

News from the Chairs

Dr Neil Goodwin, Chair of the Members' Board, and Gill Morgan, Chair of the Clinical Board, have been visiting key LCA stakeholders. The feedback has been largely positive. Stakeholders were particularly keen to understand how the LCA will engage effectively with the cancer units in the future.

'We are committed to ensuring that all partners feel they have a real stake in the work of the LCA and can influence its future direction,' said Neil and Gill.

At its recent meeting, the Members' Board agreed corporate objectives for the next financial year to help focus LCA's work programme and demonstrate to partners and stakeholders what will be particularly important in the coming year. These include:

- improving services by formulating recommendations across all pathway groups that reflect the Model of Care
- increasing awareness and health promotion, including increasing access to diagnostics to improve early detection
- improving the patient experience
- implementing electronic prescribing as soon as possible
- improving service quality by agreeing the LCA accreditation role and linking it to the peer review process
- performance monitoring the LCA, developing appropriate metrics as required
- completing the research and development strategic proposals

In other news, applications for pathway group chairs closed on 24 December 2012. We received a good response from a wide range of applicants, and appointments will be announced shortly.

A report on the peer review transition plan, explaining how the LCA will handle the work being handed over by NCAT, is now available (further information is on page 4). The next steps for the peer review working group will be to take forward the discussion points from the forum held on 3 December 2012 and to find ways to integrate these into LCA peer review programme.



Dr Neil Goodwin
Chair, Members' Board



Dame Gill Morgan
Chair, Clinical Board



Pathway groups

Acute Oncology Services

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

The pathway group is working to update the comprehensive AOS directory, which will help clinicians, including A&E healthcare teams, to identify the correct contact if presented with an acute oncology-related emergency. The directory includes contact details for AOS services in the LCA provider trusts. An abridged version, which will include the details of in and out of hours AOS services as well as A&E contact details, is also being developed. Both versions will be available on the LCA website in the spring.

The pathway group has agreed the template for the collection of data for AOS metrics to determine how individual trusts are performing across the LCA. Initial data collection began in January 2013, and spreadsheets have been sent to trusts across the LCA for completion. Trusts will also be asked to provide feedback on the process of data collection itself to determine, for example, how easy the spreadsheet is to use and whether the criteria are easily understood.

The AOS nurses subgroup, which first met in November 2012, is aiming to have representatives from each of the LCA provider trusts that have AOS nurses. The subgroup will be developing a work plan by suggesting ideas to, and taking on work from, the pathway group.

Breast

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

The breast CNS subgroup presented data to the pathway group that showed that all trusts across the LCA have implemented, or are about to implement, a 23-hour discharge pathway following breast surgery. There are some differences between trusts that will be further analysed, and subsequent action planning to address these differences will take place. The subgroup has also developed three recommendations: first, that the exclusion/inclusion criteria should be agreed across all trusts; second, that a uniform approach to management of drains should be considered across all trusts; and third, that where variation in services continues, the consequences for patients in terms of satisfaction or complications should be monitored.

Lung

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

On 5 February, the pathway group is holding a stakeholder forum on lung cancer survival. The Royal College of Physicians has awarded three CPD points to those attending the event. Sponsored by Macmillan Cancer Support, the forum will include discussion on commissioning, improving diagnosis, lung cancer screening, research, data collection and metrics as well as the draft clinical guidelines. The group is very keen for GPs and representatives from primary care to attend. This is also the first of what will be regular clinical fora, and it is hoped that this event will give attendees the opportunity to shape the structure of future meetings. For more information please contact Project Manager Victoria Harrison: Victoria.Harrison8@nhs.net

The second lung cancer CNS meeting is 5 March. The key topic is the Holistic Needs Assessment, developed by the LCA Survivorship Pathway Group. The CNS group is trialling the HNA tool from January to March 2013, and Natalie Doyle, Joint Survivorship Pathway Group Chair, and Nicola Glover, Project Manager, will be attending the meeting to gather feedback on the HNA and discuss the way forward.

Oesophago-Gastric

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

The baseline audit has been approved by the oesophago-gastric pathway group. Forty-three priorities were identified to take forward to help reduce variation across the LCA, improve clinical outcomes and patient experience.

Work to merge the oesophago-gastric operational guidelines is continuing, as is work on preparing the OG clinical guidelines for final draft.

LCA-wide proformas for CT and endoscopy reporting, as well as the endoscopy two week wait referral form, are out for final consultation following feedback received from the draft versions. These will be reviewed at the January 2013 pathway group meeting to determine the next steps and implementation.

The LCA-wide oesophago-gastric research portfolio will also be discussed at the January pathway group meeting, with a view to discussing an LCA-wide research approach. The group is also working with the LCA information analyst to develop an OG metrics to enable providers to focus on their priority areas.

The majority of OG patients require palliative care input because of their late stage at presentation. Katherine Buxton, palliative care consultant, has been nominated Chair of the Oesophago-Gastric Palliative Care Subgroup. The first meeting in January will help to establish the group's main priorities and agree deliverables, outcomes and timescales

Palliative care

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

There was an extremely positive response to the stakeholder event on 5 December 2012, attended by 52 representatives from specialist palliative care services. Vicki Morrey from the National Council for Palliative Care discussed the roll out of peer review, while Tessa Ing, end of life care lead at the Department of Health, spoke about the Liverpool Care Pathway (LCP) and the ongoing adverse media attention. Discussion was held about Freedom of Information requests sent to trusts, for instance asking for information that might suggest a financial incentive to put patients on the LCP. Professor Rob George, consultant in palliative care, provided an update on DNACPR (do not attempt cardio-pulmonary resuscitation decisions) and the new National End of Life Care Programme web resource. Dr Fliss Murtagh of Cicely Saunders Institute, and Maureen McGinn, Project Manager, presented the results of the baseline specialist palliative care audit. The audit revealed a variation between services and gaps in data – mainly from large foundation trusts, which highlights the issue of data retrieval.

At the palliative care pathway group meeting, the different models of multi-disciplinary team configuration proposed for specialist palliative care services were discussed. The group is also compiling information coming from the baseline audit, the national place of death data, and the national bereaved relatives' survey. This information will be triangulated to obtain a more complete picture of palliative care across the LCA, and a full report published.

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 mapping questionnaire is ready for circulation to services that provide any type of survivorship support to cancer patients, and will be available on the LCA website shortly. The pathway group would like the questionnaire circulated as widely as possible, and services are encouraged to share the questionnaire with the relevant service providers. After all the results are received, a report of the findings will be circulated to all the participants.

The expert reference rehabilitation group, which consists of representatives from physiotherapy, speech and language, dietetics and occupational therapy from across the LCA, had its first meeting in early January. The group will take responsibility for addressing the AHP-specific aspects of survivorship, and the first year aims and objectives will be to focus on rehabilitation mostly delivered in the acute setting. Expert AHPs specialising in cancer rehabilitation are encouraged to contact Project Manager Nicola Glover if they would like to participate. An equivalent expert reference group for complementary therapy is meeting in early February, and dates for the lymphoedema group are currently being set. For more information please contact Nicola Glover: Nicola.Glover2@nhs.net

We have had interest expressed in the Holistic Needs Assessment (HNA) from several sites across the UK and internationally. A downloadable version of the HNA is available on our website at: www.londoncanceralliance.nhs.uk/media/20657/hna_lca_final.pdf

Other news

Patient experience patient information

The LCA is analysing findings from the national Cancer Patient Experience Survey (CPES). The first analysis reviewed CPES trust scores over the past two years and highlighted questions on which trusts have improved by 10% or more. The Lead Cancer Nurses Group will use this information to identify actions contributing to the improvement that can be shared across the LCA. Tumour specific findings are also being analysed, and this information will be used by the tumour specific pathway groups to guide their patient experience and patient information priorities.

The Lead Cancer Nurses Group also carried out a scoping exercise to gain an understanding of current practice in the CNS role, in trust-produced written information, and in real time patient feedback methods. Specific work groups are being set up to review and make recommendations in each of these areas.

A pan-London working group has been set up to share best practice across all London providers through regular educational fora. The group, co-chaired by Professor Kathy Pritchard-Jones, Chief Medical Officer of London Cancer, and Dr Shelley Dolan, LCA Associate Clinical Director, held its initial meeting in November 2012. It will be asking trust chief executives to share patient comments from the national CPES (this information is not made public) so that a thematic analysis can be produced.

Chemotherapy closer to home and medicines optimisation

The draft Terms of Reference for the Medicines and Chemotherapy Steering Group has been approved by the Clinical Board. The group will have its first meeting in February once the membership is decided.

Consultation has ended on two draft documents for systemic anti-cancer therapy, both of which have significant implications for individual providers. The first, from the NHS Commissioning Board, provides a service specification for adult systemic anti-cancer therapy services (section B3I – adult chemotherapy). The second document, developed by NCAT and others, looked at increasing the availability of community chemotherapy services. The Medicines and Chemotherapy Steering Group will review the final documents, assess the implications for LCA providers, and develop an action plan. For more information please contact Project Manager Nisha Shaunak: Nisha.Shaunak@nhs.net

Radiotherapy

The radiotherapy pathway group has begun to establish a baseline position on provision of radiotherapy services to understand variations and gaps in services. It is working with specialised commissioning to develop a five-year radiotherapy strategy, which will include an equipment replacement strategy and provision of optimal geographical access to services. It is also working with specialised commissioning to develop a more coherent strategy for stereotactic radiotherapy, as there are variations in provision across the LCA providers. The group wants to help ensure that access to treatment is consistent across the LCA.

Each centre submitted bids to the Radiotherapy Innovation Fund to help support the implementation of intensity modulated radiation therapy (IMRT). All four centres want to work together to improve all aspects of radiotherapy for patients, including IMRT and image guided radiation therapy (IGRT).

The group is looking to work with other pathway groups to provide support and expertise in finalising any radiotherapy guidelines. For more information please contact LCA project manager Falguni Raja: Falguni.Raja@nhs.net

Peer review transition plan now published

From April, the LCA will be responsible for peer review functions, taking over from the south east, south west and north west London cancer networks. To assist with this, the LCA Peer Review Transition Plan is available on our website.

This document provides recommendations on the transition requirements, and suggests actions and recommendations to ensure the LCA is prepared for peer review.

The document is available at: www.londoncanceralliance.nhs.uk/news-resources/news/2013/01/peer-review-transition-plan-published

For further details on the LCA please contact Vicky Osei at Vicky.Osei@nhs.net