

News from the Members Board and Clinical Board

We are delighted to announce the appointment of Dr Neil Goodwin and Dame Gill Morgan to the roles of Independent Chair, Members Board and Independent Chair, Clinical Board. These appointments will further strengthen and develop all aspects of leadership within the LCA and enhance collaborative relationship building with the Chairs, Boards and clinical stakeholders of our partner organisations. Both Chairs have expressed great interest in visiting all our provider partner organisations in the near future.

There has been excellent progress to date in the different pathway groups; breast, AOS, lung and upper GI clinical guidelines have all been agreed within the pathway groups and are ready for implementation. The LCA is developing strategic priorities and plans to align with those of the London Cancer Programme and Clinical Commissioning Groups in South and West London.

The LCA Peer Review Steering Group has developed a Peer Review Transition Plan to assure the National Cancer Action Team of the LCA preparations for Peer Review 2013. The plan maps the peer review measures from the dissolved cancer networks to the new LCA integrated cancer system. The current draft plan has been shared with NCAT for their comment with this feedback forming the final draft proposal. The LCA is hosting another Tumour Working Leads Clinical Forum on 3 December in the Robens Suite at Guys Hospital, further details can be found at the end of this Bulletin. The Peer Review Plan will form part of the forum agenda, examining how the LCA will develop new systems and processes for Peer Review to ensure quality standards.

The LCA is continuing to work closely with the Thames Cancer Registry modernisation teams and National Cancer Intelligence Network. This work has significantly improved the capture of staging data completeness by 54% across the LCA. There is still much work to be done within informatics but this improvement is extremely encouraging.

Finally, the draft commissioning metrics for 2012/2013, due to be agreed with the London Cancer Programme, were presented to the Interim Clinical Board. These metrics will form a suite of information reports for all LCA provider organisations.



Cally Palmer
Chief Executive Group Lead



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

- Work continues on the Department of Health funded emergency diagnosis project, an in-depth study of patients presenting as an emergency with a cancer diagnosis. It aims to understand the whole diagnostic pathway, from primary care to diagnosis and to gain an in-depth understanding of the events that lead to a cancer patient receiving their diagnosis as a result of an emergency admission. The work includes identifying the clinical and organisational factors that contribute to an emergency new cancer diagnosis. An ethics application has been submitted and the project team is also awaiting the outcome of an application to establish whether the project can be adopted onto the National Institute for Health Research Cancer Research Network (NCRN) portfolio. A small scale pilot project is due to start in October with an aim for the wider project to commence in November.
- A proposed AOS metrics minimum data set and an electronic data collection template has been agreed by the pathway group. The template will be distributed to all trusts and following ratification at the November Acute Oncology Group meeting, all Acute Oncology units within the LCA will be required to submit prospective data on every patient referred to them. The data will be reviewed in six months with a view to expanding the data set.
- The AOS pathway group has agreed an IT subgroup. The aim of the group is to ensure that key AOS information and tools are available to the wider AOS workforce. The group discussed developing a LCA (AOS) web presence for health professionals which would allow acute providers and GP's access to constructive information such as the LCA AOS Directory of Services and the LCA amalgamated guidelines.
- The Metastatic Spinal Cord Compression (MSCC) coordinators from across the three networks are meeting to share best practice across the LCA as well as look at the minimum requirements to sustain the pathways and MSCC audit. This will include comparing the patient flow across the LCA to establish whether the pathways are being used appropriately.

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 first of two Holistic Needs Assessment (HNA) events has taken place with participants providing very positive feedback. In particular attendees felt they were more able to use the LCA HNA tool having attended the event and very encouragingly, all attendees felt they had clear ideas on what they needed to do to implement a change to their practise as a result of the event.
- The HNA tool, a supporting information document and an explanatory letter has been sent to all Lead Cancer Nurses, Lead Cancer Clinicians and Cancer Mangers within the LCA
- A review of the survivorship group meetings has been completed. The group will now meet alternate monthly, with discrete pieces of work being completed by smaller groups in between times. The co-chairs and project manager will continue to meet monthly to ensure continuity and direction and maintained.
- A more detailed investigation of the 'right' treatment summary is on-going following feedback from a GP member of the Interim Clinical Board and a meeting with the project lead at Macmillan

Oesophago-Gastric

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

- A baseline audit, priority standards and resource implications have been reviewed by key stakeholders and updated
- The pathway has nominated a lead to work with LCA-wide radiologists to prepare an LCA CT proforma with a view to it being subsequently adopted across the LCA
- Sample information around what palliative care data can be collated directly from hospices as been obtained. The pathway will now review how we work with hospices to understand better the provision of OG palliative care caseloads.
- Work continues to prepare a draft report response to OG surgical recommendations for MOC for comment to pathway members. The aim is to have this report finalised by November.
- Work continues to finalise an LCA wide proforma for endoscopy with a view to it being subsequently adopted across the LCA by December

Breast

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

- The LCA Cancer Screening Strategy Group meeting took place on 20 September. The aim of the meeting was to scope out the current issues in cancer screening and the role of the LCA in relation to the governance of screening programmes. The group explored the different levels of involvement and influence that the LCA could have in relation to screening programmes. It also considered where screening should sit within the LCA structure. A paper and LCA risk register for cancer screening will then be developed and be presented to the Clinical Board in the autumn.
- The final draft of the merged clinical guidelines is being finalised and will be presented to the Joint Development Group in November.
- The pathway group is planning the 2013 pan-LCA breast cancer study day and networking event, which will take place on 24 January 2013. The aim of the day is to support engagement and shared learning across all LCA breast MDTs. The day will cover patient experience, informatics, early diagnosis, the holistic support of cancer patients and include a debate on management of axilla.
- The pathway group have agreed a final set of clinical metrics for 2012/13. The group have also captured additional metrics where there is currently no data flow in place. These metrics will be added with an intention to collect in future years once a data flow has been established.

Lung

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

- Following pathway group input into the London Health Programmes (LHP) commissioning pathway, Liz Jaques, LHP, has reviewed and updated this document before pathway group members met to review the latest version of this from a clinical perspective. Feedback has now been submitted to LHP. The pathway group is awaiting the finalised version of the document.
- The first LCA Lung CNS Forum will be held on 12 November, in Victoria, facilitated by Julie Harper of Kings Health Partners. Lung CNSs from the 17 LCA providers have been invited to attend. The purpose of the forum is to support networking and sharing of knowledge amongst Lung CNSs as well as the development and implementation of priorities to support the lung integrated pathway. If you are a Lung CNS within the LCA and would like further details please contact Victoria Harrison at victoria.harrison@rmh.nhs.uk
- The network clinical guidelines were disseminated to group members and sub-sections are being reviewed by group members according to professional speciality. Nigel Sykes, Clinical Lead of the Palliative Care Pathway Group and Pawan Randev, North West London GP Lead for Cancer, are reviewing the palliative and primary care sections on behalf of the group. The amalgamated sub-sections were presented at the pathway group meeting on 25 October.

- The pathway group agreed to hold a cross-pathway stakeholder event in February 2013 to launch the amalgamated guidelines. This is being funded by Macmillan following a successful bid. It is hoped this will be attended by stakeholders from primary, secondary and tertiary care, as well as user representatives and the third sector.
- Further data collection and development of the LCA non-surgical treatment of early stage cancer protocol has been undertaken, led by Dr Shahreen Ahmad, Consultant Clinical Oncologist at Guys and St Thomas' NHS Foundation Trust (GSTT). The draft protocol was presented at the pathway group meeting on 25 October for comment.

Palliative care

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

- The specialist palliative care teams in all LCA acute trusts and hospices were asked to complete a baseline audit of specialist palliative Care (SPC) provision, including details on skills mix, clinical audit and training offered. Response to this audit has been excellent, with 100% return rate. This will greatly help us in our action planning and the National Cancer Peer Review process in the coming months.
- Discrepancies in the audit format and completion were identified and amended throughout September.
- A Palliative Care Stakeholder Event has been confirmed for the afternoon of 5 December at The Abbey Centre in Westminster. Presenters for the event include members of the Pathway Group and Vicki Morrey, representative for the National Cancer Peer Review team. The event will present: findings from baseline audit of SPC provision, education / training and research, patient experience tools used, audit and research; plan strategic priorities following from baseline audit findings; and present information and approaches to specialist palliative care among MDTs, across LCA hospices and hospitals
- The Pathway Group made a recommendation to SPC stakeholders regarding the size of SPC MDT, for peer review purposes. It was recommended that there be a MDT declaration for services managing fewer than 100 patients per annum.

Other news

Radiotherapy

- The radiotherapy group has met twice, with Dr Peter Ostler, Consultant Clinical Oncologist, Mt Vernon Cancer Centre, as Interim Chair and Falguni Raja as project manager.
- The group has reviewed the terms of reference, core membership and objectives
- The group looked at modelling uptake, demand and capacity - the Malthus tool is recommended for modelling. The group discussed its limitations and the need to take account of local factors. More information is required about how the Malthus tool can best be used to model radiotherapy requirements for the LCA.
- The commissioning strategy was reviewed to gain a better understanding and help develop a work plan and priorities for the group, and a baseline position for each of the providers
- Dr Shelley Dolan, Chief Nurse, The Royal Marsden, is reviewing patient experience survey to advise where the Radiotherapy Group can support

Patient experience

- LCA met with Sarah Rushbrooke, Network Quality & Patient Safety Director, North of England Cancer Network, and her team to discuss their work that produced high scores on the CPES. Themes included: strong leadership and work groups across the network; administrative support for the CNS role; accelerated solutions work between CNSs and ward nurses; good working relationships between trusts; and managing patient expectations.
- The LCA patient experience structure has been determined and potential strategic areas for LCA recommendations identified
- Discussions have been held with the London Cancer Programme to determine the structure between LCP and LCA regarding future user involvement

Forthcoming Events

Tumour Working Group Clinical Forum

This event will be held on 3 December at Roben's Suite, Guys Tower, Guys Hospital from 6.30 to 9pm.

The purpose of this event is to update the Clinical Cancer teams across the LCA on the progress that has been made in 2012 and to look at the future strategic priorities for 2013-2015. Central to the delivery of the LCA Clinical Service Plan is the development of Peer Review processes and systems to ensure the LCA continues to drive up quality cancer care in the future. At this forum we will explore the framework required to develop these quality standards.

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



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