

Thames Valley  
Cancer Strategic  
Clinical Network

Steering Group  
Programme of  
Work Report



# **NHS England Thames Valley Cancer Strategic Clinical Network**

## *Steering Group Programme of Work Report*

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## **Introduction**

As mentioned in the inaugural Steering Group Programme of Work Report in January, during 2013 the Cancer SCN developed an ambitious programme of work to improve cancer care within Thames Valley with a funding total of £655,293 (£163,000 internally funded and £492,293 externally funded). The programme of work with 15 initial projects was developed from the priorities of patients or/their carers, commissioners, other networks, Health & Well Being Boards and national priorities.

Each of the 15 projects was based within 1 of the 5 NHS Domains or as part of the Network Development and focused on areas of need or value to the population such as early awareness, diagnosis, more optimal palliative care, and clinical pathways to improve patient outcomes and best practices.

Following confirmation of the allocated programme budget for 2014/15, and the prioritisation exercise undertaken at the stakeholder event in 2013, the number of internally funded projects the Network can now undertake has been reduced to:

- Thames Valley Urological Cancer Surgery
- Early Breast Discharge and follow up
- Patient Partnership Task & Finish Group

This report provides an update on the budget and programme of work the Cancer Network is undertaking. Further details of the original projects determined and their current status can be found in the TV Cancer Work Plan V6 document.









## **Thames Valley Cancer Strategic Clinical Network Programme Budget**

### **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 get 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 a requirement for efficiency savings therefore the exact budget allocation for 2014/15 is still unclear but is anticipated to be reduced by an estimate of 9%.

## Cancer Work Programme 2013/15 Update

### 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's Status				
Previous Quarter's Status				

#### 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.

#### Project Update:

Three CRUK employed Facilitators are now in post and undergoing a period of induction within CRUK and the SCN. Information about the project and Facilitators will be circulated via a stakeholder communication. Initial meeting held to discuss project approach and suggestions made for engagement with both primary and secondary care.

#### Learning Points:

- The Macmillan GP Facilitators with their experience of working with practice profiles and interpreting data will be an invaluable resource in testing the way the data is presented.

#### 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.

#### 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.

### 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
<b>Current Quarter's Status</b>				
<b>Previous Quarter's Status</b>				

**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.

**Project Update:**

As a cross-cutting theme this project is now being led by Steve Candler - lead for Domains 1 &4. Working is taking place with partners to draft an advert for the 2 vacancies (Oxfordshire & Buckinghamshire).

**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.

**Project Timescale:**

The 4 GP Facilitator roles will be in place for 2 years.

**3. Thames Valley Head & Neck Cancer Scoping (funded by Macmillan)**

Budget £74,000				
Thames Valley Head & Neck Cancer Scoping (Macmillan funded)	Overall Project	Timescale	Resource Management	Risk Management
<b>Current Quarter's Status</b>				
<b>Previous Quarter's Status</b>				

**Project Aim/Objective:**

The aim of this scoping project is to identify and understand key areas within rehabilitation services where support and care for Head & Neck cancer patients is being unmet and could be enhanced. Within the best practice guidelines there seems to be an absence of quality research and consensus on the best possible supportive strategy for head and neck (H&N) cancer patients and their families. This project will provide information on current support services for people with head and neck cancer in Thames Valley through mapping of current services against published guidelines to show if the services provided meet the national recommendations. Using a variety of methods patient experience will be central to the findings as will the contributions from front line staff. The project will:

- Identify the gaps in current service provision for head and neck cancer patients
- Identify models for development to support head and neck cancer patients
- Identify options for sustainability of any development.
- Identify staff involved with head and neck cancer patients and their needs

**Project Update:**

The project is being hosted by Central Southern CSU on behalf of Macmillan. The Job Description for the post has been agreed with the advert live on NHS Jobs and interviews due to take place on 23<sup>rd</sup> May. The CSU and Macmillan are organising the panel to which will include a patient representative and clinician. Stakeholder communication issued w/c 14<sup>th</sup> April with very positive comments received. Discussions are underway between Central Southern CSU and Macmillan to develop a project working group.

**Learning Points:**

**Key Risks/Issues:**

- Potential for unsuccessful recruitment to the post

**Project Timescale:**

This project is for a period of 12 months from the point of recruitment.

**4. Thames Valley Urological Cancer Surgery**

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

**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 HWPB)
- **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.

**Project Update:**

Overall the project is on track. The transfer of Cystectomy surgery from HWPBFT to RBHFT took place on 15<sup>th</sup> April 2014 with the first surgery taking place on 22<sup>nd</sup> and clinic on 29<sup>th</sup>. The SCN will be monitoring the service overall which will include a retrospective data collection of clinical quality metrics by both Trusts and ongoing collection and monitoring of this data.

Members of the project team and the SCN Associate Director attended the Slough HOSC. This was a positive meeting, and the HOSC were supportive of the cystectomy repatriation. A wider communication to stakeholders has been completed and was issued w/c1 4/4/14.

The Phase 2 project plan will be re-issued to reflect guidance received from Specialist Commissioners about the impact of ‘Planning and delivering service change for patients’ guidance. This guidance is not expected to cause major disruption to the project.

**Learning Points:**

- Preparation and attendance at HOSCs important but will be time consuming, project team to plan Phase 2 informal consultation carefully.









**Key Risks/Issues:**

- The risks around cystectomy repatriation have largely been mitigated and the repatriation will begin from April 15<sup>th</sup> 2014.
- Existing Communications team have confirmed that support for this project is outside their current contract/scope. Budget not identified for any additional communications support that may be required.
- The public consultation on the national Specialist Commissioning 5-year Strategy is due to be completed in October which may have some impact on the overall project.

**Project Timescale:**

The project commenced in September 2013. Phase 1 was completed on 15<sup>th</sup> 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.

**5. Patient Partnership Task & Finish Group**

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				

**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.

**Project Update:**

Due to the small number of members, it was agreed each member would focus on the poorest performing service from the Trust within their geographical area. The results from the previous 3 years (where available) and subsequent action plans will be investigated for common themes and reoccurring issues. The focus will be on colorectal cancer services at OUH, urology at Milton Keynes and skin cancer services at Buckinghamshire. As Great Western performed the highest overall all for the last 2 years, it was agreed they would be used as the comparator Trust. To date actions plans have not been received from all Trusts.

**Learning Points:**

- Due to the national survey running on an annual cycle ‘quick wins’ will be sought where possible.

**Key Risks/Issues:**

- Non-engagement of Trusts in the project.
- Non-delivery of implementable solutions by project to support Trusts to improve their cancer services.

**Project Timescale:**

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

**6. Breast Cancer Rapid/Open Access & Self-managed/Reduced Follow up Pathway**

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				

**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.

#### **Project Update:**

The SCN has undertaken a stocktake of all acute hospital trusts within Thames Valley to establish the current situation for patient follow-up. Meeting on 4th March to discuss the findings and project approaches was well attended by representatives from all provider Trusts across Thames Valley.

Oxford University Hospitals, Great Western Hospital and Wexham Park Hospital have implemented the pathway whilst Bucks Hospital and Royal Berkshire Hospital are currently in the planning stages. Generally those Trusts who have sourced a dedicated project lead have found it quicker and easier to develop and implement the new pathway. However the major concern is around the lack of suitable software to manage the annual mammogram recalls and so Trusts have had to adopt manual recording systems to manage this until a solution can be put in place. It may be possible to adapt the Trusts' cancer waiting times management systems, (Infoflex or Somerset), to accommodate this however this will take time to set up. Ongoing monitoring and review of the service will be required to evaluate the impact on patient experience and provide data for any fine tuning.

It was agreed that all Trusts would in principle adopt a policy of sharing of project documentation and information specifically to help those Trusts in the early planning stages to gain an understanding of how to progress their own project thereby moving towards implementation of the new follow-up model.

The next meeting is planned to take place on 20th May.

#### **Learning Points:**

- Provider Trusts who have identified some dedicated project support have found it easier and faster to implement the revised pathway model.

#### **Key Risks/Issues:**









- Internal software systems continue to be 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.
- Lack of CSU input due to current restructuring of CSU organisation.

#### **Project Timescale:**

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

### **7. Malignant Brain Tumour Audit (funded by CRUK)**

**Budget £16,500**

Malignant Brain Tumour and Breast Cancer Audit (CRUK funded)	Overall Project	Timescale	Resource Management	Risk Management
<b>Current Quarter's Status</b>				
<b>Previous Quarter's Status</b>				

### 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.

### Project Update:

Following a successful bid to CRUK, and the agreement of Dr Sachdev to be the CCG Lead on this project, further discussions have been had with Dr Sachdev to understand potential risks and limitations associated with general practice input and financial reimbursement for their involvement.

In early January a meeting took place with Mr Puneet Plaha, Consultant Neuro-oncology Surgeon with the Brain and CNS service in Oxford to establish relevant criteria for the audit tool to be used by participating GP Practices. Mr Plaha also agreed to help establish criteria for direct access requests should the audit provide an evidence base that supports direct access to MRI for GPs.

In mid-January a letter was sent to all GP practices in the East CCG area advising them about the audit and inviting expressions of interest to take part, however as a result of low uptake it was decided to invite GP practices within the West Berkshire CCG areas to take part; a total of 19 GP practices responded and the audit tool was circulated for them to commence data collection for submission to the TV CSCN by 28<sup>th</sup> February. The data period covered by the audit was from 1<sup>st</sup> January 2012 up to the 31<sup>st</sup> December 2013. A total of 12 GP Practices provided data for a total of 55 patients who had been investigated for symptoms suggestive of brain tumour. Analysis of all data submitted is now underway and findings will form the basis of discussions between Dr Anant Sachdev and the GP Practices taking part (between May and July) with a subsequent report to be produced by Dr Sachdev outlining recommendations for potential next steps by end August 2014.

### Learning Points:

Some GP practices felt unable to participate as they did not know what the relevant Read codes were – clarification was sought from primary care representatives.

### Key Risks/Issues:

- Determining the clearest way of presenting the data submitted by GP practices in terms of referral routes and patient's presenting symptoms to produce meaningful findings. Advice sought from SCN Information Lead.
- Time commitment for Dr Anant Sachdev to undertake GP Practice visits.

### 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