

Interim Clinical Board

Development of LCA data and information

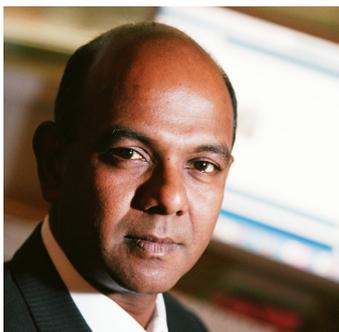
The Clinical Board continues to meet twice monthly. At the last meeting, Karen Graham, Data Improvement Manager for the LCA and Thames Cancer Registry, attended the meeting and presented the excellent progress being made by LCA providers in the recording of staging data. There has been significant improvement made in taking forward the work to improve data feeds to the Thames Cancer Registry and developing the capability of the LCA to support wide data analysis for its stakeholders. The Thames Cancer Registry will be reporting quarterly on provider/tumour type staging completeness performance on which CQUIN payments for a number of LCA providers will be based. Discussions have also been held with all LCA Pathway Groups to agree base line audits to be undertaken and the development of relevant pathway metrics.

Improving patient experience

Quality Health presented the findings of the 2011/12 National Cancer Patient Survey to the Interim Clinical Board. This presentation focused specifically on survey results for London and made recommendations for improvement. Further details of the Patient Experience and Information Project being initiated across the LCA can be found later in this bulletin.

Lca advice on public health and commissioning

The LCA is delighted to welcome Dr Kate Haire to the team. Kate brings with her a wealth of experience in public health and commissioning. Kate will provide expertise to the LCA in providing support to all the Pathway Groups and Interim Clinical Board.



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

The LCA recruitment and appointments process for the Independent Chairs for the Members Board, Clinical Board and Clinical Director is in its final stages of completion. A formal announcement will be made shortly. The roles attracted extensive interest from a wide range of high calibre professionals from across the country.

This is an exciting time for the LCA and the appointment of these individuals will herald the next phase in the LCA's delivery of improved outcomes and patient experience across the integrated cancer system.

Pathway groups

Acute Oncology Services

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

- The first of the Macmillan funded acute oncology teaching courses will be on 18 and 19 October. The courses will focus on the management of oncology emergencies and developing the practical skills required in acute oncology.
- The first draft of a standard operating procedure (SOP) for the transfer of patients between providers is undergoing further development, drawing on the feedback from the pathway group. A proposed AOS metrics minimum data set and data collection template has also been drafted and is being reviewed by the group. Data collection will begin towards the end of the calendar year.
- The final draft of the LCA amalgamated AOS guidelines will undergo further work following the publication of NICE guidance which is due out imminently. The group will then finalise and disseminate the guidance following the November pathway group meeting.
- The AOS Directory of Services has been revised to include the contact details for immediate referral for 16 – 18 year old patients as well as the identified leads with the young adult cancer service.

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 LCA Survivorship Forum held in September was very well attended by a wide range of health care professionals. The event provided an overview of the work of the LCA survivorship pathway group. Excellent presentations from the survivorship lead at the Department of Health and Macmillan increased the understanding and proactive support from attendees, to take forward and participate in the work of the LCA.
- The LCA HNA (Holistic Needs Assessment) tool has been completed, with help from the user representative on the Interim Clinical Board. This tool is being circulated through the clinical leads for cancer, the lead cancer nurses and the medical directors. Its increased routine use in practice will help identify patients' concerns and enable the development of care plans, as highlighted in the patient experience survey.
- Development of an LCA end of treatment summary is underway. National pilots have shown that these documents help ensure pertinent information reaches the GP about the patients cancer treatments and gives the patient and the GP vital information about possible consequences of cancer, follow up and how to re-assess specialist care.
- HNA events are being held 9 and 19 October. These events are aimed at a wide range of professionals who are already using or about to start using the HNA tool. Further details on these events can be found at the end of this bulletin.

Oesophago-Gastric

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

- A final draft of the baseline audit and the priority standards for metrics and resource implications has been prepared and will be used to inform the plan of work addressing pathway gaps and the metrics to provide outcome assurance
- A report is to be prepared on the opportunities, challenges and issues of the OG surgical recommendations from the cancer Model of Care as discussed at the recent pathway meeting
- An LCA wide proforma for endoscopy has been approved and will be rolled out to all units

Breast

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

- A LCA Breast Cancer Screening Subgroup will be formed to explore the role of the LCA in relation to the governance of breast cancer screening services
- Work continues on the immediate breast reconstruction (IBR) referral pathway particularly on documentation of referral from trust to specialist centres, in order to define current service provision and to work to ensure equitable access for all patients to IBR
- A benchmarking of 23 hour discharge was undertaken by the breast CNS sub-group to inform future action planning by identifying any common themes and/or variation in access across the LCA
- The pathway group and London Health Programmes have been working together on the development of the breast cancer commissioning best practice pathway and associated metrics

Lung

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

- The Thoracic Surgery Report has been supported by the Interim Clinical Board and will now go to the Members Board and London Cancer Programmes for approval
- The clinical guidelines for each of the cancer networks have been collected and divided according to specialism. These subsections have been distributed to pathway group members to review.
- Following the formation of a Radiotherapy sub-group led by Shahreen Ahmed, Consultant Clinical Oncologist at Guys and St Thomas' Hospitals, a LCA wide protocol regarding non-surgical treatment of early stage lung cancer patients is being developed
- A LCA lung CNS forum is being set up, with the first meeting scheduled for November. The aims of this forum is to share best practice amongst CNSs, utilise a pool of expertise on service development issues such as survivorship, education and information and development of priorities for implementation across LCA providers

Palliative care

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

- A palliative care stakeholder event is to be held on 5 December in Central London – more details to follow in the October Bulletin. The event is aimed at specialist palliative care professionals across the LCA, including hospice and acute trust teams to present the results of the baseline audit and allow time for discussion and action planning, in light of the results.
- All submissions from trusts and hospices on their palliative care provision and palliative care needs including patient experience, training, audit and research baseline audit, are required by Friday 28 September. Please contact Maureen McGinn, project manager, with any issues and queries regarding your submissions – Maureen.mcginn@nhs.net
- Relevant information from NCAT on MDT criteria is being applied to palliative care teams across the LCA. A decision on the final MDT configuration will be made at the pathway group meeting on 19 October.

Other news

Radiotherapy

- The radiotherapy pathway group has been established with Interim Chair Peter Ostler, Consultant Clinical Oncologist, Mt Vernon Cancer Centre, and project manager Falguni Raja.

Peer review

- The LCA is preparing to take over the functions of peer review from 1 October when the current north west, south west and south east cancer networks dissolve
- A Peer Review Steering Group has been established to ensure the appropriate governance arrangements are in place to continue the important work of Peer review

New appointments

The LCA would like to welcome the following new team members

- Falguni Raja, Project Manager for the OG and Radiotherapy Pathway Groups
- Nisha Shaunak, Project Manager for Chemotherapy Closer to Home and Drug Optimisation
- Fiona Carr, Stakeholder Engagement Manager
- Amy Sherman, Project Manager for Patient Experience and Patient Information

Patient experience

The overarching aim of the Patient Experience and Information Project is to create a culture where patient experience is as important as clinical outcomes and is the responsibility of all healthcare professionals and staff.

The Department of Health national Cancer Patient Experience Survey (CPES), undertaken by Quality Health, is one of the important drivers for our work. The 2010 CPES was the first survey to provide national information and direction for service improvement. It was repeated for 2011/12 with results published in August. The CPES national report and trust level reports can be found on the Quality Health website.

- 88% of patients see their overall care as excellent or very good
- 98 trusts improved their scores in comparison to last year
- The most significant increases in positive scores were seen in information and communication issues
- On this year's and last year's survey, a most important finding was that patients with a CNS gave more positive scores than those without, this provides a clear indication of the impact CNSs have on cancer patient services

Under Section 10 there is analysis of 'Differences between SHA Regions and the London – non London effect' which highlights significant differences on several questions with London being the worst performing region.

We will be further analysing these results to better understand and address specific London challenges. We will also be seeking your input to share best practice across the LCA and including service users and other key stakeholders to ensure improved standards.

A reminder that the CPES Programme for 2012/13 is already underway and the timeframe is:

Sept 2012 - Nov 2012

Period during which patients 'qualify' for inclusion samples

Dec 2012 - Jan 2013

Trusts send data to Quality Health under the S251 authorisation

Jan 2013 – April 2013

Fieldwork – surveys sent to patients

May 2013 - June 2013

Data analysis

July 2013

National and trust reports disseminated

Acute Oncology for Healthcare Professionals course

18-19 October

This two-day simulation course aims to train both doctors and nurses in the new field of acute oncology. The course focuses on the management of oncology emergencies and developing the practical skills required in acute oncology. Delegates will be provided with an acute oncology education pack to facilitate teaching at their own hospital.

You can register online at www.chelwest.nhs.uk/sim/reg

For enquiries please contact the Simulation team on 020 3315 8632 or simulation@chelwest.nhs.uk

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

