London Cancer Board – minutes  
09:00-11:00, Wednesday 28 April 2015  
Meeting room 1, UCLPartners, 170 Tottenham Court Road, London W1T 7HA

Members

Pelham Allen (PBA) - Chair          James Mountford (JM)
Kathy Pritchard-Jones (KPJ)         Hilary Ross (HR)
Conor Burke (CB) joined by telephone at 9:30am  Amanda Begley (AB)
Geoff Bellingan (GB)                 Shahed Ahmad (SA)

Sharon Cavanagh was in attendance until 10am to take minutes

1. Welcome and introductions

PBA welcomed GB to the Board, and introductions were made. Apologies had been received from Sam Everington, Tania Anastasiadis and Cathy Kelly.

2. Minutes of previous meeting

- Minutes agreed with one amendment

3. CMO report and review of workplan

KPJ presented her CMO report. She reported that since the last meeting in January, London Cancer has continued to make steady progress in its three main objectives, albeit with continuing uncertainty regarding the pace at which University College London Hospital (UCLH) will take on supporting the system leadership role for the integrated cancer system. The workstreams are progressing well as outlined in the updated workplan (Ap02a). At the recent UCL Partners executive meeting (13 April 2015), the main discussion was on how UCLP can best help the CEOs of both secondary and primary care trusts to meet their immediate priorities in relation to overall performance and financial expectations.

Specific work that is in progress in relation to this includes:

a. KPJ and Nick Kirby (Divisional General Manager, Cancer for UCLH) will jointly chair the next meeting of the Trusts’ Operational and Clinical cancer leads meeting (27 April) to agree:

- Formal sign-off of the intertrust transfer policy
- Moving forward with Trusts’ plans to meet the recently issued service specifications for Breast, Colorectal and Lung cancer (feedback expected from all Trusts during May –July 2015).
- Peer review process and network measures – Trust requirements and expectations from London Cancer and our cancer pathway directors/pathway boards.
- Agreeing the areas where London Cancer can add the most value to local initiatives and where system leadership is needed.
b. **KPJ is working with the Cancer Performance Board** that provides tripartite oversight by NHSE, Monitor and TDA of cancer waiting times in London (Ap 03a, last section), to bring the integrated cancer system perspective to improvement possibilities. Four of our Trusts (BH, BHRUT, Royal Free, UCLH) are now ‘escalated’ due to persistent breaching of the 62 day Cancer Waiting Times performance standard. All have had detailed individual review meetings with NHSE London and have produced analyses and recovery plans of varying level of detail. None of the major teaching hospitals in London are currently meeting the 62 day target, though 4 Trusts in our system (Homerton, North Middlesex, RNOH and Whittington Health) have achieved the 85% threshold for the last 3 months or more (Ap 02b).

There are challenges at all stages of the patient pathway, including Trusts’ oversight of patient tracking lists, navigation of confirmed cancer patients from diagnosis to decision to treat, diagnostic capacity and reporting turnaround, and timeliness of onward referral when necessary both within and between Trusts. Lung, colo-rectal and urology patients are most affected. Some aspects can only be solved by Trusts themselves, but London Cancer is working to support whole pathway improvements that can increase efficiency of assessing urgent referrals from primary care (Straight to Test quality collaborative and the Multi-disciplinary Diagnostic Centre concept as part of our ACE programme) or release clinic capacity in secondary care through implementing stratified follow up (Macmillan workstream). In addition, the inter-trust referral work mentioned in point 1. above, which Nick Kirby of UCLH is now leading will support improvement by achieving the necessary system-level agreements.

**2 week wait forms and the role of London Cancer in educating GPs** - KPJ reported that London Cancer had supported the Transforming Cancer Services for London Team (TCST) with development and review of the forms and but has no resource for educating GPs. She therefore advised developing a strategy with those who have resource to provide education (TCST, CRUK GP Facilitators, HENCEL). AB suggested that education be coordinated in one centre but delivered as per local needs. PBA asked about the cost implications of increasing 2ww referrals on CCGs and the acute sector. GB stated that the cost pressure is not known at this point in time.

The Board noted the continued good progress and ongoing work in London Cancer’s other main priority areas, as listed in the workplan.

4. **Vanguard bid and London Clinical Senate**

GB provided a description of the Vanguard bid and information regarding the latest position. The bid was developed in a collaborative manner with cancer providers and CCGs across NCL and NEL. The bid was submitted within the smaller viable hospitals category of the Vanguard programme. The primary aims of the bid are to:

- Improve early access to diagnostics,
- Operationalise London Cancer (clinical leadership and pathway boards)
- Standardise and franchise solutions to improve consistency of cancer pathways and build resilience into the system

Feedback from the Vanguard bid was complimentary. However, NHSE had decided that they needed to review the scope of the question posed in relation to smaller viable hospitals as they had received a wide variety of fundamentally different submissions. Hence they had deferred the process regarding funding this category of bids. A great deal of support was received for the integrated approach of the bid across North London (Teresa Moss, Anne Rainsberry, David Fish). The bid was presented at the London Clinical Senate where it received
further support from Andy Mitchell. GB stated that it is important that we now plan the steps necessary to strengthen the bid, and in particular to determine what is deliverable over the next year (and beyond).

**Vanguard Funding:** HR stated that Simon Weldon had informed the UCLPartners Executive that with regard to possible local funding to support the two London Vanguard bids, a London regional process is to be created. NHSEL has yet to define this process, but it would be focussed on the strong bids already submitted. It will be a two or three stage process, with the aim of funding being made available in July. It is anticipated that funding will be aligned with the Transforming Cancer Services programme.

**Comments and suggestions on Vanguard and next steps:** GB informed the Board that a meeting was held the previous day with Teresa Moss. Teresa stated that she is looking at a five year view with regards to programme planning. GB proposed that the first year deliverables are: continuation of London Cancer in order to have a framework moving forward, supporting early diagnosis, and IT infrastructures.

SA stated that the transformation pot of funding is small. Therefore he asked if the bid could be scaled down and targeted to specific CCGs. GB stated that for the six complex cancers to be addressed, all of NCL and NEL needs to be involved.

KPJ provided feedback from Sam Everington (SE). SE stated that he would like to see system change that results in secondary care being more responsive to primary care, with improved communication on behalf of the patient.

CB stated that there are wider issues impacting on delivery of cancer care pathways. For example, BHRUT and BH have IT systems that are not designed for integrated pathway working – an issue which will take time to address. CB noted that he supports the bid and advised that we should not wait to hear regarding Vanguard non-recurrent funding prior to moving forward. He advised that we need to find a way to move forward via local programmes – this will strengthen the bid and will effect whole system change which will positively impact on local care. The emphasis on cancer is not very strong in primary care at the moment and therefore a business case will need to be developed and advocated. The business case should focus on how this programme can support the delivery of a different care model that will impact on efficiency. SB reiterated that it is important to keep the momentum going and to determine how we get the CCGs and Health and Wellbeing Boards to champion this for NCL/NEL.

PBA asked the Board if it would be more effective for the process be driven by TCST or UCLH. CB advised that it needs to be driven by both working together to create the case for change for NCL/NEL and that there needs to be a joint arrangement, perhaps starting small and engaging with all local commissioners to get momentum going.

KPJ stated that SE advised having a meeting with Sam Jones but that the actual implementation needs to be close to local priorities. SE had advised taking the Vanguard bid to the East London Cancer Board and the equivalent in outer NEL. However, CB stated that the relevant senior people won’t be at the BHR Cancer Collaborative (outer NEL) and advised holding a workshop inviting relevant CCGs and providers.

It was agreed that this workshop should be convened by London Cancer, UCLH and TCST with a broad range of interested parties, to develop ideas and broaden support for the bid before it is resubmitted.
5. Planning for subsequent meetings

The Board agreed that it should aim to meet approximately 2 weeks after the Vanguard planning workshop.

6. AOB

- PBA invited Geoff Bellingan to formally join the Board, which he accepted.
- The Board noted with sadness the unexpected death of Professor Aidan Halligan. It was felt appropriate to mention this in the London Cancer Annual Review, in recognition of the support he had given to the London Cancer Clinical Leadership Team.

7. Agreed actions for next steps

ACTION: Organise a workshop inviting relevant stakeholders to discuss the Vanguard bid