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London Cancer thanks the following organisations for their support:

UCLPartners
Macmillan Cancer Support
Cancer Research UK
Camden Clinical Commissioning Group
Our partners

Information contained in this document is correct at the time of publishing (June 2015)
**London Cancer: Delivering excellence in integrated cancer care**

*London Cancer* is the integrated cancer system for north central, north east London and west Essex serving a population of 3.5 million. As a partnership of 11 NHS hospital trusts, *London Cancer* works with Clinical Commissioning Groups (CCGs), primary and community care providers, people affected by cancer, the academic community, industry and voluntary organisations.

Working in partnership as a healthcare system, rather than working at the individual hospital level, the clinical leadership that drives *London Cancer* can map out a comprehensive, seamless clinical pathway for every patient. By working together, patients, providers and commissioners – supported by the academic and scientific community, and the voluntary and community sector – we are able to implement improvements system-wide at greater scale and pace. This is what makes *London Cancer* a powerful broker for change.

*London Cancer* is embedded within UCLPartners as the cancer programme of the Academic Health Science Network (AHSN) which extends to include mid and south Essex, west Hertfordshire and south Bedfordshire. UCLPartners’ overall purpose is to translate cutting-edge research and innovation into measurable health and wealth gains for patients, populations and their local health economies.

We actively work with patients to provide them with a powerful voice and influential involvement in setting and achieving our priorities for service improvement. This collaborative approach enables us to co-design and diffuse sustainable healthcare solutions. We lead through influence and support for new ways of working together, to facilitate and inspire, empowered by our shared goals.

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**Why we’re here**

*London Cancer* is committed to improving cancer survival rates and patient experience, and optimising the quality of life of people living with and beyond cancer. We aim to accelerate improvements in all aspects of cancer care and support.

Our aim is to ensure that all patients with cancer in the region have access to the full spectrum of treatment and therapy options of a world class cancer system – no matter where they live or where they are first treated.

**Our Objectives**

During 2014 *London Cancer*, supported by the UCLPartners Executive, has reshaped the way it takes forward its core objectives to take account of the national strategic direction articulated in NHS England’s Five Year Forward View and the recently agreed reconfiguration of specialist cancer services in our region. Going forward, *London Cancer* will focus on:

1. Innovation and improvement in earlier diagnosis of cancer in general, with a focus on lung and colorectal cancers being the cancers with the greatest potential to save lives.
2. Support for local improvement initiatives in patient experience with continued support from Macmillan Cancer Support.
3. Whole pathway improvement within the agreed reconfiguration of specialist cancer services supporting the delivery by the designated lead trusts.

For further information about *London Cancer*, please visit www.londoncancer.org.
Welcome from the Chair and Chief Medical Officer of London Cancer

One in two of us will be diagnosed with cancer in our lifetime and nearly 100,000 people in the London Cancer region are living with and beyond cancer. We can all benefit from better access to diagnostic tests, excellent cancer care and improved support after treatment, no matter where we live. London Cancer strives to make this possible.

Despite all the advances in treating cancer successfully, with more than half of cancer patients now surviving 10 years from diagnosis, new models of delivery have been slower to develop. Londoners still have a poorer chance of beating their cancer than elsewhere in the country. We need to close that gap.

London Cancer’s objectives were adapted during 2014/2015 to better support our partners to meet the needs of patients and populations in alignment with the NHS Five Year Forward View (NHS England 2014). As a system we all need to take action in both prevention (promoting health behaviours that reduce cancer risk among our patients and workforce) and tackling the reasons behind late diagnosis of cancer and variation in access to ‘state of the art’ therapies. This approach is reinforced in the London Health Commission’s Better Health for London plan which was published last October.

As we complete our third year as an integrated cancer system, we can report very substantial progress in some areas of work, but must also recognise that we are not immune to the challenges currently facing the NHS in meeting targets and spending limited funds wisely.

The achievements we report are a testament to the people actively involved in our work, without whom this progress would not have been possible. In particular, we wish to acknowledge the essential contribution from UCLPartners, Macmillan Cancer Support, Cancer Research UK and our very constructive joint working with the Transforming Cancer Services Team for London (TCST) together with the London Cancer Alliance.

Diagnosing common cancers earlier
Early diagnosis is probably the most important factor for a favourable outcome for the majority of patients. Over the last two years, we have supported our partners to increase the proportion of cancer patients with an accurate tumour stage recorded in the national cancer registry from 56% in 2012 to 72% in 2014. Knowledge of how advanced each patient’s cancer is at diagnosis (known as tumour stage) is an essential piece of information that allows us to focus the quality improvement projects described in this review, to diagnose cancer earlier and increase survival.

Improvement initiatives in patient experience
Through partnership with Macmillan Cancer Support, we are listening and responding to the needs of patients to improve patient experience as a key priority. We have supported the introduction of several national recommendations that provide more co-ordinated care to cancer patients from the point of diagnosis through to recovery after treatment.

Improving the whole pathway of care within the agreed reconfiguration of specialist cancers
Final approval of the clinically recommended reconfiguration of specialist cancer services by NHS England was given in October 2014. The detailed work to plan and implement the changes has proceeded rapidly under the supervision of the Cancer Unification Board established for this purpose by UCLH. This is the culmination of an immense amount of work by many people, and is a major step towards fulfilling the core London Cancer objective of providing equality of care to all patients within our geography: locally whenever possible and by a world class, high volume specialist team when necessary for complex procedures.
Supporting research
Working in partnership with the NIHR Clinical Research Network North Thames, London Cancer has continued to support cancer research. This year, 4,577 patients entered a total of 253 active trials which has taken the Network from 6th to 5th place in the country. For trials that test new treatments, the Network is the highest ranked research network in England. We are very pleased that this work is now led by Dr David Chao, the London Cancer skin pathway director, who was appointed co-chair of the Cancer Division of the Clinical Research Network North Thames in March 2015.

Next Steps
We now have an established integrated cancer system, aligned to the emergent Academic Medical Centre – Cancer for the hub of its specialist services. This is embedded with the quality improvement and dissemination expertise of UCLPartners. Our transitional Board is overseeing the transfer of management leadership from UCLPartners to UCLH, as the agreed host organisation for the system. The Board is made up of representatives of commissioners, secondary care providers, GPs and Public Health England, and continues to have an independent Chair representing the patient voice. We would like to record our gratitude to the retiring members of our Board who have made an invaluable contribution to the establishment of London Cancer. They enabled the partners to reach difficult decisions that had to be made about specialist services reconfiguration, and encouraged ambitious quality standards in the development of common pathways for all cancer patients treated by our partner trusts. The next year will be challenging for everyone in healthcare. Nonetheless we remain determined to achieve the step change that is required to make sure that Londoners and cancer patients across the entire six million population served by UCLPartners will have outcomes and care that are the very best available in England and can match the best in any part of the world.
Objective 1: Innovation and improvement in the earlier diagnosis of cancer

Late and emergency diagnosis of cancer is the biggest contributor to poorer outcomes for patients. Even though overall survival rates are improving, patients in the UK still have worse outcomes than those in countries with similar healthcare systems, like Australia, Canada and Sweden. The earlier cancer is diagnosed, the more options there are for treating it and the better the chances for survival. This is why it is one of London Cancer’s three key objectives.

In the past year, London Cancer has used insights from its system-wide evaluation of emergency presentation of cancer and key appointments to the team to enable us to develop and deliver a number of new improvement projects, including: speeding up the route to diagnosis, improving access to tests, encouraging collaborative working and raising public awareness of cancer.

Improving the interface between primary and secondary care

During 2013, London Cancer conducted an audit of the 12 A&E hospital departments run by our acute trusts to understand why 25% of people with cancer were diagnosed after attending A&E with symptoms. The audit identified 963 people who had been diagnosed following admission to A&E and many of these individuals had advanced-stage cancer. This year, London Cancer has co-hosted a Darzi Clinical Fellow to help us better understand the consequences of late diagnosis on patient outcomes and to identify potential areas of improvement. One of the most important findings was that, a year after the initial audit, only 36% of the 963 patients were alive.

Our Darzi Fellow has also worked with Barts Health and Tower Hamlets CCG to analyse all cancers diagnosed through Barts Health’s three emergency departments. Focusing on the two most common cancers diagnosed through the A&E route – lung and colorectal – the team found notable variations in the way that care was delivered, for example: the time taken to diagnosis, decision making by multi-disciplinary teams and how information is returned to GPs. All of these factors impact on outcomes and experience.

London Cancer is using this valuable information to support implementation of early diagnosis initiatives within our region. This project has prompted improvement work that focuses on enhancing GPs’ rapid access to diagnostics and improving co-ordination of care by ensuring that systems are in place to record diagnosis and effect timely return of this information to the GP. Additionally, London Cancer is supporting Barts Health and Tower Hamlets CCG in developing a single pathway process for when there is suspicion of cancer following scans, so that patients receive expert review and treatment earlier. We are also focusing on sharing examples of good practice across the region for the benefit of our entire population.

“Working across traditional boundaries is enabling us to improve public awareness, primary care access to diagnostics and secondary care pathways to treatment to achieve earlier diagnosis and, ultimately, better survival.”

Dr Neil Chauhan, Darzi Fellow, London Cancer and Barts Health
Early Diagnosis Quality Improvement Projects:

Improving access to colorectal cancer testing – Implementing ‘Straight to Test’ Models

Colorectal cancer is the second most common cancer affecting both sexes and the second most common cause of cancer death in the UK. Research suggests if diagnosed at the earliest stage, more than 90% of people with bowel cancer will survive for five years or more. Currently across the partnership there is too much variation in how GPs and patients can access tests. London Cancer is working to reduce this variation and increase the number of people who can benefit from faster diagnosis.

In 2014, the London Cancer-supported ‘Straight to Test’ service at Whipps Cross was runner up in the British Medical Journal awards. This service shortens the diagnostic process by having a trained nurse specialist assess patients with colorectal symptoms over the phone, then bring them ‘straight to test’ rather than having to attend a clinic first.

Building on early experience at Whittington Health and the Homerton hospital to improve GP access to tests for patients, London Cancer has been successful in achieving funding from the national early diagnosis and awareness ACE Programme (an NHS England initiative supported by Cancer Research UK and Macmillan Cancer Support). We have created a Quality Improvement Collaborative for ‘Straight To Test’ and GP direct access models that will spread these initiatives across the partnership. Based on the implementation at sites so far – now including the Royal London and UCLH – the patient pathway can be shortened and made simpler; halving the time on the routine 18 week pathway and reducing the time on the urgent two week pathway by a third. The majority of patients reported high degrees of satisfaction.

This collaborative – known as QuiCeSTT (pronounced ‘quickest’) – is supported by the UCLPartners Quality and Capability team and is open to all providers wishing to deliver these new models of care. The collaborative has enabled accelerated uptake across the partnership through peer support, and sharing experience at partnership events.

“More accessible, faster, high quality diagnostic tests will lead to better outcomes for patients with bowel cancer.”

Mr Michael Machesney, Colorectal Pathway Director
Understanding and speeding up the routes to diagnosis
Most people with any kind of illness will visit their GP as their first port of call. To understand more about how patients describe their symptoms and the route to diagnosis from primary care, London Cancer’s Camden Programme (led by Dr Lucia Grun) conducted an audit of GP records on patients diagnosed with stomach, oesophagus or bowel cancer – three cancers known to be difficult to identify – between 2011 and 2013. The audit looked at the GP records of 104 bowel cancer patients, 22 stomach cancer patients and 29 patients with oesophageal cancer. The audit found that 1 in 3 patients in this cohort presented with vague abdominal symptoms, where the route to obtain a diagnosis was unclear and different referral pathways were used.

To address the problem London Cancer has received funding from ACE Early Diagnosis Programme to pilot Multidisciplinary Diagnostic Centres (MDCs). These centres will serve as a single point of rapid access, speeding up routes to diagnosis for people with vague abdominal symptoms. They will also provide specialist opinion to both GPs and patients.

The concept of MDCs comes from work in Denmark, which recognised that simply having an urgent referral pathway – our Two Week Wait Urgent Referral – is insufficient to address the timely diagnosis of all cancer patients. In the UK and Denmark, only 40-45% of all cancer patients are diagnosed through this route. Based on these findings, it is predicted that one in five patients with non-specific serious symptoms would benefit from rapid access to specialist assessment and appropriate diagnostic tests, leading to a defined management plan within four days of referral.

The Model of Improvement framework will be used to evaluate whether our intervention will deliver better value for our patients and population. London Cancer is establishing the first two Multidisciplinary Diagnostic Centres at University College London Hospital and Queen’s Hospital, Romford. The pilot will evaluate GP access to appropriate diagnostics and whether the MDCs can deliver better care for patients.

Quality Improvement in General Practice: Making data the key to achieving quality outcomes
GPs often use computer codes to make it easier to analyse data for both patient care and public health research. Effective coding allows GPs to have the most up to date and connected information at their fingertips. However, coding has not been taught in any standard way, nor is it part of the trainee GP curriculum. This means that different doctors in one practice who may see the same patient for a similar or ongoing problem, could be using different codes.

London Cancer has created an improvement project to increase patient safety by enabling GPs in all practices to make best use of coding systems that already exist and to accurately record the patients’ presenting symptoms and diagnosis.

This project aims to improve communication between doctors and encourage consistent recording of symptoms to allow for more meaningful results from embedded electronic risk assessment tools. Together, these processes serve as a ‘safety net’ by improving communication within the practice; leading to earlier cancer referrals, early detection and improved care for all patients within the practice.

London Cancer will work with specific GP practices to discover how the improvement project can best be implemented.
Early diagnosis of cancer in Camden

Improving awareness of cancer in Camden

Camden Clinical Commissioning Group (CCG) has commissioned London Cancer to work with clinicians and providers in primary and secondary care to reduce avoidable deaths resulting from late diagnosis of cancer. In its second year, the Camden Cancer Programme is using social marketing, primary care professional development, a community pharmacy campaign and cancer pathway service improvements to address delays in presentation, referral, diagnostic tests and treatment.

The ‘small c’ campaign, developed originally in north east London, has been adapted as a social marketing tool for peer educators across seven community organisations. The campaign aims to turn the ‘Big C’ into a ‘small c’ by overcoming the cultural beliefs which influence responses to serious symptoms and can stop people seeking advice. This year, the campaign used a variety of materials to reach residents aged over 50 in the four most deprived wards of Camden, in particular, the Bengali population, which is the borough’s largest minority ethnic group.

Achievements to date:

- Over 3,250 people have received education on the signs and symptoms of cancer
- Over 50 cancer awareness events delivered by 7 minority ethnic community groups
- 33 of the 37 GP practices across the borough received a Cancer Research UK education visit
- 29 GP practices took part in an audit of stomach, oesophagus and bowel cancers.

Case Study: Talking about cancer in Camden

Alina is a Community Health Ambassador for the Tottenham Hotspur Foundation. Ambassadors deliver health messages to the public through community outreach such as workshops and stalls in local amenities such as libraries, job centres and supermarkets.

“It’s 9am Sunday morning outside a busy supermarket. We park, open up the van and are ready to start the day. The van and the football logos on our t-shirts are a great way to initiate conversations and encourage the public to step forward. We have a mixed reaction from the individuals we speak to, from the positive:

‘if you guys weren’t around, we would never have known this’

to the fatalistic:

‘my family and friends have been diagnosed with cancer, it’s in God’s hands.’

Through these conversations we try to transfer as much knowledge as possible, adapting our style to each individual. For those that don’t want to talk, we use the ‘small c’ materials to provide information. Five hours later and we have had over 50 in-depth conversations and passed on materials to many more individuals. I get a great sense that my energy has been well spent today, although at times it was difficult – I need to talk to people who sometimes don’t want to listen. Even though I have worked in this role for over 3 years, for me, it is still mind blowing to hear people’s perspectives on cancer.”
Objective 2: Support for local improvement initiatives in patient experience

*London Cancer* believes strongly that patient experience of care is as important as good clinical outcomes. Good patient experience cannot be achieved without understanding what patients want from their care. That is why *London Cancer* continues to drive improvements in patient experience by co-designing all our projects in partnership with our growing community of over 69 patients and carers working with our pathway boards, expert reference groups and as part of our newly formed patient experience learning community. Through partnerships with Macmillan, London Cancer Alliance, and Transforming Cancer Services Team for London, we are responding to the needs of patients at a pan-London as well as local *London Cancer* level.

Assisted by funding from Macmillan Cancer Support, *London Cancer* has embedded our patient experience and user involvement work stream within all programmes of work. This section outlines how we are listening to patients and taking action to enhance their experience of care and support.

**Listening and responding to the views of our diverse communities**

In partnership with our patient representatives, local CCGs, Healthwatch and charitable organisations, we have explored ‘what meaningful involvement looks like in London and why it matters’ from the patient perspective. The latest National Cancer Patient Experience Survey showed that across the trusts in *London Cancer*, 84% of respondents rated their care as ‘excellent’ or ‘very good’. We also found that improvements were made across the board in 9 out of 10 of the areas described in *London Cancer’s* Ten Things that Matter Most to Patients. Despite this, providers across *London Cancer* are dedicated to further improving the experience patients receive in their cancer care.

The *London Cancer* Improving Patient Experience Learning Community was initiated in March 2014 and has hosted three learning sets during 2014/15. Combined with training and learning from the experience of others outside of London, the learning sets have provided opportunity for developing quality improvement skills. A total of 73 participants have attended the meetings and members report a greater willingness to learn from colleagues and to share their own data and insights.

This year, *London Cancer* has worked to increase the representation of people with disabilities and from black and minority ethnic communities to ensure we have a diverse perspective on our work. *London Cancer* has held a series of listening events across east London for diverse and vulnerable populations to give their perspective on care. By feeding back to providers, these discussion have given the partnership a better understanding of what people want and need in order to have a good experience of care.

*London Cancer* believes that creating opportunities for patients and the public to share their views of care with healthcare professionals, and enabling people to learn from each other, is integral to improving the system for the benefit of those it serves.
“Being a patient representative at London Cancer has given me opportunities to voice the concerns of women with disabilities and ethnic minority community cancer survivors where English is a second language. I’ve felt listened to where my voice was previously unheard and I’m looking forward to remaining involved, making a difference where I can.”

Sarifa Patel, Patient and Carer Forum Representative, London Cancer

Supporting staff to provide the best care for patients

There is clear evidence that staff wellbeing is linked to aspects of patient experience, and staff who have a good experience of their work provide higher quality, compassionate care to patients.

As part of a mapping exercise of the Patient Experience Improvement initiatives in trusts, London Cancer found that many trusts have focused on improving staff experience alongside patient experience.

One particular area of focus has been the establishment of Schwartz Rounds across the system following successful use at Barts Health, the Royal Free London and UCLH. Schwartz Rounds provide an opportunity for staff across a healthcare organisation to reflect upon and discuss difficult emotional and social issues arising from patient care in a confidential and supportive setting.

Thanks to generous funding from Macmillan Cancer Support, London Cancer has supported four of our trusts and one hospital site in their successful applications to hold Schwartz Rounds in 2015. This brings the total number of trusts running Schwartz Rounds to 8 across the London Cancer system.

“Macmillan Cancer Support is very proud of its work with London Cancer which aims to ensure that every person affected by cancer receives the best possible experience. The Learning Community set up by the Macmillan Patient Experience and User Involvement Project Manager has enabled sharing of best practice across London Cancer.”

Nikki Cannon, Senior Macmillan Development Manager (North East and North Central London)
Improving recovery, health and wellbeing for people living with cancer

Half of people diagnosed with cancer today are surviving their disease for at least 10 years after treatment. At least a quarter of these individuals have unmet physical or psychological needs as a result of their disease or the treatments they receive. Across London Cancer, there are currently differences in the ways that individuals are supported during and after their cancer treatment in order to recover and live healthy and active lives.

With support from Macmillian, London Cancer is continuing its work to ensure that everyone diagnosed with cancer receives co-ordinated, personalised support and rehabilitation from the point of diagnosis. As a priority, we are working with our partner trusts to implement two National Cancer Survivorship evidence based innovations: the recovery package and stratified follow-up.

Strategies for how best to implement the recovery package and stratified follow-up across London and the East were discussed with over 170 healthcare professionals, patients, managers and commissioners at a joint meeting with the East of England Strategic Clinical Network. Progress on the implementation of these two initiatives is outlined below.

Implementation of the Recovery Package

We have made great progress with embedding the Recovery Package into all cancer pathways across London Cancer. This package combines several interventions that improve care co-ordination and outcomes for individuals living with or after a cancer diagnosis. The interventions are: holistic needs assessment (HNA), treatment summaries, cancer care reviews (conducted by GPs) and health and wellbeing events.

In April 2014, London Cancer began to collect data from trusts on the numbers of patients who have received the recovery package interventions. All of our trusts are now conducting Holistic Needs Assessments in one or more tumour type; four trusts have implemented treatment summaries in one or more tumour type; and seven trusts have introduced health and wellbeing events at the end of treatment. Having these data at a system level is the first step on a quality improvement journey.

Recovery Package Data from London Cancer Trusts (April-December 2014):

- 2,066 new patients within London Cancer received an holistic needs assessment
- 213 patients received a documented treatment summary
- 532 patients have attended a health and wellbeing clinic appointment/event

Above: London Cancer website

Assisting signposting to local services

Knowing where to seek support and advice is a key part of a person’s experience of healthcare. In collaboration with Macmillian, London Cancer has developed a service directory tool – hosted at www.londoncancer.org – to enable professionals to direct patients to the best services to support them in their local area. The directory was developed in response to healthcare professionals telling us that there was no central resource detailing what services and support were available for people living with cancer within north central and north east London and west Essex. Since launching the tool in February, over 1,000 people, including many patients, have used it to find local services. We hope that access to the directory will empower patients with the information they need to manage their own health and wellbeing.
Stratified follow-up:
There is no evidence that traditional follow-up consisting of regular appointments in secondary care provides the most effective care or best means to detect disease recurrence. Stratified follow-up is a model of aftercare that addresses the unique needs of the individual living after a cancer diagnosis and also empowers individuals to self-manage their health. Self-management focuses on improving quality and length of life by informing individuals about healthy lifestyle changes and any alert symptoms they should report to their clinical team or GP if their wellbeing changes.

London Cancer is supporting the breast, colorectal and urology pathway boards and partner trusts to develop and implement stratified models of follow-up. Each of these pathway boards has convened a subgroup, which is taking forward development of site-specific stratified pathways. These reduce the frequency of hospital based follow-up appointments, ensure GPs have the information they require to provide care in the community (if needed) and empower patients to self-manage. The breast subgroup has now completed the stratified follow-up pathway and guidelines for early breast cancer. It has also published a suite of documents as a resource to assist trusts to plan and implement stratified follow-up at a local level.

“As GPs I believe we have a key role in working alongside secondary care colleagues to ensure our patients’ needs are met. Through primary and secondary care working closely together, using the Recovery Package interventions, we can deliver cohesive care for patients living with and beyond cancer and support patients to manage their own health.”

Dr Tania Anastasiadis, GP Cancer Lead Tower Hamlets & GP Macmillan Facilitator.
In partnership with BHRUT and funded by Prostate Cancer UK, London Cancer has helped create a post in Havering that supports men during or after treatment by ensuring better co-ordination and communication between hospital and community healthcare services, and providing rehabilitation and support to promote recovery and living well. The Prostate Cancer Survivorship Navigator drives forward the implementation of the National Cancer Survivorship Initiative recovery package in Havering to facilitate supported self-management and improve outcomes for men living with prostate cancer. The navigator receives referrals from all GPs within Havering and urology cancer clinical nurse specialists (based at the specialist and secondary hospitals) and provides assessment and individual or group interventions in local community centres or within the patient’s home.

“"The idea for this post came about through discussions with local GP leads who informed us that there is a large number of men out there with prostate cancer who don’t or can’t access services to help them deal with the long term, and often life changing, effects of their cancer treatment. The exciting aspect of this post is that it crosses the boundaries of hospital and community care to help ease transitions between services at hospital and those in the community. The focus of the post is on improving quality of life and supporting the individual close to home.”

Sharon Cavanagh, Macmillan Lead for Living with and Beyond Cancer and Allied Health Professionals, London Cancer.

Progress
The Prostate Cancer Survivorship Navigator has been in post for one year, during which 88 men have been referred into the service. The most common areas of need identified by men thus far are: continence advice, nutrition, physical activity and psychological support.

If you would like to hear more about the Havering Prostate Cancer Survivorship Navigator, please contact Lucy Brooks at Lucy.Brooks@bhrhospitals.nhs.uk

“It is reassuring to know that I have you to contact for advice. I thought that once I had seen the consultant in clinic, I was on my own, but now I feel relieved.”

Patient
Objective 3: Supporting providers to deliver whole pathway improvement

In order to achieve good clinical outcomes and patient experience, London Cancer is supporting its partners to address the whole pathway of care from diagnosis, through treatment, to living with and beyond cancer. We enable GPs, hospital specialists and patients to work together to address improvements in care, such as faster and more equitable access to specialist services and reduced waiting times.

Supporting NHS England’s reconfiguration of specialised cancer services

Clinicians across London Cancer have been working closely with NHS England and local CCG partners over the last three years to ensure that we achieve the best possible outcomes for every patient requiring specialist surgery for one of five cancers.

Building on commissioners’ recommendations in 2010, clinicians across London Cancer came together to develop a Case for Change which outlined proposals to consolidate key specialist cancer services into a smaller number of world-class specialist centres. Patients needing complex surgery or treatment will benefit from 7 day a week access to the appropriate specialist, shorter length of stay in hospital and better outcomes.

In 2014, London Cancer and UCLPartners supported the public engagement process, led by NHS England (London) to ensure that the local community and patients had the opportunity to understand more about and to give feedback on the potential changes. Following a review of the clinical evidence and feedback from the local community and staff, NHS England approved the proposals in October 2014. This was a major milestone in moving closer to world class care for our patients. London Cancer is now supporting the implementation of these changes by the designated lead trusts, working alongside all partners to ensure the ambitions for whole pathway improvement are fully realised.

In the new system, University College London Hospitals will host the Academic Medical Centre for cancer, working within a network of hospitals including the Royal London, St Bartholomew’s, the Royal Free and Queen’s Hospital in Romford. These centres will act as hubs in a new connected system of care, including existing radiotherapy providers, local hospitals, primary and community care services, to provide consistently excellent services with better outcomes and patient experience. Specialist surgery will be delivered at the hubs, but patients will be diagnosed and receive follow-up treatment and care at their local hospital. Those patients not needing care at the specialist centre will continue to be treated at their local hospital, with access to specialist expertise or complex treatments when required.

The Royal Free London NHS Foundation Trust’s renal cancer plans are now being implemented with very high levels of patient satisfaction. In December 2014 commissioners approved the scope and governance for the remaining cancer changes led by UCLH. Changes to oesophago-gastric, urology, haematology and head and neck cancers have progressed to the next stage of planning of the commissioner assurance process, with planning for brain cancers to follow by July 2015. As these changes are put in place, there is equal attention being paid to improvement and seamless integration of care across the entire cancer pathway. This focus spans prevention and early diagnosis through to treatment in the patient’s preferred setting of care and ongoing rehabilitation and management.

London Cancer believes the changes to the system will allow more rapid improvements to ensure every patient has access to the full range of treatment options and research opportunities, and provide a consistent level of care no matter where a patient lives or first receives care. Most importantly, we believe the changes will save at least 200 lives per year.

Alongside these developments, the London Cancer pathway boards have this year published ambitious service specifications in all areas of care for the common cancers, to reduce variation and improve outcomes for all patients. The service specifications for breast, colorectal and lung cancer pathways have full agreement and support across London Cancer.
**Working with industry to improve lung cancer care**

Our vision for lung cancer services aims to shorten the diagnostic pathway for lung cancer patients and increase active treatment rates and access to research, thereby saving more lives. As part of this vision, Pfizer and Quintiles are working with Barking Havering and Redbridge University Hospitals Trust (BHRUT) to introduce a range of initiatives. The initiatives include holding a regular lung nodule multi-disciplinary team meeting (MDT), to shorten the time from first suspicious scan to treatment. The MDT will have the added advantage of improving data quality and planning to increase the number of lung cancer clinical trials available within our sector. Experiences from this project will inform adoption by other trusts.

**Reducing waiting times**

In 2014/15 London Cancer worked very closely with the Transforming Cancer Services Team for London (TCST) and partner trusts to drive improvement in their processes for handling urgent referrals from GPs for suspected cancer (known as “cancer waiting times”). Through a number of workshops, our trusts have identified the system constraints that affect these. They have agreed several improvements in diagnostic pathways that avoid duplication of tests and delay as well as a standardized, secure communication and information transfer policy for when a patient needs to be referred between hospitals within our partnership.

**Increasing access to innovative prostate cancer treatment**

A new cutting edge Prostate Cancer Focal Therapy service at Princess Alexandra Hospital (PAH), Harlow, is an example of how partnership working can support dissemination of innovation. Through close working with the world leading prostate cancer unit at UCLH, the local population of Essex and East Hertfordshire now have access to one of the newest advances in prostate cancer treatment on their doorstep.

A treatment known as High Intensity Focused Ultrasound (HIFU) focuses on the tumour to generate high temperatures and destroy prostate cancer cells. It is performed under a general anaesthetic as a day case, allowing the patient to go home the same day. HIFU is an option for cancer confined to the prostate as an alternative to established treatments of radical surgery or radiotherapy and is expected to have fewer long-term side effects.

In the short term, PAH aims to treat 40 - 50 patients per year using focal HIFU but numbers are likely to increase in the future. In parallel with this expanding, innovative clinical programme, PAH will have an exciting opportunity to participate in multiple prostate clinical trials in conjunction with UCLH. Importantly, PAH will also be able to set up its own local research programme.
The pathway boards of London Cancer have undertaken a thoughtful re-design of cancer pathways to achieve optimum outcomes for patients. As a patient I have had the opportunity to fully contribute to this process and feel real pride and ownership of the recommendations and a strong sense of optimism that lives will actually be saved as a consequence.”

Neil Cameron, Patient Representative, Urology Pathway Board

Chemotherapy Quality Improvement Collaborative

This year, the London Cancer Chemotherapy Expert Reference Group held workshops to discover and share areas of best practice across the region. Following a Quality Improvement event in September, the trusts are now working together to improve the management of side effects for individuals receiving chemotherapy – this was an area identified by patients as not being well managed.

The Expert Reference Group has now established objectives for the quality collaborative and a set of work streams for delivery:

- **Development of Measures.** A student from UCL School of Pharmacy is building a database to collect data from patient emergency telephone calls with relation to side effects of chemotherapy. The data will be used to measure the success of any pilot project that is planned by the Group.

- **A chemotherapy patient self-toxicity assessment** was piloted at Barts Health and will be implemented at UCLH in April 2015. The pilot was funded by the Regional Innovation Fund.

- **Nurse led toxicity assessments for patients on oral treatment for prostate cancer.** North Middlesex Hospital have shared their progress with this model which has demonstrated success by reducing patient waiting times in the urology clinics.

- **Nurse led clinics for toxicity assessment of patients.** BHRUT have now established this model and have demonstrated success though a reduction in A&E admissions related to chemotherapy side effects.

- **Risk stratification** UCLH and Kingston University have started to develop a model to determine whether a patient can be appropriately assessed by a non-medical prescriber. The tool will guide the Group in choosing appropriate pilot projects.

Progress on each of these work streams is being fed back to the Group so that learning can be shared across the partnership and improvements can be made quickly for the benefit of patients.

Embedding research throughout the cancer patient’s pathway

A number of important research studies are available to our patients that embrace the entire patient pathway. A Cancer Research UK funded early diagnosis project to offer lung cancer screening to high risk populations through low dose CT scans has been active since October 2014. The clinical protocols and patient invitations have been finalised and the first patients will be recruited by August 2015. Another clinical trial, “TracerX”, aims to better understand the changes in the tumour genetic material (DNA) that drive lung cancers. TracerX has successfully recruited 74 patients with lung cancer this year alone. We are also collaborating with Cancer Research UK and partners in the East of England on another innovative research study, “ASCOT”, that explores the impact of healthy lifestyles in people living with and beyond cancer. This should improve quality of life for breast, colorectal and prostate cancer patients.
Abstracts accepted at the National Cancer Intelligence Network Cancer Outcomes Conference, 8-10 June 2015.

Brooks L, Cavanagh S. Implementing an innovative survivorship navigator role to deliver the recovery package to men in Havering living with the consequences of prostate cancer. 2015, poster presentation.

Chauhan N, Ridge M, Anastasiadis T, Slater S, Lyons M, Pritchard-Jones K. Cancer diagnosed following emergency presentations at three sites in one Trust. Detailed analysis from the London Cancer A&E audit leading to quality improvement. 2015, poster presentation.


Hate S, Ridge M. The use of community group peer education models to reduce knowledge barriers in symptoms awareness for over 50s and Bangladeshi population in Camden. 2015. Oral presentation.


Moving Forward

Through UCLPartners we continue to ensure that healthcare organisations across the region have the opportunity to work in partnership to implement innovation at scale and pace to bring benefits to patients sooner.

**London Cancer** will continue to focus on three main areas:
- Earlier diagnosis of cancer
- Improving patient experience of cancer care
- Improving the whole pathway of care, including support for the new system for specialist cancers

**London Cancer** will continue to share best practice and new models of care to improve patient outcomes and experience. We will support improvement within general practice to refer symptomatic patients earlier for tests that maximise efficiencies. We will support hospitals to innovate in new models of care developed jointly with the community that make the patient experience better and help patients live longer. The **London Cancer** clinical leadership team will continue to drive improvements working through the integrated cancer system’s Pathway Boards supported by their trusts’ cancer leadership teams.

This coming year will involve further transition as we embrace closer working with primary care to improve co-ordination of health services in our region. In a new way of working, all of our local CCGs have joined with our secondary care providers to support UCLH to take the lead in further development of the integrated cancer system. Hence UCLH has submitted a proposal to become a ‘Vanguard’ site as part of the NHS England New Care Models Programme, one of the first steps towards delivering the Five Year Forward View to improve and integrate health services.

The proposal aims to take **London Cancer** to the next level of integration, with a particular emphasis on increasing the quality, efficiency and capacity of cancer diagnostic pathways working to support local trusts and improve information flows. It will be a core part of the work underway to create all of the functions of a world-class cancer centre across our entire system. This places **London Cancer** in a strong position to continue its work as a partnership to improve cancer care and experience for patients in London and beyond.

“**Working together as an integrated cancer system has facilitated UCLH, supported by all CCGs and Trusts across the sector, to apply for national opportunities to support new models of care. Improving early diagnosis, setting quality standards, enabling greater collaboration for specialist cancer care and supporting self-managed follow up care will be a real boost for all our patients and will save lives.”**

Geoff Bellingan, Medical Director for Surgery and Cancer, UCLH

“The recent Vanguard bid led by UCLH for the system is an important step forward in joint working to reduce the time it takes for GPs to make a cancer diagnosis and hence improve outcomes and experience for our patients. Collaborating across the whole London Cancer area has been an exciting and productive process.”

Lucia Grun, GP Partner and Primary Care Lead for Cancer in Camden
London Cancer Transitional Board

Convened in February 2015, the board is supporting the transition from a UCLPartners-hosted central team that directs and supports the work of clinical leaders, towards a model of ownership of the Integrated Cancer System by the providers, including primary care, through a cancer system leader, UCLH.

The London Cancer Transitional Board is made up of the following members:

- Patient Chair: Pelham Allen
- Chief Medical Officer, London Cancer: Professor Kathy Pritchard-Jones
- Chair of Tower Hamlets CCG: Sir Sam Everington
- Chief Officer for three CCGs – Barking and Dagenham, Havering and Redbridge: Conor Burke
- Director of Public Health, Enfield Council: Dr Shahed Ahmad
- Tower Hamlets GP Cancer Lead and GP Macmillan Facilitator: Dr Tania Anastasiadis
- UCLPartners Programme Director, Quality & Capability: Dr James Mountford
- UCLPartners Director of Innovation & Implementation: Dr Amanda Begley
- UCLPartners Director of Strategic Development: Hilary Ross
- UCLPartners Director of Informatics: Dr Cathy Kelly

London Cancer acknowledges with thanks the contribution of the Executive Director and Non-Executive Directors of the London Cancer Board from inception until October 2014. Their expertise and energy were pivotal in developing our overall strategy, providing robust independent challenge to our Pathway Boards, and making specific recommendations to commissioners on potential changes to cancer services and pathways.

Executive Director: Mairéad Lyons

Non-Executive Directors: Elizabeth Benns, Dr Tony Brzezicki, Dr David Colin-Thomé, Dr Nigel Marchbank, Professor Emma Ream, Dr Timothy Walls

We are very sorry to record the untimely death of Professor Aidan Halligan, Principal, UCLP NHS Staff College, in May 2015. We wish to recognise the important role he played in the recruitment and subsequent training and development of the clinical leadership team of London Cancer.
Clinical Leadership of London Cancer

London Cancer pathway directors provide clinical expertise and leadership to cancer pathway boards and expert reference groups, helping to drive excellence in care and research and inspire improvement.

Acute Oncology Expert Reference Group  Dr Ian Grant, BHRUT and Dr Ekaterini Boleti, RFL
Brain and Spine Pathway Board  Mr Andrew Elsmore, Barts Health and Dr Jeremy Rees, UCLH
Breast Pathway Board  Dr Rebecca Roylance, Barts Health
Chemotherapy Expert Reference Group  Dr Chris Gallagher, Barts Health
Colorectal Pathway Board  Mr Michael Machesney*, Barts Health
Gynaecology Pathway Board  Mr Tim Mould, UCLH
Haematology Pathway Board  Professor Ronjon Chakraverty, RFL and UCL
Head and Neck Pathway Board  Mr Simon Whitley, Barts Health and PAH
Living with and Beyond Cancer Board  Sharon Cavanagh, London Cancer
London and South East Sarcoma Network Sarcoma Advisory Group  Professor Jeremy Whelan, UCLH, and
Mr Andrew Hayes, The Royal Marsden
Lung Pathway Board  Professor Sam Janes*, UCL and UCLH
North Thames Children’s Cancer Network Coordinating Group  Dr Darren Hargrave, GOSH
North Thames Teenager and Young Adult’s Cancer Network Coordinating Group  Dr Rachael Hough, UCLH
Nursing Expert Reference Group  Alison Hill, UCLH
Palliative care (PallE8)  Dr Adrian Tookman, Marie Curie Hospice Hampstead and Dr Clare Phillips, Barts Health
Psychosocial Support Expert Reference Group  Dr Mark Barrington, Barts Health
Radiotherapy Expert Reference Group  Dr Katharine Pigott, RFL and Dr Seeni Naidu, BHRUT
Rehabilitation Expert Reference Group  Sharon Cavanagh, London Cancer
Skin Pathway Board  Dr David Chao, RFL
Upper GI (Oesopho-gastric) Pathway Board  Professor Muntzer Mughal, UCLH
Upper GI (Hepatic Pancreatic and Biliary) Pathway Board  Dr Andrew Millar, NMUH
Urology Pathway Board  Mr John Hines, Barts Health
Clinical Information Lead  Dr Astrid Mayer, RFL (to Dec 2014)

* We are pleased to note that during 2014/15, Mr Michael Machesney was appointed as the chair of NHS England’s Clinical Reference Group (CRG) for colorectal cancer and Prof Sam Janes was appointed as deputy chair of the CRG for lung cancer.
London Cancer
region and our partners

Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
1 King George Hospital
2 Queen’s Hospital

Barts Health NHS Trust (Barts Health)
3 Newham University Hospital
4 The Royal London Hospital
5 St Bartholomew’s Hospital
6 Whipps Cross University Hospital

7 Great Ormond Street Hospital for Children NHS Foundation Trust
8 Homerton University Hospital NHS Foundation Trust

9 Moorfields Eye Hospital NHS Foundation Trust
10 North Middlesex University Hospital NHS Trust
11 Princess Alexandra Hospital NHS Trust

Royal Free London NHS Foundation Trust
12 Barnet Hospital
13 Chase Farm Hospital
14 Royal Free Hospital

15 Royal National Orthopaedic Hospital NHS Trust
16 University College London Hospitals NHS Foundation Trust (UCLH)

17 Whittington Hospital NHS Trust

London Cancer

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London Cancer is part of UCLPartners, an Academic Health Science Partnership.
Find out more at www.uclpartners.com