

London Cancer Alliance

West and South



Cally Palmer
Chief Executive Group Lead

News from the Chief Executive Group

We are moving closer to the completion of the sign-up process for all 17 provider organisations with the development and circulation of the LCA Prospectus and Memorandum of Understanding. This process should be completed by mid-July, giving us a clear mandate to move forward as the London Cancer Alliance.

We have also started to put together an appointments process to support the appointment of the LCA chairs and clinical leads, and a strategic framework to bring together our vision, mission and performance domains.

Over the next month we will begin the appointment of independent chairs for the Members Board and Clinical Board, and the appointment of the permanent Clinical Director, together with the first and second waves pathway chairs.

I hope to be able to update you further next month on our new appointees and the next phase of the LCA process.

Interim Clinical Board

Over the last month we have made several key appointments to support the developing clinical agenda within the LCA.

Three project managers have been appointed in partnership with Macmillan to support the Chemotherapy Closer to Home Project, the Patient Experience and Information Project and the Survivorship Pathway Group, and three project managers to support the Breast, Palliative Care and AOS Pathway groups. These appointees will work with clinicians from across the LCA to define, scope and deliver these projects over the next 18 months.

The Interim Clinical Board has continued to meet fortnightly to discuss and agree future work programmes as well as review and monitor the progress of the pathway groups to date. All Interim Chairs for the 1st Wave Pathway groups have attended the Interim Clinical Board to discuss the progress made.

Dr Kathie Binysh, QA Director, Cancer Screening Programmes, has agreed to support the development of a LCA Screening Strategy to review and develop a work programme for Breast, Cervical and Colorectal screening in the LCA.

The LCA continues to work with the Cancer Networks to develop a robust plan for transition of some of the Cancer Network provider functions in September. The Interim Clinical Board has agreed to maintain the Tumour Working Group structures in the short term, to ensure knowledge, support and expertise is maintained locally, and to underpin the 2013 Peer Review agenda.

The LCA is progressing with its informatics agenda, working closely with the Thames Cancer Registry, NCIN and the commissioners, on agreed metrics to reflect improvement across the system and ensure accurate completion on return of cancer staging data.



Professor Arnie Purushotham, Joint Clinical Director (Interim)



Mr Justin Vale, Joint Clinical Director (Interim)

Pathway groups

Acute Oncology Services

Interim chair: Tom Newsom-Davis, Consultant, Medical Oncology, Chelsea & Westminster NHS Foundation Trust

- The DoH has supported and funded our application to audit emergency cancer presentations within the LCA. Six trusts will be involved in this work which is being done in partnership with the Cancer Networks and the Institute of Psychiatry, King's College London.
- We ran an AOS simulation course in March, developed by Tom Newsom-Davis (Pathway chair) and Amy Guppy (Pathway member). The course received excellent feedback with 85% of attendees rating it as 'excellent'.
- The first draft of the amalgamated sector-wide Oncology Emergency clinical guidelines has been completed. These will be presented to the pathway group in late June.
- We have developed and agreed a LCA Metastatic Spinal Cord Compression alert card. We are now considering how to roll this out across the LCA.

Survivorship

Interim chairs: Nick Hyde, Cancer Clinical Director and Consultant Surgeon, Oral & Maxillofacial, St George's Healthcare NHS Trust / Natalie Doyle, Nurse Consultant, Living with and beyond cancer, The Royal Marsden NHS Foundation Trust

- Work in the Survivorship Group is moving forward, with key targets achieved and clear plans for future work laid out. We have agreed to use the recently published NCSI (National Cancer Survivorship Initiative) interactive pathway as our 'gold standard' with our ultimate aim as ensuring that all cancer survivors within the LCA have access to equitable, high quality services based on this model.
- We are in the process of completing a LCA-wide Holist Needs Assessment (HNA) tool, with supporting information and an associated metric. We will be looking at end of treatment record summaries in our next meeting to compliment this. We are about to map existing services in combination with training and educational needs of the professionals delivering these.
- We are keen to spread the word about our plans and to ensure we are working in partnership with both services and service users. We will run a forum event in the early autumn and will meet with relevant managers and clinicians.
- Cross-cutting groups to support the roll-out will be set up; potential members will be approached imminently.

Oesophago-Gastric

Interim chair: Bill Allum, Consultant upper GI surgeon, The Royal Marsden NHS Foundation Trust

- We have welcomed the review of our work plan and priority standards by Cathy Burton, CCG representative, and reflected her feedback in our updated plans.
- The draft of the amalgamated clinical guidelines has been completed. These will form the basis of the agenda for our July meeting.
- A representative from a Wandsworth PCT pilot, focusing on heartburn in the under-50s and targeting pharmacists and GPs, has been invited to sit on the pathway group. A report from the pilot is due in September after which the group will look at potential roll-out across the LCA.
- The pathway group chair has provided input on the NCAT national commissioning specification for upper GI which is currently being drafted. This provides an opportunity to ensure coherence with LCA merged guidelines and standards.

Breast

Interim chair: Nicky Roche, Consultant breast surgeon, The Royal Marsden NHS Foundation Trust

- Significant work has been undertaken to review and amalgamate existing clinical guidelines for imaging, surgery, chemotherapy and clinical oncology. Areas where opinions regarding best-practice differ have explanatory notes to explain the decisions. Work is being done alongside the Survivorship Group to ensure an integrated LCA-wide approach to survivorship issues.
- A LCA-wide review of up-take of immediate breast reconstruction showed that despite some differences between and within sites, all member Trusts are performing inline with or better than the National average. There is no national target but the consensus opinion was that the LCA results are positive.
- The work-plan has been updated in light of the results of quality reports such as the LCA-wide audit, peer review and PES data. This will ensure work is tackling priority areas in a cohesive and timely manner.
- Clinical guidelines for imaging, surgery, radiotherapy, and clinical oncology have been amalgamated with cover notes setting out contentious areas.
- The pathway group Interim Chair, Breast CNS sub-group and survivorship pathway group to agree basic principles of a best practice framework to form LCA-wide breast survivorship clinical guidelines.
- We have assessed the results of immediate breast reconstruction pathways across the LCA and reflected that the current provision is broadly adequate.
- The work plan has been updated in consultation with the clinical lead using results of the LCA audit, peer review red alert areas, PES, and a report on breast screening.

Lung

Interim chair: Liz Sawicka, Divisional director and consultant in emergency care & specialist medicine, South London NHS Trust

- Pathway group members met with LHP to review the best practice pathway metrics and procedural coding costing model currently under development by London Health Programmes.
- An audit of thoracic surgical activity, population and MDT data has been undertaken for all providers across the LCA including the Thoracic Centres. This has included validation and consultation with surgeons at each of the LCA centres.
- The data was presented at the recent lung surgeons meeting attended by representatives of all the Thoracic Surgical Centres. The findings of this meeting are now being used to draft a report which responds to the Model of Care recommendations for lung.

Palliative care

Interim chair: Nigel Sykes, Medical Director and Consultant in Palliative Medicine, St Christopher's Hospice

- A draft audit template, which will be used to assess service provision and equality across the LCA, has been developed. It is hoped this can be used by the PallE8 group for a Pan-London approach to audit.
- A template to audit the provision of complex palliative interventions has also been developed.
- Three members of the PallE8 group attended the recent meeting in early May. Objectives and approaches of both groups were outlined and the groups agreed to adopt a collaborative approach where appropriate.
- A member of the London Cancer area palliative care group is now in attendance at LCA Palliative Care Pathway Group meetings and the two groups are scheduled to have their first joint meeting on July 4 in order to start to identify pan-London issues on which they should work together.
- Sarah Colley has been identified as a patient/user representative on the pathway group. The project manager for the survivorship group will attend future meetings as a representative for both Survivorship and Rehabilitation.

Cancer Intelligence and Outcomes - the challenge for cancer data systems

Advance notice of Thames Cancer Registry workshop

TCR are hosting a short workshop providing an opportunity for those involved in the capture and reporting of cancer data to hear and discuss the implications of national and local developments for cancer information.

Date: 23 July 2012

Time: 10.00 – 15.00

Venue: Henriette Raphael Function Room, Guy's Campus, King's College London, School of Medicine

Key developments of the National Cancer Intelligence Framework

- ENCORE – the National Cancer Registration System
- The National Cancer Registration Service
- The Cancer Outcomes & Services Dataset (COSD)
- Cancer Staging: Measurement & Performance
- Improving MDT Data – Quick Wins, Best Practice
- Improving timeliness and quality of cancer intelligence

Who should attend?

Cancer Managers, Cancer Network Information Leads, Senior MDT Coordinators, Cancer Information Specialists.

Please contact

Mrs Sharon Almond with any queries at sharon.almond@kcl.ac.uk
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Staging data

The TCR MDT staging completeness report for 2011/12 has been published by Thames Cancer Registry (TCR).

It provides a baseline position for both Trusts and tumour groups on their staging completeness against which improvement and the CQUIN can be measured.

The measurement of a 'valid' stage, as defined in the report, is a more stringent assessment than has been used by TCR in its feedback reports previously.

The dashboards shown on pages 13 and 14 of the report highlight the significant challenge faced by LCA providers in improving staging data capture and submission.

Trusts are encouraged to contact TCR to discuss their data submission and use the opportunity to submit added or amended data to their MDT extract to improve data quality e.g. submission of additional stage components to upgrade partial to full stage.

Trusts are also encouraged to circulate and discuss the report within their own organisations and cancer committees.

Data Improvement Facilitator

Karen Graham, a highly experienced data improvement facilitator has now started at Thames Cancer Registry to help Trusts and MDTs improve their cancer data capture, maximise the use of their MDT systems and develop improvement action plans. She has already started visiting Trusts and working with MDTs. Cancer leads and cancer managers are encouraged to contact her for support on karen.graham6@nhs.net

For further details on the LCA please contact the LCA project administrator Victoria Harrison at victoria.harrison@rmh.nhs.uk