

Interim Clinical Board

The Interim Clinical Board has continued to develop and drive through the work plans for 2012-2014.

Members of the Interim Clinical Board continue to work with the Cancer Networks on their transition plans. The Cancer Networks will be presenting these plans to the Interim Clinical Board on 6 September with a final sign-off at the Joint Development Group Meeting with Commissioners on 25 September.

The LCA, in collaboration with NCIN, is hosting a clinical forum on 10 September (details at the back of the bulletin) to ensure that all Tumour Working Group Leads are fully briefed on the future governance arrangements, responsibilities, roles and relationships within the LCA.

The Interim Clinical Board has mandated the establishment of the LCA Pharmacy and Medicines Group to support the emerging pharmacy agenda. Within this remit there will be a Chemotherapy Closer to Home Project and a Pharmacy Services and Supplies Group. Terms of Reference are currently being developed.

NHS London has initiated a project on the impact of integrated cancer systems on activity and cost. The LCA is a key stakeholder in this short term piece of work.

With the emerging commissioning landscape in south and west London, the LCA is working with commissioners to develop processes and systems to ensure that all 17 providers within the LCA are fully briefed and informed of development and agreements made between the provider and commissioner groups.



**Professor Arnie Purushotham,
Joint Clinical Director (Interim)**



**Mr Justin Vale,
Joint Clinical Director (Interim)**



**Cally Palmer
Chief Executive Group Lead**

News from the Chief Executive Group

A LCA CEO Group meeting was held on Friday 20 July. With the near completion and sign up from all 17 provider organisations to the LCA prospectus and Memorandum of Understanding, the LCA now has a clear mandate to move forward as the integrated cancer system for south and west London.

The CEO Group has approved an open, transparent and independent selection and recruitment process for the appointments of the three key positions of Chair of the Members' Board, Chair of the Clinical Board and Clinical Director. The job descriptions have been developed and signed off by the group. Arrangements are being made to establish an independent interview panel with the appointment and completion of the recruitment process by mid September

Finally, the CEO group formally launched the new branding for the LCA.

Pathway groups

Acute Oncology Services

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

- An audit to identify which LCA Providers have a Recurring Admission Patient Alerts (RAPA) system found that nine have a RAPA system, two use an in-house solution, three have purchased or are in the process of purchasing a system and two don't have systems. These results are being reviewed by the group to develop a plan on how to share learning about the RAPA implementation/development process.
- A set of AOS metrics have been developed which initially focus on process-based measures. As the AOS becomes established, the metrics will be further developed to capture additional outcome targets in 2013/14. A data collection template is currently under development to identify any issues with data collection and submission across LCA providers.
- A draft standard operating procedure for the transfer of patients between providers has been produced.
- The work plan has undergone further iteration and additional work streams identified, including the development of an LCA Patient Survey for AOS.

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

- The 'gold-standard' Survivorship pathway has been identified. It was agreed to use National Cancer Survivorship Initiative (NCSI) interactive model.
- An LCA Survivorship Group task and finish group has been formed to develop mapping questionnaire and to identify future and current service models
- We have agreement from the ICB to start work on the Survivorship Forum, with a focus on user involvement to identify gaps in provision and increase LCA awareness and involvement
- Smoking cessation work has moved forward in conjunction with Kate Haire, public health Darzi fellow. A work-plan will now be developed.

Oesophago-Gastric

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

- Priority areas for the LCA have been identified by the group and, where appropriate, metrics identified. The CCG representative, Cathy Burton, has reviewed the workplan and priority standards and provided feedback to the group.
- Group members are to undertake an informal audit of diagnostic investigations to assess variance and whether standards should specify test of choice and time to completion.
- Priority areas will be submitted to the clinical board for sign-off and distributed to all LCA providers with a request to submit record of adherence to standards within a six month turnaround.

Breast

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

- Kate Haire (Darzi Fellow, St Georges Healthcare NHS Trust) has produced a paper for the LCA exploring causes for poor uptake and highlighting interventions that have been shown to increase uptake. London has the lowest uptake of screening and a lower proportion of screen detected cancer compared to the rest of the country, although cancer detection rates are comparable. The pathway group has liaised with Kathie Bynish, (London Cancer Screening Quality Assurance Director) to define the role of the LCA in cancer screening and to determine aspects of breast screening where collaboration across LCA may help to support increased uptake.
- A baseline audit of the pathway metrics and components of exemplar breast pathways is being populated.
- The CNS subgroup has prioritised a work plan focusing on the breast cancer follow up models, informal audit of the models for 23hr discharge and mapping of lymphoedema services. This work is being aligned with the ongoing development of the survivorship pathway and associated cross-cutting groups.
- Bonnie Green and Mairead Mackenzie have been identified as patient/user representatives on the pathway group.
- Draft LCA trials (NCRN and non-NCRN data) portfolio has been produced by research network leads for the pathway group to review.
- The pathway group is planning a pan LCA breast cancer study day for 2013 to support engagement and shared learning across all LCA breast MDTs.

Lung

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

- The pathway group was asked to review and feedback comments on the Lung Output Specification that has been developed by London Health Programmes for use in commissioning. The LCA is working with commissioners to identify the potential impact of these specification on future commissioning intentions.
- Data has been collected from all 17 LCA providers to audit the weekly surgical input at Lung MDTs in response to the Model of Care recommendation. Only one Trust was found not to have weekly consultant surgical attendance at their MDT. This will be covered by the GSTT surgical team in the future.
- A set of quality factors have also been agreed relating to surgical input into Lung MDTs. These measures will be used as quality indicators when reviewing attendance in the future to ensure a consistency across LCA Lung MDTs.
- A set of features of a high quality Lung cancer surgical service have been developed by the LCA Pathway Group and surgeons from LCA Lung Surgical Centres, covering both features of surgery and other features. Measurable indicators of this were also identified and are now being developed into a collectable set of metrics to measure LCA Lung performance.
- A sub-group has formed, primarily of oncologists, to review the pathway for non-surgical treatment of patients with early stage lung cancer.

Palliative care

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

- Fliss Murtagh, LCA Palliative Care Pathway group, consulted with service providers to produce a finalised version of the Specialist Palliative Care (SPC) Services audit template. The final version of the group has been agreed and will be distributed to LCA SPC providers.
- The first joint meeting with the PALLE8 Palliative Care Group has been held. PALLE8 agreed they would also use the developed audit template to review their services enabling a pan-London approach and comparison.
- Nigel Sykes attended a meeting with NCAT to discuss Palliative Care Peer Review and the appropriateness of the measures for hospices in particular. A further meeting will be scheduled with additional palliative care representation to discuss the issues further.
- A meeting was held on 4 July to discuss the possible development of a pan-London Specialist Palliative Care Group under the auspices of NHS London and feeding into the Clinical Senate. Communication and representatives were identified as key themes when considering the formation of the Pan-London group. The LCA and PALLE8 groups will form the nucleus of the group as it develops. Nigel Sykes and Rob George are working with PALLE8 Clinical Leads to develop a proposal regarding formation of the Pan-London group and its membership.
- Nicola Glover attended the Pathway Group Meeting as a link member with the Survivorship Pathway Group.

Multi Disciplinary Team Review

The Multi Disciplinary Team (MDT) is a core element in the delivery of improvements in cancer care across the LCA. The LCA has initiated a piece of work to look at MDTs in response to the Model of Care (MoC).

Across the three cancer networks that make up the LCA, MDT teams have become individualised while working within the framework of national standards. As part of the LCA MoC Action Plan a need was identified to assess the level of variation in MDT working and determine what would be required to co-ordinate a more unified approach to best practice.

The primary driver for this uniformity of approach is the need to ensure governance across the increased number of providers involved in the LCA pathways. This work stream was tasked with reviewing the MDT Informatics, MDT Coordinator role and MDT function in response to the MoC Recommendations.

A questionnaire was designed to assess each provider MDT against a core set of criteria which enabled a baseline assessment of MDT processes across the LCA to be undertaken. To validate and refine this baseline, representatives from all providers were then invited to attend three Focus Groups. The initial report was presented to the Interim Clinical Board in June and the recommendations identified by the process for the next steps outlined. As a result, two Task and Finish groups were held and are in the process of compiling job description and performance templates.

The following issues were identified:

- MDT teams were self-assessed against national bench marks, using Peer Review data and areas of best practice identified.
- There are significant synergies in terms of the approach to data capture across MDTs. A move to common tumour specific proformas could be achieved within a short timescale.
- The MDT team felt that there was good access to key workers for newly diagnosed cancer patients across the LCA, although there is still work to be done on ensuring that this is recorded and evidenced. During the diagnostic part of the pathway access is less widely available, but there are other specialists groups of nurses who provide support to patients at these stages.
- Based on common core set of duties for the MDT co-ordinator role across the LCA and the national KSF profile, a reference job description has been drafted.
- A standard performance process has developed to support the management of the Cancer Waiting Times (CWT) targets across all three networks and there are examples of good practice which can be shared across the LCA.
- Data capture of both the Thames Cancer Registry (TCR) dataset and the Cancer Outcome Services Dataset (COSD) is proving challenging for the majority of providers. Resource has now been identified to support the providers to work towards this deadline.
- In general, providers need to significantly improve the quality and timeliness of cancer data set capture including the national audits as this is likely to impact on the recovery of staging information.
- Electronic real-time data capture is in place for appropriately one third of MDTs and is considered best practice.

Recommendation

The need to establish a greater understanding and clarity across the LCA of the boundaries of responsibilities for transfer of information, as well as the governance and assurance arrangements in place, was identified.

London Health Improvement Board News

The LHIB is a partnership between the Greater London Assembly, London Councils and the NHS in London that aims to improve the health of all Londoners. www.lhib.org.uk

Stop Smoking Referral system – funding success

The LHIB has offered funding for up to two Trusts to implement an electronic referral system to stop smoking services and very brief advice training for all clinicians.

Chelsea and Westminster NHS Foundation Trust and Lewisham Healthcare NHS Trust were both successful in securing this funding and implementation of the system will begin in the late summer.

This system was initially piloted at Queen Alexandra Hospital in Portsmouth where referrals to stop smoking services increased by 300%. We hope for similar success in our trusts!

Croydon pop-up cancer 'shop' is looking for staff

Are you a health professional who would like to be involved in the first ever cancer pop-up shop on the high street?

We are looking for two people to work for up to five weeks in a central Croydon shopping centre talking to people about beating cancer.

We want to help people better understand cancer (including healthy lifestyle choices), to show there can be life after cancer and that an early diagnosis can save their life.

This groundbreaking initiative provides an opportunity to engage with people in the heart of their communities and reach a large audience.

If you have experience of providing quality healthcare information and support to a wide range of people, preferably within a cancer specialism, and you are passionate about increasing public awareness and prevention of cancer we would love to hear from you.

This is a secondment opportunity during the five weeks opening of the pop-up shop from 27 September. We are interested in hearing from people who can commit from one week to the full five weeks.

If you are interested in this fantastic opportunity please either call Erin Wallace on 020 7685 6926 or Jackie Green on 020 8401 3868, or email lhib.cancer@londonhp.nhs.uk for more details and a position description.

Closing date: Friday 3 August

LCA Informatics – summary of progress and assessment of delivery

The National Cancer Intelligence Framework, published by the Department of Health in December 2011, highlighted deficiencies in the coordination and availability of cancer intelligence nationally in providing support to monitor progress of the national cancer strategy and plan.

The Cancer Intelligence Framework set out a range of national commitments to address these deficiencies with the aim of delivering a world class cancer intelligence service to underpin the information needs of all stakeholders and help them play their part in improving cancer outcomes.

The LCA has developed and approved an informatics strategy, built upon the foundations of these national developments in cancer intelligence.

A new partnership and joint action plan was agreed between the LCA Joint Clinical Directors (interim), the LCA Project Director and the Thames Cancer Registry (TCR) Director and ENCORE Migration Project Director. This work has already highlighted a range of issues and identified steps to deliver improvements.

By September, the LCA should have a much clearer assessment of the issues facing its Trusts and the trajectory of data flow improvement. This will include a more developed view on how fit for purpose Trust MDT systems and processes are for the delivery of improved staging data and the capture of the wider COSD dataset.

National Cancer Intelligence Network (NCIN)/Tumour Working Group (TWG) Clinical Forum

**Monday 10 September
6 - 9pm**

**Roben's Suite, Guys Tower,
Guy's and St Thomas' NHS
Foundation Trust (GSTT)
Hospital**

A joint forum between the NCIN and the LCA has been organised on 10 September 2012 at (GSTT). This forum will focus on the impact of the Cancer Outcomes Services Dataset on clinical practice, and future working between LCA Pathway Groups, TWGs and MDTs. This will include speakers from NCIN, Thames Cancer Registry and the LCA.

If you are a TWG Chair and would like to attend the forum, please confirm by contacting Victoria Harrison at victoria.harrison@rmh.nhs.uk.

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



Delivering world class cancer care for London