



Thames Valley Cancer Strategic Clinical Network

Steering Group Report: July - September 2014

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Contents

Contents	3
1 Summary of Reporting Period	4
2 Thames Valley Cancer Strategic Clinical Network Programme Budget	4
2.1 2014/15 Programme Budget Allocation	4
3 Projects Update.....	6
3.1 Audit of Patients Diagnosed with Cancer following Emergency Admission ...	6
3.1.1 Project Aim/Objective.....	6
3.1.2 Project Update for Reporting Period	6
3.1.3 Key Risks/Issues.....	6
3.1.4 Project Timescale	7
3.1.5 Steering Group Approval required	7
3.2 Thames Valley GP Facilitators (Macmillan funded) – Project Extension and Expansion	7
3.2.1 Project Aim/Objective.....	7
3.2.2 Project Update for Reporting Period	7
3.2.3 Key Risks/Issues.....	8
3.2.4 Project Timescale	8
3.2.5 Steering Group Approval required	8
3.3 Thames Valley Urological Cancer Surgery (SCN Funded).....	8
3.3.1 Project Aim/Objective.....	8
3.3.2 Project Update for Reporting Period	8
3.3.3 Key Risks/Issues.....	9
3.3.4 Project Timescale	9
3.3.5 Steering Group Approval required	9
3.4 Patient Partnership Task & Finish Group (SCN Funded)	10
3.4.1 Project Aim/Objective.....	10
3.4.2 Project Update for Reporting Period	10
3.4.3 Key Risks/Issues.....	10
3.4.4 Project Timescale	11
3.4.5 Steering Group Approval required	11
3.5 Breast Cancer Rapid/Open Access & Self-managed/Reduced Follow up Pathway (SCN Funded)	11
3.5.1 Project Aim/Objective.....	11
3.5.2 Project Update for Reporting Period	12
3.5.3 Key Risks/Issues.....	12
3.5.4 Project Timescale	12
3.5.5 Steering Group Approval required	12
3.6 Malignant Brain Tumour Audit (CRUK Funded)	13
3.6.1 Project Aim/Objective.....	13
3.6.2 Project Update for Reporting Period	13
3.6.3 Key Risks/Issues.....	13
3.6.4 Project Timescale	14
3.6.5 Steering Group Approval required	14

1 Summary of Reporting Period

The majority of projects are progressing well however the number of risks overall has increased.

- As in the previous quarter little progress has been made in the Patient Partnership Task & Finish Group project due to difficulties with some of the Trusts in accessing their action plans for analysis following the results of the 2013 National Cancer Patients Experience survey. As it will be difficult to make progress prior to the publication of the 2014 survey results, the group proposed that the focus be on the 2014 survey results.
- The Berkshire Cystectomy Service is now well-established following repatriation and an audit of clinical outcomes for the new service has been completed. The results were found to be comparable to those achieved by the previous RBHFT cystectomy service. Phase 2 of the project was paused during the summer whilst new national CRG guidance on specialist urological is prepared (currently delayed). There is a risk the delay will impact the overall timescale of the project.

Potential communications support from Central Southern Commissioning Support Unit has been agreed with further discussions due to clarify the level of support available to the project.

- Recruitment of GP Facilitators to cover Oxfordshire and Buckinghamshire continues to prove difficult although some interest has been received. The current GP Facilitators covering Swindon and Berkshire are continuing their work with GP Practices and the wider cancer agenda.
- The Head and Neck project is funded and being managed by Macmillan Cancer Support. As it is inappropriate for the SCN to report on a project it does not manage, the project has been removed from the Cancer SCN programme. The SCN has a direct interest in the outcomes of the project and will request quarterly progress updates from Macmillan Cancer Support as part of their updates to the Cancer Steering Group.

2 Thames Valley Cancer Strategic Clinical Network Programme Budget

2.1 2014/15 Programme Budget Allocation

The total SCN programme budget available is £500K, and it was agreed by the Oversight Group that each clinical area (Cancer, CVD, Maternity& Children, Mental Health Dementia & Neurological conditions) should receive an equal split of 70% of this, to use for projects. The remainder 30% would be for the domain leads to use, to set up projects that work across the 4 clinical areas.

There is an NHS England requirement for a 9% efficiency savings to be made, therefore the budget allocation for 2014/15 is £77,000 per clinical area.

Following various discussions, Milton Keynes CCG will be joining the Thames Valley SCN. Programme funding of £148k will be transferred from East Midlands SCN to Thames Valley SCN and it has been proposed that the funding is split between the clinical areas and domains as above i.e. 70:30. This would equate to £25,900 for each clinical area and £14,800 for each domain.

This additional allocation increases the overall Cancer Programme Budget to £102,900. Below is a high level plan of current expenditure.

Area of Spend	2014/15 Budget		Current Month (5)			Year To Date		
	Internal	External	Budget	Actual	Variance	Budget	Actual	Variance
Steering Group	£ 2,500.00	£ -	£ 208.33	£ 247.57	-£ 39.24	£ 1,041.67	£ 771.37	£ 270.30
Network Groups	£12,500.00	£110,000.00	£10,208.33	£ 200.81	£ 10,007.52	£ 51,041.67	£ 209.45	£ 50,832.22
Annual Event	£ 5,000.00	£ -	£ 416.67	£4,184.60	-£ 3,767.93	£ 2,083.33	£ 4,184.60	-£ 2,101.27
Urology Project	£51,000.00	£ -	£ 4,250.00	£ 263.24	£ 3,986.76	£ 21,250.00	£ 5,332.78	£ 15,917.22
PPG Project	£ 3,000.00	£ -	£ 250.00	£ -	£ 250.00	£ 1,250.00	£ 50.40	£ 1,199.60
Breast Project	£ 3,000.00	£ -	£ 250.00	£ 69.34	£ 180.66	£ 1,250.00	£ 69.34	£ 1,180.66
Brain Project	£ -	£ 14,920.00	£ 1,243.33	£ -	£ 1,243.33	£ 6,216.67	£ 250.00	£ 5,966.67
GPF Programme	£ -	£164,800.00	£13,733.33	£1,148.04	£ 12,585.29	£ 68,666.67	£ 4,197.60	£ 64,469.07
Total	£77,000.00	£289,720.00	£30,560.00	£6,113.60	£ 24,446.40	£152,800.00	£15,065.54	£ 137,734.46

Note: The budget for the *Audit of Patients diagnosed with Cancer following Emergency Presentation* is not included as it is managed by CRUK however monthly budget reports are received which show spend overall is on plan.

:* GREEN: the project is progressing according to plan = we are delivering on time/scope/budget.

*** AMBER: there are issues and/or risks that will impact the project if not resolved = we are at risk of not delivering on time/scope/budget.**

*** RED: there are issues and/or risks that are impacting the project right now = we are not delivering on time/scope/budget.**

3 Projects Update

3.1 Audit of Patients Diagnosed with Cancer following Emergency Admission

Budget £382,993				
Audit of Patients Diagnosed with Cancer following Emergency Admission (NHS IQ & SCN funded)	Overall Project	Timescale	Resource Management	Risk Management
Current Quarter Status				
Previous Quarter Status				

3.1.1 Project Aim/Objective

Evidence indicates that in Thames Valley, there are over 11,000 patients diagnosed following an emergency admission which equates to 20% of the total emergency admissions. In partnership with Cancer Research UK (CRUK), Thames Valley Cancer Strategic Clinical Network aims to identify and understand possible factors and common themes for late diagnosis of patients who are diagnosed following emergency Admission and agree the necessary actions within primary and secondary care required to address thereby improving diagnosis for all these patients.

3.1.2 Project Update for Reporting Period

The project is now well underway and gathering momentum. The project working group is to hold its first meeting in October. Invitation letter and project briefs to primary care have been distributed to practices and to date 33 practices have expressed an interest in taking part in the audit. A primary care workshop is planned to be delivered by the Macmillan GP Facilitators focusing on quality assurance of the completed SEA audits.

Invitation letters and the project brief for secondary care has also been distributed and a Trust workshop is planned for later in the year.

3.1.3 Key Risks/Issues

- Insufficient engagement within primary care due to a low number of practices taking part. This could be further exacerbated by the lack of a Macmillan GP Facilitator in Oxfordshire and Buckinghamshire.
- Obtaining data on emergency presentations from acute trusts may prove difficult as all trusts have different data collection/data bases in place.









3.1.4 Project Timescale

The project commenced in November 2013 and is due to end by March 2016 to allow for the set up phase, 18 months running period and final analysis.

3.1.5 Steering Group Approval required

NA

3.2 Thames Valley GP Facilitators (Macmillan funded) – Project Extension and Expansion

Budget £164,800				
Thames Valley GP Facilitators (Macmillan funded)	Overall Project	Timescale	Resource Management	Risk Management
Current Quarter's Status				
Previous Quarter's Status				

3.2.1 Project Aim/Objective

There has been a considerable amount of focus on Awareness and Earlier Diagnosis and on improving Screening performance as part of the national ambition, detailed in Improving Outcomes a Strategy for Cancer, of saving 5-10,000 lives each year.

The former Thames Valley Cancer Network enthusiastically embraced this work: Cancer Audits were completed a number of times and 50 practices were actively engaged in this; the Willie Hamilton Risk Assessment Tool is in place in the majority of the Practises. This work was supported by NCAT and Macmillan (through the GP Facilitators).

However, there is a lack of cover in Buckinghamshire as recruitment to the role has proved challenging. There is some cover in the area however this is unsustainable in the long term. Following the recent resignation of the GP Facilitator in Oxfordshire, there is a need to recruit for both Oxfordshire and Buckinghamshire.

3.2.2 Project Update for Reporting Period

As in the previous quarter, recruitment of GP Facilitators to cover Oxfordshire and Buckinghamshire continues to prove difficult although some interest was received.

The current GP Facilitators covering Swindon and Berkshire are continuing their work with GP Practices and providing support to the CRUK Facilitators in developing primary care workshops with the aim of quality assurance of the completed SEA audits as part of the audit of patients diagnosed with cancer following emergency project.

3.2.3 Key Risks/Issues

- Loss of momentum gained in Oxfordshire by the previous Facilitator.
- Unsuccessful recruitment to both Oxfordshire & Buckinghamshire, the latter of which has proved difficult to fill in the past









3.2.4 Project Timescale

The 4 GP Facilitator roles will be in place for 2 years with funding ceasing in March 2016.

3.2.5 Steering Group Approval required

NA

3.3 Thames Valley Urological Cancer Surgery (SCN Funded)

£51,000				
Thames Valley Urological Cancer Surgery (SCN funded)	Overall Project	Timescale	Resource Management	Risk Management
Current Quarter's Status				
Previous Quarter's Status				

3.3.1 Project Aim/Objective

The 2013 Cancer Peer Review process identified several serious concerns and one immediate risk around the provision of Urological Cancer services in the Thames Valley.

- **Immediate risks:** This risk was around the behaviour and relationships within the South Specialist Multi-disciplinary Team for urology (RBH and HWPH
- **Serious concerns:** The serious concerns regarded specialist urological surgery taking place on a site other than the SMDT host site, this applied to both north and south MDTs.

3.3.2 Project Update for Reporting Period

The Berkshire Cystectomy Service is now well-established and an audit of clinical outcomes for the new service has been completed. The results were found to be comparable to those achieved by the previous RBHFT cystectomy service. Initial patient questionnaires have been completed, with patients providing very positive feedback about the new service. Patient experience and clinical outcomes will continue to be routinely monitored.

Phase 2 project work on options and preparation of the case for change were paused over the summer, whilst new national CRG guidance on specialist urological is prepared (this has been delayed). It was deemed appropriate to pause the project rather than to run the risk of completing work that will then be superseded by national guidance.

Potential communications support has been agreed with further discussions due to clarify the level of support available to the project.

The pause time is being used to complete user and carer engagement, to support future public consultation.

3.3.3 Key Risks/Issues

- The critical dependencies with other pieces of work. One of these, the specialist commissioning review is now delayed. The project plan requires updating to take account of this.
- The public consultation on the national Specialist Commissioning 5-year Strategy is now delayed due to the specialist commissioning review currently underway.

3.3.4 Project Timescale









The major elements of the project are on track; however the project plan may need to be extended to take account of new critical dependencies (outside the control of the project team).

The project commenced in September 2013. Phase 1 was completed on 15th April and Phase 2 is anticipated to end July 2014 followed by individual Trust Impact Assessments (July 14 – Oct 14), selection of preferred provider (Oct 14 – Mar 15) and implementation from April 2015.

3.3.5 Steering Group Approval required

NA

3.4 Patient Partnership Task & Finish Group (SCN Funded)

Budget £5,000				
Patient Partnership Task & Finish Group (SCN funded)	Overall Project	Timescale	Resource Management	Risk Management
Current Quarter's Status				
Previous Quarter's Status				

3.4.1 Project Aim/Objective

NHS England and Quality Health recently published the results of the national Cancer Patient Experience Survey. The survey covered over 116,000 NHS patients and compared the performance of hospitals across England based on measures of patients' experiences while being treated at hospital such as: whether their diagnosis and treatment options were explained clearly to them; whether they felt supported in their care; and whether they felt they were treated with respect.

This year's results are quite similar to last year's and whilst no Trust in Thames Valley featured in Macmillan's list of the ten best and worst performing trusts overall the level of satisfaction has dropped and is on a downward trend.

3.4.2 Project Update for Reporting Period

Some meetings with Trust Cancer Management Teams have taken place although meetings with relevant MDT teams have not. However whilst it has not been possible to obtain copies of action plans relative to findings of the 2013 national patient experience surveys directly from all provider trusts, it would appear that Cancer Management Teams and relevant MDT's have been working to address issues and concerns identified by the national survey as evidenced in documentation i.e. Work Plans that have been uploaded to the Peer Review CQUiNS website for the years in question.

Planned next steps include:

- Comparison of outcomes for 2013/14 recent survey with those of the 2012/2013 survey to establish whether improvements have been made in the areas of concern.
- Group members to liaise with Marion Foster if SCN input and support is needed with this.
- Marion Foster to develop step-by-step guide of the processes to gather and report back on action taken when the next survey results are published

3.4.3 Key Risks/Issues

- Non-engagement of Trusts in the project resulting in project drift or failure

- Non-delivery of implementable solutions by project to support Trusts to improve their cancer services.
- Results of subsequent National patient survey will potentially supersede the period of the project lifetime









3.4.4 Project Timescale

The project formally started in February due to a delayed start and is anticipated to end in November 2014.

3.4.5 Steering Group Approval required

NA

3.5 Breast Cancer Rapid/Open Access & Self-managed/Reduced Follow up Pathway (SCN Funded)

Budget £5,000				
Breast Cancer Rapid/Open Access & Self-managed/Reduced Follow up Pathway (SCN funded)	Overall Project	Timescale	Resource Management	Risk Management
Current Quarter's Status				
Previous Quarter's Status				

3.5.1 Project Aim/Objective

National recommendations are that services should consider early discharge from hospital based follow-up, as long as issues around access to regular breast imaging and results, and rapid clinic availability for assessment of any problems are put in place.

There is understanding, both from qualitative and quantitative research that intensive follow-up programmes after breast cancer treatment do not improve survival rates (which are already generally high) and can worsen quality of life measures through generation of anxiety about test results. It is also recognised from user feedback that a rapid response from the service is invaluable when a patient develops a problem and needs to be reassessed.

Achieving the challenging national cancer targets is a priority. Reducing the level of hospital based follow-up will contribute significantly towards achieving these targets as clinician time can be redirected more appropriately to seeing patients earlier on in their pathway. Breast clinics are under significant pressure and many patients on a follow-up pathway find their follow-up appointments rescheduled to allow for new patients to be seen swiftly.

The aim of the Thames Valley Cancer SCN is to work collaboratively with all key stakeholders in supporting the roll out of this service model across all acute hospital trusts to ensure equitable quality of service across the whole of Thames Valley.

3.5.2 Project Update for Reporting Period

Bucks Hospitals Trust and Royal Berkshire Foundation Trust have not been able to recruit dedicated project managers to take forward implementation of the Open Access/Self-Managed follow-up pathway therefore a review of the job description and role is being undertaken by both Trusts. Milton Keynes Foundation Trust is keen to implement the pathway but is in the very early stages of planning. All other Thames Valley trusts have instigated their pilot phase and are monitoring the service on an ongoing basis.

System ability to set up annual mammogram appointments still continues to be an issue in some trusts however Oxford has made some progress on this. Some Breast Screening centres have been able to take this on (Milton Keynes/Swindon/ Slough) with appropriate resourcing.

Consideration is being given to whether pathway commissioning could help overcome this difficulty – could screening services be funded centrally to capture patients diagnosed with breast cancer, however following a meeting with Public Health team it is unclear how existing arrangements would be able to assist due to the breast screening ‘recall system’ constraints as the system has been developed specifically for screening purposes.

Group to submit progress updates to the Breast Provider-based Operational Group (POG) meetings in future in order to maintain impetus

3.5.3 Key Risks/Issues

- Internal software systems unable to provide suitable solution for electronic annual mammogram recall resulting in manual management of the annual mammogram appointments, without this has the potential to be resource heavy.
- Inability to gain agreement with some Breast Screening Centres to take on annual mammogram recall – screening system only set up to manage screening call-ups plus would require additional staff resource to manage the increased workload
- Lack of CSU input due to current restructuring of CSU organisation.









3.5.4 Project Timescale

The project commenced in February 2014 with an estimated end date of March 2015.

3.5.5 Steering Group Approval required

NA

3.6 Malignant Brain Tumour Audit (CRUK Funded)

Budget £16,500				
Malignant Brain Tumour Audit (CRUK funded)	Overall Project	Timescale	Resource Management	Risk Management
Current Quarter's Status				
Previous Quarter's Status				

3.6.1 Project Aim/Objective

This project has been initiated to help build a case of need for GP's having direct access to diagnostic services by providing an evidence base to inform and support Commissioning decisions. Early diagnosis is key to preventing people from dying too soon by diagnosing conditions as early as possible and getting them the treatment they need before the condition worsens.

3.6.2 Project Update for Reporting Period

Final analysis of all data has been completed by the SCN Data Analyst Fefe Ma and meetings with GP practices to discuss findings have commenced. The validation tool has been developed for piloting by Dr Puneet Plaha in his neuro-oncology clinics as the basis for providing an evidence base supporting direct access for MRI diagnostic testing and development of primary care referral guidelines.

Planned next steps include:

- Dr Anant Sachdev to present a project update at the Steering Group on 2nd October.
- Dr Anant Sachdev to complete meetings with GP practices regarding concerns around the patient pathway as highlighted in submitted data; including where patients visited the GP practice on 2 or more occasions before being referred to secondary care for investigation.
- Dr Anant Sachdev to produce a written report of findings and recommendations by end of September (previously scheduled end August).

3.6.3 Key Risks/Issues

- Time constraints on Dr Anant Sachdev in meeting with GP practices
- Content of validation tool to be agreed for piloting by Mr Puneet Plaha, Oxford Neuro-oncology Surgeon in his neuro-oncology clinics guidelines

- Delay in final report write-up will impact on timing of presentation to Berkshire CCGs which in turn may impact on roll-out of project across Thames Valley and completion by end March 2015.

3.6.4 Project Timescale

Although funding was scheduled to cease at the end of March 2014 it has been agreed with CRUK that funding will be carried forward into 2014/2015 financial year to allow project to run for at least 1 year

3.6.5 Steering Group Approval required

NA