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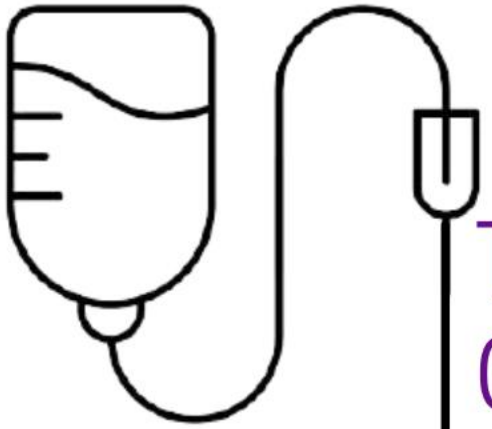

2023 The NHS Oncology Conference South

Headlined By: MERCK

Thursday 12th October | 15Hatfields, London

Agenda for today:

CONVENZIS

The NHS Oncology Conference South 2023

Headlined By: MERCK

Welcome to The NHS Oncology Conference South 2023!

12th October 2023
8am – 4pm
15Hatfields, London

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2023 The NHS Oncology Conference South

Headlined By: MERCK

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SCAN ME

The NHS Oncology Conference 2023 South

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Chair Opening Address

Paula Lloyd Knight
Deputy Chief Operating Officer and Chair of BME Cancer Voice (Part of BHI Charity) - Black Country HealthCare NHS Foundation trust

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The NHS Oncology Conference 2023 South

Headlined By: MERCK

Speaking Now…

Michael Ryan
Head of Service/Chair of the East Midlands - Radiotherapy Network - NHS East Midlands Cancer Alliance

East Midlands Cancer Alliance

The 50% Club

What are we doing about it?

THE NHS ONCOLOGY CONFERENCE SOUTH 2023

12th October 2023

"We aim to make the right thing for patients the easiest thing for clinicians."

Mike Ryan, Head of Service, EMCA
Email: Michael.Ryan@nhs.net
Email: england.emca@nhs.net
Twitter/X: @cancer_east

Introduction and Declaration of Interest/s

East Midlands Cancer Alliance

1. Person with lived experience of cancer, as both a patient and a carer, UK and USA

2. Head of the East Midlands Cancer Alliance (EMCA)
   a) 5.2million population
   b) 5 Integrated Care systems
   c) 8 Acute Trusts
   d) 8 Local Authorities
   e) 16 Tumour Site Specific Expert Clinical Advisory Groups (ECAGs)
   f) 95 Primary Care Networks (PCNs) and 400 GP Practices
   g) Multiple Networks and Academia

3. Chairman of the East Midlands Radiotherapy Network

4. Cancer is personal to us all - it requires a personalised approach to care

5. Almost a member of the 50% Club; 50% of people >age 50 will experience cancer at some point in their lives.

Introduction - What are Cancer Alliances?

East Midlands Cancer Alliance

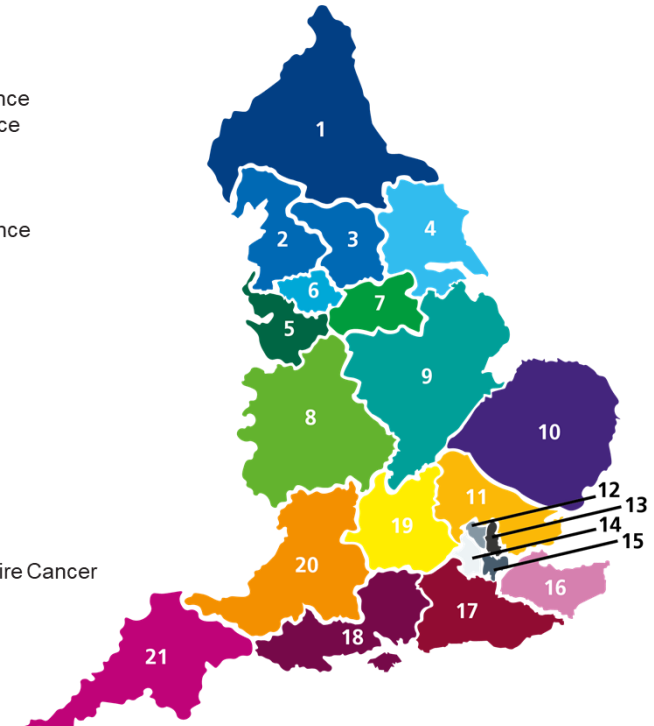
Purpose and Objectives

1. **Improve outcomes and increase survivorship for cancer patients. By 2028:**
   a) At least 75% of patients diagnosed at Stage 1 and 2
   b) An extra 55,000 people each year will survive for five years or more following their cancer diagnosis.
2. Deliver the National Long Term Plan ambitions for cancer for early / faster diagnosis of cancer.
3. Plan for and lead delivery of the ambitions for cancer, ensuring variation in outcomes is addressed and that improvements are made across whole pathways from prevention and diagnosis through to treatment and support for people living with cancer.
4. Provide oversight and coordination to support delivery of the constitutional waiting times standards for cancer.
5. Utilise opportunity of 'at scale geography' to reduce health inequalities.

Functions

1. Foster productive partnerships.
2. Establish/enable robust governance mechanisms.
3. Develop strategic transformation plan for cancer, ensuring alignment with wider STP/ICS-level plans.
4. Align and deploy designated funding.
5. Harness data to analyse and improve operational performance and longer-term outcomes.
6. Work closely and collaboratively with the regional NHSE/I teams
7. Maintain an expertise and overview of cancer services, and broker interventions to improve performance.
8. Clinical expertise and leadership

1. Northern Cancer Alliance
2. Lancashire and South Cumbria Cancer Alliance
3. West Yorkshire and Harrogate Cancer Alliance
4. Humber, Coast and Vale Cancer Alliance
5. Cheshire and Merseyside Cancer Alliance
6. Greater Manchester Cancer Alliance
7. South Yorkshire and Bassetlaw Cancer Alliance
8. West Midlands Cancer Alliance
9. **East Midlands Cancer alliance**
10. East of England – North Cancer Alliance
11. East of England – South Cancer Alliance
12. North Central London Cancer Alliance
13. North East London Cancer Alliance
14. West London Cancer Alliance
15. South East London Cancer Alliance
16. Kent and Medway Cancer Alliance
17. Surrey and Sussex Cancer Alliance
18. Wessex Cancer Alliance
19. Thames Valley Cancer Alliance
20. Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance
21. Peninsula Cancer Alliance



Key Facts/Statistics - Did You Know?

50% of people aged 50+ will be diagnosed with cancer in their lives.

NHS
East Midlands Cancer Alliance

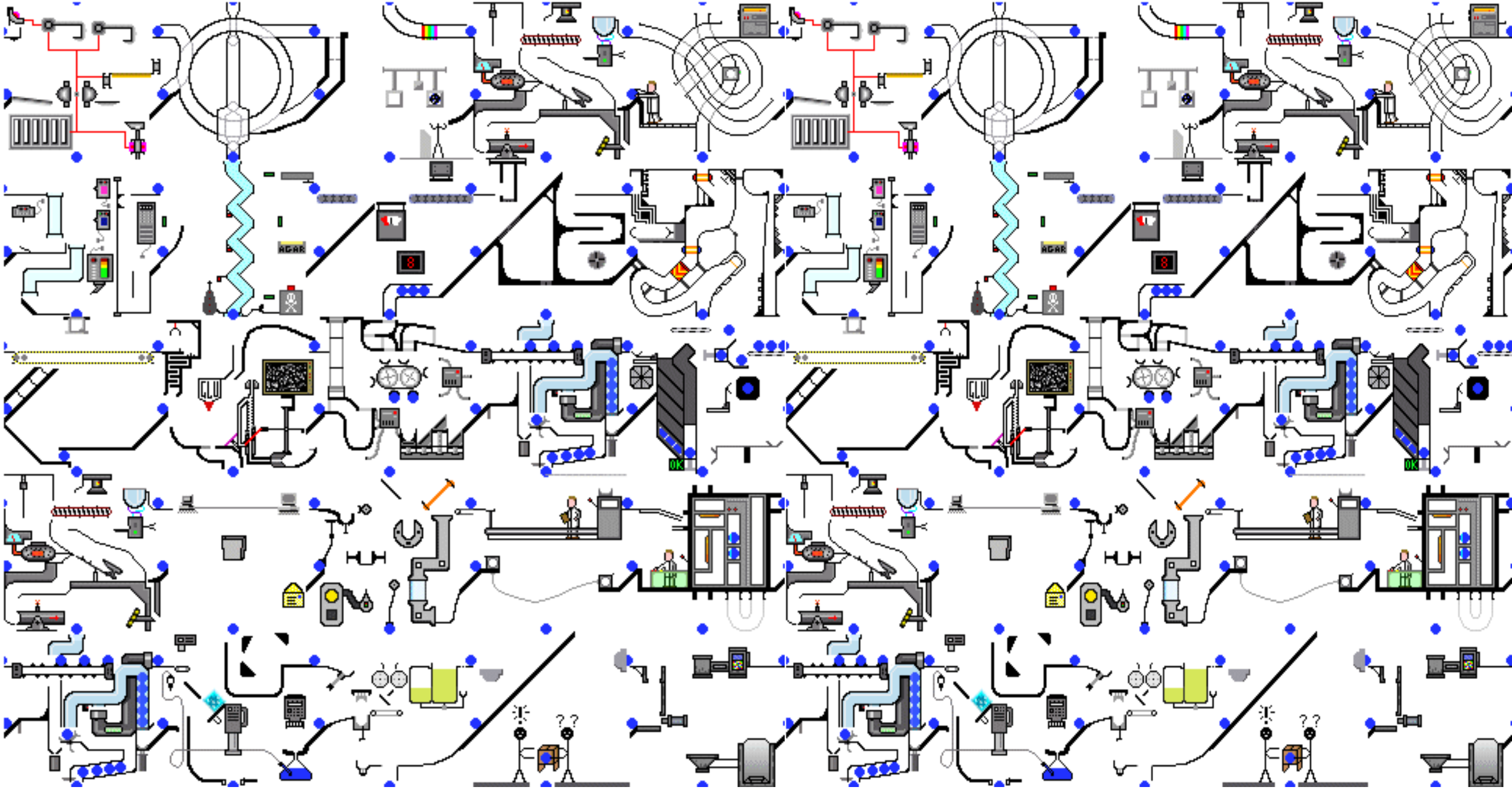
Key Facts on Cancer

- There are 200 different types of cancer.
- c3 million people 4.4% of the UK population living with or affected by cancer.
- c360,000 new diagnoses every year.
- £8 billion is est. cost to the NHS each year.

- 24.1% of the UK population is >age 60
- 52.3% of the UK population is >age 40
- 4 in 10 cases could be largely prevented through lifestyle choice
- 25.9% est. of adults in England are obese a further 37.9%est are overweight.
- 90% of patients referred as an urgent suspected cancer referral from primary care will not receive a cancer diagnosis.
- The number one cause of death for diabetic patients is cancer.

- Workforce - 23% of General Practitioners in primary care are employed full time.
- Workforce – 12.5% avg Secondary Care NHS Trust staff leaver rate
- 40 years ago there was a 25% survival rate, and today there is a 56% survival rate.
- The NHS Long Term plan aims to increase survival by +55,000 people/year by 2028 will (survive for five years or more following their diagnosis).
- That is another 15-20% in 5 years…while the UK is facing a 20% increase in cancer incidence by 2030…
- Significant variation in treatment and workforce capacity across the UK for cancer services – particularly non surgical oncology services
- Cancer is in the top 3 for 'threat' to our personal longevity (1. Arteriorsclerosis, 2. Cancer, 3. Neurodegenerative)

The NHS is Complex



The NHS is Complex

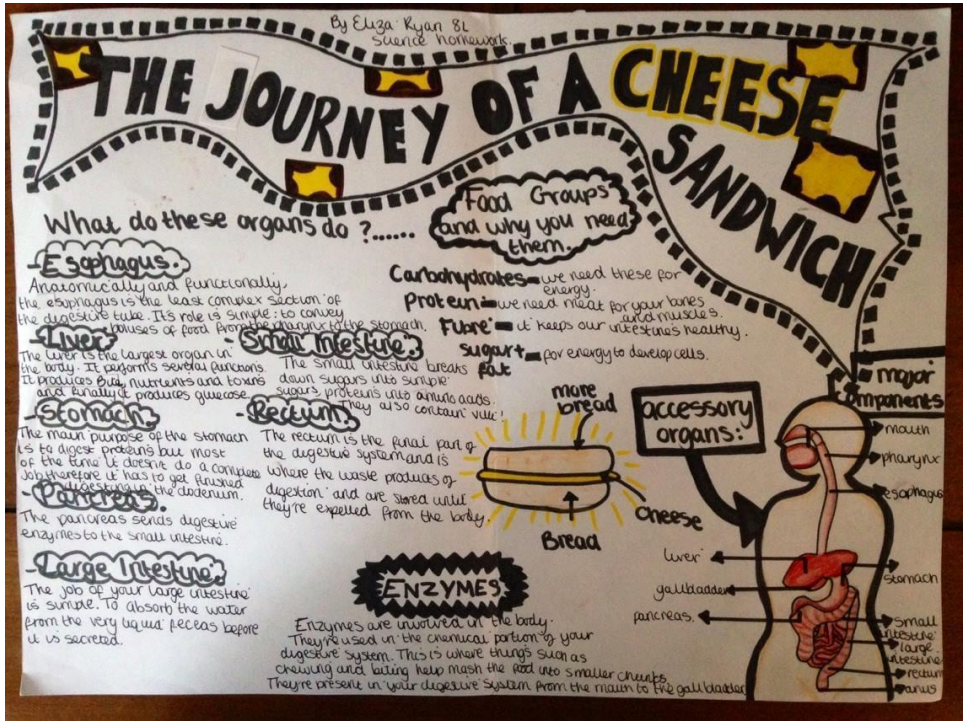
1. Approximately 6% of the NHS budget is spent on prevention vs 94% on treatment.

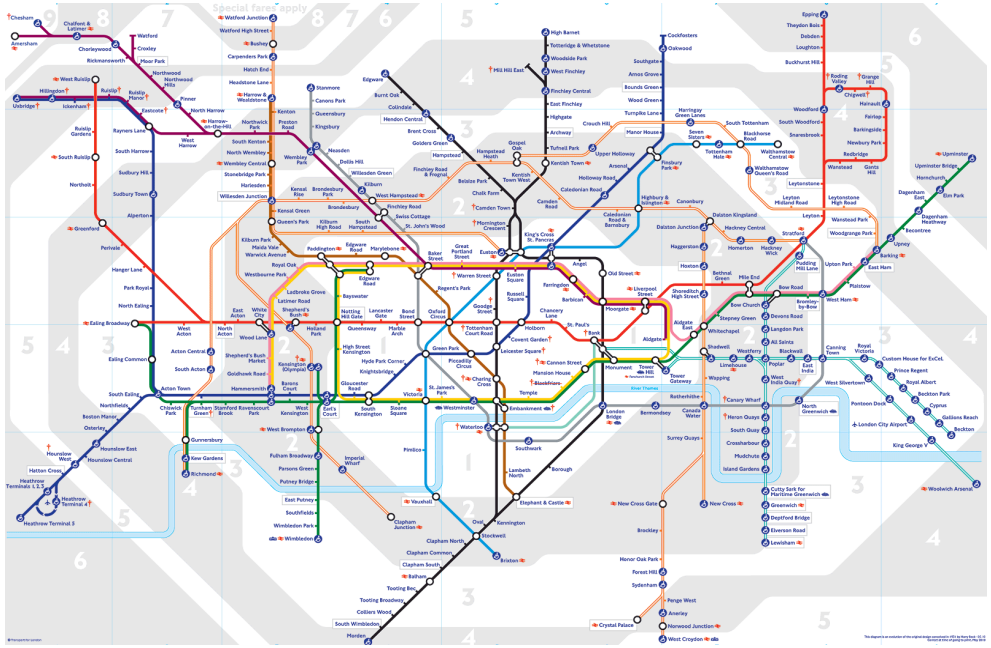
2. Demand for services will continue to grow and outstrip capacity, unless we recalibrate, simplify and invest.

3. We are treating cancers today due to decades of poor lifestyle choices and poor knowledge, society's mistakes and genetics.

4. But, why can junior school students describe the digestive system and make choices about nutrition, but it is difficult for professionals to describe a defined cancer pathway?

5. But, why can we build and manage a complex network of underground services, but it is difficult to organise and deliver logistics and consistent pathways for cancer patients?



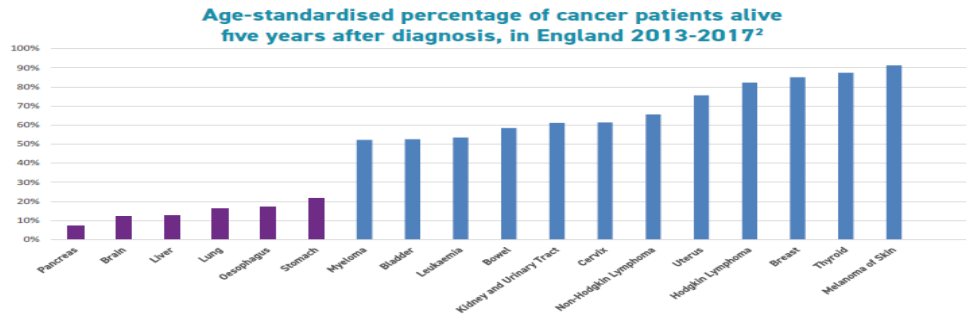


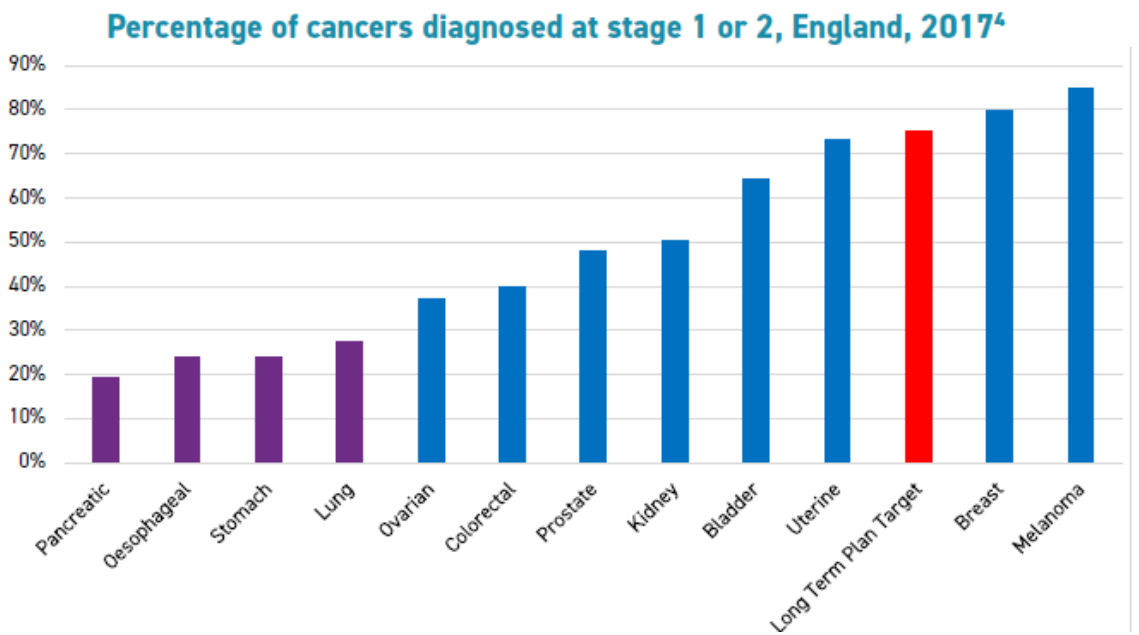
The Big Picture - Less Survivable Cancers – High complexity and Low Volume

East Midlands Cancer Alliance

- Less Survivable Cancer include the six cancers of lung, liver, brain, stomach, HPB/pancreatic and UGI/oesophageal cancer.
- Over 90,000 people will be diagnosed with one of these cancers in the UK each year.
- These six cancers account for 67,000 deaths a year – **around a half of all cancer deaths.**
- The average five-year survival rate for these six cancers is just 16%.
- This compares to a five-year survival rate of 69% on average for other common cancers. This is the deadly cancer gap.

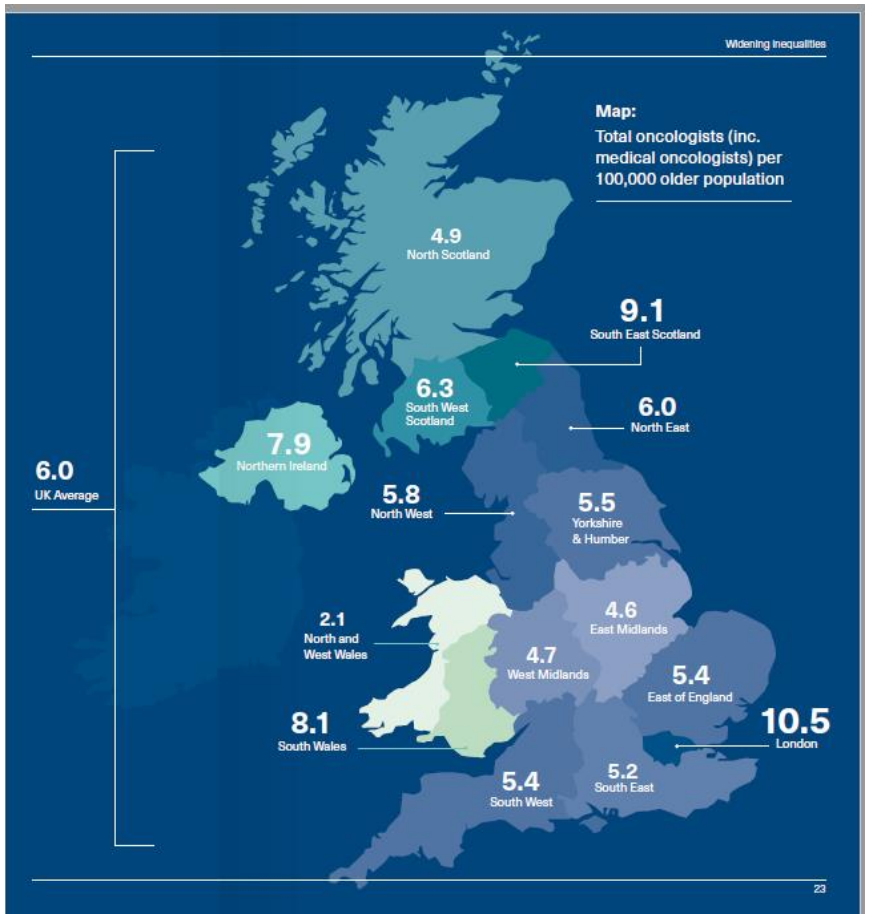
	Number of people diagnosed with each cancer type annually in the UK[1]	Number of deaths from each cancer type annually in the UK
Lung cancer	47,800	35,300
Brain, head and neck tumours	12,100	5,300
Pancreatic cancer	10,000	9,200
Oesophageal cancer	9,200	7,900
Stomach cancer	6,600	4,400
Liver cancer	6,100	5,400



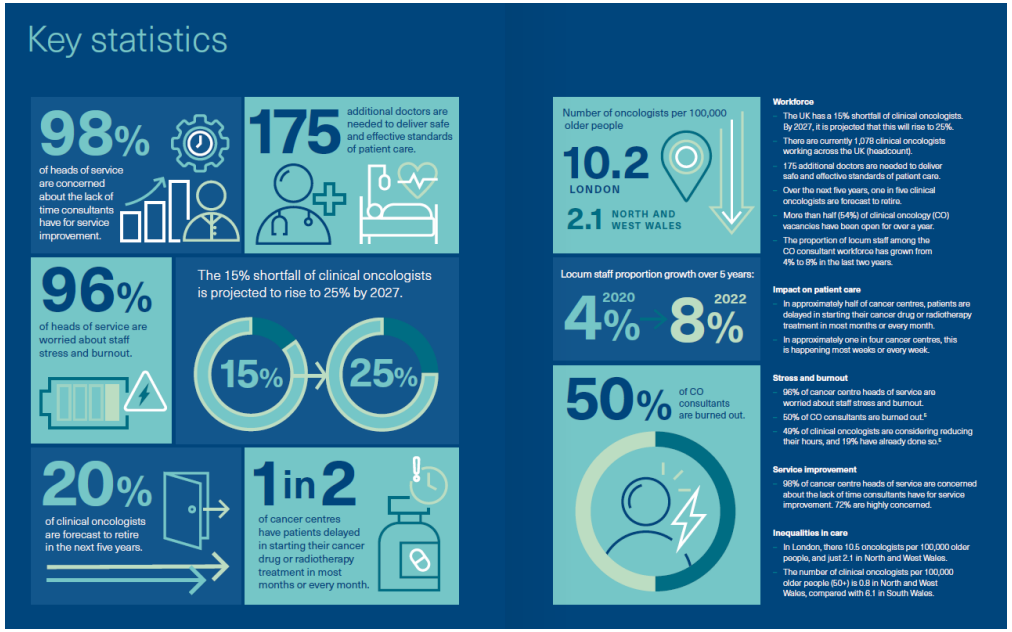


Workforce - Oncology – Behind the Power Curve

East Midlands Cancer Alliance



- Variation across regions.
- East Midlands 4.6 Oncologists per 100,000 population versus 10.5 in London. Increase from 2021 census (was 3.7)
- Redefining the model in the East Midlands and scope of provision.
- Ongoing workforce development across professions. Clinical and Medical Oncologists, Pharmacists, Physics, Clinical Science, Nurse Specialist Radiographers, Engineers,non clinical team/s and Administrators.



- Professional body escalations and NHS Groups urging action.
- Series of actions and investment necessary over extended number of years.
- Solutions are collaborative in nature; b/w professions, pathways and Trust teams.
- Digital technology, artificial intelligence, innovations

Workforce – Nursing - Aspirant Cancer Nurse Programme

East Midlands Cancer Alliance

- Complementary to the national ACCEND programme for recruiting new nurses into Cancer Nurse Specialist roles.
- Co-created with lead cancer nurses, deputies and other colleagues from the cancer workforce, the Programme has been collated to give an insight in to elements of compassionate care, essential in supporting people affected by cancer.
- Virtual learning and experiential/practical learning specially designed to complement professional and Revalidation portfolios.
- Aspirants will have an enhanced understanding of the roles within cancer care, the pathways a patient and their care network may experience and be better equipped to offer support.

Actions – Early Diagnosis, Prevention and Genomics

East Midlands Cancer Alliance

EMCA Early Detection and Diagnosis Strategy

Vision: EMCA is the East Midlands Leaders and Centre for Excellence for Early Detection and Diagnosis in Cancer securing the best outcomes and survivorship for our population

75% Cancers detected at Stage 1 & 2 by 2028
Measurable Aim nationally: 50,000 extra people living for 5 years or more beyond their diagnosis

Prevention
- Healthy Lifestyle programme pilot (Derby)
- Diabetes /cancer pilot (LLR)

Screening
(NB: Excludes national screening programme work)
- Cervical video texting
- Bowel screening videotext pilot (LLR)
- Lung symptomatic pilot (LLR)
- Pancreatic (Europac study)
- Liver Surveillance

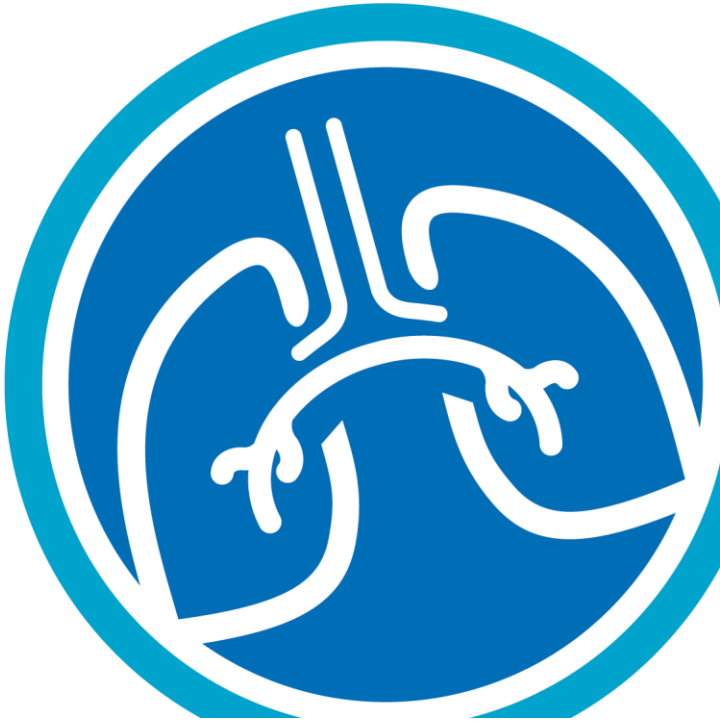
Timely Presentation
- Cancer waiting times updated guidance
- Cancer Maps – Public & Professional
- Prostate case finding pilot (Derby city)
- Cancer Awareness Measure
- Cancer Diagnosis Audit
- Awareness Campaigns

Research & Innovation
- Cancer Awareness Pilot – GP system for flagging (Lynch syndrome)
- Diabetes and Cancer Risks Project
- CCE and Cytosponge
- NHS Galleri trial

Genomics
- High volume & less survivable cancers
- Mainstream Lynch Syndrome testing
- Mainstream BRCA testing
- Cancer Vaccine Launchpad – (Colorectal - NUH)
- Expand ctDNA Lung pilot

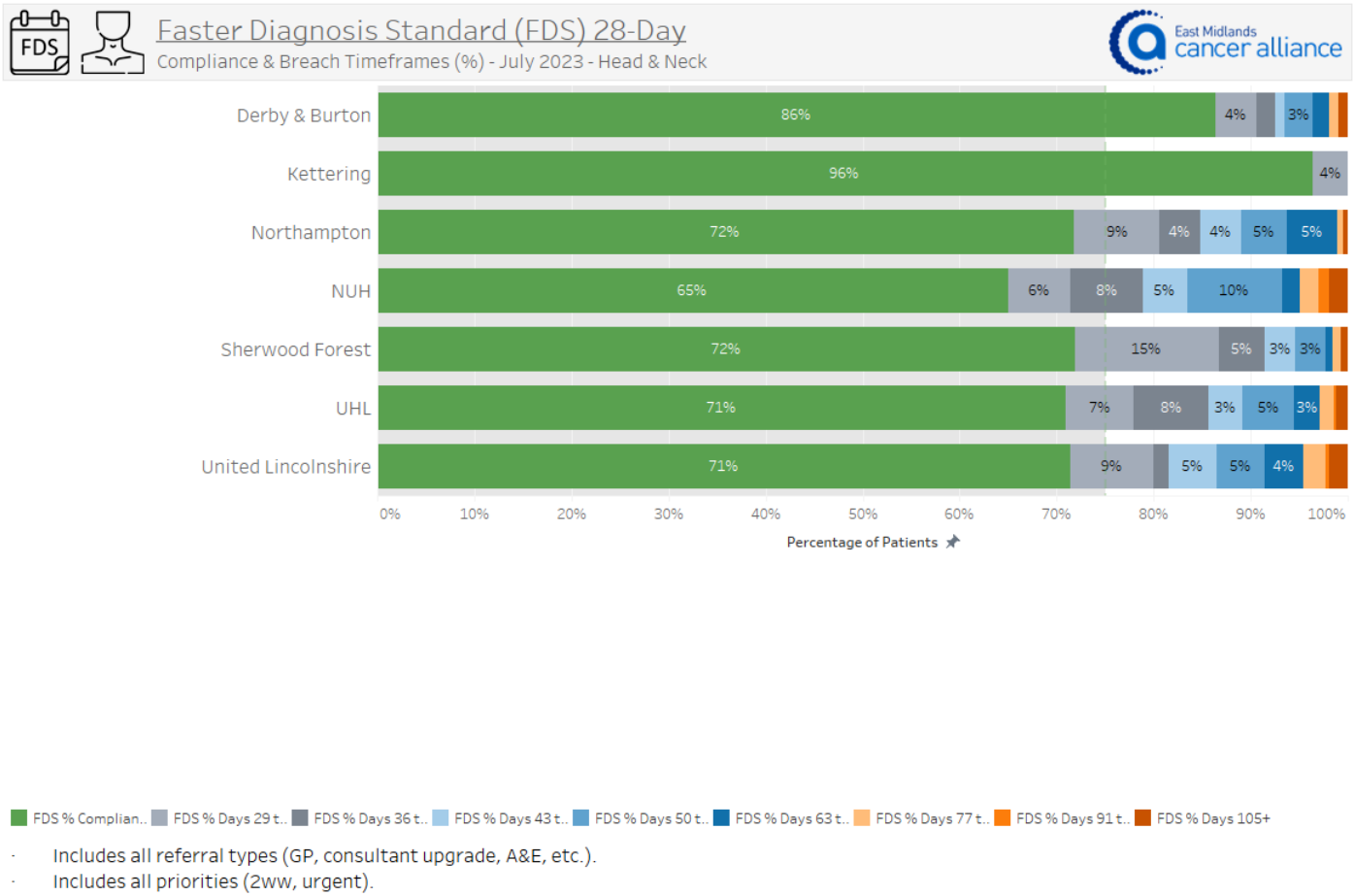
Workforce & Education
- Primary Care Training and Education Academy
- Primary Care Training Hubs
- GP Train The Trainer
- Spiral Cancer Curriculum
- Promoting and developing CCR's educational resources
- Identify PCN level roles, train to support patients living with cancer e.g.: Cancer Care Co-ordinators

Targeted Lung Health Checks



Actions – Faster Diagnosis Standard (FDS) - Segmentation

East Midlands Cancer Alliance



- Includes all referral types (GP, consultant upgrade, A&E, etc.).
- Includes all priorities (2ww, urgent).

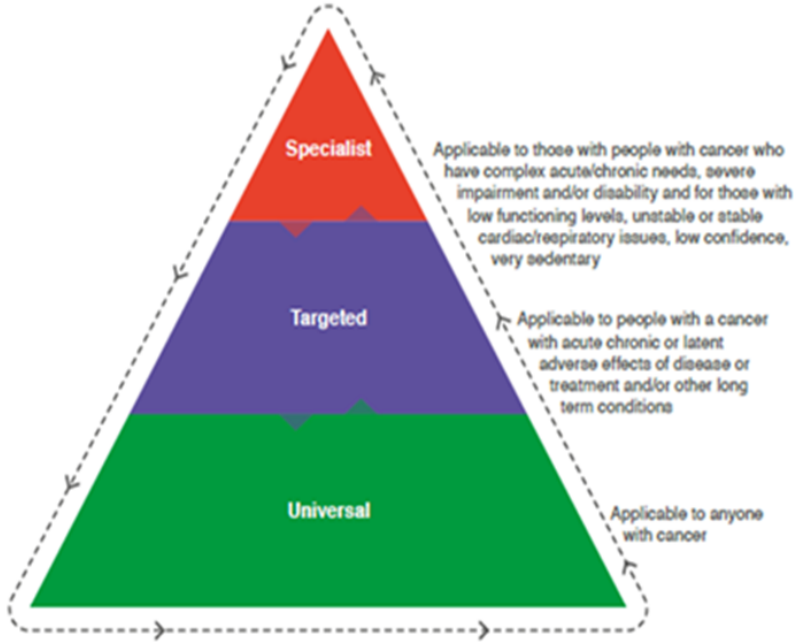
1. FDS starts at referral, but really *before* referral.
2. FDS by week, by tumour site, by Trust
3. 31 day by week, by tumour site, by Trust
4. Combined segmentation into 62 day by week, by tumour site, by Trust
5. Layered with monitoring of diagnostic turnaround times (TATs) with local dashboard development.
6. How to manage and monitor the time between communicating a diagnosis to MDT to DTT to allocation of clinician/time/treatment?
7. Enabling MDT coordinators, Cancer Centres, Service Managers, Pathway Navigators, Clinical Leads, PCN business managers and GP practice managers.

Actions – Prehabilitation and Personalised Care

East Midlands Cancer Alliance

EMCA Gold Standard Framework for Prehabilitation

- Guidance document
- Provision of Services
- Screening
- Assessment
- Interventions
- Liaison
- Outcome Measures



- The framework outlines the service provision recommendations for East Midlands.
- Prehabilitation is becoming the standard of care across the country and the aim of the framework is to support its implementation and standardisation, but there is sufficient scope within the framework to local trusts to flex as needed based on local pressures and priorities.

Actions – Prevention, Wellbeing and Hazard Ratios

East Midlands Cancer Alliance

- Modern medicine focuses on those who are unwell or have chronic diseases.
- “Healthy living” is the key to longevity.
- Enabling control of individual health to lay the foundations for a longer, healthier life.
- “How do I plan to spend my time as I age?” and “what would you like to be able to do when you’re 70y/o? 80y/o?”
- Hazard ratios in relation to condition:

Condition	Hazard Ratio
Smoking	1.4 (40% increased risk)
Hypertension	1.2 (20% increased risk)
Coronary artery disease	1.3 (30% increased risk)
Type II diabetes	1.3
End stage kidney disease	1.75 – 2.75
VO2 max in bottom 25% of population compared with top 2%	5.0
VO2 max in bottom 25% to top 50-75%	2.75

Summary

East Midlands Cancer Alliance

- There are dozens of strategic and operational initiatives focused on cancer transformation to improve outcomes and increase survivorship for current and future patients.
- The scale of improvements to date and still necessary are significant and attract high level of £ resources and expertise.
- Cancer Alliances work with multiple parties to coordinate these efforts for equity, consistency and to help address health inequalities.
- If we do not continue at pace and in parallel enable people, young and old, to improve their metabolic health and make healthy lifestyle choices, the 50% club will grow further.

And Finally…tactics for personal longevity to reduce risks

1. Exercise
2. Nutrition
3. Emotional health
4. Sleep
5. Exogenous molecules - medications, supplements, etc

East Midlands Cancer Alliance

Thank You

- Contributions and credits to the EMCA Team across multiple programmes of work-

"We aim to make the right thing for patients the easiest thing for clinicians."

Mike Ryan, Head of Service, EMCA
Email: Michael.Ryan@nhs.net
Email: england.emca@nhs.net
Twitter/X: @cancer_east

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The NHS Oncology Conference 2023 South

Headlined By: MERCK

Speaking Now…

Liz Bishop

Chief Executive - The Clatterbridge Cancer Centre NHS Foundation Trust

The Clatterbridge Cancer Centre
NHS Foundation Trust

Implementing the national cancer strategy

Liz Bishop

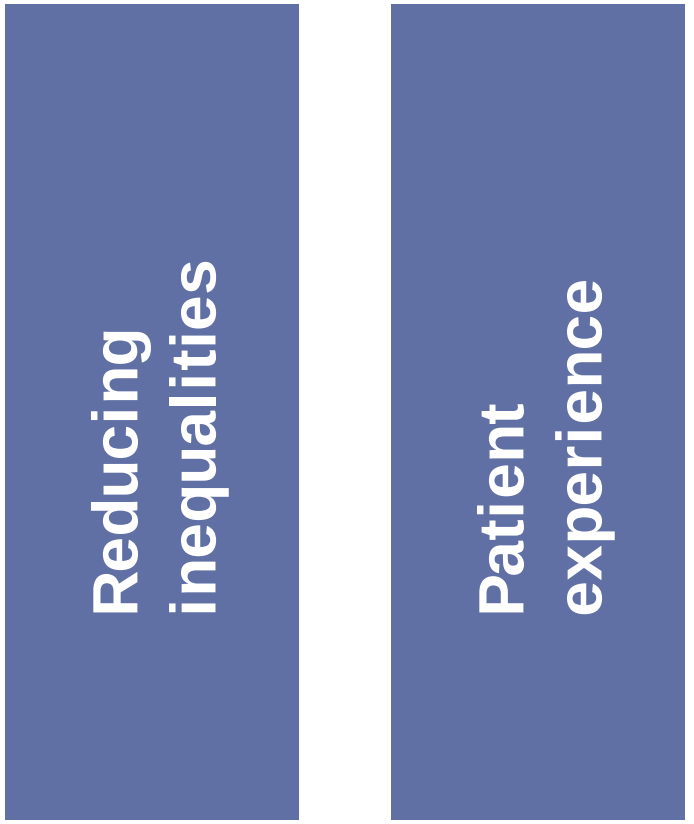
Chief Executive of The Clatterbridge Cancer Centre

SRO Cheshire and Merseyside Cancer Alliance

SRO Cheshire and Merseyside Modernising Diagnostics Programme

Overview

- National cancer strategy
- Cheshire and Merseyside response:
  - Access to treatment
  - Faster diagnosis
  - Early diagnosis



National cancer strategy

The Clatterbridge Cancer Centre NHS Foundation Trust

Long Term Plan (2019)

National NHS strategy including cancer with lots of good progress made:

Richards review	Personalised stratified follow-ups
Targeted lung health checks	HPV primary screening for cervical cancer
New faster diagnosis standard	75% diagnosed at Stage 1 or 2 by 2028
Molecular diagnostics	Expansion of bowel screening programme
Personalised care including health needs assessments	

National cancer strategy

Operational planning guidance (2023/24)

The Clatterbridge Cancer Centre NHS Foundation Trust

Short-Term

1. Continue to reduce the number of patients waiting over 62 days
2. Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days

Long-Term

3. Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028

The Clatterbridge Cancer Centre
NHS Foundation Trust

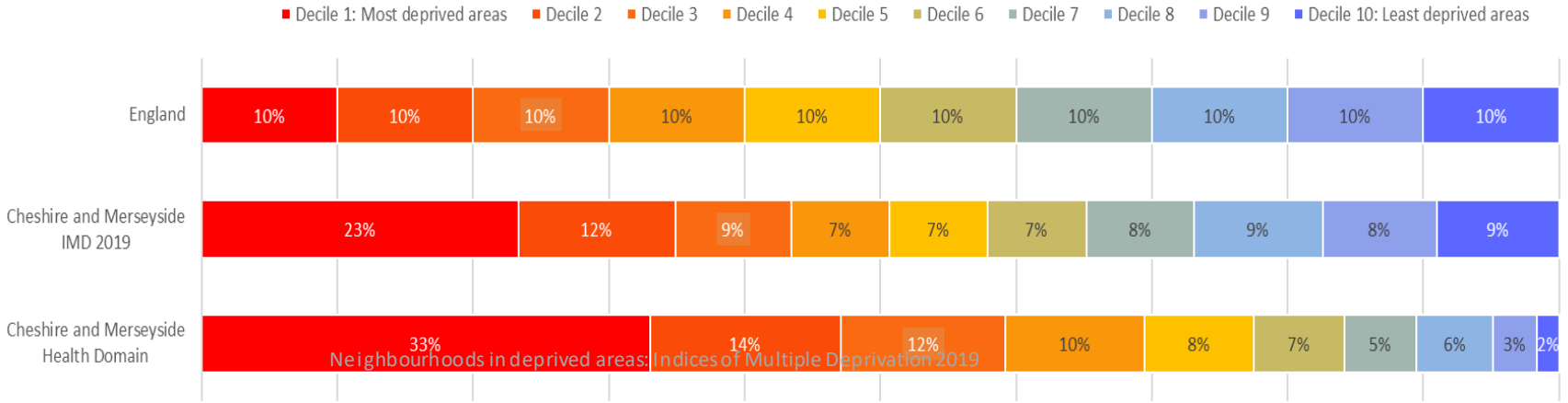
Cheshire and Merseyside Region

- Inequalities
- Demand
- Performance

Cheshire and Merseyside ICS

The Clatterbridge Cancer Centre NHS Foundation Trust

Population and deprivation



Neighbourhoods in deprived areas: Indices of Multiple Deprivation 2019

23% of neighbourhoods in the most deprived decile in England

33% of neighbourhoods in the most deprived decile in England **for health**

Cancer incidence and mortality

16,000 new cancer diagnoses a year

7,000 deaths due to cancer a year

Cancer incidence is **5% higher** than England average

100,000 people living with cancer

Cancer mortality is **8% higher** than England average

Knowsley, Halton and Liverpool in **highest 5%** for cancer mortality in England

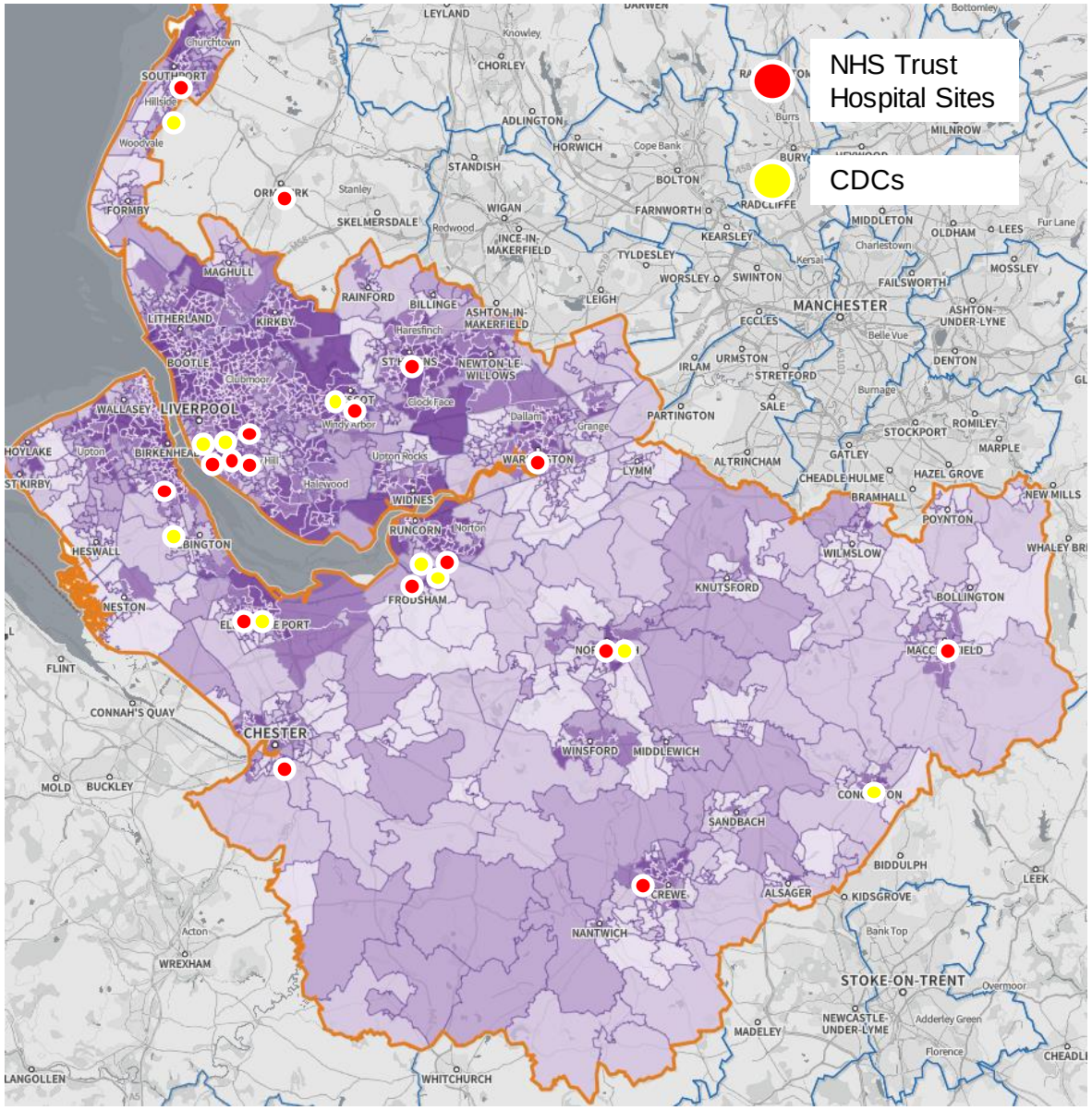
Cheshire and Merseyside System – working with 90 cancer teams

Population

- **2.7** million people
- **23%** of neighbourhoods most
- deprived in England
- **1,154** square miles

Organisations

- **349** GP Practices
- **47** Primary Care Networks (PCNs)
- **7** Acute Trusts
- **5** Specialist Trusts
- **9** Places
- **3** Community / Mental Health Trusts
- **1** Ambulance Trust



Cheshire and Merseyside demand for cancer services

The Clatterbridge Cancer Centre NHS Foundation Trust

Growth of c10% each year in urgent suspected cancer referrals for last decade and we currently see:

3,000 more patients a month

30% more referrals since 2019/20

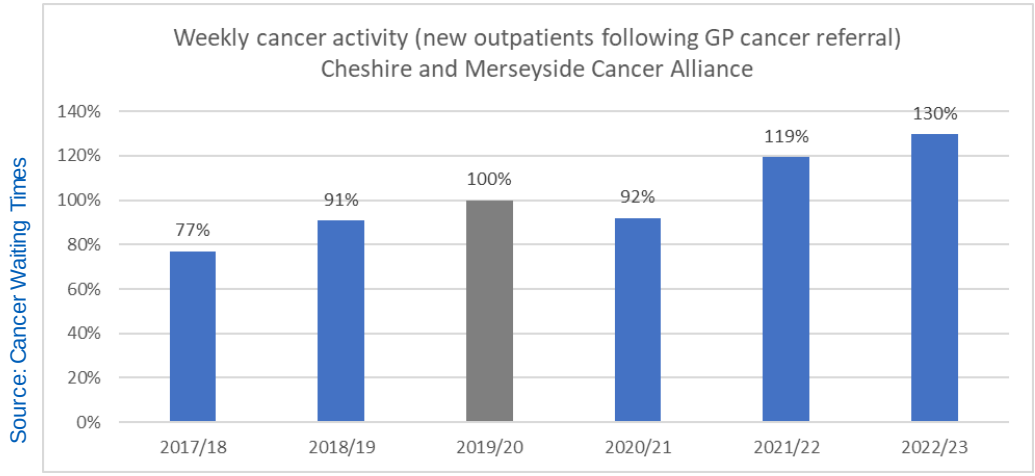
6% conversion rate steady since COVID

100k people living with cancer

✓ Productivity gains
✓ Better pathways

= **More patients than ever seen within 14 days**

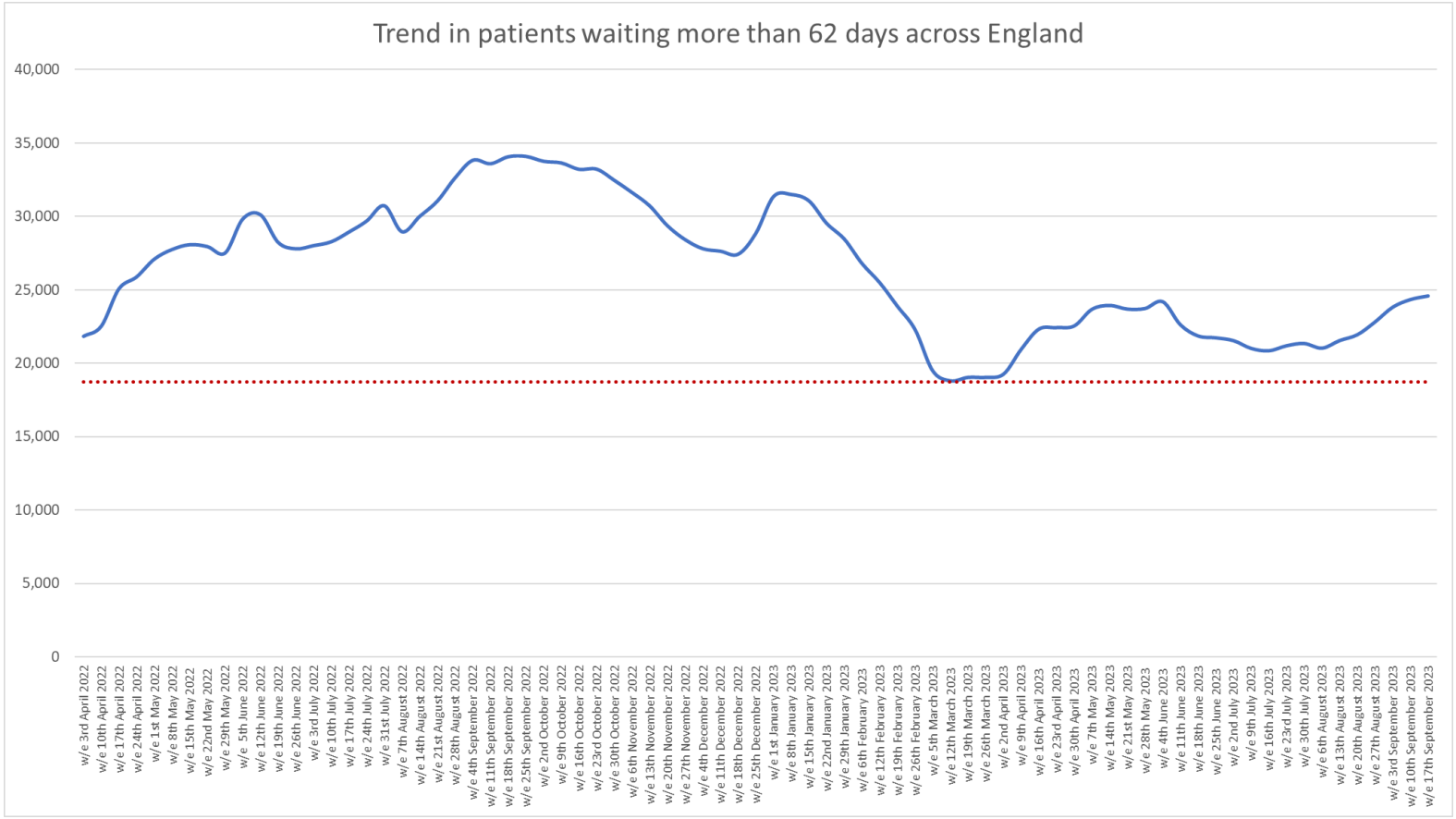
Impact on performance



Over 62 day cancer waits (England)

The Clatterbridge Cancer Centre NHS Foundation Trust

The number of patients on suspected cancer pathways beyond Day 62 has reduced by approximately one-third since the peak in September 2022. However, the last eight weeks have seen a rise greater than expected seasonal variation



The Clatterbridge Cancer Centre
NHS Foundation Trust

Modernising Diagnostics Programme

- Breadth and scale
- Productivity and collective asset optimisation – impact on performance
- Single programme – innovation

Scale, size and impact of Diagnostics Programme

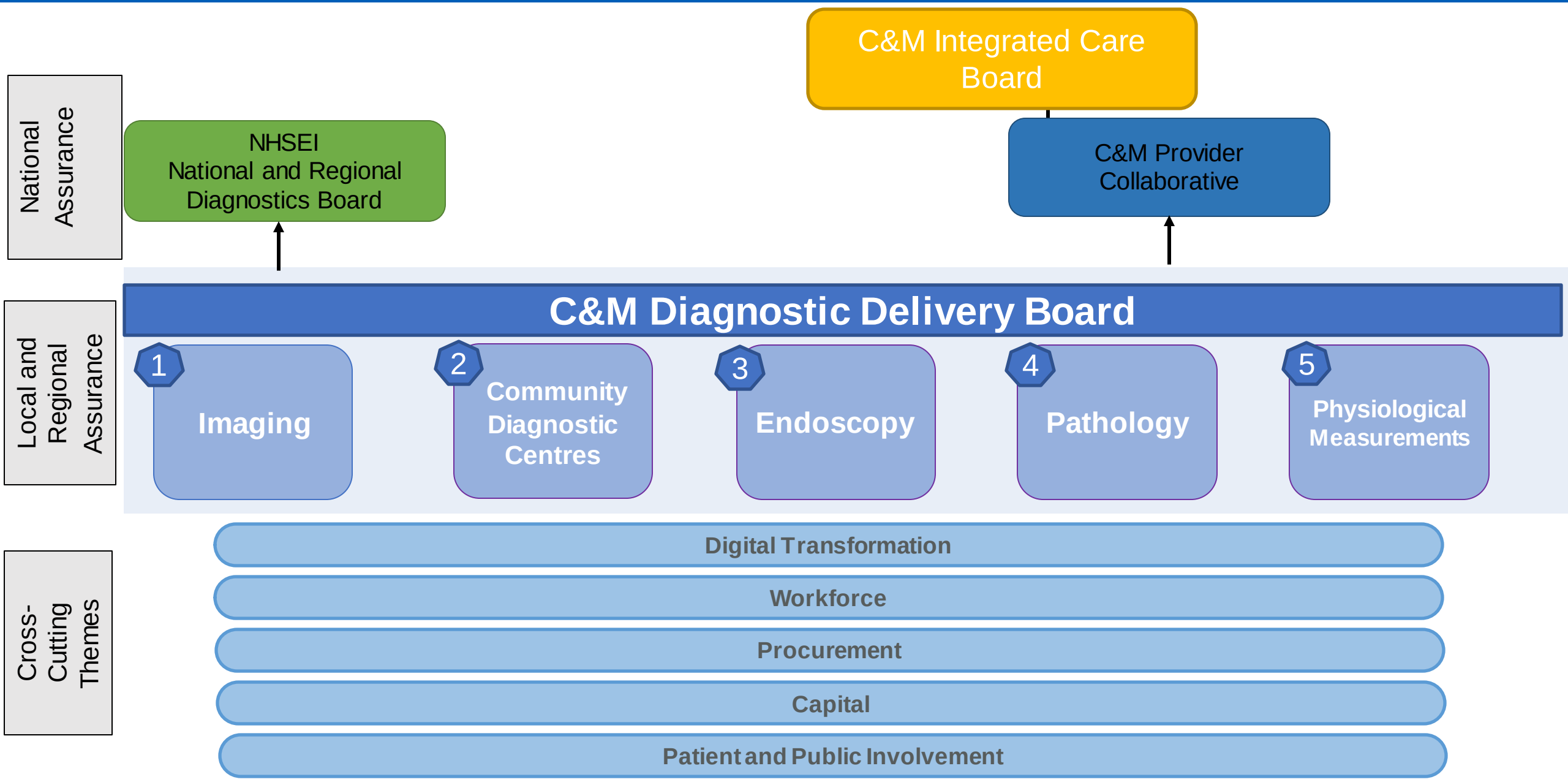
Scale and size

- **95%** of patient pathways require a diagnostic test
- **1.2 million** (DMO1) tests per year, **2.2 million** imaging tests
- **70+** tests housed under single programme of work
- Programme spans specialist, acute, community, primary care and independent sectors providers
- Maximising productivity to ensure the most efficient use of workforce and physical resources

Impact

- Faster diagnosis contributes to better patient outcomes/experience
- Prevention through surveillance
- Screening
- Monitoring of long term conditions
- Patient experience providing speed of diagnosis and treatment, easy access and convenience
- Efficiency via admission avoidance and fewer interventions
- Reduction of system pressure

Single Coordinated Programme



Productivity and Asset Optimisation: Results

Reduced waiting times

- 100% reduction in patients waiting 79 wks+
- 74% reduction in patients waiting 26 wks+

More people seen quickly

% seen within 6 weeks	Nov 2021	June 2023
Echos	58%	80%
Barium Enema	86%	99%
Gastroscopy	50%	70%
Urodynamics	70%	73%

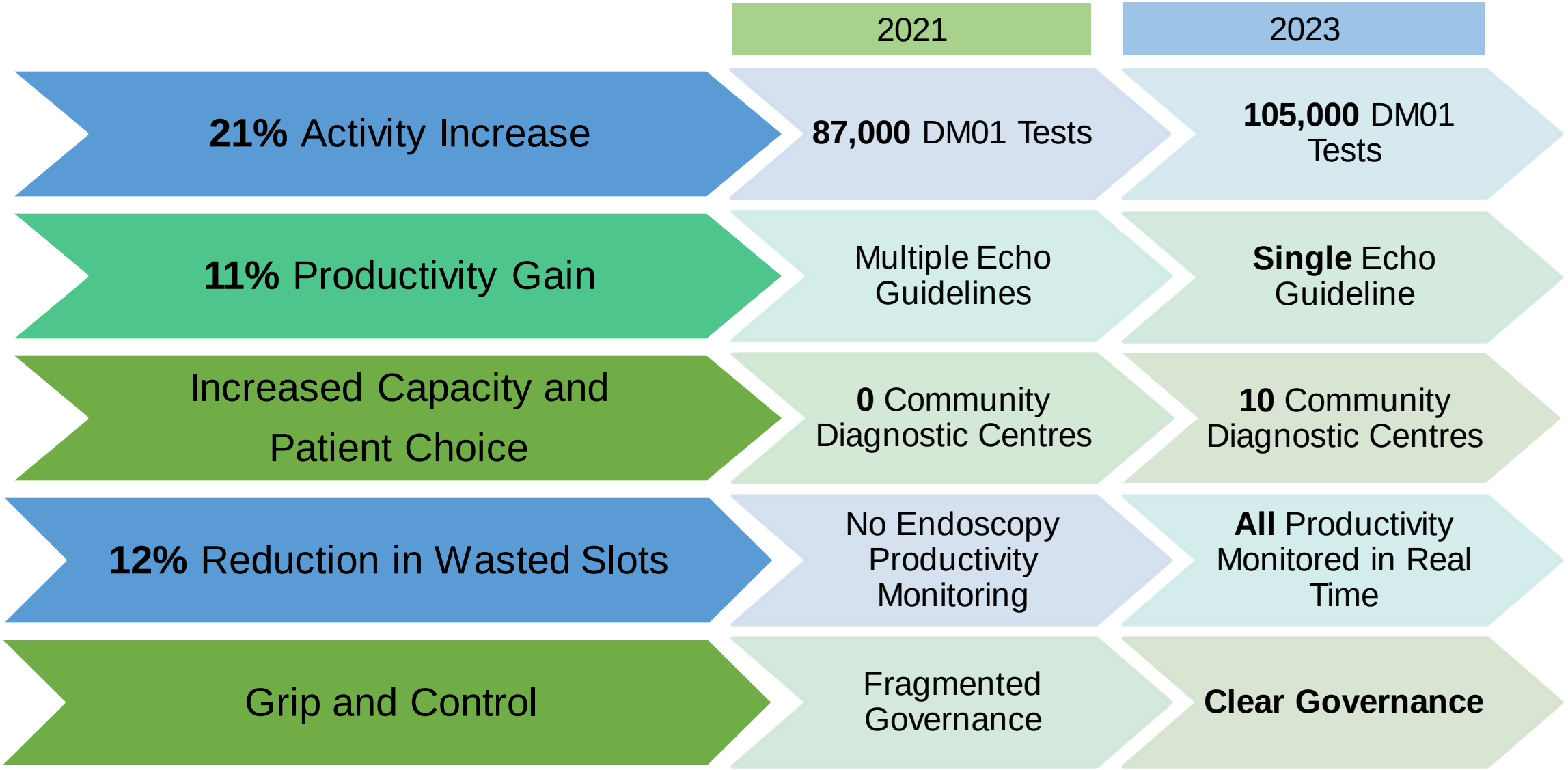
Increased activity

MRI
12%
increase

Gastroscopy
17%
increase

Since November 2021

Evidence of Delivery



Collective Innovation Across All Sites and Modalities: Examples

Capital Investment Secured

- **£26m** – Digital Pathology
- **£16m** – Digital Imaging
- **£3m** – Endoscopy Build
- **£20m** – Imaging kit
- **£52m** – Community Diagnostic Centres
- **£119m in total**

FIT (Faecal Immunochemical Testing)

- **67%** of patients didn't require hospital care
- **£4m** per year saved in unnecessary endoscopies
- Sample provided at home rather than attend hospital

Galleri Trial

- First and highest recruiter in Europe
- **22,000** participants
- World's largest clinical trial
- **Detects 50+ cancer types**

Radiology Reporting Out of Hours Hub

- **£2.5m** cost avoidance per annum
- Immediate image reporting overnight for emergency scans
- Reduces required consultant rest days
- Peer-supported learning

Targeted Lung Health Checks

- High risk individuals offered low dose CT
- **259** lung cancers detected, **80%** at early stage
- **33%** of patients accepted smoking cessation support

Cytosponge Endoscopy

- **10 times** more patients detected with early stage cancer / Barrett's Oesophagus
- Less discomfort to patient
- Faster recovery
- Reduced cost

Next Steps in modernising diagnostics

Digital

- Single Pathology LIMS (Laboratory Information System)
- Risk and Gain Share to support all sites to move forwards
- Single Order Communication System for all test requests
- Single Imaging Picture Archiving Communication System (PACS) to expand to cardiorespiratory tests
- Digital Pathology
- Digital connectivity in Endoscopy hubs allowing second opinion during endoscopy

Workforce

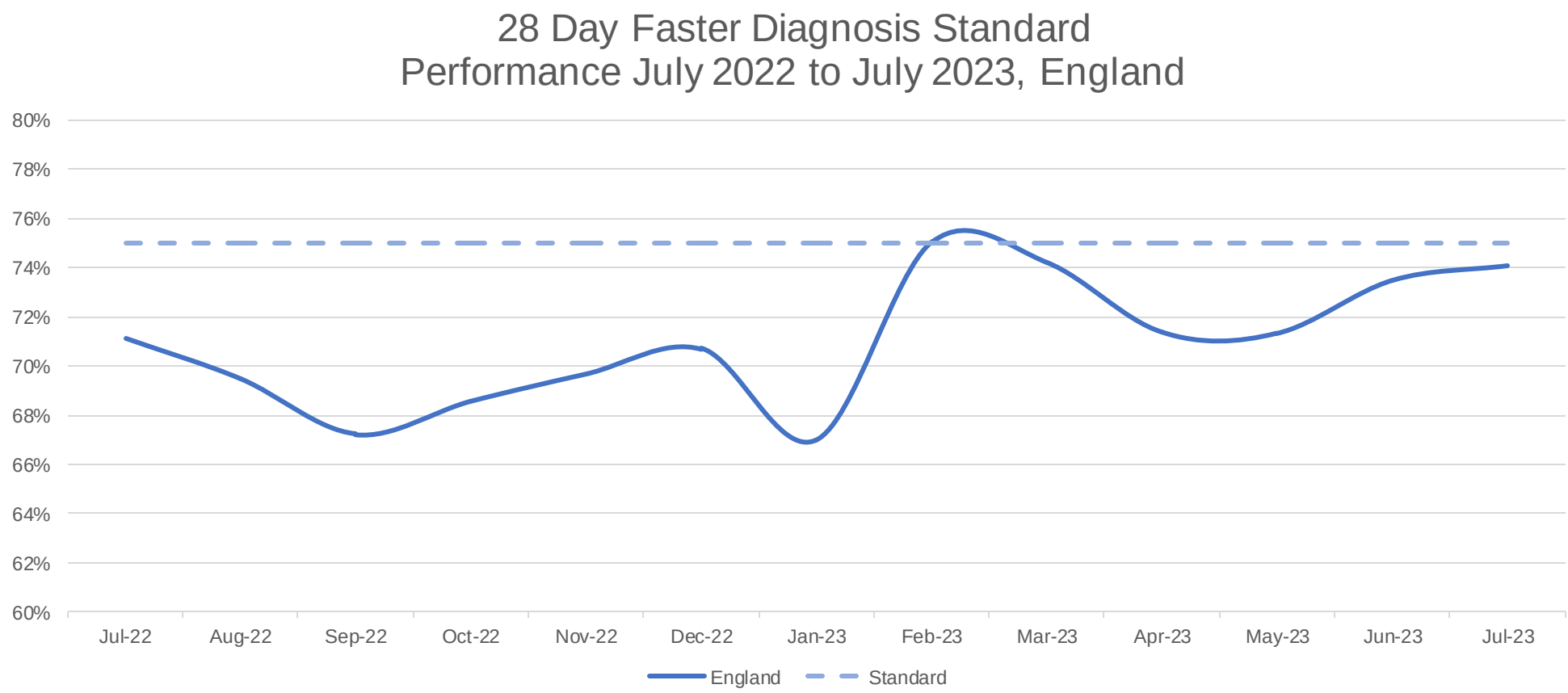
- Collaborative Bank for all diagnostic staff
- Diagnostic Academies for all modalities
- Diagnostic Apprenticeship catalogue for school leavers
- Lead recruiter model
- 'Stay conversations'
- Multi-skilled Diagnostic Workers

Artificial Intelligence

- AI Prostate Imaging
- AI Chest Xray
- AI Polyp Detection
- One stop Heart Failure clinics with Echocardiography AI
- AI Pre-Op Assessment & Automated Bowel Prep Distribution
- AI Pathology (various)

Meeting the 28 day Faster Diagnosis Standard (England)

The Clatterbridge Cancer Centre NHS Foundation Trust



NHS
The Clatterbridge Cancer Centre
NHS Foundation Trust

Cancer Treatment

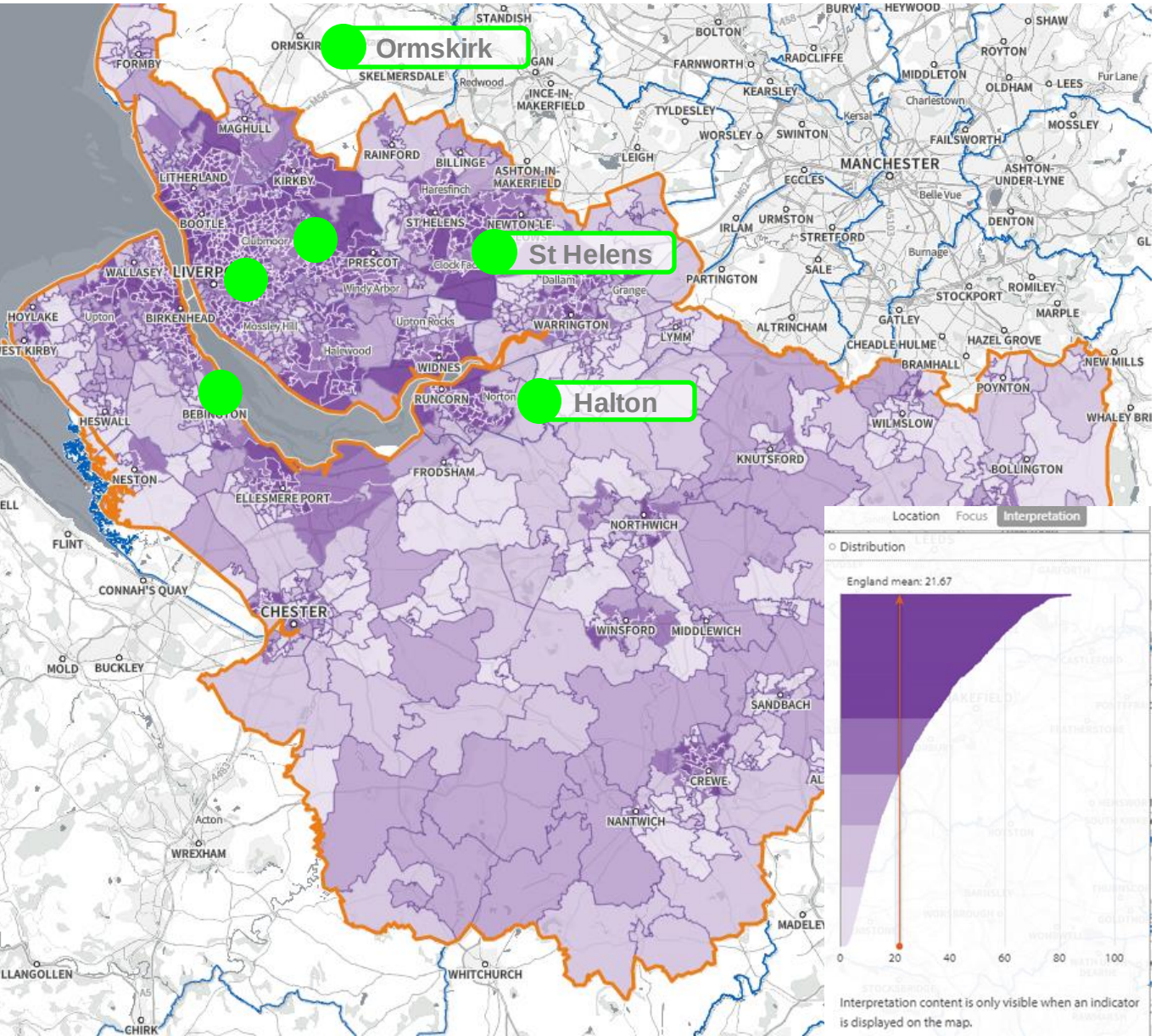
Summary measures Q1 2023:

Most recent 12 months vs previous 12 months (%)

Measure	Value	Commentary
Volume patients seen for the first time following an urgent GP referral for suspected cancer	107%	Data relate to patients registered with Cheshire and Merseyside GPs Data are from Cancer Wait Times Dataset: most recent month June 2023
Cancer treatment activity: Volume of first definitive treatments for all diagnosed cancers	104%	
Cancer treatment activity: Volume of surgical treatments for all diagnosed cancers (all surgical treatments whether first or subsequent)	102%	
Systemic-Anti Cancer Therapies (SACT) (inc chemo)	112%	The sustained increase in activity continues to present challenges to service delivery. However CCC continues to take action to meet demand, including detailed capacity, demand and workforce planning SACT and RT data refer to August 2022 – July 2023 as a % of August 2021 – July 2022
Radiotherapy (RT) plans	120%	

Single provider model: multiple sites covering 2.4m population

The Clatterbridge Cancer Centre
NHS Foundation Trust



- Reducing barriers and enhancing experience by providing treatment closer to home
- One team across multiple providers: flexible workforce; same protocols and training
- Consolidation of rare cancers / research at University site
- More local treatment for common cancers
- Treatment at home and in the workplace if possible

Benefits of this networked CCC / ICS clinical model

The Clatterbridge Cancer Centre NHS Foundation Trust

Improved patient access

98% of patients given appointments within 45 minutes travel from home (2022/23)

Consistently delivered >90% of all patients accessing first appointment within 7 working days

200% increase in diagnostic imaging activity (from 1,500 scans to 3,002 per month)

Flexible workforce

Staff choice of site – working closer to home

Oncologists can prescribe chemo and radiotherapy from any site across the system. All working to same protocols

Confirmed in 2022 Staff Survey: improved scores for working flexibly and supporting work-life balance

Improved urgent cancer care pathways

100% increase in Clinical Decisions Unit (CDU) activity since new hospital opened in June 2020

50% increase in CDU discharges on the day from 2019/20 to 2022/23

1,000 patients per month call the Hotline for advice and guidance

Improved patient experience

High and improved patient satisfaction due to single rooms

Consistently rated one of the best hospitals nationally for inpatient care – and the best cancer hospital for inpatient care

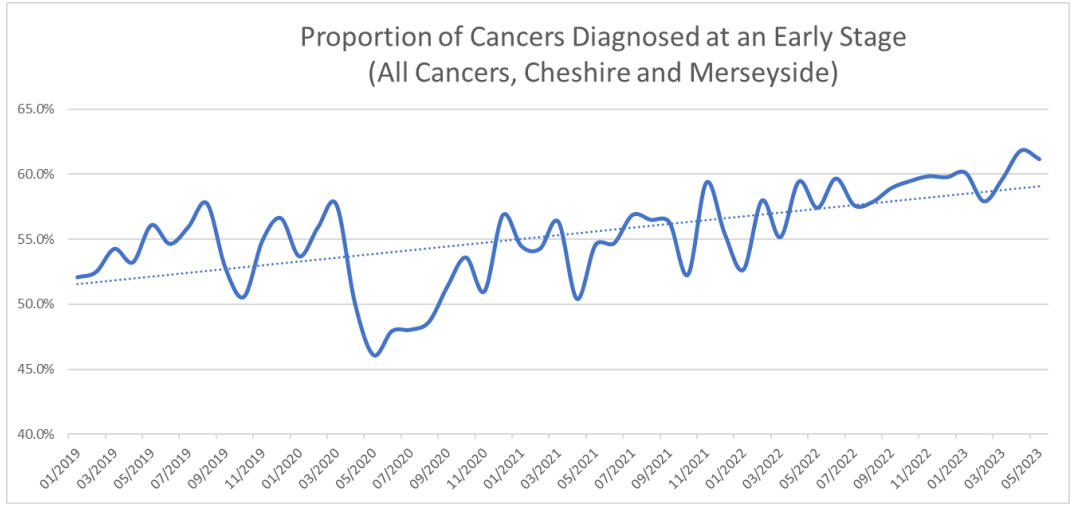
NHS
The Clatterbridge Cancer Centre
NHS Foundation Trust

Improving Outcomes: Earlier Diagnosis

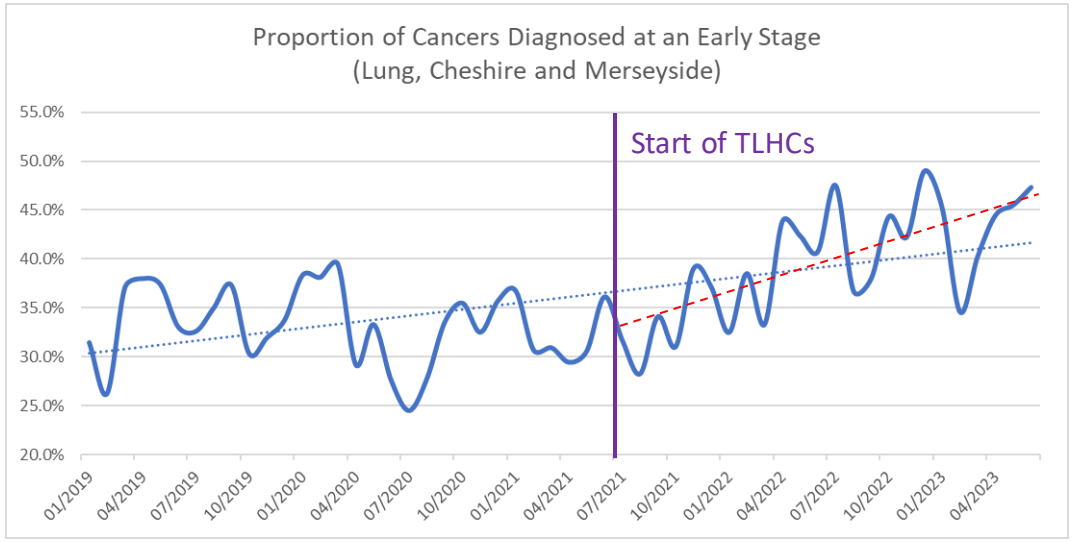
And this is why it matters…

The Clatterbridge Cancer Centre NHS Foundation Trust

Cheshire and Merseyside data



Source: Rapid Cancer Registration Dataset



Source: Rapid Cancer Registration Dataset

Steady improvement despite the pandemic:

All cancers	**53.0%** (Q4 2018/19)	↑	**59.3%** (Q1 2023/24)
Lung cancer	**31.6%** (Q4 2018/19)	↑	**45.8%** (Q1 2023/24)

Targeted Lung Health Checks in Cheshire and Merseyside

Started in July 2021 (based on original Liverpool Healthy Lung Programme) and now covers 42% of our population, extending to 69% in 2023/24 and 100% in 2024/25

100,000 invitations sent to date
260 lung cancers found
Approx. **80%** at stages 1 and 2
33% uptake of smoking cessation and **44%** quit rate at four weeks

Early diagnosis

Long-term transformation nationally and in all cancer alliances

Includes

- Awareness campaigns
- Charities / advocacy groups
- Community engagement with underserved groups

In Cheshire and Merseyside we have invested in a dedicated community engagement team

The Clatterbridge Cancer Centre NHS Foundation Trust

Cheshire and Merseyside Cancer Alliance

Early diagnosis: targeted awareness campaigns

The Clatterbridge Cancer Centre NHS Foundation Trust

FIT for South Asian communities

Over **65,000** views for one video

- FIT information videos by local clinicians in 5 languages
- Toolkit for primary care and social media
- Explaining how to use bowel screening kit – and why it matters
- Reducing stigma and promoting take-up

Prostate cancer in Black men

- Awareness roadshows in central Liverpool: talks and PSA tests
- Film aimed at Black African men
- Media coverage
- Community champions

Cheshire and Merseyside Cancer Alliance

➡ Increased GP contacts with target group

Cancer vaccines: CCC leading the way

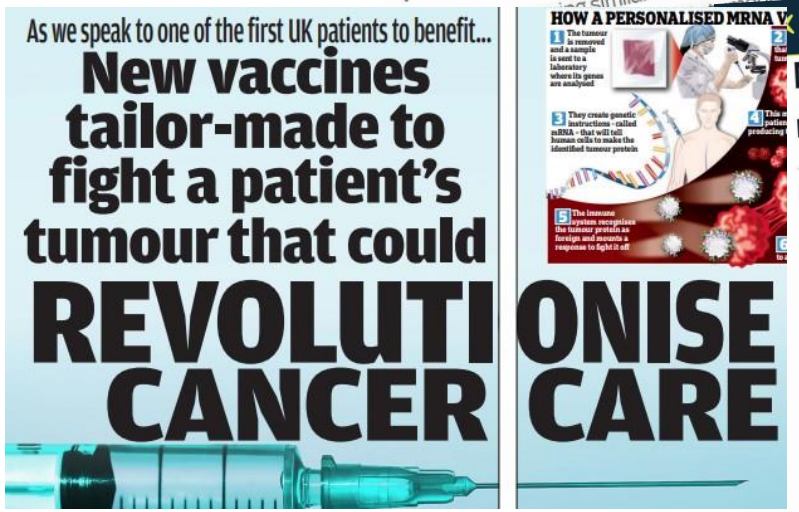
The Clatterbridge Cancer Centre NHS Foundation Trust

A national leader in this research area with more than a dozen clinical trials open or in set-up, led by Director of Clinical Research, Prof Christian Ottensmeier (pictured), and Dr Joe Sacco. Our clinical trials include:

Transgene – the first patient in the UK given the Transgene vaccine therapy for head and neck cancer in February 2022.

MOAT – First patients in the world joined this clinical trial for head and neck cancers at Clatterbridge during 2022.

MODI-1 – Patients are now taking part in this world-first clinical trial for breast, head and neck, ovarian and renal cancers.



Conclusion:
Twin ‘Twin Tracks’ – Implementation and Research

The Clatterbridge Cancer Centre NHS Foundation Trust

Implementation of a long-term plan

Continue to

- Reduce the numbers of patients waiting for diagnosis and treatment – 62 day patients
- Deliver and maintain the 28 FDS via the Modernising Diagnostics Programme

But also

- Focus on health management and prevention
- Work in partnership with communities – public/patients are not passive recipients in prevention, health management (e.g. prehab, screening uptake)

Research

Continue to:

- Research smarter diagnostics
- Research treatments

But also:

- Real-world data analytics to understand cancer risk in communities
- New research programmes into prevention

For more information

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clatterbridgecc.nhs.uk

Twitter: @CCCNHS
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Cheshire and Merseyside
Cancer Alliance

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Speaking Now…

Stephanie Hechter
Assistant Director of Nursing for Cancer Services - East Lancashire NHS Trust

HOW THE ROLE OF THE NURSE CAN IMPACT BOTH EARLY AND FASTER DIAGNOSIS IN THE NHS LONG TERM PLAN FOR THE IMPROVEMENT IN THE PATHWAY FOR CANCER CARE

STEPHANIE HECHTER
ASSITANT DIRECTOR OF
NURSING FOR CANCER AND ONCOLOGY SERVICES
AT EAST LANCASHIRE NHS TRUST

INTRODUCTION

NHS LONG TERM PLAN

Our NHS Long Term Plan aims to save thousands more lives each year by dramatically improving how we diagnose and treat cancer – our ambition is that by 2028, an extra 55,000 people each year will survive for five years or more following their cancer diagnosis.

EARLIER DIAGNOSIS

Last year (2021-2022), over 100,000 patients were diagnosed with cancer at stages one or two when it is easier to treat – the highest proportion on record.

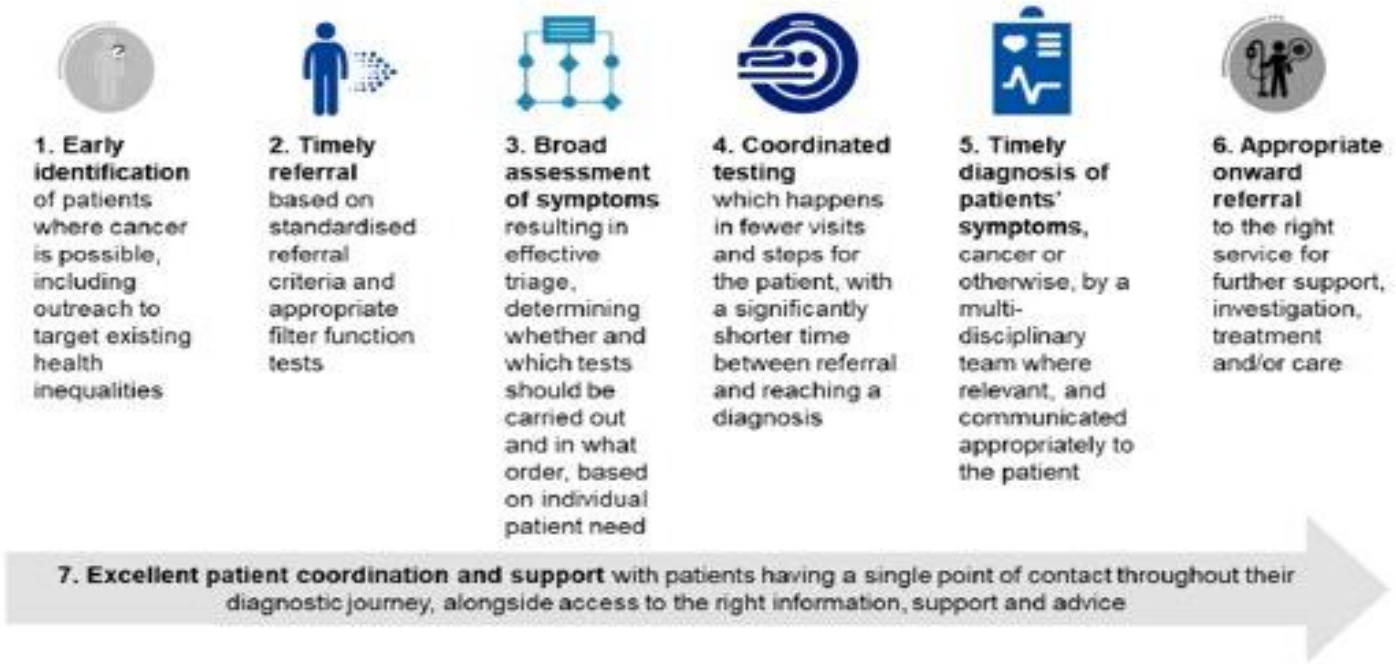
Record numbers of people are getting checked for cancer – almost half a million more patients were checked between March 2021 and October 2022, compared to the same period before the pandemic.

FASTER DIAGNOSTIC FRAMEWORK

The Faster Diagnostic Framework aims to deliver:

- an earlier and faster diagnosis for patients, whether or not they are diagnosed with cancer
- excellent patient experience, a holistic assessment of patient needs, and streamlined support across community, primary and secondary care
- increased capacity in the system, through more efficient diagnostic pathways
- support to healthcare providers to reach the Faster Diagnosis Standard.

STEPS IN THE RAPID DIAGNOSTIC SERVICE PATHWAY



ROLE OF THE RAPID DIAGNOSTIC CLINICAL NURSE SPECIALIST

Who the introduction of the role of rapid diagnostic nurses can support in the reduction of the time from referral to diagnosis of cancer.

Provide a holistic approach to alleviate the psychological impact waiting for an ‘all clear’ currently often not in a timely manner. For those receiving a cancer diagnosis, they have already had nursing support.

NON-SPECIFIC SYMPTOMS RAPID DIAGNOSTIC SERVICE

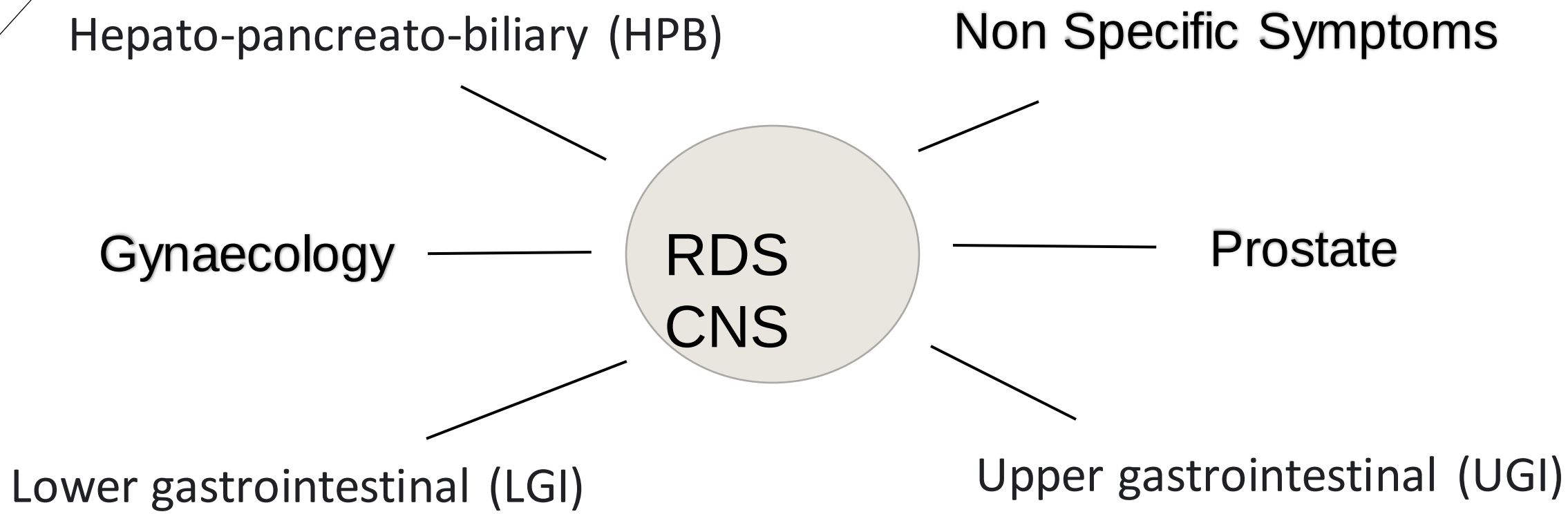
2 week rule suspected cancer pathway

- Non-specific, vague symptoms, such as weight loss, reduced appetite, fatigue, nausea or vomiting but do not fit criteria for recognised site-specific cancer pathways
- May have seen GP multiple times prior to referral, or had multiple Urgent Care Centre, A&E or assessment ward attendances
- Referred onto several urgent pathways
- Clinician gut feeling

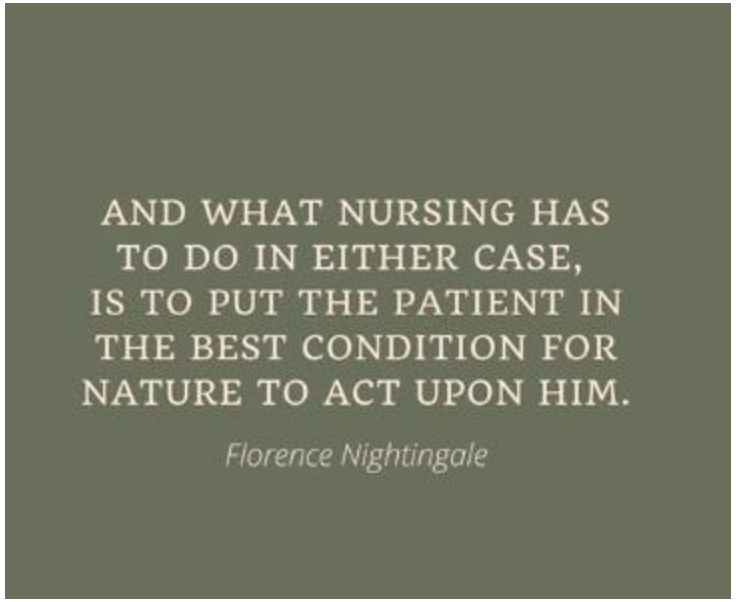
Data has shown that around 8% of these patients are likely to be diagnosed with some form of cancer, and more likely present with a late stage of cancer.

The non-specific pathway supports timely diagnosis of cancer or other non-cancer conditions, 28 day target

RAPID DIAGNOSTIC SERVICE PATHWAYS AT EAST LANCASHIRE HOSPITALS TRUST




Holistic
Nursing


AND WHAT NURSING HAS
TO DO IN EITHER CASE,
IS TO PUT THE PATIENT IN
THE BEST CONDITION FOR
NATURE TO ACT UPON HIM.
Florence Nightingale


"Nurses are the
bridge between the
patient and the
healthcare system."


Treat the patient as a whole,
not just the hole in the patient

CASE STUDY

This is Anne, 33 year-old oncology nurse.

No PMH, normally fit and well, active

First contacts her GP in May 2020

- Due to increasing back pain
- Loss of appetite and subsequent weight loss
- Lack of energy
- Bloating
- Changes in bowel habit

Anne contacted her GP a further 4 times before she was referred for an abdominal USS – which was NAD as suspected gynaecology concerns due to her age and gender

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pancreatic cancer action
Pancreatic Cancer Awareness Month
November 2023

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Q&A Panel

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Morning Break

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Chair Morning Reflection

Paula Lloyd Knight
Deputy Chief Operating Officer and Chair of BME Cancer Voice (Part of BHI Charity) - Black Country HealthCare NHS Foundation trust

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Up next…

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Speaking Now…

James Carroll

CEO - THOR Photomedicine Ltd

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Speaking Now…

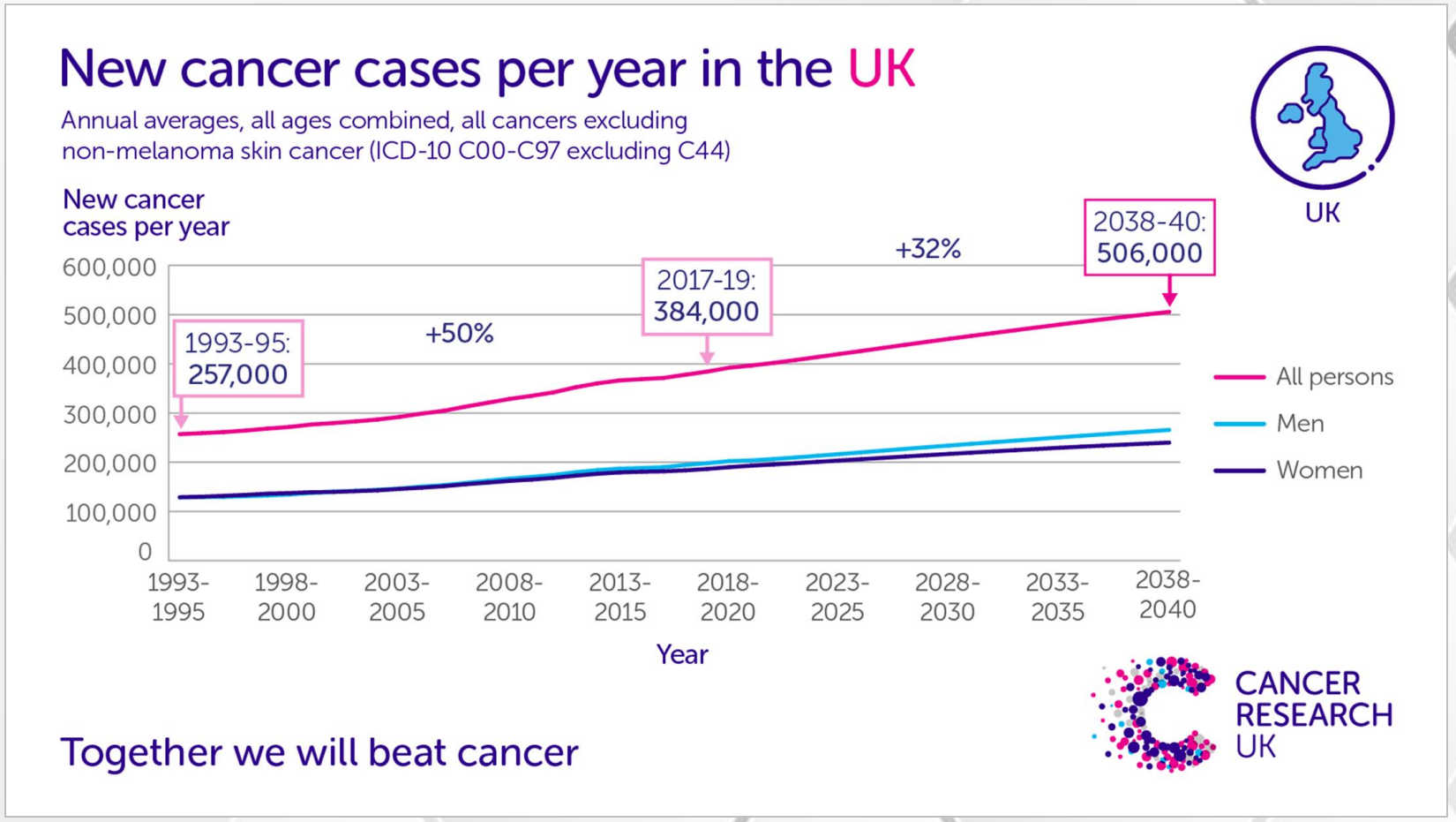
Jonah Aburrow-Jones
Director of Digital - University Hospitals Derby and Burton NHS Foundation Trust and Chair of the HIMSS UK and Ireland Community

The Impact of Digital Maturity on Cancer Care

Jonah Aburrow-Jones
Digital, University Hospitals Derby and Burton NHS FT
Chair – UK and Irelands HIMSS Community

Setting the Scene

- 23,499 patients waiting longer than 62 days following an urgent suspected cancer referral
- 125 hospital Trusts in England analysed, only three (2.4%) hit the standard of treating 85% of patients within 62 days after an urgent referral in 2022
- 106 CDCs now running
- Impact of FDS and simplifying to 3 standards

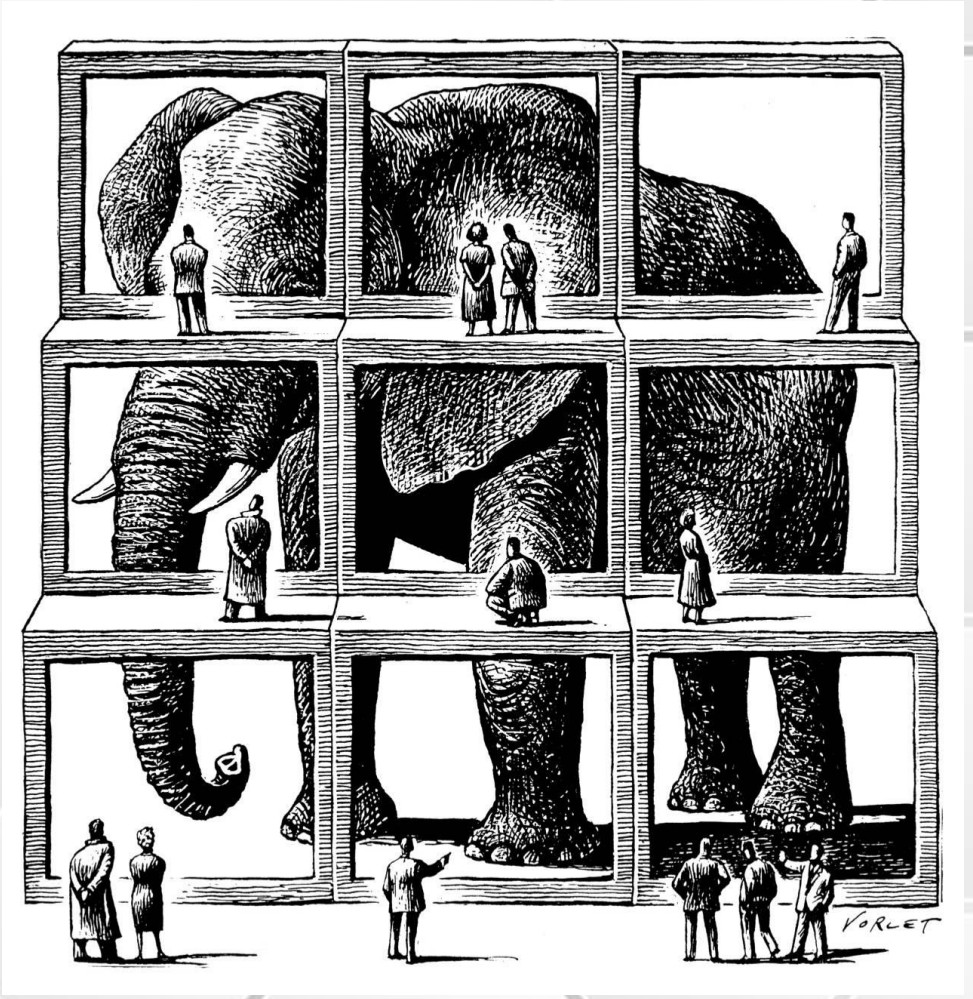


Before its Impact - What is Digital Maturity?

- It means different things to different people in different organisations – perspective and context
- Is it a thing or an action?
- My definition:

Digital maturity is a measure of the utilisation of technology and data to advance and deliver transformation

- Should be an element of continual improvement

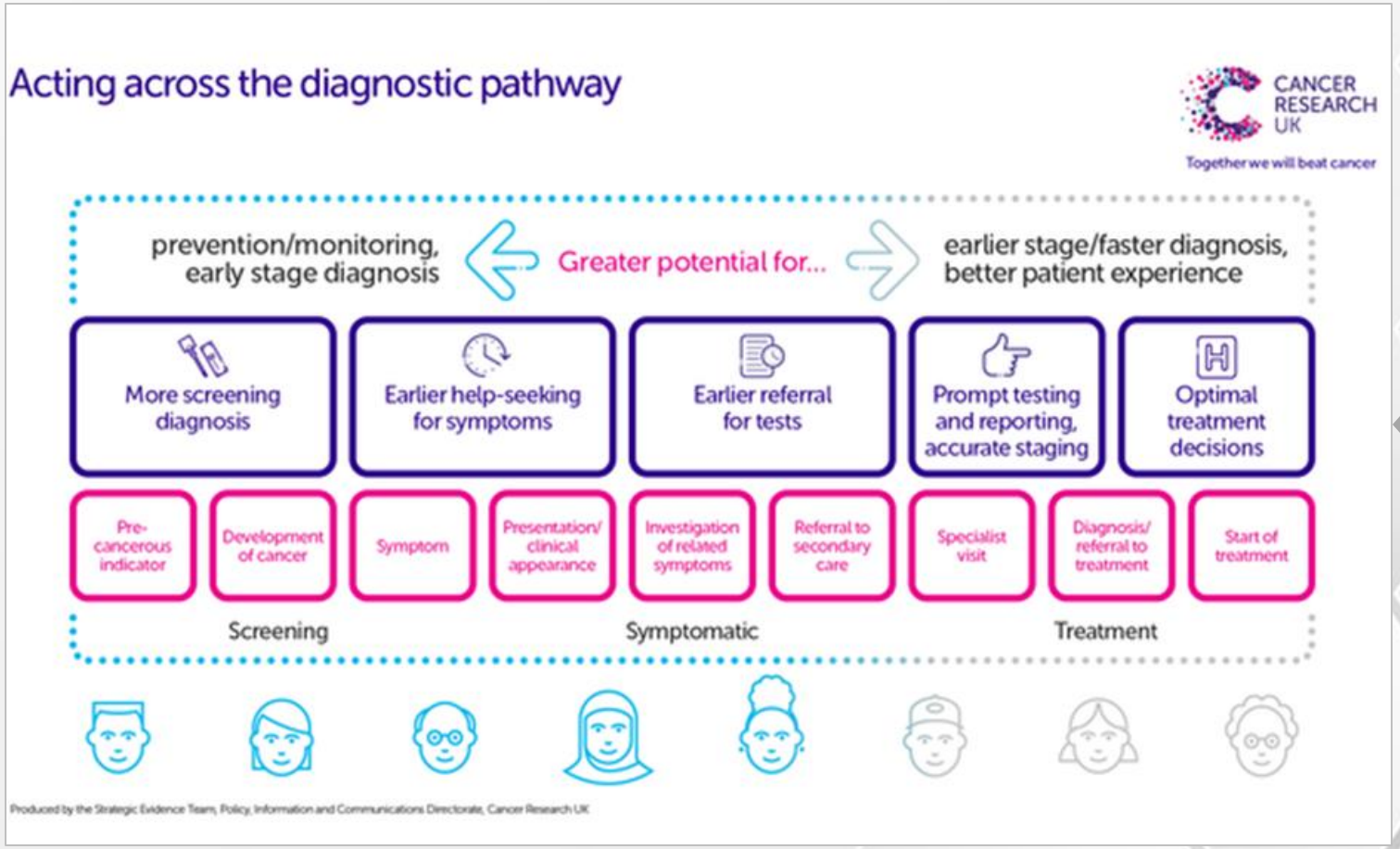


Why and How to Measure Digital Maturity

- Benchmarking against other organisations where outcomes have been evidenced against maturity
- Use to validate strategies, measure success and justify funding & business cases e.g. HIMSS EMRAM for FD
- Typically an assessment is used to score **what, where, to what extent and how** technology and data are used e.g. HIMSS, NHS DMA
- Consider all aspects – digital, data, infrastructure
- **Challenges:**
  - Lack of context to specific priorities of an organisation
  - Not always outcomes focused
  - Doesn't take into account other aspects of transformation – people and process

Why does Digital Maturity Matter to Cancer Care

Levels of digital maturity in the following will dictate outcomes across the cancer care continuum:



- Interoperability
- Electronic Documentation
- Accurate Coding
- Data quality and availability
- Alerting
- Remote Monitoring
- Digital Literacy
- Accessibility & Inclusion
- Electronic Orders
- Patient Engagement

Aligning Digital Maturity with Improving Cancer Care

Increased number of first line screening initiatives e.g. FOBC→Colonoscopy, Cytosponge→endoscopy, Targeted Lung Health Check

Increased use of Patient Engagement Platforms and digital front doors to gain access to trusted information and even upload images or patient initiated tests using apps e.g. urinalysis and skin lesions

AI Triage and risk stratification to identify at risk groups and automatically send out tests or move onto screening

Digitally integrated CDCs increasing capacity. Faster turnaround of letters and results using digital dictation and voice recognition.

AI-powered cancer detection tools can help clinicians to identify cancer earlier and more accurately analysing large amounts of data, such as imaging data and genomic data, to identify patterns that may indicate cancer

Use of Technology in DM Organisations for Cancer Care

- **Clinical decision support (CDS):** Using CDS tools to help clinicians make better decisions about cancer care. e.g. CDS tools can be used to identify patients who are eligible for clinical trials, to remind clinicians to order appropriate tests and screenings, and to suggest more precise, evidence-based treatment plans.
- **Patient engagement:** Bringing care closer to the patient using patient engagement tools to help patients become more involved in their own care. For example, patients can use patient engagement tools to view their medical records, schedule appointments, and communicate with their clinicians. This can help patients to be better informed about their care and to make better decisions about their health.
- **Integrated Data Exchange**: Using data exchange tools to share patient information with other healthcare providers across cancer pathways. This can help to improve coordination of care and to ensure that patients receive the best possible care. e.g. clinical networks, CDCs, clinical trial sites and other healthcare providers that support mental health.

Priorities for Trust in Tier 1 for Cancer

- Moving to single core EPR
- Greater use of data and business intelligence utilising real time and near real time data to become more proactive in planning and intervention – evidencing where the pinch points are
- Reducing waiting times
  - Faster turnaround of tests – better order comms, pathology analytics, CDC capacity and capability
  - Enhanced use of our PEP
  - Expanding capacity in our CDCs and working with partners across the ICB e.g. Community care sites
- Faster turnaround of letters – convergence onto new DD/VR

Does it work?

"In the last year we reduced the number of patients on a 62-day cancer waiting list by 60%. We have done this by increasing our diagnostic and treatment capacity"

HIMSS UK & IRELAND COMMUNITY

- **Mission** Improving the appropriate utilisation of digital, data and technology (DDaT) associated with health and care across the UK and Ireland through sharing knowledge, expertise, insights, collaborating across local, regional and national borders, and fostering individual and collective innovation and development of health and care professionals.
- **Vision** Advancing and promoting digital, data and technology for all health and care settings to improve health and wellbeing and to provide high quality, safe and cost-effective health and care for the populations that we serve.
- **Purpose** We are an interregional group that mobilises, supports, and connects digital, data and technology professionals from all aspects of health and social care across the United Kingdom and Ireland, bringing together health and care stakeholders providing them with a forum the is safe, inclusive and recognises the equal voices of members
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Speaking Now…

Janie Fielder, MSN, RN, NNP-BC
MSL - Natera

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Phill Dickson
POCT Coordinator - Bedfordshire Hospitals NHS Foundation Trust

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Lunch & Networking

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Chair Afternoon Address

Paula Lloyd Knight
Deputy Chief Operating Officer and Chair of BME Cancer Voice (Part of BHI Charity) - Black Country HealthCare NHS Foundation trust

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Dr Lennard YW Lee
Associate Professor (University of Oxford), Medical Oncologist (NHS), National Clinical Advisor (Office for Life Sciences, NHSE) - University of Oxford

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Helen Morement
CEO - AMMF – The Cholangiocarcinoma Charity

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John Gale

Senior Programme Manager at Cheshire & Merseyside Cancer Alliance working on behalf of NHS England | Leading The Supportive & Assistive Workforce | Cancer | Workforce | Transformation | Learning Hub - Working on behalf of NHS England and hosted at The Cheshire & Merseyside Cancer Alliance

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