Transforming cancer care: the bigger picture and what's next

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<table>
<thead>
<tr>
<th>Session plan</th>
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<tbody>
<tr>
<td><strong>Introduction and progress of the National Cancer Programme</strong></td>
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<td><strong>The future of NHS cancer care in the long term plan for cancer</strong></td>
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<td><strong>Discussion with panel</strong></td>
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| **Leading change on the ground** | Dr Fiona McKinna – Vice Chair of Surrey and Sussex Cancer Alliance  
Dr Afsana Safa – Clinical Cancer Lead, North West London STP |
| **Discussion with panel** | |
| **What’s your priority for closing the survival gap?** | Q&A with audience and panel |

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Firm foundations – key achievements so far
• Ten multi-disciplinary diagnostic “one stop shops” for rapid assessment and diagnosis
• Faster diagnosis pathways published for prostate, colorectal and lung cancers – early implementers show promising signs – more people getting treated faster
• £130 million radiotherapy upgrade programme
• Establishing pilots of lung cancer case finding to diagnose patients more quickly
• World leading quality of life metric
• Fast track funding for the most promising new cancer drugs
• £600 million programme to transform care by 2020/21
But there’s more to do….

We need to close the gap on the rest of the world

<table>
<thead>
<tr>
<th>Cancer</th>
<th>UK survival relative to European comparators</th>
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<tbody>
<tr>
<td>Acute Leukaemia (child)</td>
<td>Among the highest</td>
</tr>
<tr>
<td>Melanoma</td>
<td>Just below the highest</td>
</tr>
<tr>
<td>Oesophagus, Brain (child), Lymph.</td>
<td>Upper half</td>
</tr>
<tr>
<td>Leukaemia, Myeloid Leukaemia</td>
<td></td>
</tr>
<tr>
<td>Breast, Prostate, Lymphoma (child), Liver,</td>
<td>Mid-field</td>
</tr>
<tr>
<td>Colon, Rectum</td>
<td></td>
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<tr>
<td>Cervix</td>
<td>Lower half</td>
</tr>
<tr>
<td>Pancreas, Lung, Ovary, Stomach, Brain</td>
<td>Among the lowest</td>
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How to get involved

Use the sli.do feature tell us

What’s your priority for closing the survival gap?

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Discussion
Cancer Alliances

Leading change and making a difference on the ground

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Dr Fiona McKinna
Clinical Co-Chair, Surrey and Sussex Cancer Alliance
Overview of the Cancer Alliance

- Three STPs – Frimley Healthcare (ICS), Surrey Heartlands (Devo), East Surrey & Sussex
- Two counties – Surrey & Sussex
- Individual provider and CCG financial challenges
- Multiple iterations of delivery plan, and funding arrived in August 2018

- Current performance and outcomes vary across the region – with the best and worst in England
- Balance is to help and support poor performance, but still recognise and reward areas of excellence that want to do more
- Our ambition is to demonstrate measurable change (Day 28 Group)
Overview of the Cancer Alliance

- Current performance and outcomes vary across the region – with the best and worst in England
- Balance is to help and support poor performance, but still recognise and reward areas of excellence that want to do more
- Our ambition is to demonstrate measurable change (Day 28 Group)

The agreed Alliance Work Programmes are:

- Prevention
- Earlier Diagnosis
- Treatment & Care
- Living With & Beyond Cancer

The 2018/19 High Priority Pathway Groups are:

- Breast
- Lung
- Upper GI
- Colo-rectal
- Urology
**Example SSCA Projects**

### Day 28 Group
- To address variation in current CWT
- Embed 104d, 62d, Day 28 standards in parity with RTT and A&E standards
- Delivery of Timed Pathways (Lung, Colorectal, Prostate)
- Transition to Diagnosis by Day 28
- Clinically led
- Co-design with NHS Improvement
- Underpinned by analytics (demand and capacity modelling)

### FIT Symptomatic
- FIT for symptomatic patients and programme for earlier diagnosis and collaboration with local clinical teams
- Collaboration with NHS Bowel Cancer Screening (South) Director
- Links with Bowel Cancer Screening bring academic challenge and ‘big data’
- Recognised need for different strategy for vague symptoms pilot, supporting local teams to further develop clinical pilots/service evaluation

### Radiotherapy
- MoU between the 2 cancer centres (Brighton, Guildford)
- Radiotherapy capacity and demand modelling completed, shared with HASC Regional Chairs and patient group representatives
- Variations in linac efficiencies highlighted
- Analytics showcased for AHSN award via Surrey Heartlands STP
- Capacity and access for our population – linking to FYFY and Taskforce

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## Early Successes

### Ensuring Alliance is data-driven, with all decisions founded on quality evidence and consultation

- Early governance and assurance checks via the **Institute of Healthcare Improvement**
- Opportunities in development with our devolution STP partners (Surrey Healthcare)
- Alliance confirmed as the delivery arm on cancer by our 3 STP partners
- Excellent engagement with local HASCs (Health and Adult Social Care boards)

<table>
<thead>
<tr>
<th>Date</th>
<th>Details</th>
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<tbody>
<tr>
<td>2023-01-10</td>
<td>Excellent early adoption of methodologies in Lung to implement Timed Pathway – spearheaded by 2 Joint Clinical Leads for Lung</td>
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<tr>
<td>2023-02-01</td>
<td>Alliance Self-Assessment - ‘positive’ feedback and scoring</td>
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<td>2023-03-01</td>
<td>AHP Lead for Living With &amp; Beyond Cancer recruited</td>
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<td>2023-04-01</td>
<td>Macmillan funded Co-Production Lead in recruitment (patient and public engagement)</td>
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<td>2023-05-01</td>
<td>Strong links forged with PHE colleagues in support of our Prevention work programme</td>
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<tr>
<td>2023-06-01</td>
<td>Working with the University of Surrey regarding academic evaluation of Alliance initiatives and assessment of patient experience regarding Shared Decision Making</td>
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Dr Afsana Safa
NWL London STP Clinical Cancer Lead
There is a wide range of Cancer Alliance work

- Safety netting in primary care
- Cutting edge prostate cancer diagnosis
- Working across organisations with STP
Safety netting

• Primary Care diagnostic strategy – patients are monitored throughout the process until their symptoms are explained.

• This approach promotes earlier diagnosis and reduced emergency diagnoses of cancers (poorer mortality).

• Takes administrative tasks away from GPs – more time with patients.

• Aims to:
  • improve early diagnosis,
  • reduce variation
  • improve patient satisfaction
RAPID pathway for prostate cancer

- Pathway improvement:
  - Identify cancer earlier,
  - Better patient safety and experience
- ‘First in the world” fusion technology for a revolutionary biopsy procedure
- mp-MRI first, reduced complications
- Faster and more accurate diagnosis enabling earlier treatment

All in one day

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Working with the STP

- Over 2 million people
- Over £4bn annual health and care spend
- 8 local boroughs
- 8 CCGs and Local Authorities
- Over 400 GP practices
- 10 acute and specialist hospitals
- 2 mental health trusts
- 2 community health trusts
Psychological support

• New design and implementation of a pathway for adults affected by cancer in NWL

• Psychological distress is common around the diagnosis, treatment and living with cancer.
  • 58% of patients emotional needs are still not addressed adequately.

• We have identified gaps in our whole pathway as well an a new approach to join up services from primary through to specialised care in an STP approach
“..we wouldn’t give people chemotherapy without anti-sickness drugs, so why would we treat someone with a disease which clearly has significant psychological impact, without offering psychological support.”

Dr Matthew Williams, Consultant Clinical Oncologist, Imperial College Healthcare Trust.
Discussion
Key question……..
What’s your priority for closing the survival gap?