

## News from the Members' Board and Clinical Board

The London Cancer Alliance has welcomed Dr Neil Goodwin as Chair of the Members' Board, and Dame Gill Morgan as Chair of the Clinical Board.

Dr Goodwin has extensive leadership experience gained in both the public and private health sectors. He has been chief executive of numerous NHS organisations, including St Mary's Hospital NHS Trust in London, and the Greater Manchester strategic health authority. Dr Goodwin is currently a director of GoodwinHannah Ltd and visiting Professor of Leadership Studies at Manchester Business School. He was awarded a CBE in 2007 for services to the NHS.

Commenting on his appointment, Neil Goodwin said: 'I'm pleased to be able to help colleagues secure improvements to the capital's cancer services for both patients and clinicians. I recognise there is a lot to do and I anticipate the LCA making significant progress in 2013.'

Dame Gill has held a number of senior posts in both public health and executive management, including Permanent Secretary of the Welsh Assembly Government. Prior to this, she was Chief Executive of the NHS Confederation. She is a Fellow of the Royal College of Physicians and the Faculty of Public Health, a member of the Royal College of General Practitioners and a companion of the Chartered Management Institute. She holds an honorary doctorate in science from the City of London University. Gill was also the president of the Institute of Health Services Management in 1997-98. She was appointed DBE in June 2004.

Dame Gill chaired her first Clinical Board meeting on 15 November 2012. She expressed her passion and commitment to the role, and said it was an honour to be part of the challenge to deliver improved cancer services in London.

On 11 December 2012 the LCA appointed the Clinical Director and Associate Clinical Director. 'I am delighted to announce the appointments of Professor Arnie Purushotham as Clinical Director and Dr Shelley Dolan as Associate Clinical Director,' said Neil Goodwin. 'Both Arnie and Shelley have been involved with the work of the LCA since the beginning, and I'm pleased they will continue to provide clinical leadership support to the work of the LCA in improving cancer outcomes and patient experience across south and west London.'

The Clinical Board has agreed on the selection and recruitment process for the pathway group chairs (tumour specific only); cross cutting group chairs will be appointed substantively at a later date. The closing date for applications is Monday 24 December. All CEOs, cancer clinical leads, medical directors and cancer nurse leads have received the information to encourage clinicians from across the LCA to apply for relevant positions.

Over 70 clinicians from across the LCA attended a TWG chairs and cancer clinical leads event on 3 December. For more information please see page 6.



**Dr Neil Goodwin**  
Chair, Members' Board



**Dame Gill Morgan**  
Chair, Clinical Board



**Professor Arnie Purushotham**  
Clinical Director



**Dr Shelley Dolan**  
Associate Clinical Director

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# Pathway groups

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## 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 survivorship pathway has successfully rolled-out two Holistic Needs Assessment (HNA) tool training events. These events promoted sharing of best practice as well as encouraging healthcare professionals to discuss challenges and innovative ways of implementing the tool. The events were well attended by a range of healthcare professionals, including clinical nurse specialists and allied health professionals. Post-event analysis showed that the majority of attendees are now more confident to implement the tool. The attendees felt the events were a very useful opportunity for discussion and a chance to address any fears and anxiety they had about using the HNA.
  - The pathway group is working with Macmillan Cancer Support and London Cancer to roll-out electronic HNA (e-HNA) within London. This allows patients to complete the HNA on a tablet computer, which is then uploaded directly to the health professional's computer. Expressions-of-interest documentation has been sent to all lead cancer nurses with responses to be sent to Nicola Glover at [Nicola.Glover@rmh.nhs.uk](mailto:Nicola.Glover@rmh.nhs.uk) by Wednesday 16 January 2013.
  - In addition, a detailed audit tool to gather data on current HNA use by tumour type has been distributed via the lead cancer nurses across the LCA. Audit returns are required by Thursday 20 December. The data will provide benchmark metrics for the Survivorship Pathway Group.
- Group co-clinical lead Natalie Doyle, and project manager Nicola Glover, are currently undertaking a programme of visits to lead cancer nurses and other key healthcare professionals across the LCA, as well as to voluntary sector partner organisations. The purpose of these visits is to promote understanding and active participation in the LCA's survivorship work and to help build understanding within the pathway group of existing areas of excellence, which can be leveraged into future pathway work. These visits have provided great opportunity for collaborative working.
  - Expert reference groups are being established for rehabilitation, lymphoedema and complementary therapies. The purpose of these groups is to share and promote best practice, stimulate innovation and change behaviour in these specialist areas. If you are interested in finding out more please contact Nicola Glover at [Nicola.Glover@rmh.nhs.uk](mailto:Nicola.Glover@rmh.nhs.uk)
  - A questionnaire to scope existing survivorship services across the LCA is being developed. This questionnaire will include both cancer and non-cancer specialist services. The results will identify rollout ready services and examples of best practice, as well as areas for future development in education and training. This questionnaire will be circulated before Christmas. Please contact Nicola Glover for further details.

## Oesophago-Gastric

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

- The group is working to understand what proportion of our patients currently access specialist palliative care services. The group would like to further understand the trigger points in order to develop processes that would ensure timely referral to the appropriate specialist palliative care service. Understanding the need for specialist palliative care is vital, because many patients are at late stage at presentation.
- In order to improve consistency and standards, the group is addressing variations in proformas used across the LCA. The first drafts of the endoscopy proforma and the CT proforma are out for consultation.
- The development of the operational guidelines is progressing, and work continues with the sub-specialties to finalise the clinical oesophago-gastric guidelines.

## Breast

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

- The pathway group reviewed the breast clinical trials portfolio, which highlights the 55 trials currently active across the LCA. A representative of the cancer research network came to meet the pathway group and provide information on the trials in the LCA area. The pathway group agreed to nominate a lead to act as a conduit between the LCA and the evolving integrated research networks, which will be replacing the cancer research networks in 2013/14.
- Further planning has taken place for the LCA breast cancer study day on 24 January 2013. The aim is to bring together multi disciplinary teams from across the LCA to allow shared learning and networking. All members of MDTs, including surgeons, oncologists, radiologists, pathologists, AHPs and MDT coordinators, are welcome. Places are limited to 10 per MDT. More information and booking instructions are available at: <http://lcabreastpathwaystudyday.eventbrite.co.uk>
- The merged clinical guidelines have been finalised and will be launched early in the new year. More information will be available in the January bulletin.

## Acute Oncology Services

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

- The AOS amalgamated clinical guidance will be available on the LCA website early in the new year. More information will be in the next bulletin.
- An LCA Acute Oncology meeting has been organised at the Royal Society of Medicine on 15 January 2013. Run in collaboration with the oncology division of the RSM, this is aimed at all healthcare professionals who treat oncology patients. Further information is available by contacting Jessica John-Paul at the RSM, 020 7290 2982 or emailing [oncology@rsm.ac.uk](mailto:oncology@rsm.ac.uk)
- The patient experience sub-group met and agreed to undertake some preliminary work to inform the development of an AOS patient experience 'survey'. This work includes reviewing A&E surveys and consulting with AOS, and initial scoping work is likely to start in January.
- The AOS clinical lead for GP engagement undertook some scoping work, and neutropenic sepsis and MSCC (metastatic spinal cord compression) have been identified as priority areas.
- The AOS pathway group has nominated Sarah Ngan, medical oncologist at Guy's and St Thomas', as lead for the cancer of unknown primary (CUP) workstream. Her priority will be to review the new CUP measures and understand what work is needed at LCA level.

## Palliative care

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

- The preliminary results of the baseline audit of specialist palliative care services have been presented to the Clinical Board. These showed that specialist palliative care across the LCA is largely provided by non-NHS voluntary sector organisations, with the exception of the Hospital Advisory Service, where the voluntary sector provides 20% of the service. A high proportion of cancer patients receive specialist palliative care services, compared with patients with other types of disease. Cancer accounts for 84% of hospice patients, 70% of community specialist palliative care patients, and 67% of hospital specialist palliative care patients. This information will help to identify gaps in specialist palliative care services and priorities for the future.
- All palliative care services need to undergo self assessment by the end of February 2013. Clinical lead Nigel Sykes and project manager Maureen McGinn met with Vicki Morrey, the National Cancer Peer Review Team representative, to discuss how best to support teams during this process.
- Maureen McGinn, project manager, is compiling information to draft the constitution for LCA palliative care services, to better understand the overarching LCA palliative care services.
- The end of life care CCG representatives and the end of life strategy groups in acute trusts across the LCA, have been identified with the aim of forming an end of life subgroup in the new year.
- Liz Bunker, from Hillingdon Hospital, has been confirmed as north west London representative, replacing Jo Archer. She provides representation from the nursing profession and outer London.

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## Lung

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

- The pathway group reviewed the London Health Programme lung commissioning pathway document, which is for future use by commissioners. This document is in the process of being signed off by commissioners, and will be presented to the Cancer Commissioning Board in mid-December. The commissioning pathway will form part of the contracts in 2013/14 and commissioners are currently in discussion with Integrated Cancer Systems and providers about how these will be used.
- The inaugural LCA lung CNS forum was held in November, attended by representatives from all of the LCA providers. The group agreed its priorities, which are to implement the Holistic Needs Assessment for the lung pathway; to develop patient experience monitoring tools and techniques; to develop education and training for healthcare professionals; and to develop lung cancer support groups on an LCA-wide basis. A work plan will be developed and quarterly meetings will be held in future. The date of the next forum is currently being agreed. The focus of this meeting will be holistic needs assessment, and a member of the LCA survivorship group will attend to explain further.
- An initial paper outlining the requirements of GPs regarding inter-professional communication was reviewed at the October pathway group meeting. Members of the group will now work with primary care to further develop this document for inclusion in the amalgamated clinical guidelines.
- The Thoracic Surgery Report has been approved by the Members' Board and was presented to CCLAG on 29 November by Dr Liz Sawicka. Confirmation is now awaited from the London Cancer Programme regarding any further action required relating to this document and its response to the Model of Care.
- The pathway group agreed to hold a cross-pathway stakeholder event in February 2013. 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.

# Other news

## Radiotherapy

- The radiotherapy group is undertaking a modelling exercise, using the Malthus tool, to better understand access and demand for radiotherapy services across the LCA. The results will be discussed at the 14 December meeting, where the approach and next steps to address variations can be developed.
- There is currently no mandated London radiotherapy dataset. The group is therefore proactively reviewing the national CQUIN dataset to see what indicators would be beneficial in developing a dataset for London.
- Each of the four centres shared information about their current radiotherapy services, 5-year plans and capital replacement strategy. This baseline information will help the group develop a programme of work to support the radiotherapy strategy and develop best practices.
- The radiotherapy group has agreed its Terms of Reference. These will be available on the LCA website [www.londoncanceralliance.nhs.uk](http://www.londoncanceralliance.nhs.uk)

## Chemotherapy closer to home

- The LCA welcomes Dr Jamie Ferguson as Chair for the Medicines and Chemotherapy Steering Group (MCSG). Dr Ferguson is a consultant in public health at NHS Lambeth, specialising in commissioning cancer services, in particular chemotherapy agents, and the prioritisation of new cancer drugs.
- The primary role of the MCSG is to set standards, provide strategic vision, leadership and direction for the LCA in the management and delivery of oncology medicines and chemotherapy to patients and to make recommendations for accreditation standards, improvement, collaboration and rationalisation as appropriate.
- The terms of reference for the MCSG governance structure are being drafted and will be presented to the Clinical Board in December. Work has started to identify membership of the MCSG and the Chemotherapy Closer to Home pathway group. Terms of reference for Chemotherapy Closer to Home are currently being developed.

## Patient experience patient information

- The patient experience and patient information project governance structure and initial priorities have been approved by the Clinical Board.
- The Lead Cancer Nurses Group, co-chaired by June Allen and Mairead Griffin, will carry out the bulk of the project work. Initial priorities include a scoping exercise to understand and share best practice in response to specific improvements on the national Cancer Patient Experience Survey; work around the CNS role; and work on trust local written information. The Clinical Board will host a Task and Finish Group, led by Dr Shelley Dolan, with the remit of strengthening critical pathway points between primary and secondary care. LCA pathway groups will also identify and address tumour-specific priorities for patient experience and patient information.
- A pan-London national Cancer Patient Experience Survey workshop was held on 22 October 2012 to share best practice across all London trusts. Approximately 100 people attended, and agreed that better communication, joint forums, further sharing, and more pan-London events would be useful.

## LCA website goes live

The London Cancer Alliance is now online. The website provides information for healthcare professionals, the voluntary sector, and patients and their families about the programme of work we are undertaking to improve the provision of cancer services across west and south London. There is information about our three-year clinical strategy and the work of our pathway groups, well as the latest news and resources available. The site will be updated regularly to reflect the progress of the work of the LCA and its 17 provider organisations.

[www.londoncanceralliance.nhs.uk](http://www.londoncanceralliance.nhs.uk)

## Peer review in the spotlight

On Monday 3 December, an extremely well attended tumour working group clinical forum with the trust clinical cancer leads took a close look at peer review. Professor Arnie Purushotham, Joint Interim Clinical Director, reported on the progress of the LCA to date, the appointment process for second wave pathway chairs, and future strategic priorities for the next two years. Ruth Bridgeman, NCAT National Programme Director for peer review, provided an overview of NCAT plans and legacy. Responsibility for peer review will be moving to the LCA, and a breakout session generated a lively discussion on the essential components of peer review, including innovative ways of working and what's new that can be applied to peer review in 2013. This will help determine what peer review should look like in future. More information, including the presentation slides, is available at [www.londoncanceralliance.nhs.uk](http://www.londoncanceralliance.nhs.uk)

## Advanced communication courses

The National Cancer Action Team (NCAT) is offering courses for healthcare professionals to help them address the challenging communication issues they can face when treating cancer patients and their families. The advanced communication skills training programme – called Connected – was originally developed within cancer services. For the last few years the programme has been targeted at core members of the multi-disciplinary team, enabling them to meet the quality measures under peer review. As well as training extended cancer team members, the programme has increasingly been taken up by wider clinical groups. We are pleased that course dates have been made available in February and March 2013 for LCA provider organisations. More information is available at: [www.connected.nhs.uk](http://www.connected.nhs.uk)

## London-wide endoscopy strategy

Gastroenterologists from the London Cancer Alliance and London Cancer will be part of a pan-London working group to develop an upper GI endoscopy strategy for early diagnosis and treatment for oesophago-gastric patients. A significant proportion of oesophago-gastric cancer patients present through A&E with late stage disease, and a London-wide upper GI endoscopy strategy could benefit this group of patients. The strategy will look at the use of appropriate diagnostic tests by GPs, as well as improving access to endoscopy in the acute setting.

## My Cancer Treatment website

A new website has been launched to help inform patients of the quality of cancer services. The site has been developed by the National Cancer Peer Review programme, and provides access to the published National Cancer Peer Review reports along with information from the National Cancer Patient Experience Survey and National Cancer Waiting Times Data. More information is available at: [www.mycancertreatment.nhs.uk](http://www.mycancertreatment.nhs.uk)

**For further details on the LCA** please contact Vicky Osei at [Vicky.Osei@nhs.net](mailto:Vicky.Osei@nhs.net)



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