

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

First published: 3rd July 2014

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Introduction

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 in September 2013 from the priorities of patients or/their carer, 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, the number of internally funded projects the Network had planned to undertake was unachievable and it was agreed that a process to prioritise was required.

To ensure an objective approach and achieve consensus whilst balancing the needs of the Cancer Strategic Clinical Network Team and stakeholders a prioritisation matrix was developed and used.

Using a prioritisation matrix is a proven technique for ranking challenging decisions in an objective way in order of importance. It also identifies each projects relative importance by deriving a numerical value for the priority of each item.

The matrix provided a means for ranking projects (or project requests) based on criteria that were determined to be important. This enabled the team to see clearly which projects were the most important to focus on first, and which, if any, could be put on hold or discontinued.

At the Cancer SCN launch in November 2013, participants were asked to use the developed prioritisation matrix to prioritise all proposed projects.

The 6 criteria used to assess the importance of each project were:

1. Required Action

- Mandate
- service compliance measure
- Impacts core/foundation service
- Other services depend on it

2. Strategic Alignment

- Clear links to national outcome ambition
- Need for a change process and/or coordination across complex pathways
- Identified as a commissioner priority

3. Value to Patients and/or carers and other stakeholders

4. Important to Risk Mitigation

5. Leverage Potential

6. Costs vs benefit

Following the outcomes of the prioritisation exercise, the Cancer SCN Steering Group agreed the reprioritised projects produced based on:

- The resources allocated to the Cancer SCN further limited by the urology project
- The results of the prioritisation exercise by stakeholders
- The required action to achieve service compliance measure for urological cancer surgery

- National initiatives that superseded planned projects

The number of internally funded projects the Network could undertake was therefore 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 estimated 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:

Following several discussions with stakeholders the agreed project approach is having ascertained which practices within Thames Valley may need a more targeted approach to ensure their engagement all practices will be invited to 'express an interest' in taking part in the audit. Criteria and ranking indicators is currently under development to assist in the identification of those practices that may require a targeted approach. Discussions are planned with the Trusts and PHE to understand the feasibility of identifying practices using the data on emergency presentations from secondary care and tracking back to primary care.

It was agreed the audit would be completed retrospectively following identification by the Trusts and tracked back to primary care as nationally emergency presentations are recorded based on data from secondary care. The results of these audits will aid discussions between the GPs and the hospital team to enable agreement of required actions and learning points for early diagnosis and the management of patients diagnosed following emergency Admission.

Where Trusts are unable to provide the data retrospectively, a request would be made for the collection of data prospectively.









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
Current Quarter's Status				
Previous Quarter's Status				

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 Practices. 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. Following development with partners to draft an advert for the 2 vacancies (Oxfordshire & Buckinghamshire) the NHS England internal recruitment guidelines have been revised and have caused some delays to the process.

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
Current Quarter's Status				

Previous Quarter's Status



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:

Following the placement of the job advert in May, the number of applications received was poor (2) and revisions to the advert and JD were agreed as a means of encouraging more applications. The role was also circulated more widely within the SCN Network which generated considerable interest. The closing date for the revised advert is 20th June with shortlisting due to take place on 26th June.

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:

The Berkshire Cystectomy Service is now well-established following repatriation with 7 patients treated mid-May. The mediation process has reached a successful conclusion. Both RBHFT and HWPBFT feel that the new service is working well operationally and that working relationships across the SMDT were positive. A draft set of option appraisal criteria and suggested option appraisal process have been produced. Work is ongoing to clarify the future scope and timescales of the project. A travel times mapping exercise has been completed.

Learning Points:

- The mediation process has proved to be a valuable exercise, and this has been acknowledged by participating Trusts.

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.
- 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 now delayed due to the specialist commissioning review currently underway.

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.

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:

Provider Trust Cancer Managers/Lead Cancer Nurses have been contacted by the SCN and directly by the group members to request the results from the previous 3 years surveys (where available) and their subsequent action plans in order to identify common themes and recurring issues. Great Western Hospital as the highest performing Trust overall is being used as the comparator trust and to date is the only trust that has provided evidence of their patient survey results and subsequent action plans.

A request to meet with the Trusts' cancer management teams and their relevant MDT to discuss their patient survey results and action plans has been unsuccessful which may be due to Provider Trusts being heavily engaged in the current round of Peer Review visits; it should be noted that the results of the next national patient survey are expected to be released within in the next few months.

Further contact with Trusts by members and the SCN is planned to try and gain engagement.

Learning Points:

- Need to establish an understanding of provider Trust reluctance to engage in the project.









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

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:

Following the first meeting in May, it was agreed that all provider Trusts adopt a policy of sharing project information and documentation specifically to help support provider trusts in the early planning stages to gain understanding of how to progress their projects towards implementation.

Oxford University Hospitals, Great Western Hospital in Swindon and Wexham Park Hospital have all implemented their pathway. Buckinghamshire Hospital and Royal Berkshire Hospital have secured Macmillan funding to appoint project leads to take their projects forward. Milton Keynes Trust is keen to implement the pathway but have not begun planning as yet.

System ability to set up annual mammogram appointments still continues to be an issue in some trusts. Some Breast Screening centres have taken this on whereas others say they are not funded for this. Pathway commissioning could help overcome this difficulty - could/should screening services be funded centrally to capture patients diagnosed with breast cancer. This was raised with the Public Health Lead responsible for screening at the previous Cancer Steering Group meeting in May and it was agreed collaborative working with Public Health may help to facilitate this on a more formal basis.









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
- Failure by Bucks and Royal Berkshire to appoint project leads may lead to further delays in implementation.
- 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
Current Quarter's Status				
Previous Quarter's Status				

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:

A total of 12 GP Practices provided data for a total of 55 patients who had been investigated for symptoms suggestive of brain tumour between 1st January 2012 and 31st December 2013.

Initial analysis of all data has been completed with clarification required from 10 out of the 13 practices on some minor aspects of the data they submitted. Once received further analysis including financial modelling work will take place.

A meeting with Mr Puneet Plaha, OUH Consultant Neuro-Oncology Surgeon, is planned to discuss the provider trust aspect of data findings and consider potential content of primary care referral guidelines.

There are plans for Dr Sachdev to meet with practices to discuss concerns highlighted in the patient pathway where patients have visited the practice on 3 or more occasions prior to being referred for investigation.

A final report and recommendations is due to be produced in August.

Key Risks/Issues:

- Failure to get clarification on data from practices
- Difficulty securing meeting with Mr Puneet Plaha, Oxford Neuro-oncology Surgeon to discuss provider trust aspect of data and formulate referral guidelines
- Availability versus existing work commitments of SCN Information Lead in undertaking analysis and modelling

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