

Thames Valley Cancer Alliance Autumn 2018 Newsletter

<https://tvscn.nhs.uk/networks/cancer/>

Welcome to the Thames Valley Cancer Alliance Autumn newsletter, keeping you up-to-date with local, regional and national cancer developments and some of the important work underway across Thames Valley. **Let us know about what is happening in your area by contacting a member of the team and you could be in our next newsletter!**

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National Updates

Cancer screening to be overhauled as part of NHS long term plan to improve care and save lives

NHS England has announced that Professor Sir Mike Richards will lead a major overhaul of national cancer screening programmes as part of a renewed drive to improve care and save lives.

Increasing early detection of cancers when they are easier to treat is at the heart of the NHS's long term plan to upgrade services and make sure patients benefit from new technologies and treatments.

Sir Mike, who was the NHS's first cancer director and is the former CQC chief inspector of hospitals, will lead a review team to assess current screening programmes and recommend how they should be organised, developed and improved.

The NHS has been world leading by introducing national cancer screening programmes which have saved thousands of lives.

The review will look at how latest innovations can be utilised, including the potential use of artificial intelligence, integrating research and encourage more eligible people to be screened. It will also look to learn lessons from recent issues around breast and cervical screening.

As part of the process, the review will advise NHS England and Public Health England on the best operational delivery model for current screening programmes, including possible changes to currently outsourced provision.

The review, which is expected to report by summer 2019, will assess the strengths and weakness of the current cancer screening programmes, making recommendations on a number of areas including:

- How screening policy should be modified in the future, including horizon scanning, reviews of effectiveness and advice from clinical expert.
- How best to integrate screening programmes with other initiatives the NHS cancer programme is leading to promote early diagnosis of cancer and other life-threatening illnesses and place it as part of a wider approach to prevention and early intervention.
 - Introducing new screening technologies and update IT.
 - How screening programmes should be commissioned, delivered and quality assured in the future.
 - How to ensure that the necessary workforce is trained to deliver the programmes.
 - How best to ensure ongoing research and evaluation can be integrated into the screening programme.

Transformation Programme Update

The Quality Improvement Scheme (QIS) aims to support primary care to improve use of 2WW pathway; increase screening uptake of national screening programmes and support practices wishing to implement a recognised decision support tool to identify higher risk patients.

To achieve this, TVCA has developed a QIS toolkit which brings together information, guidance and links to relevant information in a single and easily accessible format.

Across Thames Valley, over one hundred GP practices have signed up to the QIS and all systems have seen an increase in the 2WW detection rates for all tumour sites increased between April and August 2018. One CCG has met the target of 63.07% of cancers detected through 2WW referrals ahead of plan and the remaining four are progressing towards meeting this target within the next year.

29 practice visits by the CRUK Healthcare Facilitators have taken place as a part of the effort to recruit additional GP practices to the QIS. There have been 17 non-clinical staff training workshops held with an additional 15-20 sessions planned over the next six months

GP education events, wellness weekends and other cancer-related interventions are taking place across Thames valley to raise the profile of screening, with the TVCA QIS project team preparing to organise a CCG Lead meeting before Christmas to discuss the challenges and barriers currently being experienced by some CCGs.

The Multidisciplinary Clinics (MDC) – Vague Symptoms Pathway project aims to reduce the time that patients who have non-specific but concerning symptoms which might indicate cancer wait to be diagnosed. This targets patients who would otherwise be ineligible for a 2WW referral, with the aim of achieving earlier diagnosis and reducing the percentage of cancers diagnosed through emergency care.

An Alliance MDC stakeholder event was recently held to share the learning and experiences from the Oxford Suspected CANcer (SCAN) Diagnostic Pathway pilot. Attendees heard about the progress made, challenges faced, and best practice options for local implementation

The Pathways Redesign project is one of the cornerstone projects within the Cancer Alliance's Early Diagnosis work stream focused on implementing national best practice cancer pathways for prostate, lower gastro-intestinal (LGI), lung cancers. To support local implementation, Thames Valley has provided each system with funding to recruit a dedicated pathways project manager.

A nationally agreed OG pathway is currently under development which Thames Valley is contributing to having had some of the best 62 day performance for OG in the country.

The Living with and Beyond Cancer (LWBC) work stream is aimed at delivering one of the recommendations of the Cancer Taskforce strategy (2015) and commitment set out in the NHS England Five Year Forward View in that every person affected by cancer has access to the Cancer Recovery Package. The Recovery package is a combination of different essential interventions which when delivered together, has been shown to improve the outcomes and coordination of care for people living with and beyond cancer.

The four elements are:

- **A Holistic Needs Assessment** at key points in the pathway including near diagnosis and at the end of treatment resulting in a written **Care Plan** outlining the actions to be taken to address identified needs which the patient .

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- **A Treatment Summary** from the Hospital Team should inform the patient and GP about the care and treatment received possible treatment toxicities and/or late effects, and the ongoing management plan and any required actions to support the patient.
- **A Cancer Care Review** should be carried out by the patient's GP practice six months after a diagnosis of cancer (previously three months post diagnosis). This should include post-treatment support and information to enable self-management.
- **A patient education and support event**, such as a Health and Wellbeing Clinic, to prepare the person for the transition to supported self-management, which will include advice on healthy lifestyle and physical activity

There continues to be great engagement across the Thames Valley with all systems attending the recent Alliance LWBC stakeholder workshop. At the workshop, members developed and agreed the Cancer Care Review template with anticipated implementation across Primary Care during November.

Local Updates

Thames Valley 62 Day Cancer Performance

Cancer is one of the leading causes of mortality in the UK and delivering timely diagnosis and access to treatment is essential for ensuring that patients have better health outcomes and increased survival rates.

The national cancer standards are key performance measures and many aspects of the cancer pathway are currently covered by a number of the national standards set out in the NHS constitution. Since their introduction in 2009, the cancer standards were consistently met until 2014 when performance started to deteriorate, and recent data for the first quarter of 2018/19 indicates that 62 day performance has reached an all-time low.

With increasing demand on cancer services and exceptional pressures across the whole of the NHS, Thames Valley Cancer Alliance continues to work in collaboration with partners to improve 62 day performance and achieve better patient cancer outcomes.

There are currently eight main operational standards for cancer

waiting times and three key timeframes in which patients should be seen or treated as part of their cancer pathway; two weeks, one month (31 days) and two months (62 days).

Following the recommendations from the Independent Cancer Taskforce in 2015, NHS England will also be introducing a new 28-day diagnosis standard from April 2020 as part of the focus on improving early diagnostics and treatment.

Patient demand for cancer services is increasing significantly. In 2017/18, almost 2 million patients nationally were referred by their GP for suspected cancer, equating to more than 5,000 patients every day. When compared to five years ago, this is an increase of almost 60%. The increase in the number of GP referrals is due to a combination of different factors including the changing age demography of the UK population, the increasing awareness of the disease driven through national campaigns, celebrity announcements and changing medical practice, guidelines and referral thresholds.

Changes to cancer screening programmes such as the recent lowering of the screening age for bowel cancer from 60 to 50 may also have an impact on the demand for diagnostics and cancer services in the future.

One of the areas of most concern is the 62 day cancer standard which has been consistently missed at a national level since 2013/14. This means that more than one in seven cancer patients are now waiting longer than 62 days to start treatment following an urgent GP referral. The 62 day standard is the only standard which takes into account the patients' entire pathway journey from referral to treatment which may explain why performance has been worse relative to some of the other cancer standards.

Thames Valley Cancer Alliance' 62 day performance in September was 83% with only 50% of trusts meeting the 85% operational standard.

Delays in any area of care have an impact on patients. But in cancer care, the amount of time a patient waits for diagnosis and treatment can

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significantly affect outcomes and experience. Data suggests that the increased number of referrals is placing additional strain on cancer services, with demand outstripping the current resources available.

Across Thames Valley we have seen a continued increase in the number of 2ww suspected cancer referrals across all cancer types. The significant rise in urological cancers in March can be linked to the high press attention following the February announcement by Stephen Fry about his prostate cancer diagnosis. However there has been no observed change in the conversion rate suggesting this is an appropriate rise in referrals which has led to significant backlogs which will take several months to clear.

These pressures are also evident across other areas of the NHS performance including the elective care waiting list, in emergency departments, and in mental health, ambulance and community services, signifying the challenges the NHS is facing in meeting current levels of demand.

Some of the **key challenges** across Thames Valley include:

- Rising demand and patient choice (DNAs and delayed treatment due to holiday, work etc.)
- Lack of diagnostic and outpatient capacity (equipment, staffing and clinic space)
- Pathology capacity due to staffing constraints

Some of the **actions taken** by the Cancer Alliance to respond to the identified challenges include:

- Holding a series of cancer *critical friend* visits in partnership with NHS Improvement leading to

strengthened recovery plans monitored by monthly Trust performance review meetings across all tumour sites with specific action plans in place. A performance dashboard is also under-development to enable 'live' tracking of patients on a cancer pathway.

- Alliance Pathway project is focused on improving the front end of the top 4 challenging pathways aiming to implement one-stop-shop clinics where appropriate;
- Funding provided to all Trusts for a Pathway Improvement manager to work with Alliance to implement the national best practice pathways;
- Process mapping workshops for each pathway planned in collaboration with NHS Improvement to enable clear oversight of entire pathway.

Although performance has slipped against the cancer targets, it is important to note some of the positives which emphasise the exceptional care that trusts continue providing patients despite the immense pressures on these services.

The NHS has been working to increase the speed of diagnosis for cancer services. For example, rapid diagnostic and assessment centres known as 'one stop clinics' are being piloted in various parts of the country in an attempt to streamline diagnosis for people with suspected cancer. It is hoped that these one stop clinics will be particularly useful for speeding up the diagnosis of certain cancers including breast cancer and if proven to be a success, will be rolled out on a national scale.

The results of the 2017 National Cancer Patient Experience Survey also

highlight the dedication of staff in improving services for cancer patients.

The recently published survey results revealed improvements in a number of areas relating to patient care. Most notably, when patients were asked to rate their care on a scale of 0 to 10, the average was 8.80/10, an improvement from 8.74/10 in the 2016 survey. In addition, the responses for nearly half of the questions in the survey improved, whilst only one significantly deteriorated.

And despite waiting times now starting to increase, there were improvements in some of the survey responses relating to the time spent between referrals and hospital appointments, diagnostic tests and attending clinics. This means that although performing against the waiting times standards is essential to ensure the best outcomes for cancer patients, it is also important to consider the patient experience when evaluating services.

The demand and performance data clearly illustrates the immense pressure on trusts to keep pace with the demand for cancer services. It is encouraging to see that patient satisfaction still remains high.

Cancer was identified as an early priority for the long term funding settlement. The focus of the ten-year NHS plan is on improving the accessibility of cancer services for patients, expanding the specialist cancer workforce and delivering cancer prevention schemes.

The plan offers a real opportunity to develop a sustainable long term strategy for the delivery of cancer services in England.

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Living With and Beyond Cancer (LWBC) in

Buckinghamshire CCG is a two-year project funded by Macmillan. Since August 2017, Project Manager Fiona Tearle has been working with cancer support groups, cancer services and residents to measure and understand patients' experiences of cancer, where we can make improvements in Buckinghamshire and where we have gaps in support for patients and their families.

Over a four-month period, focus groups were held with 11 local cancer support groups; 64 comment boxes were placed into community venues and an anonymous online survey was created. This survey was accessible through Facebook, twitter, rural and

local newsletters and through a primary school magazine publication.

In all, over 300 people offered their views and experiences on a range of subjects. While many people expressed satisfaction with services, many also felt there was room for improvement. Common themes included a desire for more information and tools to support self-management, better support for families and carers, improved support for mental health, better pain management and fatigue services and support, and better communication between services and organisations.

There are lots of fantastic support services, support groups, and charities within Buckinghamshire, but we also know there are some gaps. The team is examining ways in which they can use

the services already in place to help fill the gaps.

Planned next steps include creating create groups to develop solutions for three priorities; Mental Health Cancer Pathway, Primary Care Training Plan and the roll out of Cancer in the Workplace.

The team will also be working with other programmes within the CCG to transform the way in which support is given to people living with and beyond cancer and their families. Further information is available from:

Fiona Tearle
Macmillan LWBC Project Manager
Buckinghamshire CCG

Developments in Community Cancer Care

The synergy of Macmillan Cancer Support and Buckinghamshire Healthcare NHS Trust is addressing the challenging backdrop of cancer services. In August 2017, The Trust implemented the first Cancer Care Closer to Home Outreach site at Marlow Community Hub. Over 250 patients received line care, pre-chemotherapy assessments and certain oral and subcutaneous cancer treatments during the first year. In a continued effort to alleviate pressures in day-case units, this

joint partnership will implement a second Outreach site from Thame Community Hospital in mid-January 2019.

Weekly Wednesday clinics will deliver care to approximately eight patients. The project steering group is exploring the breadth of safe treatments to include and may expand to venesection and additional oral haematology regimes.

A third Outreach site will likely be from Amersham Hospital from April 2019 enabling a more significant proportion of the BHT cancer

patients to receive care closer to their home.

Watch this space for further information as the sites embed in the communities across Bucks!

Amy Peterson
Macmillan SACT Outreach Project Manager
Cancer Care & Haematology Unit (CCHU), Buckinghamshire Healthcare NHS Trust
Amy.peterson@nhs.net

Life after Cancer – Reflections from Tony Thouless

I was diagnosed with three small high-grade invasive bladder tumours in 2002.

The tumours were surgically removed and I underwent two years of BCG treatment, a non-invasive immunotherapy therapy, and then I was put on a cystoscopy check-up programme. This is great and I still attend the clinic, though I was advised that I didn't need to after I have been "clear" for 15 years. It gives me some reassurance, but I am never able to see a doctor or a specialist.

The trouble is that after time, although you are told you are in remission, you start to get a feeling that you've been left out on a limb. And no matter how hard you try, the fact that you have had cancer never leaves your mind because it's all around you in the press, on TV and in movies.

I have heard people say, "You're in remission, get on with your life and enjoy it." This is easy to say for people who have not been affected by the cancer.

Speaking with patients of other cancers in my position, most of them have the same feelings. They feel that after all the treatment is complete and successful, you start off with a feeling of euphoria but in time you get a feeling of being alone and uncertain of your future purely because, no matter how hard you try, you can't stop thinking about your condition.

You worry about a recurrence and things like secondary cancers with all of these things buzzing around your head and causing stress and depression. We all have our GPs to talk to but they are not specialists in that field. You fully understand how under-pressure specialist nurses are and feel that it is unfair to put more pressure on them.

What happens is the stress and pressure build up on the patient and that also transfers to the patient's partner or close ones it becomes a vicious circle.

I have been lucky having a Maggie's centre at my local hospital and they have been a great help. They admit that this problem needs addressing but sadly not all hospitals are lucky enough to have a Maggie's centre.

Those I have spoken to feel that it would be a fantastic help to set up some kind of system in which discharged patients are invited to the hospital every few years to have a short consultation to put forward your fears and worries to a specialist.

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Spotlight Feature - The 'Spotlight' feature aims to share information and highlight key developments in specific areas of cancer.

Spotlight

Head and Neck Cancer Closer to Home Pilot

Head and neck cancer (HNC) can have a devastating effect on patients who need long-term support in rehabilitation through access to a wide range of specialised medical care and staff.

HNC patients from Swindon and parts of Wiltshire can now benefit from an enhanced clinic which will significantly reduce the stress they face and long distances they have to travel.

The new outpatient clinic, which opened on 5th September at the Great Western Hospital, offers patients the ability to see a specialised, local multi-disciplinary team closer to home, without the need to travel to Oxford.

The pilot project – called 'Care Closer to Home' – will save HNC patients and their carers' both time and money, ultimately improve the patient experience, and is a result of a five-year initiative between Thames Valley Cancer Alliance, Macmillan Cancer Support, NHS England, HNC patients, clinical commissioning groups and NHS trusts.

Before the new clinic opened, Swindon and some Wiltshire HNC patients diagnosed at the Great Western Hospital in Swindon were referred to Oxford Hospitals, for treatment, follow-up and

rehabilitation. This required patients and their families to organise typically six-hour round trips, with the average follow-up period being five years.

Local HNC patients are now referred to Swindon's Great Western Hospital for their follow-up care. The weekly consultant-led clinics also offer access to a clinical nurse specialist, a speech and language therapist, a dietitian and enhanced dentistry and psychology services.

Once fully operational, the new service will benefit an estimated 65 patients from Swindon and Wiltshire per year whilst releasing capacity at Churchill Hospital.

Nick Crowson-Towers has been the project's Patient Leader and a staunch advocate of the pilot since its inception. Nick, an active supporter of heads2gether* HNC Patient Group for several years, said: "The treatment of HNC can be intense and to have to endure the distance and time to travel between Swindon and Oxford can be gruelling. One patient from Swindon needed 81 follow-up appointments in one year.

To avoid the trauma of extended, regular, costly travel to Oxford will be a tonic in itself, and the realisation that the standard of

complex treatment will be to the same high standards, but locally, from a cohesive team of medical professionals, will be so reassuring; with an open route to Churchill Hospital in Oxford should it be necessary. The HNC patients and carers will truly cherish this local breakthrough."



Nick Crowson-Towers, Patient Leader

Mrs Lisa Fraser, Consultant Ear, Nose and Throat (ENT) Surgeon at Oxford University Hospitals NHS Foundation Trust, will be one of the specialists treating patients at the new clinic in Swindon. Lisa ran her first clinic in Swindon on 12th September and said: "The clinic was great and we had positive feedback from the patients."

Robert New attended his first Swindon clinic in October. Robert was pleased to be able to have his

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follow-up appointments closer to home, a 10-minute journey compared to over an hour if travelling to Oxford. Robert said: "It's all about the travel. After my treatment I spent two weeks as an inpatient in Oxford and it was very difficult for my wife travelling over an hour one way. Having my follow up treatment in Swindon is great. I just want to get home quickly."



Cheryl Davidse, Speech and language therapist, and Robert New, patient

Trish Horn, a Wiltshire resident, who is one of the first patients to have attended the clinic in Swindon said: "Attending the new clinic in Swindon is not only a reduction in travelling it is a massive reduction in stress felt as regular check-ups approach".

Sarah Firth, a Macmillan Rarer Cancer Clinical Nurse Specialist at the Great Western said: "This will make an enormous difference to patients and their families in terms of time saved the cost of travelling and being able to easily access a specialist team that will be able to meet their needs."

Sarah Mathewson, Partnership Manager at Macmillan Cancer Support, said: "When you have cancer, having to travel long distances for regular follow-up

appointments can be stressful. As well as impacting on your health, it can also cause money worries because of travel and parking costs, and time needed off work.

That's why Macmillan is proud to have helped deliver this project and to have committed around £290,000 to co-fund with NHS England a team of head and neck cancer specialists at Great Western Hospital and Oxford University Hospitals. This means that people with head and neck cancer in Swindon and Wiltshire will no longer have to travel to Oxford for routine follow-up appointments."



L: Sarah Firth, CNS, And R: Kelly Greensides, CNS for the pilot

Nick Crowson-Towers, Anya Sitaram (NHS England) and Abby Mabil (Thames Valley Cancer Alliance) attended the Wiltshire Health and Overview Scrutiny committee on September 11th to present an update on the pilot. The response from the committee was overwhelmingly positive.

The true benefits of the pilot scheme will be realised over the next few months and continually reviewed to ensure we are

providing an improved patient experience. Patient feedback will be captured and measured to guarantee the aims of the pilot are met.

Further information on heads2gether at <http://www.heads2gether.net/>

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David's Blog



In my blog for the summer newsletter I used the analogy of a pack of dried spaghetti to highlight communications within a large organisation. In this blog I am using the analogy of a steam train to emphasise the difficulties in making changes within an organisation that is running to capacity and cannot stop functioning.

While decisions are still being discussed and ironed out by working group members, it is proving impossible for them to achieve their ultimate aim of coming up with a workable solution for future cancer services within the Alliance which provides the best all-round outcomes for all.

Imagine a steam train running at full speed with the engineer being asked for yet more speed! The boiler is at bursting point, yet the fireman is still stoking it with more coal. The number of carriages being pulled is increasing and, what's more, the carriages are changing by design.

The track is straight but changes of direction lie ahead, with the tightness of the turn determining the stresses which will be placed on the train as it hurtles ahead at full speed.

The train is the NHS, the carriages carry the patients, and the track is the political policy direction. Though the train has managed to turn the last curve without derailling, it might not make it through the next. The carriages

carry every-increasing numbers of passengers who all need to arrive at their destination safely and on time.

The train's engine is the staff and equipment of the NHS, with the coal as the system's financial resources, always required to satisfy the demands of all the passengers. The train can't stop for servicing because it is needed at all times – so what is that answer? More trains?

Maybe adding additional trains on the same tracks but splitting up the carriages by design and purpose would offer an answer. Two more engines pulling specific carriages would reduce the load and provide streamlined services to meet specific passenger requirements. IT may also allow other engines and rolling stock to undergo maintenance whilst operating at a reduced level.

It might sound simple, but in reality it is probably the only solution that will work without a future change in the direction of the track which would derail the existing train completely.

The services being asked for from the NHS by the general population are deliverable, but to get the best from the NHS will require people to understand that after general care, future specialist care may only be accessed at specific centres of excellence due to the very high

financial cost associated with providing the best treatments.

Therefore general hospitals which provide for the basic care needs for many surgeries and treatments should be made accessible to the majority of the population without excessive travel distances.

In contrast to this, specialist hospitals offering specific state-of-the-art treatments for complex illnesses need to be sited throughout the country with excellent transport links in order to offer the best access to the greatest number of the population.

This in itself would undoubtedly require new or improved road and rail infrastructure investment to facilitate the required accessibility to the specialised treatment centres.

In my opinion, the new and existing hospitals and treatment centres should be staffed by NHS-trained personnel as this would be the most cost-effective method of staffing and of controlling standards.

If the level of remuneration of staff in these places matched outside competition levels, it would allow the organisation to

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retain its staff and over time it would show a return on the investment which it made in them in the first instance.

The additional steam engines mentioned in my analogy can pull specialist rolling stock, not only for specific illnesses, but for specific research into illnesses and operating techniques in all disciplines of medicine. This would be the area of the NHS where working with the private

sector would provide benefits to both parties.

It is to be remembered that you can repaint rolling stock, but the running gear will remain the same and over time it will decline gradually. An overhaul to the system is needed, but agreement and commitment will be required across the board by both medical professionals and patients. Please note that the above thoughts are only my own and

do not reflect any thoughts of other people.

I also chair the Compass prostate cancer support group which you can contact on pca.group.members@gmail.com

David Manthorpe
Patient Representative for the Thames Valley Cancer Alliance & Chair of the Compass prostate Cancer Support Group

Thames Valley Cancer Alliance 2018 Conference: *Excellence in Cancer Care*

Thank you to those of you whom were able to join us at our annual event - *excellence in cancer care!* Your participation, engagement and support ensured it was a success! We hope to see you at our next event in 2019!

All speaker bios and presentations are available here: <http://tvscn.nhs.uk/networks/cancer/cancer-alliance-2018-conference/>

Thames Valley Cancer Alliance hosted its annual conference on the 4th October 2018. This year's theme was '*excellence in cancer care*' which the Cancer Alliance continually strives to achieve. The day brought together some 100 delegates made up of patients, charities, primary care and secondary clinicians and clinical commissioning managers made to think about what excellence in cancer care means and hear about all the programmes the Cancer Alliance is leading to drive improvements in cancer care across Thames Valley. It also provided a valuable networking opportunity and set the stage for further cooperation among stakeholders involved in cancer care.

The conference began with opening remarks by Louise Patten, CEO Oxfordshire & Buckinghamshire CCG and Deputy Cancer Alliance Lead highlighting the values, ambitions and priorities of the Cancer Alliance and current performance against the national cancer standards.

The morning continued with three presentations offering three different perspectives of excellence in cancer care: the patient's, cancer research and national policy.



Kris Hallenga, CEO and Co-Founder of the breast cancer of the breast cancer charity CoppaFeel provided delegates with the patient's perspective based on her personal experiences.

Kris Hallenga, CEO and Co-Founder of the breast cancer charity CoppaFeel!



Louise Patten, CEO Oxfordshire & Buckinghamshire CCGs and Thames Valley Cancer Alliance Deputy Lead

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Professor Mark Middleton,
Head of Oncology, Oxford
University

The vital role of research in improving the quality of cancer care was presented by Mark Middleton, Head of the Department of Oncology and the University of Oxford.



David Fitzgerald, National
Cancer Programme Director

David Fitzgerald, National Cancer Programme Director, presented the perspective of the national policy to delivering excellence in cancer care.



Delegates also heard about the Thames Valley Cancer Alliances' Transformation Programme and progress made against national and local priorities from each of the project leads:

- Dr Anant Sachdev, Senior Responsible Officer for the Quality Improvement Scheme;
- Dr Shelley Hayles, Clinical Lead for the Vague Symptoms Pathway and Pathway Redesign;
- Shairoz Claridge, Senior Responsible Officer and Kate Rawlings, Clinical Lead for Living with and Beyond Cancer;
- Jon Rees, Head of Performance, Operational Planning & Transformation COIO – Digital Programme, who spoke about the Alliance's digital project - the Health Information Exchange.

The afternoon segment was devoted to pursuing excellence through innovation and comprised a presentation by Lyndel Moore, Head of Cancer at Great Western Hospitals NHS Foundation Trust as part of the Trust's bid to secure innovation funding from the Cancer Alliance to support the development of a new cancer dashboard to monitor patients' progress along their timed treatment pathways.

You can find more information about the conference and the Cancer Alliance at:

<https://tvscn.nhs.uk/networks/cancer/>



Can you help to promote the 2018 National Cancer Patient Experience Survey?

We want to get the message out that all feedback is really valuable in helping to identify what's working well, where care can be improved and where there are inequalities in experience of care. From now until mid-December we are asking staff and partners to find opportunities to display a promotional poster to encourage greater participation. We want to encourage as many survey invitees as possible to take part in the national Cancer Patient Experience Survey.

You can help spread the word by displaying a poster, which you can download or order via these links: [A3 poster](#); [A4 poster](#). The posters provide a web address for a dedicated [landing page](#) that explains why it's important to hear from as many survey invitees as possible.

For people who are not invited to take part in the survey, but who want to share their views, the page explains the other options for giving feedback on cancer care. The local-level results of the 2017 cancer survey were published last week and are on the [survey website](#) alongside the national data, which was published in July.

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Resources

Cancer Awareness Events Calendar - July 2018-June 2019

<http://tvscn.nhs.uk/networks/cancer/resources/>

South of England Cancer Alliances Dashboard

<http://tvscn.nhs.uk/networks/cancer/resources/>

Quality Improvement Scheme Toolkit

<http://tvscn.nhs.uk/networks/cancer/quality-improvement-scheme-qis-toolkit-for-primary-care>

TVCA Delivery Plan 2017-2021

<http://tvscn.nhs.uk/networks/cancer/resources>

Accelerate, Coordinate, Evaluate (ACE) Programme

<https://www.cancerresearchuk.org/health-professional/diagnosis/accelerate-coordinate-evaluate-ace-programme>

National Reports & Statistics

- [Talking about dying: How to begin honest conversations about what lies ahead](#) RCP
- [‘Rocketing demand’ sees NHS performance figures drop as winter approaches](#) NHSE
- [Going Smoke-free: Tees, Esk and Wear Valleys NHS \(Mental Health\) Trust](#)
- [Talking about dying: How to begin honest conversations about what lies ahead](#) RCP
- [A data-driven approach to personalised cancer care](#) Reform
- [Prevention is better than cure: our vision to help you live better for longer](#) DHSC
- [Diagnostics waiting times and activity](#) - September 2018
- [Referral to treatment waiting times statistics for consultant-led elective care](#) - September 2018
- [Waiting times for suspected and diagnosed cancer patients](#) - Q2 2018/19 (Provider based)
- [Waiting times for suspected and diagnosed cancer patients](#) - Q2 2018/19 (Commissioner based)

Support Groups

OXCHOCS is a patient support group for women with ovarian cancer undergoing treatment anywhere in the catchment area served by the Churchill Hospital. OXCHOCS has the potential for a great deal of shared learning and offers patients a forum to ask questions about treatment options, side-effects and so on, and it is often other women who have walked the pathway who are the most help. **There is a planned meeting taking place on Monday 3rd December 14.00-16.00 at the Maggies Centre, Churchill Hospital**

The **Compass** prostate cancer group is held every second **Monday of each month, 19:00-21:00 at the Polish Club, Stoke Poges, Slough**. The group is open to all who are different stages of the prostate cancer, from those who have had a recent diagnosis to those who have been PSA low for 12 years or more. Meetings are open to attendee partners, with a bar on the premises for those who are interested.

Thames Valley Cancer Alliance

Autumn 2018 Newsletter

Meet Thames Valley Cancer Alliance's New Team Members

A huge welcome to our newest team members, Emma Palmer and Anju Lazenby!



Emma Palmer joined the team in September in the role of the Thames Valley Cancer Alliance Clinical Groups Administrator. Before coming to TVCA, Emma worked as a secretary within the Urology department at Oxford University Hospitals NHS Foundation Trust. She is passionate about administration and ensuring that processes run smoothly and effectively. She is looking forward to using her skills and experience within the Cancer Alliance.

Anju Lazenby is the new Project Manager for Living With and Beyond Cancer aiming to deliver tangible results and improving patient experiences.

In her previous role within Oxford University Hospitals NHS Foundation Trust Anju has been implementing clinical projects in diagnostics for several years working across Secondary care and Primary care environments. Recently, she was involved with successfully delivering the 100,000 Genomes Project across the Thames Valley region. This initiative has launched the new NHS Genomic Medicine service for rare diseases and cancers.



Cancer Alliance Team Contact Details

Cancer Alliance Clinical Lead	Dr Bernadette Lavery	Bernadette.lavery@nhs.net
Prevention & Early Diagnosis Clinical Lead	Dr Anant Sachdev	Anant.sachdev@nhs.net
Cancer Alliance Manager	Monique Audifferen	Monique.audifferen@nhs.net
Programme Manager	Arnold Victor	Arnold.victor@nhs.net
Quality Improvement Lead (Prevention & Early Diagnosis)	Lally Widelska	Alexandra.widelska@nhs.net
Project Manager (QIS, Urology)	Robert Elvin	robert.elvin1@nhs.net
Project Manager (MDC, Pathways)	Maxwell Madzikanga	m.madzikanga@nhs.net
Project Manager (Head and Neck)	Abby Mabil	Abby.mabil@nhs.net
Project Manager (Living with and Beyond Cancer)	Anju Lazenby	Anju.lazenby@nhs.net
Finance Lead	Dave Southam	davesoutham@nhs.net
Cancer Alliance Administrator	Sam Savory	Sam.savory1@nhs.net
Clinical Groups Administrator	Emma Palmer	Emma.palmer17@nhs.net

Thames Valley Cancer Alliance Autumn 2018 Newsletter

<https://tvscn.nhs.uk/networks/cancer/>

Cancer Alliance Group Meetings			
Upcoming Meeting	Date	Time	Location
Radiotherapy	10/12/2018	10:00 - 12:00	The Oxford Science Park, Magdalen Centre, Robert Robinson Ave, Oxford OX4 4GA
Upper GI	16/01/2019	10:00 - 12:00	Hawkwell House Hotel, Church Way, Iffley Village, Oxford OX4 4DZ
Sarcoma	23/01/2019	14:00 - 16:00	The Oxford Science Park, Magdalen Centre, Robert Robinson Ave, Oxford OX4 4GA
Gynaecology	30/01/2019	12:30 - 14:30	The Oxford Science Park, Magdalen Centre, Robert Robinson Ave, Oxford OX4 4GA