Introduction to the UCLH Cancer Collaborative

• An integrated cancer system serving a population of ~3.6 million across north central & east London and west Essex

• 13 CCGs, 13 local authorities, 11 hospital trusts (17 hospitals), one user involvement and patient experience group

• Part of the National Cancer Vanguard until March 2018

• Continues to be at the forefront of innovation and research and functions as the Cancer Alliance for NCEL geography
Our sector

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. Whipp’s Cross University Hospital
7. Great Ormond Street Hospital for Children NHS Foundation Trust

Homerton University Hospital NHS Foundation Trust
8. Moorfields Eye Hospital NHS Foundation Trust
9. North Middlesex University Hospital NHS Trust
10. Princess Alexandra Hospital NHS Trust

Royal Free London NHS Foundation Trust
11. Barnet Hospital
12. Chase Farm Hospital
13. Royal Free Hospital
14. Royal National Orthopaedic Hospital NHS Trust
15. University College London Hospitals NHS Foundation Trust (UCLH)
16. Whittington Hospital NHS Trust
Achievements of our 6 principal work programmes

- **London Cancer**
- **Prevention & Early Diagnosis**
- **Cancer Academy**
- **New Care Models**
- **Centre for Cancer Outcomes**
- **Integrated Cancer Care**

**2017/8 – a year in numbers**

- A network of 17 hospitals, 13 clinical commissioning groups and 3 sustainability and transformation partnerships across north and east London and west Essex.

- **430** cancer clinical trials involving **7,613 patients**
- **13** tumour pathway boards and **9** expert reference groups involving over **300 clinicians** and **24 patients**
- **4** best practice timed pathways supported for national implementation
- **2** MRI training courses for prostate cancer diagnosis and treatment

- **6** blood disorder patient information films viewed over **100,000 times**

- Specialist prostate cancer team performed its **500th** robotic prostatectomy

- **£10.7** million of national transformation funding for work in earlier diagnosis and **£2.8** million for cancer survivorship support

- Network of over **65** patients and carers and steering group of **8** to help guide our work

- **5** multidisciplinary diagnostic centres (MDCs) providing rapid access to diagnostics for patients with non-specific symptoms

- **50 GP practices, 14 hospital trusts** and over **600 patients** involved in qFIT pilot study to rule out colorectal cancer in people with bowel symptoms
## Cancer screening: population coverage

<table>
<thead>
<tr>
<th>Screening coverage</th>
<th>UCLH CC average</th>
<th>Ambition for 2020</th>
<th>CCGs meeting standard</th>
<th>England average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowel cancer</td>
<td>48.2%</td>
<td>75% with FIT test</td>
<td>0/13</td>
<td>57.7%</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>65.5%</td>
<td>70%</td>
<td>2/13</td>
<td>72.2%</td>
</tr>
<tr>
<td>Cervical cancer</td>
<td>65.9%</td>
<td>80%</td>
<td>0/13</td>
<td>71.7%</td>
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</table>
Cancer screening: what are we doing?

People were directed to the new ‘small c’ website www.smallc.org.uk throughout the campaign with over 4,700 unique visitors during that period and 35% visiting the Jo’s Trust campaign page.
Increasing use of the Primary care suspected cancer referral pathway (“2 week wait”)

- Nearly 2 million referrals annually
- Only ~1 in 13 have cancer
- 12/13 need to ‘find out faster’
- More than half of all new cancers now diagnosed this way

Courtesy of Dr Thomas Round, King’s College London & Carolynn Gildea, PHE

Breast, prostate, lung and colorectal cancer account for 55% of all cancer incidence

Lung cancer remains the biggest killer

Source: CancerStats, PHE
1 year survival index for all cancers diagnosed in 2015

We have CCGs with some of the best and worst survival rates in England.

Source: Office of National Statistics – Based on the Cancer Registration Dataset collection National Cancer Registration Analytical Service (NCRAS) Workbook
Cancer newly diagnosed through Emergency presentation -

Overall we are at England average but much variation across our geography

Source: National Cancer Registration Analytical Service (NCRAS), PHE
Proportion of 10 cancer diagnosed at an early stage (proxy metric)

Cancers of breast, prostate, colorectal, lung, bladder, kidney, ovary and uterus, non-Hodgkin lymphomas, and melanomas of skin

Taskforce Recommendation: early stage at 62% by 2020

Source: NCRAS, PHE
<table>
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<tr>
<th>Theme</th>
<th>Detail</th>
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</table>
| Pan-London Research consortium with RMPartners & SE London          | Pan-London agreement in April 2018 with AHSN and BRC support.  
  • Annual call for research fellowships  
  • Focus on projects that benefit from scale & partnership working. |
| Strengthening joint working with our major charity partners          | Success in competitive CRUK & Macmillan grants in pilot areas:  
  • CRUK EDAG grant to analyse lung cancer patients’ primary care pathways in conjunction with Queen Mary University ‘Discovery’ project  
  • Macmillan project grant to develop a Digital health intervention to improve OG cancer patients’ information and support from their CNS in conjunction with Prof Elizabeth Murray, UCL |
| National & international collaborations                              | • RESPECT-21 NIHR project evaluating benefits of reconfigurations  
  • Links with Yale Centre for Cancer Outcomes to compare lung cancer outcomes in older patients (over 65yrs) |
| Access to new treatments and supporting research                     | • 7,613 patients participated in 430 cancer clinical trials/research studies on the national NIHR research network portfolio |
Vanguard ‘Pharma Challenge’

Denosumab project team

- nominated for an HSJ award for bringing cancer treatment out of hospital and closer to home
- continued development with community pharmacists for patients who don’t wish to self-inject
Vanguard to Alliance.....
What do we need to do?

• Yes we must improve on our cancer waiting time performance
• So we must work closer together and more seamlessly
• We also need to continue to aim high, improve, innovate and thrive
Improving Waiting times - Backlog Reduction: Number of urgently referred patients waiting for an ‘all clear’ or for cancer treatment to start
Percentage of Referrals Before day 38 vs Percentage of Referrals after day 62 – Royal Free

Source: UCLH trust audit data
UCLH cancer waits Jan – April 2018
Green Shoots (maybe even saplings) but still a way to go....

<table>
<thead>
<tr>
<th>2017-2018</th>
<th>2018-2019</th>
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<tbody>
<tr>
<td><strong>Targets</strong></td>
<td><strong>Target</strong></td>
</tr>
<tr>
<td></td>
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<tr>
<td>Two week Wait</td>
<td>93%</td>
</tr>
<tr>
<td>Symptomatic Breast Referrals</td>
<td>93%</td>
</tr>
<tr>
<td>31 day First Definitive Treatment</td>
<td>96%</td>
</tr>
<tr>
<td>Subsequent anticancer drugs</td>
<td>98%</td>
</tr>
<tr>
<td>Subsequent surgery</td>
<td>94%</td>
</tr>
<tr>
<td>Subsequent Radiotherapy</td>
<td>94%</td>
</tr>
<tr>
<td>Subsequent other</td>
<td>not set</td>
</tr>
<tr>
<td>62d Consultant Upgrade</td>
<td>not set</td>
</tr>
<tr>
<td>62d Screening</td>
<td>90%</td>
</tr>
<tr>
<td>62d Standard</td>
<td>85%</td>
</tr>
<tr>
<td>Internal 62d position</td>
<td>85%</td>
</tr>
<tr>
<td>External position</td>
<td>85%</td>
</tr>
</tbody>
</table>
Buts its more than That.....
Working closer together
Aiming high,
Improving,
Innovating
Thriving?
The Robotic Team
Celebrate success – together across NCEL
UCLH became the highest volume centre

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<tbody>
<tr>
<td>Prostatectomy</td>
<td>35</td>
<td>390</td>
<td>430</td>
<td>618</td>
</tr>
<tr>
<td>Cystectomy</td>
<td>15</td>
<td>62</td>
<td>74</td>
<td>87</td>
</tr>
</tbody>
</table>
**Improvement in Prostate Clinical Outcomes**

2016 RALP outcome data  
*UCLH compared with BAUS national averages*

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>BAUS national averages</th>
<th>UCLH outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOS RALP</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Gleason grade 6</td>
<td>22.2</td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td></td>
<td>27.8</td>
</tr>
<tr>
<td>Caseload RALP/yr</td>
<td></td>
<td>&gt;600 (in 2017-18)</td>
</tr>
<tr>
<td>Complication rate ≥3</td>
<td></td>
<td>0.68</td>
</tr>
<tr>
<td>Transfusions</td>
<td>0.92</td>
<td>0.12</td>
</tr>
</tbody>
</table>

**BS in line with National Average**

- Fewer radical procedures on low risk prostate cancer
- Higher % of radical surgical Tx on high risk cases
- Lower complication rate than National Average
- Lower transfusion rate than National Average
MDT IMPROVEMENT REPORT

Professor Mustafa Mughal
Consultant Upper GI Surgeon, UCLH
OG Cancer Pathway Director, London Cancer

Jacob Goodman
Project Manager, London Cancer

Supporting multi-disciplinary teams to become the most effective they can be.
A New Diagnostic Hub for NEL

Initial planning suggests four stages to deliver the Diagnostic Hub over approximately eighteen months from launch; with a target date to commissioning in summer 2019.

SUMMARY, DIAGNOSTIC HUB, PROJECT PLAN

1. Planning (4 months)
   - Scope and plan
   - Clinical model
   - Operating modal proposals
   - Funding
   - Project governance
   - Team (delivery group)

2. Detailed design (5-6 months~)
   - Set up/launch
   - Locality
   - Operating modal (front-end access; pack-end reporting)
   - Hosting/ownership model
   - Resourcing
   - ICT & IT
   - Provider host(s)

3. Business case (5 months~)
   - Revenue model (plus x5 case)
   - Pathway plan
   - Resource plan
   - ICT plan
   - Estates plan
   - Final delivery schedule

4. Hub commissioning (4-6 months~)
   - Procurement (estates)
   - Procurement (assets)
   - Recruitment
   - Refurbishments & enabling works
   - Operating modal (test)
   - Pathway testing
   - Trial launch

MILESTONES

February '18
Launch @ Vanguard Board

August '18
Initial proposal for commissioning, Sept '18

December '18

Early Summer '19
A National Approach too
Members of the team at the PHE conference where 5 abstracts were presented
Being ready for the future

28 Day Faster Diagnostic Standard

**Cohort:** all patients referred
- on a 2WW for suspicion of cancer (NG12)
- urgently through a cancer screening programme

**UCLH CC-led projects that help prepare for delivery of standard:**
- Optimal pathways
- MDT improvement
- MDC (currently 53% informed in 28d)
- STT and qFIT
- Alliance Diagnostic hub

**Key timelines**

<table>
<thead>
<tr>
<th>Year</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018/19</td>
<td>Set-up Start collecting data</td>
</tr>
<tr>
<td>2019/20</td>
<td>Evaluate and improve</td>
</tr>
<tr>
<td>April 2020</td>
<td>Trusts are measured against new standard</td>
</tr>
</tbody>
</table>
A Huge Team Effort:

A Huge Thanks to Everyone
Including our Partners –
Macmillan, CRUK, many other supporters
Our Commissioners

Our Patients