



Transforming Cancer Services Team

Healthy London Partnership

Annual Report 2016/17

July 2017

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Who we are, what we do

The Transforming Cancer Services programme was established April 2014 to provide strategic leadership, clinical advice, oversight, cohesion and guidance for implementing the National Cancer Strategy for London. We aim to improve outcomes for patients through a pan-London clinically led, patient-centred collaborative approach.

The Transforming Cancer Services programme is part of the “Healthy London Partnership”. Healthy London Partnership brings together London’s health and care system to deliver changes that are best done “once for London”.

Workstreams in our programme include:

- Earlier detection and awareness
- Cancer waits and diagnostics
- Living with and beyond cancer
- Support commissioning and contracting
- Improving patient experience.

Our **vision** is for all Londoners* to have access to world class care before and after a cancer diagnosis.

Our **mission** is as a trusted partner, drive delivery of world class cancer outcomes through collaboration, commissioning support, clinical leadership, education and engagement.

Our pan-London transformation will be **responsible** for:

- A once-for-London approach to implementing the national strategy
- Providing subject matter expertise, evidence and intelligence for cancer commissioning support
- Working with partners to reduce variation and deliver improved cancer outcomes
- Primary care development and education
- Targeted service improvement in secondary care.

*TCST also serves West Essex CCG which borders Enfield, Waltham Forest, Redbridge and Havering CCGs

Statement from the Director

During 2016/17 London's health and care partners have been working together at a regional level to realise the changes required to achieve the *Five Year Forward View* vision for London's population and Healthy London Partnership's ambition to take London to number one in the global city rankings.

Cancer services in London are not only an integral part of this wider agenda but have also needed to address continuing performance challenges as well as respond to the national *Cancer Taskforce Report*, *London Model of Care* and *Five Year Cancer Commissioning Strategy*, and the establishment of the National Cancer Vanguard and Alliance.

As a result, the London cancer system has been working together during 2016/17 to provide a single, coherent response to these national, regional and local drivers of change; setting out the structure, roles and responsibilities, governance and engagement processes of a new cancer commissioning model.

This new cancer commissioning model for London provides a shared response to how we will meet the aspirations for improved cancer outcomes, as set out in the national Cancer Taskforce Report.

The model brings together commissioning responsibilities for primary care and screening, secondary and specialist care and looks across the whole cancer pathway from

prevention to living with cancer as a long term condition. It takes a collaborative and joined up approach to planning embedded within STP processes and arrangements.

As part of the overall governance of the cancer commissioning model for London, the London Cancer Commissioning Board (CCB) is responsible for overseeing implementation of national and London Cancer Strategy; the development and management of commissioning Cancer Services across London; and ensuring London's cancer services meet and surpass expected national outcomes for 2020. Membership of the Cancer Commissioning Board was reviewed during 2016/17 and extended to include provider organisations to further enhance collaborative working.

Going forward, it is planned for the CCB Clinical Advisory Group (CAG) to be re-established. This will provide a forum for bringing together a core group of health professionals who will provide clinical oversight in setting the strategic direction for cancer services in London. The CAG will provide advice on priorities together with an assurance role on behalf of clinical and specialised commissioning to improve cancer outcomes and patient experience.

The Transforming Cancer Services Team will continue to work together with London cancer partners to support the delivery of cancer objectives across London.

Sara Coles

Interim Director, Transforming Cancer Services Team

Statement from the Clinical Leads

The clinical team at the Transforming Cancer Services Team (TCST) consists of a number of GPs from around London, a secondary care consultant, public health professional, allied health professional and clinical psychologist.

The clinical input is multi-disciplinary and complemented by a strong patient voice. This blend of specialist cancer clinicians, primary care and public health results in seamless pathways where patients are put first.

TCST depends on strong clinical leadership and close working with clinicians in all fields, and especially with Royal Marsden (PM) Partners, UCLH Cancer Collaborative and the South East London (SEL) Alliance Cancer to develop the best possible pathways.

Within the clinical team there are a number of STP facing clinical leads. They provide support within each STP cancer programme providing a mechanism for the TCST workstreams to be aligned at an STP level.

Over the next twelve months we intend to strengthen the way clinical leads work with STPs through new triumvirate structure within TCST; the TCST clinical lead, TCST Senior Management Team STP lead, Cancer Commissioning Manager/Cancer Performance Manager will work with STP representatives to deliver transformation and support achievement of cancer waiting times.

In addition, the clinical team act as a critical friend to support local commissioners in challenging clinical and quality aspects of local cancer services through Clinical Quality Review meetings. In order to support Trusts to make improvements to cancer pathways TCST clinical leads provide input into cancer waiting time breach reporting and review from a clinical perspective, at times making recommendations to individual Multi-Disciplinary Teams (MDTs) for improvement. Strong links have also been forged with CCG cancer leads, this valuable resource adds to the strengths of the clinical team.

Clinical resources are also embedded into core workstreams to ensure TCST projects are aligned with priorities for colleagues working in primary care and realistic against on-the-ground priorities to ensure the primary care voice is heard.

As well as supporting the delivery of the cancer must dos, TCST clinical leads have supported and will continue to support requests from cancer charities for guidance and clinical expertise to support their priorities. For example clinical input into Prostate Cancer UK's timed pathway in 2016/17.

TCST Clinical Leads will continue to work together with our cancer partners to best deliver joined up transformations that will improve cancer services and outcomes for patients across London.

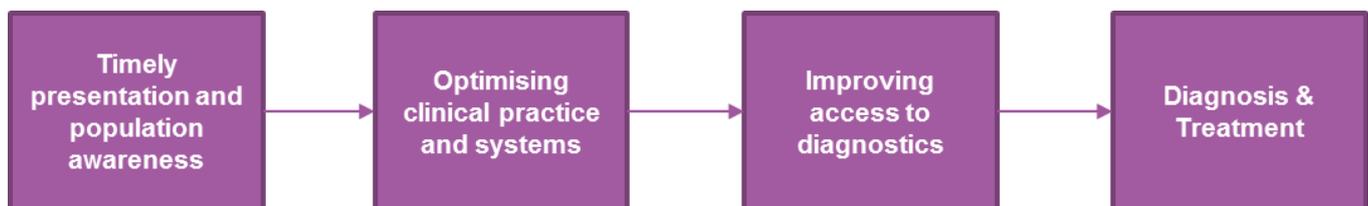
Sue Maughn

Clinical Lead, Transforming Cancer Services Team

Earlier detection and awareness

Overview

The Earlier Detection and awareness work stream provides an overarching strategy for improving earlier diagnosis of cancer across London. An earlier diagnosis of cancer will improve survival rates for those with cancer.



The improving awareness and diagnosing cancer earlier pathway is multifaceted involving interventions across a complex commissioner and provider landscape and pathway. This work stream focuses on supporting improved detection and diagnosis of earlier stage cancer by community, primary and secondary care teams. In addition, we look to support the improvement of one- and five- year survival rates and reducing the proportion of cancers diagnosed following an emergency admission, as part of the national operational must dos.

Achievements in 2016/17

- **Primary Care checklist – joint with Living with and beyond cancer (LWBC) team**

TCST created a Primary Care Checklist, an innovative tool with a compilation of key structures, processes and relationships that enable primary care to provide higher quality of cancer detection. Some CCGs are using the checklist to conduct a local stocktake to improve cancer outcomes.

- **Cancer Research UK (CRUK) Partnership**

TCST formed a partnership with CRUK to support health and care professionals to improve prevention and earlier diagnosis of cancer, through recruitment of facilitators. Facilitators work with CCGs across London to introduce and

encourage GP practices to adopt interventions which will improve patient outcomes. These interventions include helping practices to understand their data, providing training on key topics such as referral guidance, and introducing practices to tools and techniques that earlier diagnose cancer such as Cancer Decision Support Tools (CDST).

- **Practice Profiles Plus**

Practice Profiles Plus (PP+) was launched across London and West Essex to provide a resource for facilitating health professionals' understanding of cancer metrics. PP+ is a practice level comparative data tool containing a range of key cancer indicators for CCGs. PP+ was presented at the national CRUK Early Diagnosis conference and positively received.

- **NG12 Suspected Cancer referral forms**
Pan-London suspected cancer referral forms were launched in April 2016 to support the implementation of the NICE NG12 guidance. This was the first project of its kind where all clinicians in London would use the same template and referral guides, as well as intelligent integrated referral software to streamline referrals into secondary care. TCST completed an audit on the usage of the new referral forms and results showed that 59% of referrals were submitted on the new forms and 80% of all referrals were submitted electronically. This marks a huge step change in improving patient safety as electronic referrals are a safer and more efficient way of referring
- **Supported evaluation of the Cancer Decision Support Tool**
The Cancer Decision Support Tool (CDST) was developed and implemented by Macmillan Cancer support. It was designed to support GPs when referring patients with suspected cancer, and in reassuring a patient with a low clinical risk percentage score. TCST participated in the national Accelerate Coordinate and Evaluate (ACE) Programme with evaluating the uptake of GPs using the CDST tool in London. This work is being presented at the NCRAS conference.
- **Primary Care Diagnostics Leadership**
Working collaboratively with CRUK funding secured to establish the role of a Primary Care Diagnostics Lead to provide clinical leadership to implement direct access diagnostics in NG12 guidance, the national lung optimal pathway and regionally agreed straight to test pathways. Products have been developed to support implementation of these pathways such as a Direct Access Diagnostics Briefing.
- **Improving bowel screening coverage**
Bowel cancer causes almost 1,400 deaths a year in London; many of which could be avoided by prevention or earlier diagnosis through the national bowel screening programme. Screening reduces mortality from bowel cancer by 16% and TCST supported the endorsement by people's own GP in their invitation to screening letter. Research has shown this is a strong factor in improving participation in the bowel screening programme. Supporting STPs and CCGs in their ambitions to increase stage 1 and 2 bowel cancer diagnoses TCST undertook a review of enhanced primary care services in London and West Essex. Details of 19 services in 16 CCGs were accessed and the review identified two interventions that could be undertaken at practice level to improve participation in screening.

Planned activity in 2017/18

In the next year we plan to:

- Enhance delivery of national cancer campaigns such as Be Clear on Cancer
- Undertake a process and outcomes evaluation of centralised GP endorsement for bowel screening and continue to support implementation of this intervention
- Develop and implement tools and approaches that support direct access to diagnostic tests in lung, upper GI (upper gastrointestinal), gynaecological and brain cancers

- Update and relaunch the Screening Primary Care Good Practice Guide for London and West Essex
- Sustain the embedding of NICE NG12 guidance through ongoing audit, develop primary care resources for Cancer of Unknown Primary and support the implementation of e-referral for cancer
- Develop and implement service specification and framework for q-FIT – introduction of new bowel screening test
- Establish a pan London work stream to empower patients and increase their understanding of when they are on a cancer referral pathway improving patient experience and reducing DNAs
- Develop a suite of resources and good practice to support implementation of safety netting that will enable diagnostic uncertainty to be managed well.

Cancer waits and diagnostics

Overview

Achieving cancer waits remains a top priority for Trusts, CCGs, STPs, NHS England and TCST. Cancer waiting times are an important indicator of the quality of cancer services to the public. TCST has continued to support systems to deliver improvements to cancer waits through providing expertise in pathways, Patient Tracking List (PTL) processes, measurement of standards as well as providing monthly pan-London analysis of performance and reallocation.

TCST has delivered support through providing specialist expertise, targeted interventions and cancer intelligence – working at both sector and local provider level. The cancer waits and diagnostics workstream continues to support the monitoring of cancer quality requirements and the return to target of cancer waiting standards in the next year.

Achievements in 2016/17

- **Cancer waits analytics**
TCST are established as trusted advisors for cancer waits providing a range of regular reports and analyses across London. The team also developed bespoke cancer wait products for London; such as the breach reallocation tool
- **Capacity and demand modelling**
Support was provided to commissioners and providers to address the diagnostic challenges of achieving 18 weeks and 62 day targets. TCST supported the undertaking of capacity and demand modelling in the diagnostic modalities of CT, MRI, Ultrasound and Endoscopy in order for providers to sustainably plan to meet demand
- **Capacity and demand visits and reports in diagnostics**
Demand and capacity reports and recommendations were completed for all London Trusts and disseminated across London. For the first time, these reports enabled Trusts to understand their demand and capacity gap. TCST visited every Trust diagnostic service to discuss these reports and opportunities for improvement
- **Capacity and demand baseline in diagnostics**
A comprehensive baseline capacity and demand position across London was produced. This also identified potential for optimisation and forecast position in 2020 for four diagnostic modalities
- **Radiology and endoscopy events**
TCST held two events for radiology and endoscopy services to showcase a range of optimisation techniques and approaches to improve patient flow, capacity planning and patient experience – at minimal or neutral cost. This provided diagnostic services with impetus, inspiration and examples of good practice to optimise their services
- **Public Health England (PHE) partnership**
In 2016/17 a partnership between TCST and Public Health England was formed resulting in the recruitment of three analysts. This significantly increased the

scope of cancer data analysis available across all TCST work programmes to support pan-London cancer improvement

bids. Subsequently TCST has worked with a number of the DCF bids to support them to keep on track with their projects

- **Diagnostic Capacity Fund bids**

TCST provided input into DCF bids which provided a better understanding of what was required to improve diagnostics. This helped London to be successful in 13

- **Ad hoc support**

This included a number of training sessions provided for MDT coordinators on cancer waiting times measurement and rules, tracking and PTL reporting.

Planned activity in 2017/18

In the next year we plan to:

- Work in conjunction with NHS England as part of the Rapid Recovery Team to continue supporting the delivery of cancer waiting times and return to targets of the 62 day standard across London
- Create a range of dashboards and visualisations that allow STPs, CCGs and Trusts to access a wide range of data, including cancer waiting times, to better understand patterns and challenges across their geographies
- Scope whether the use of an e-referral system would be appropriate in supporting the delivery of 7-day median access
- Collate and share learning and best practice across London, such as for best timed pathways, the 28-day faster diagnosis pilot
- Collate and share good practice, case studies and products for optimisation of all diagnostic modalities across London
- Develop a suite of tools that will support Trusts in understanding diagnostics capacity and demand to aid operational management and decision making
- TCST are undertaking a joint project as part of an Intensive Support team to model the MDT coordinator and cancer tracking workforce within providers in London. This identified the demands on the workforce and provides an understanding of necessary staffing levels. This is a crucial tool to help trusts reduce avoidable cancer waits breaches.

Living with and beyond cancer

Overview

Earlier diagnosis and improved treatment means more Londoners are now surviving cancer and living with the consequences of the disease and its treatment. The Living with and beyond (LWBC) workstream looks at the patient pathway; from the point of receiving a diagnosis, through treatment and recovery, to living with cancer as a long term condition.

The LWBC workstream works with primary, community, acute, mental health, social care and the third sector together in partnership. The LWBC partnership board provides an overarching role in setting the strategic direction for London and supports the development of excellence across London's health and care services in the delivery of cancer priorities.

Achievements in 2016/17

- **Training Needs Analysis tools – joint with Earlier Diagnosis workstream**

TCST have developed a number of online Training Needs Analysis for GPs, primary care nurses and community-based dentists and pharmacists.

The tools aim to identify knowledge and training gaps covering early detection and living with and beyond cancer, inform the content for a bespoke educational product and share good practice in learning and teaching across the early diagnosis and living with and beyond cancer pathways. The tools have so far collected responses from over 680 healthcare professionals providing a snapshot of training gaps in London

- **Cancer as a Long Term Condition: holistic cancer care reviews**

Over a third of London CCGs are implementing the 4-Point model for holistic cancer care reviews.

This model was developed by the TCST in 2015, and could support over 4,000 patients surviving 1-2 years after treatment.

A pan-London Task & Finish Group has been established to support evaluation of the model and to make some firm

recommendations on cancer as a long term condition. A sample specification and business case has been developed to support commissioning of the model

- **Cancer rehabilitation events**

The LWBC workstream secured funding to extend the Macmillan Cancer Rehabilitation Clinical lead post until December 2018. TCST held a series of stakeholder events in London to engage with STP commissioners to inform the development of commissioning guidance for cancer rehabilitation. A scoping report for this guidance was published in February

- **Lymphoedema commissioning guidance**

Regional commissioning guidance on lymphoedema services was published in July. A best practice specification and sample business case support the guidance.

As a result of our work, TCST participated in a successful webinar

hosted by NHS England on lymphoedema, supported by the National Lymphoedema Partnership Group

- **Recovery package implementation**

As part of supporting the delivery of the recovery package, in particular the implementation of treatment summaries, TCST developed a briefing guide for Macmillan GPs and primary care cancer leads

- **Stable prostate cancer primary care pathway**

Commitment was obtained from SWL, NCL and NWL STP areas to implement the primary care led pathway for men with stable prostate cancer which would benefit over 6,000 patients. The initiative would also encourage roll out of treatment summaries and provide primary care tools

for conducting cancer care reviews and holistic appointments after treatment of cancer

- **Mental Health Clinical Lead**

The LWBC workstream secured funding for a mental health clinical lead post from Macmillan (January-December 2017). After a successful consultation event with a range of our stakeholders, our new mental health clinical lead will be developing a pan-London end-to-end pathway and an associated service specification for the provision of psychological care for those with a cancer diagnosis

- **Project Facilitator role**

TCST successfully applied for Macmillan funding for a Project Facilitator to support cancer rehab and psychological support projects.

Planned activity in 2017/18

In the next year we plan to:

- Refresh and broaden the recovery package commissioning guidance
- Develop a pan-London commissioning model for living with and beyond cancer, including recovery package and stratified follow up interventions (subject to transformation funding)
- Support STPs in delivering the TCST 4 Point Model with evaluation tools and an education package
- Refresh guidance to support with the commissioning of lymphoedema services. This will help reduce unnecessary hospital admissions and reduce length of stay
- Develop an exercise referral guidance for people affected by cancer. This guidance will be for STPs and Local Authorities to support commissioning
- Develop cancer rehabilitation guidance and toolkit and identify STP cancer rehab champions to implement cancer rehabilitation
- Develop an end-to-end pathway and service specification to support STPs and Local Authorities to commission psychological support for those affected by cancer

- Implement the Primary Care Education programme in conjunction with the Earlier Diagnosis workstream, including elements of safety netting, training needs assessments, an online platform for resource repository and targeted training for clinical fellows and primary care nursing leads
- In order to inform this work we will produce an up to date analysis of the prevalence of cancer patients across London and also the prevalence of patients with more than one primary cancer

Supporting commissioning, contracting and reducing variation

Overview

In 2016/17 London agreed a number of pan London commissioning intentions for cancer. These commissioning intentions outlined improvements across a wide range of areas within cancer care and were negotiated into trust acute contracts.

The TCST provided clinical subject matter expert support to local Clinical Quality Review meetings, both in the production of quality reports containing key lines of enquiry and attendance at meetings to support local commissioners in their assurance processes.

Achievements in 2016/17

TCST has worked with cancer teams within CSUs and CCGS and this year has seen the following achievements:

- **Commissioning Intentions**

TCST developed pan London Commissioning Intentions which were discussed widely with stakeholders across London and subsequently signed off by the Cancer Commissioning Board. There was wide adoption of these commissioning intentions within trust

acute contracts which ensured a contractual oversight of key improvements in cancer. TCST also supported the development of the cancer SDIP and provided advice on potential CQUINs.

- **Prostate pathway**

To support with reducing variation in diagnostics, TCST collaborated with Prostate Cancer UK to look at delivering a best practice pathway and developed commissioning guidance for multi-parametric MRI

Planned activity in 2017/18

For 17/18 there are no plans to make amendments to the current cancer commissioning intentions. Many of the areas covered are now within the transformation funding and the delivery plans of the cancer Vanguards and cancer alliance. However, it is planned that a triumvirate structure is developed from core members of the TCST and Commissioning Support Unit (CSU) cancer teams to work more closely with each of the STP footprints and their associated cancer leads.

Improving patient experience

Overview

The Transforming Cancer Services Team (TCST) is committed to working collaboratively with people affected by cancer to ensure patients and carers influence the planning and delivery of cancer services across London.

The TCST works with local Healthwatch, charities and voluntary groups, people affected by cancer and NHS England colleagues.

Cancer Commissioning Board Patient Advisory Group

The Cancer Commissioning Board Patient Advisory Group (PAG) supports the development of London's cancer services and the delivery of safe, sustainable, high quality care. It provides independent strategic advice and leadership to help make the best decisions about cancer care in London and is considered the primary forum for issues of cancer patient experience by NHS England (London region).

The PAG works closely with all the TCST workstreams and has membership of the Cancer Commissioning Board; the Clinical Advisory Group; Earlier Diagnosis Advisory Group and the Living With and Beyond Cancer Partnership Board.

The PAG was constituted to give a service user perspective to the issues it considers and the advice it provides. Through its members, the PAG uses its knowledge of London's health system to promote the needs of Londoners and advocate improvements in quality, outcomes and best value.

Membership is drawn from a broad and diverse group of cancer service users from across the five STPs.

Charity Partners

The Charity Partners network was established by TCST to work with cancer specific charities to improve patient experience. This is a sharing network to inform our charity partners of the work of the TCST across London and gain an understanding of the charities' work to improve patient experience and outcomes.

Patient Experience

NHS England wishes to ensure that cancer patients and carers have the best possible experience of care. Research shows that a poor experience of care will influence the short and long term recovery from cancer treatment and will have implications for their future health and wellbeing.

The Independent Cancer Taskforce report 2016 has identified a number of areas where patient experience needs to be improved and have made recommendations to achieve this. One of the recommendations is for NHS England to continue delivering the National Cancer Patient Experience Survey (NCPES) until 2020.

National Cancer Patient Experience Survey (NCPES)

An analysis and evaluation of the 2015/16 NCPES was undertaken and reports produced for each CCG and NHS Trust. These reports highlighted both areas of good practice and areas of concern.

In London, the survey results showed there were a number of areas of concern where patients reported a poor experience of care:

- ❖ Receiving information in an understandable way.
- ❖ Decision about treatment
- ❖ Access to supportive care
- ❖ Supportive Information

Achievements in 2016/17

This year has seen the following achievements:

- Service users attended the pan London Rehabilitation Conference in June and worked with health professionals to inform the rehabilitation commissioning guidelines
- TCST held a focus group with the NHS England lead for patient experience to discuss the role of the Clinical Nurse Specialist. The outcomes from the focus group informed the report written by the National Patient Experience Team on behalf of the National Cancer Team
- PAG members undertook a review of the results of the 2015/16 National Cancer Patient Experience survey and made recommendations for improvement
- A PAG working group reviewed NHS Trusts' parking arrangements. Work continues with a report due to be published October 2017
- Service users informed the work of the Lymphoedema Working Group. Guidelines have been produced for commissioners
- PAG has supported the London Digital Cancer Collaborative initiative; this work is ongoing
- A training day was delivered to PAG members and cancer service user representatives on STP cancer boards

Planned activity in 2017/18

In the next year we plan that:

- The PAG will be undertaking a programme of work to support and inform the work programmes across all TCST workstreams to ensure the outcomes from the workstreams are patient centred

- PAG members will continue to be board members of the LWBC board, EDAG and associated task and finish groups to inform and advise from a patients perspective
- Users will also continue to be invited to provide input into focus workshops and events, for example, the psychological support workshop
- The five STPs, London Cancer Vanguard and the South East London Cancer Alliance will be invited to nominate a cancer service user board member to become Associate Members of the PAG to ensure collaborative working across London
- A training programme will be developed for all members of the PAG to empower and inform service users
- A TCST engagement strategy will be developed to ensure service users are engaged in an effective and appropriate way
- The Charity Partners Terms of Reference and work programme will be reviewed
- Recruitment to the user involvement directory will continue to increase the level of engagement
- Users will be involved with the design and content development of the new patient engagement section of the HLP TCST website to ensure simple straightforward access to the section

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