided. As a result, Lower GI urgent cancer referrals with a FIT completed before referral is 93.3% against a target of 80% (25% improvement on last year).



The 2024/25 NHS Priorities and Operational Planning Guidance continues to stipulate FIT as a priority action for every urgent suspected lower GI cancer referral. As a result, we will continue with our FIT programme for another year, working with our key stakeholders to ensure the future sustainability of all FIT services across the sub-region, to demonstrate a reduction in the number of colonoscopies performed on patients without a FIT result (target <20%) and with a FIT <10.



Pancreatic Cancer



Peninsula Cancer
Alliance

The European Registry of Hereditary Pancreatitis and Familial Pancreatic Cancer (EUROPAC) recruits patients for the Familial Pancreatic Cancer Registry and the Hereditary Pancreatitis Registry. It is estimated that 10% of pancreas cancer cases annually are found in these patient groups.

The programme's aim is to develop early detection methods for pancreatic cancer, by better understanding risk and offering surveillance to those who take part and to continuously refine who to and how we provide surveillance to individuals.

The aim is to provide a route from the NHS into the national surveillance program run at NHS Trusts across the country for people who may be at high risk of pancreatic cancer.

The EUROPAC study has two cohorts, familial pancreatic cancer and Hereditary Pancreatitis. EUROPAC run a national pancreatic surveillance programme for these at-risk individuals. Surveillance is offered on a yearly basis and use a combination of CT, EUS, MRI and blood tests.

The Peninsula pancreatic cancer surveillance centre has been confirmed as University Hospital Plymouth (UHP) and healthcare professionals in the region are now able to refer people with a family history of pancreatic cancer to EUROPAC for annual surveillance. The alliance has been working with EUROPAC navigators to establish a referral process for patients at high risk of hereditary pancreatic cancer into EUROPAC surveillance programme by supporting navigators to build links with pancreatic MDTs and the primary care.

There are several referral routes into the programme, including Primary Care, Secondary Care (HPB MDT), Genetic Services and self-referral. Regional navigators act as an initial point of contact for participants on the surveillance pathway and assist with queries to streamline this service.

[Link to our website for more information.](#)



Best Practice Timed Pathways

Best Practice Timed Pathways (BPTPs) are part of the NHS Faster Diagnosis Programme. Timed pathways outline a series of milestones along the diagnostic pathway to ensure that patients have their diagnosis communicated to them within a maximum target time of 28 days from point of referral. Delivery of the timed pathways supports the highest quality care for, and reduces variation in patients accessing diagnostics, improving treatment options and outcomes. In 2023/24, the PCA team focused on delivering the priority BPTP: Breast, Prostate, LGI, Gynae and the rollout of Teledermatology pilots in skin.

Lung

The Alliance has successfully negotiated ringfenced PET CT capacity for lung, to commence in 2023/24. Lung achieved the FDS despite pathway challenges. Work continues on the National Optimal Lung Cancer Pathway (NOLCP) with improvements planned for surgery and pathology.

LGI

The focus for 23/24 was auditing the BPTP milestone compliance and setting action plans for each Trust to deliver the timed pathway. All sites completed the audit and 93% of referrals include a FIT at year end (target 80%). All sites submitted data to monitor compliance with the BPTP milestones and developed associated improvement plans. The 2024/25 NHS Priorities and Operational Planning Guidance does not include an expectation to continue monitoring these milestones and replaces them with improved operational performance, increasing the compliance with FIT testing prior to Urgent Suspected Cancer (USC), reducing the number of patients who receive a colonoscopy with a FIT <10 and normal bloods and a programme of MDT streamlining.

Teledermatology

The Cancer Alliance Manager is working with all Trusts to deliver teledermatology, where still outstanding, by Q2. Two of our four Trusts already have this as a well-established service, and two are working on this as a priority now. Priority pathway: demand and capacity modelling has been done with all Trusts to understand and deliver improvement and recovery plans. Where necessary, pathway and breach analysis will be undertaken.



Best Practice Timed Pathways

Breast

Following a Breast Summit in July 2023, the following priorities were agreed and a work plan with our providers and commissioners, including cancer teams, screening and clinicians:

- Review of Breast Urgent Suspected Cancer guidance for breast pain
- Creation of regional electronic pre-clinic questionnaires
- Liaising with radiology network to agree radiology workforce plan for breast cancer
- Review of breast screening Key Performance Indicators (KPI's) and booking rules in relation to FDS
- Development of action plan for breast MDT modernisation
- Audit of breast re-excision rates in line with GIRFT recommendations for 23/24
- Audit of imaging rates and conversion rates for breast symptomatic patients

This work is continuing into 24/25 with an additional focus of MDT streamlining and availability of triple assessment slots.

Prostate

Working together with Somerset Wiltshire Avon and Gloucestershire (SWAG) Cancer Alliance, the final enhancements to the prostate dashboard are being developed by the Commissioning Support Unit (CSU) to enable monthly and quarterly reporting supported by a data mining tool that inputs 70% of the data from Somerset Cancer Register that is currently input manually. The dashboard is capturing the outputs from the Lucida trial and will inform the evaluation.

The piloting of an AI tool 'Lucida PI' which reviews MRI of the prostate has commenced in 2024, reporting in 2025 and will support radiology capacity, eventually enabling prioritisation of MRI reporting.

Gynae

The focus for 23/24 was to develop and embed rapid assessment pathways for post-menopausal bleeding (PMB), including one-stop clinics. We worked with trusts to develop mechanisms to audit pathways against the BPTP milestones and develop associated action plans. We worked with trusts to upskill their current nursing workforce to increase hysteroscopy capacity and further develop one stop capacity.

This programme includes;

- Updating GP referral forms and guidance documents in line with the new guidance
- A significant programme of education and training across primary care
- Development of a Devon wide "Advice and Guidance" service for primary care (service already established in Cornwall)
- Development of direct access transvaginal ultrasound pathway
- Exploring the role out of patient self-referral pathways
- Continued support of hysteroscopy capacity and one stop pathways across the region



Non Site-Specific Pathway (NSS)

The PCA have provided transformational funding to support the roll-out and provision of NSS pathways from 2020. These include UGI, Haematological, Urological, Hepatobiliary, Pancreatic and Lymphoma. Cancer conversion rates (7%) are comparable to other site-specific pathways and diagnosis is timely, within around 19 days (median) from GP referral to diagnosis. The NSS services in the PCA have also diagnosed many serious non-malignant diseases which have been able to access timely and appropriate onward management in primary care and/or follow-up in secondary care. The National Faster Diagnosis evaluation for NSS found that of patients with two or more secondary care tests, in the PCA 90% of those had them on the same day. Four out of five acute sites now deliver an NSS service with the final site due to go live in 24/25. All sites continued working towards achieving 100% population coverage for patients with non-specific symptoms of cancer by March 2024 as part of 2023/24 planning guidance. NSS funding from Cancer Alliances was due to end in March 2024, with transition funding provided in 2024/25 at half the level of funding provided in 23/24. The Alliance is currently working with Integrated Care Boards (ICB) to put in place sustainable commissioning arrangements to enable these crucial pathways to continue.



Lynch Syndrome

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.

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:

- 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.
- Increase the identification and diagnosis of LS in colorectal and endometrial cancer diagnosis.
- Improve cancer prevention through identification of individuals at risk by genetic testing of unaffected family members through cascade testing alongside a programme of genetic counselling.

Over 23/24, we have been able to establish Lynch champions in both screening and secondary care centres for both LGI and Gynaecology. Training has been completed and mainstreaming of the tests is now business as usual. We have established a regional MDT, Education and Advice service, which meets monthly. Patients were invited to enhanced cancer screening in all of our screening centres. Our Trusts have all built databases around Lynch audits and are currently actively recording data.



Earlier Diagnosis

Enhanced Primary Care Support Programme

12 Primary Care Networks (PCN; 5 in Cornwall and 7 in Devon) were identified and offered funding to support GP cancer leadership, project management and recruitment of a cancer support worker (CSW). Over the year 23/24, the targeted PCNs were successfully inducted into the programme and supported to develop locally derived projects and plans based on their population specific issues and improvement areas. A memorandum of understanding (MOU) was agreed with each PCN. In support of our Health Inequalities programme, the PCNs have been concentrating on improving access to screening and earlier diagnosis for people with learning difficulties and mental health patients.

All PCNs have recruited a CSW and have identified areas of focus which include enhancements in cervical screening, support for patients with prostate cancer and those with ovarian cancer. A community of practice has been established for the CSWs which enables the sharing of best practice and education.

The programme has established the Cancer DES Webinar series. These provide support to the wider PCN communities in the earlier and faster diagnosis of cancer. For example, three webinars were held with collaboration from a range of local stakeholders which focused on Lung, Screening and Prostate and can be found [here](#).



Targeted Lung Health Check (TLHC)



Peninsula Cancer Alliance

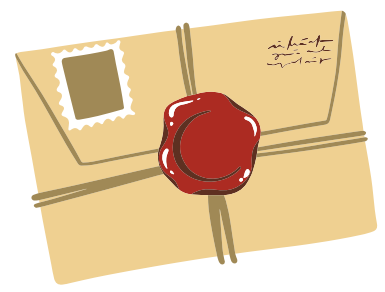


The Targeted Lung Health Check programme is a new service that was rolled out in Cornwall ICB in August 2022, looking to invite an estimated 50,000 asymptomatic smokers over 4 years. Patients will be invited for a Lung Health Check if aged between 55 and 74 years old, are registered with a GP, smoked or have ever smoked. It aims to help diagnose lung cancer at an earlier stage when treatment may be more successful.

In the last year, we have invited 28,578 (87%) against the planned trajectory for a Lung Health Check and completed 21,052 checks. From those who attended the Lung Health Check, 10,683 low-dose CT scans were completed, and 75 lung cancers were found in 23/24, of which 82% were early stage 1 and 2.

We have expanded the programme into Inner City Plymouth and surrounding areas from September 2023, inviting an estimated 50,000 patients and further expansion is planned to include North Devon at the end of 2024/25. [Follow this link to watch a video about the TLHC journey.](#)

40,507 invites sent out



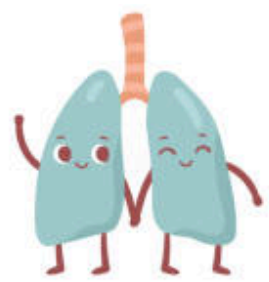
17,237 telephone lung health checks

592 referrals to Smoking Cessation

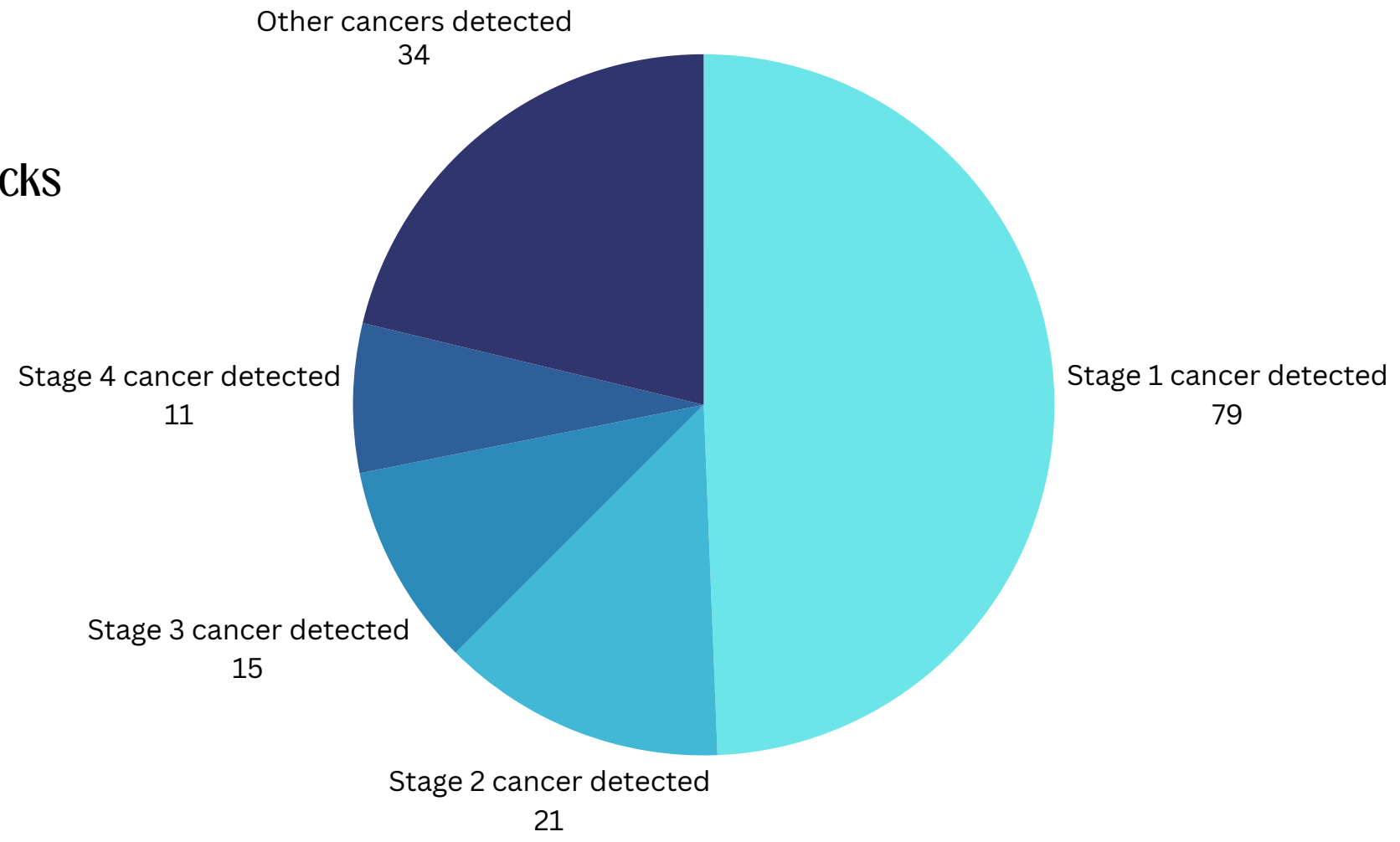


217 people have quit smoking!

74.4% uptake rate



11,000 scans undertaken





Community Pharmacy Pilot



The aim of the Community Pharmacy Early Diagnosis of Cancer pilot is to test the feasibility and acceptability of direct referral into secondary care from a small number of pharmacies in West Cornwall via the Electronic Referral Service (e-RS).

Pharmacies are well placed to spot people presenting with 'red flag' potential cancer symptoms when they come to buy medicine or pick up a prescription, or when they visit a pharmacy seeking advice. Eight Community Pharmacies have successfully signed up to the pilot in West Cornwall. Pre-testing of e-RS systems with secondary care in the pilot sites and training have been completed.

The initial local agreement for the pharmacies to direct refer into secondary care for symptoms of lung, head & neck and bladder cancers.





Patient Experience

Patient Engagement

The patient forum launched in 22/23 continues to run quarterly, bringing together people with lived experience of cancer to advise on various workstreams across our Alliance, i.e. Targeted Lung Health Checks, Health Inequalities, and Screening. New patient representatives joined our SSGs over the year following a recruitment drive.

To support the priorities identified from patient surveys, the PCA have been working alongside 2 Bath Spa University interns who have completed filming two sleep videos to support patients with insomnia and one finance video to encourage patients to access the new Devon Citizens Advice Bureau Service.

The poster features a 4x4 grid of 16 circular icons representing various aspects of sleep and health, such as an alarm clock, a person sleeping, a person sitting up in bed, a person reading, a person talking, a person thinking, a person drinking, a person stretching, a person sitting at a desk, a person talking on a phone, a person thinking, a person drinking, a person stretching, a person sitting at a desk, and a person talking on a phone. The text on the poster includes the NHS logo, the title 'Sleep Focus Group', the date 'Tuesday 25th April', the time '1pm - 4pm', the location 'Exeter Library', and the message 'Your views can help shape future services'. It also states 'Travel expenses paid' and 'Please join us!'. At the bottom, it asks 'HAS YOUR CANCER DIAGNOSIS AFFECTED YOUR SLEEP PATTERN?' and 'DO YOU LIVE IN DEVON OR CORNWALL?'. It further states 'IF SO, WE WOULD LIKE TO HEAR FROM YOU.' and provides contact information: 'The National Cancer Quality of Life Survey has shown that sleeping patterns have changed for many people with cancer. The Peninsula Cancer Alliance would like to find out more and listen to how we can develop services to support people. We are looking for people to share their experience of how their sleep has been affected by a cancer diagnosis. Refreshments provided during the small group session.' and 'If you are interested and want to find out more, please email: Peninsula.ca@nhs.net'.



Patient Experience

Experience of Care

The Alliance continues to use patient surveys to drive forward service improvement across the Alliance. In the National Cancer Patient Experience Survey (NCPES) 2022 results, the PCA ranked number 7th in the country. Areas identified as a priority for the Alliance were around developing a comms toolkit for stakeholders to use to encourage patients to bring in family members, ask about clinical trials and to promote local offerings, i.e. finance and benefit support. The Alliance has also continued to monitor the Cancer Quality of Life (CQoL) survey results and identified sleep as a priority area suitable for local interventions.

The PCA continues to promote the surveys uptakes and have maintained a 60% response rate to NCPES and over 50% CQoL.

The Alliance held four focus groups over the year on MySunrise, sleep, physical activity and psychological support. These will support the personalised care strategy and psychological support programmes over 2024/25.



Patient Experience

Sleep Workshop

When reviewing the CQoL dashboard, it became clear that difficulty sleeping was a symptom reported by all cancer types (25.1%) and the PCA agreed that this was an area that should be explored further as part of the above objective.

In March 2024, the PCA in collaboration with the Mustard Tree Cancer Support Centre hosted a Sleep Workshop Event for cancer patients across Devon and Cornwall. The aim of the event was to provide health and wellbeing information and support to patients who have had difficulty sleeping by providing practical and meaningful tips. It was also an opportunity for the PCA to capture further experiences around this topic from those with a lived experience of cancer.

Please see below two video links:

[Sleep Physiologist](#)

[Exercise, Nutrition and Sound](#)

The PCA Sleep event was attended by 61 patients and carers from across Devon and Cornwall. Due to the geographical challenges within Devon and Cornwall, the majority of attendees were from the Plymouth area, but some did travel from Torbay, Exeter and Cornwall to the event. Throughout the event, attendees were given the opportunity to speak to various charities from across the region, i.e., Macmillan, Citizens Advice Bureau, South West Coast Walking Group and local cancer support centres.

A report about the event and our work this year on sleep can be found [here](#).

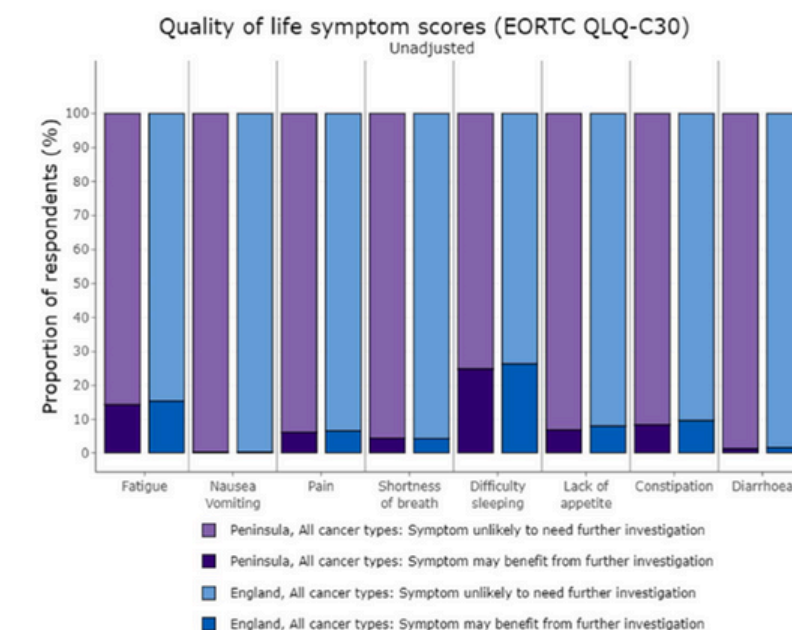


Fig. 1 Quality of Life Symptom Scores (EORTC QLQ-C30) – The chart shows the percentage of people who report each symptom at a level that might benefit from further investigation. Please note: May 2024 data.⁴



Personalised Care

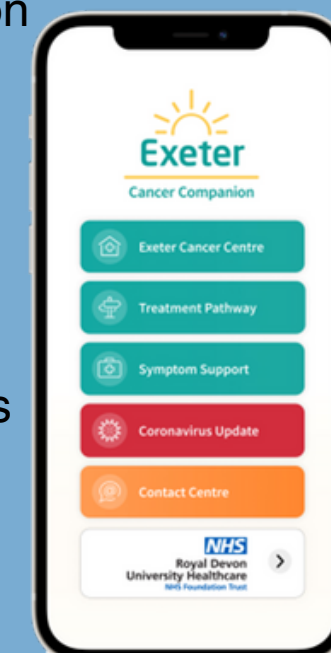
Good progress has been made with improving the offering of Holistic Needs Assessments (HNAs) and Personalised Care and Support Plans (PCSP) throughout the Peninsula by the clinical teams in each Trust. Nine Cancer Support Workers have been employed in Primary Care to assist with Cancer Care reviews and signposting to health and wellbeing information and support. These roles are rated highly by the Primary Care Teams and patients alike.

All Cancer Support Centres across the Peninsula are now fully open following the restrictions imposed because of the pandemic. There has also been investment from Macmillan Cancer Support in the provision of nine new benefits advisor posts across the region to support people with cancer.

The clinical teams have developed and implemented Personalised Stratified Follow-Up (PSFU) for the main tumour sites. PSFU describes the delivery of personalised ongoing care to cancer patients that supports them towards self-management based on individual risk stratification, needs and preferences rather than traditional hospital based follow up. Clinical teams have worked together to develop the pathways. Some may include a digital remote monitoring system (DRM).



The MySunrise Cancer Companion App is a digital tool which has been active in the PCA for three years. It is designed to support patients through the cancer treatment pathway. Over the past year, the MySunrise app has made significant strides in enhancing its patient support. Five new animated videos, each designed to provide clear, accessible information on key aspects of cancer care were incorporated. One of these is a comprehensive guide on Support and Follow-up after treatment, a crucial resource for patients navigating the post-treatment landscape. This guide provides detailed information on various follow-up pathways, Holistic Needs Assessments (HNAs), Patient-Specific Concerns (PSCPs), End of Treatment Summaries (EoTS), and Cancer Care Reviews (CCRs). These resources are designed to empower patients, giving them the tools and knowledge they need to actively participate in their care.





Reducing Health Inequalities

Improving fair access to and addressing health inequalities in cancer care is one of the PCA's cross cutting priorities. The Alliance has established a programme to monitor and support the reduction of health inequalities in the Peninsula through collaborative working with Public Health England, screening and immunisation, local authorities, Devon County Council and Cornwall County Council, local charities and other stakeholders. Core20Plus5 is the NHS's approach to reducing health inequalities. It prioritises the 'most deprived 20% of the national population as identified by the Index of Multiple Deprivation.' Our activity addresses the most deprived 20% of the PCA population, 'plus' those populations most likely to experience inequalities in cancer care and outcomes. This includes coastal communities, (particularly farming and fishing communities), black, Asian and minority ethnic (BAME) groups, people with learning disabilities, and health inclusion groups. The PCA is prioritising awareness activity for those cancers which data shows are the most common amongst patients in the most deprived groups. The Alliance is working with communities to reduce variations in cancer screening, diagnosis, treatment, experience, and outcomes in support of meeting the NHS Long-Term Plan ambition to diagnose 75% of cancers at Stage 1 and 2 by 2028. Progress in 2023/24 has largely been delivered through our Enhanced PCN Support Programme, where 12 PCNs with a high proportion of patients in deprived areas have been supported to identify cohorts of patients to support earlier and faster diagnosis.



Workforce

Oncology Academy

Following a series of workshops, the four acute Trusts within the PCA have prioritised the development of a Cancer Academy. Initial funding for the Academy has been provided by Health Education England (HEE). The Academy will be part of the national network of cancer academies to reduce duplication of provision and expand the offer of cancer specific education. The Academy will provide a hybrid of virtual and face to face learning. The Academy will explore offering training and education to staff outside of the Peninsula, with potential for income generation for specific courses.

Pathology

The team have been working with the Pathology Network to develop a plan which was finalised at the end of 2022. Project teams have been set up and meet regularly to facilitate increased numbers of Scientist Training Programs (STP), Higher Specialist Scientist Trainees (HSST) and GPd with Special Interest (GPSI). Increased (advanced) admin support roles for medical staffing to free up clinical/teaching time is due to be funded by the Alliance.

All pathology services have now recruited one trainer funded centrally as part of a network team to be able to create training initiatives and free up consultant time – a network working group has been established for planning and setting objectives.

NICE Technology Appraisals (TAs)

The workforce over the Peninsula has been impacted by increased demand from new NICE TA approvals; so far 37 NICE TAs for systemic anti-cancer therapy (SACT) have been approved in 2022. A further 29 have been approved this year, with 63 in consultation expected to be published by the end of 2023. The Alliance working with Specialised Commissioning and Devon and Cornwall ICBs has secured recurrent additional funding in support of workforce development for oncology. This will support the implementation of the NICE TAs.



Innovations

As a Cancer Alliance we work on a number of National and Local Innovation Pilots in the hope that we can discover new ways to achieve our aims of improving earlier and faster diagnosis for our population.

The shared aim of our pilots is to discover new ways to improve and monitor our success so that they can be adopted into our systems and become more widely available.

We also work on innovations that can improve on the wellbeing of our patients who are undergoing treatment with the aim of making information more readily available to them. Over the last year, we have had a number of innovation pilots running and we continue to look forward and discover new ways to improve access for our patients over Devon, Cornwall and the Isles of Scilly.



Innovations

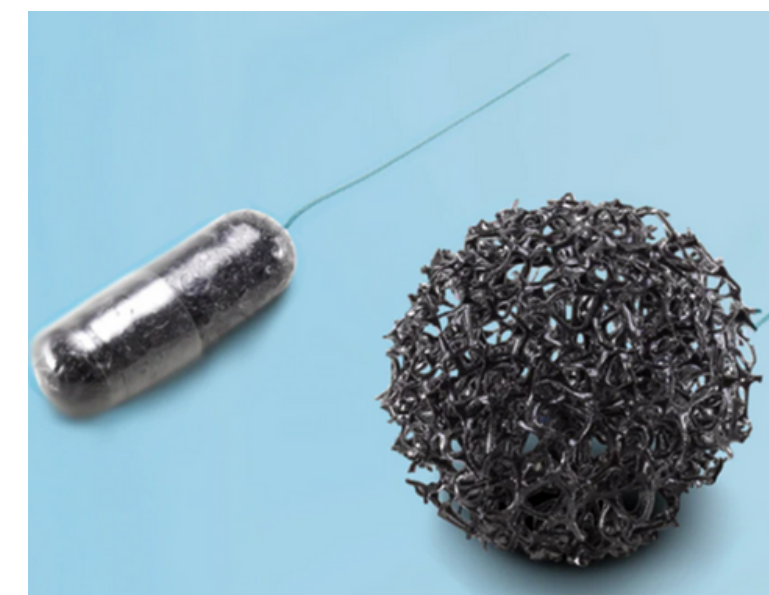


Image from Medtronic website

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 cancer) and reduce endoscopy waits.

Cytosponge is a soluble capsule that contains a small sponge or a ‘sponge on a string.’ The patient swallows the capsule which has a thread attached. The sponge is released from the capsule and a trained nurse/clinician pulls on the thread to withdraw the sponge. The sponge collects small samples of cells that can then be sent to pathology for analysis. This pilot is taking place at Royal Devon University (East) NHS Foundation Trust and University Plymouth NHS Foundation Trust.

223 sponges have been swallowed since the beginning of the pilot contributing towards the national evaluation. Royal Devon have developed their internal referral forms so that anyone in the Trust can refer in for a Cytosponge and this has helped expand the number of patients being processed by the site. The team at University of Plymouth have been providing strong numbers for the pilot and have expanded their team over the year to ensure there are no gaps in service. Figures from the evaluation are to the right. [We have a video which tells you more about Cytosponge.](#)

Subsequent actions of patients who successfully completed Cytosponge stratified by their test results (n=1,411)

Patient outcome	% Of patients referred for an onward endoscopy				% Of patients discharged	% Of patients referred for repeat test	% Of patients with unknown actions
	Routine	Urgent	Unknown urgency	Total			
Positive 9.1% (n=129)	59.7% (n=77)	17.8% (n=23)	8.5% (n=11)	86% (n=111)	6.2% (n=8)	3.9% (n=5)	3.9% (n=5)
Uncertain 9.1% (n=128)	50% (n=64)	8.6% (n=11)	9.4% (n=12)	68% (n=87)	1.6% (n=2)	15.6% (n=20)	14.8% (n=19)
Negative 75.12% (n=1,060)	5.8% (n=62)	0.9% (n=10)	0.7% (n=7)	7.5% (n=79)	67.1% (n=711)	0.4% (n=4)	25.1% (n=266)
Unknown 6.66% (n=94)	18.1% (n=17)	2.1% (n=2)	11.7% (n=11)	31.9% (n=30)	13.8% (n=13)	1.1% (n=1)	53.2% (n=50)
Total 100% (n=1,411)	15.6% (n=220)	3.3% (n=46)	2.9% (n=41)	21.8% (n=307)	52% (n=734)	2.1% (n=30)	24.1% (n=340)

Note: Test results for patients referred for a repeat test come from the first Cytosponge test. Results based on the unweighted Cytosponge cohort.

Source: Impact Evaluation data

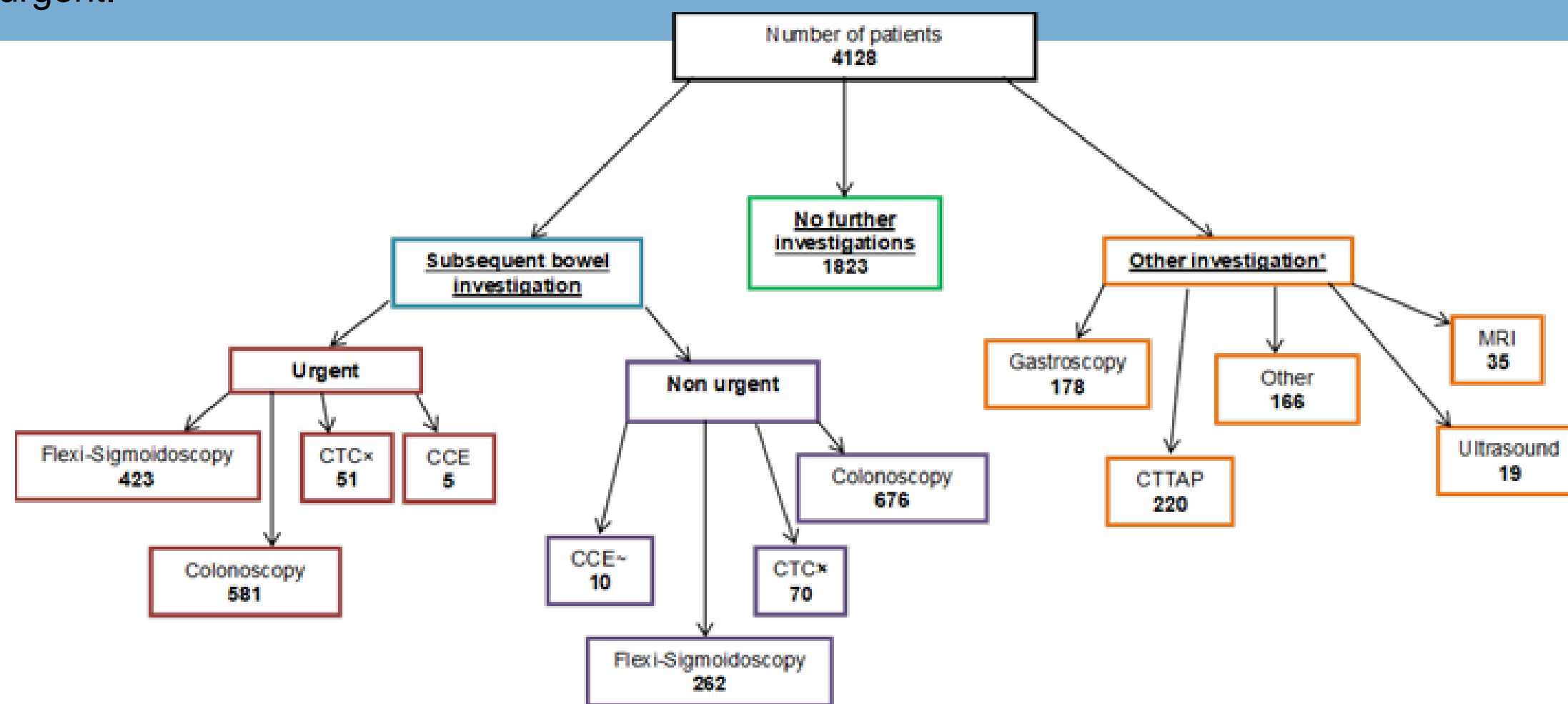
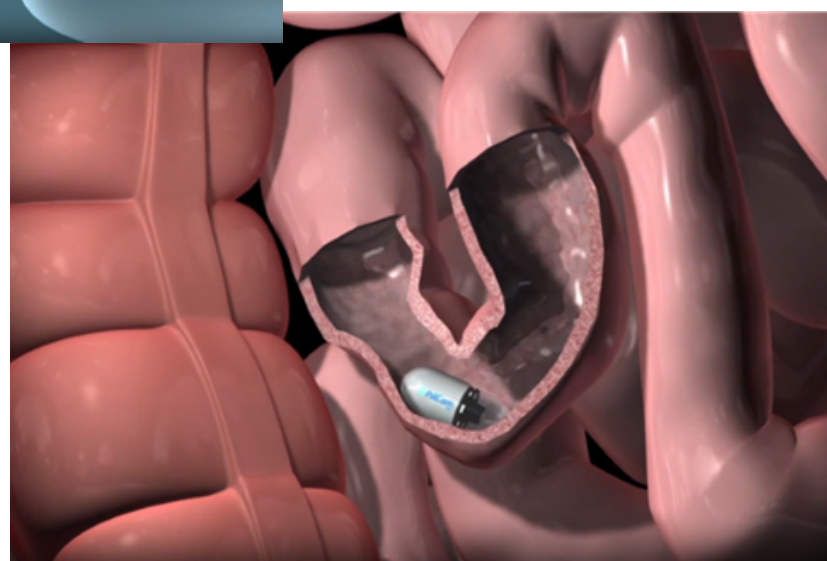
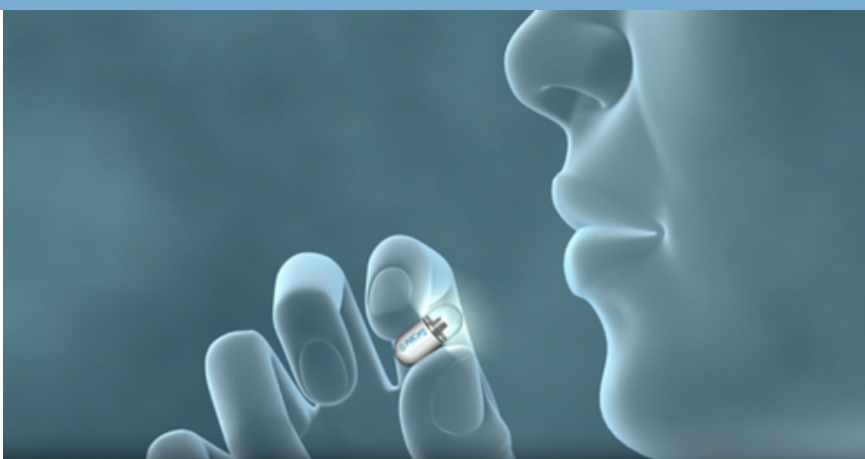


Innovations

Colon Capsule Endoscopy

Colon Capsule Endoscopy (CCE) is an imaging technology provided by Medtronic. A capsule no bigger than a pill is swallowed by a patient and provides a diagnosis within hours. 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 on the symptomatic pathway. The aim of this pilot is to reduce endoscopy waiting lists using a less invasive procedure. We are in our final year of the pilot and expect the evaluation to be published over 23/24.

University Hospital Plymouth NHS Trust is a participant in the national pilot and Mr Sebastian Smolarek has led the service since June 2021. Over the last year we have expanded the team at Plymouth to an additional consultant and a nurse. They have completed 125 capsules and continue to submit to the evaluation team. Data from NHS England's national pilot shows that, of 4,128 participants who received CCE, 44% of patients were discharged, 59% of patients did not require an additional bowel investigation, and 49% were downgraded to non-urgent.



*Some of these patients may have had multiple other investigations so there may be some 'double counting'



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