

Alliance Diagnostic Hub for NEL Cancer Collaborative Annual Review event

26th June 2018

There are clear national priorities for provision of Cancer Services

National Context

- The Five Year Forward View, *“Achieving World-Class Cancer Outcomes: A Strategy for England”*
- Six strategic priorities formed the implementation plan work-streams:
 - Prevention and public health*
 - Earlier diagnosis*
 - Patient experience* on par with clinical effectiveness and safety
 - Living with and beyond cancer*
 - Delivery of a *modern, high-quality service*
 - Ensure *commissioning, provision and accountability* processes are fit-for-purpose

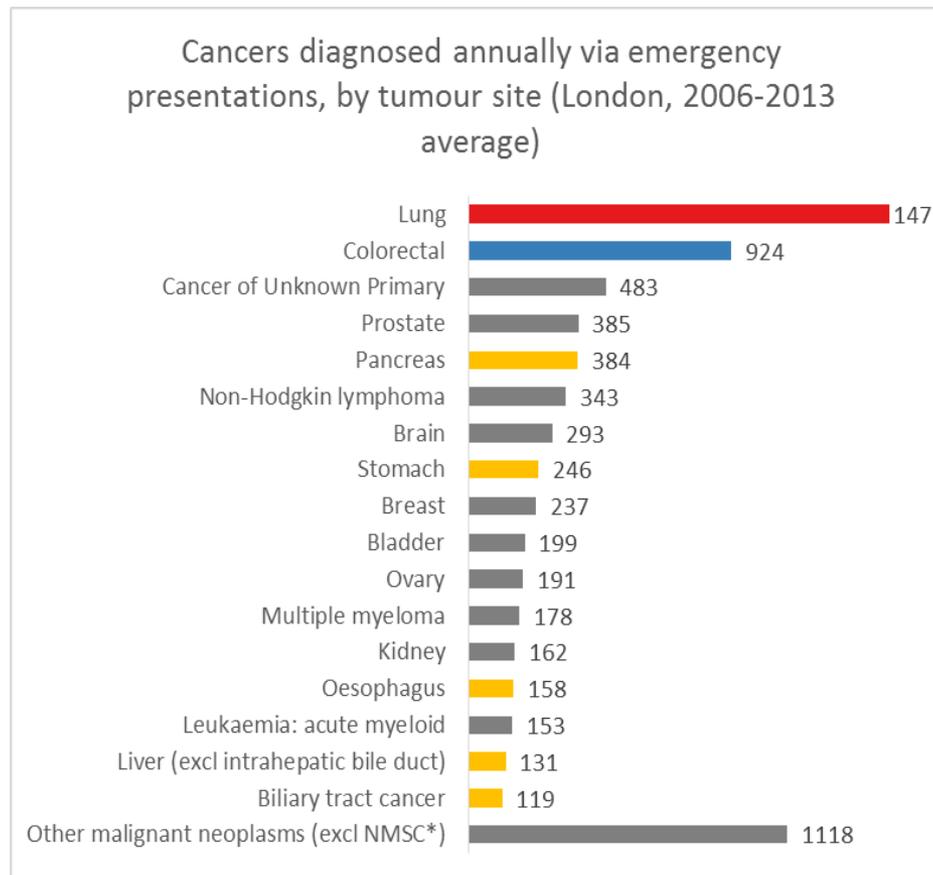
The case for the diagnostic hub

- Diagnostic capacity gap
- Emergency presentations of cancers in NEL are above England and London average and we need to change this
- Volume of urgent referrals is rising and expected to rise more if we are to succeed in diagnosing more cancers
- Upper and lower GI, prostate pathways are challenged
- Patients at risk are managed through surveillance programmes
- There is variation in practice which needs to be improved
- Diagnostic capacity decanted to the hub will provide local provider capacity for rapid access pathways
- Opportunity for a more person centred approach to diagnosis

Emergency presentation to A&E

	July 2016 to June 2017			
	Numbers of patients diagnosed	Number of patients presenting as an emergency	Proportion presenting as an emergency	Change from previous year
NHS Barnet	1,460	250	17.1%	-1.3%
NHS Camden	797	124	15.6%	-1.6%
NHS Enfield	1,285	241	18.8%	-0.8%
NHS Haringey	850	153	18.0%	-5.6%
NHS Islington	741	118	15.9%	-0.9%
NHS Barking & Dagenham	685	140	20.4%	-4.9%
NHS City and Hackney	677	155	22.9%	3.8%
NHS Havering	1,301	256	19.7%	-1.8%
NHS Newham	848	194	22.9%	2.6%
NHS Redbridge	1,016	207	20.4%	0.6%
NHS Tower Hamlets	606	146	24.1%	-2.2%
NHS Waltham Forest	830	168	20.2%	0.1%
NHS West Essex	1,432	244	17.0%	-3.1%
NCL	5,133	886	17.3%	-1.9%
NEL	5,963	1,266	21.2%	-0.2%
UCLH CC	12,548	2,396	19.1%	-1.3%
England	265,501	51,503	19.4%	-0.3%

Emergency presentation by tumour type (London)



The evidence driving us forward

2WW volumes NEL STP cf England

Area	Value	Lower CI	Upper CI
England	2,975	2,971	2,980
North East London	2,331*	-	-
NHS Barking And Dagenha...	2,191	2,128	2,256
NHS City And Hackney CC...	2,082	2,030	2,134
NHS Havering CCG	3,297	3,229	3,366
NHS Newham CCG	1,667	1,626	1,709
NHS Redbridge CCG	2,631	2,573	2,690
NHS Tower Hamlets CCG	2,160	2,108	2,213
NHS Waltham Forest CCG	2,508	2,452	2,566

Source: NHS England Cancer Waiting Times Database

Cancer Vanguard bid for transformation funding

- The bid for an Alliance Diagnostic Hub in North East London was strongly supported by the Cancer Vanguard Board (CVB) in January 2017.
- It included £5.2m capital funding for equipment and enabling works:
 - 1 MRI
 - 2 Endoscopy suites
 - 2 Ultrasound machines
- CT was excluded from the bid due to proposed investment in Lung Low Dose CT screening across NCEL

Key aims

- **The key aims of the diagnostic hub are:**
 - To provide additional capacity for key cancer diagnostics in NEL at local providers by decanting precancerous surveillance patients out to the hub.
 - To provide and enable innovative and transformational cancer diagnostic person centred pathways.
 - To provide a lasting platform for improvement through a training centre of excellence for the sector
 - To embed research and to link data to primary care records

The proposed clinical model is as follows:

A hub with an optimised approach to cancer follow up and surveillance

MRI

- 1 scanner



NEL Diagnostic Hub
for all NEL patients



Endoscopy

- 2 Endoscopy suites



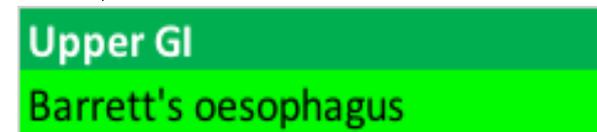
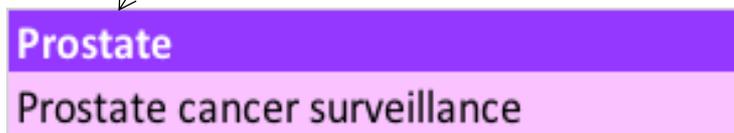
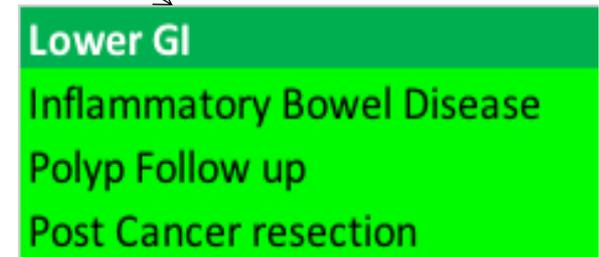
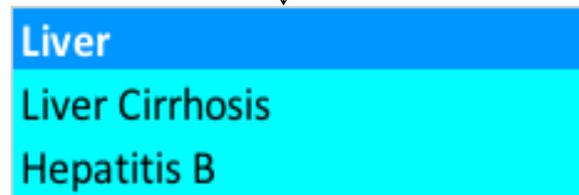
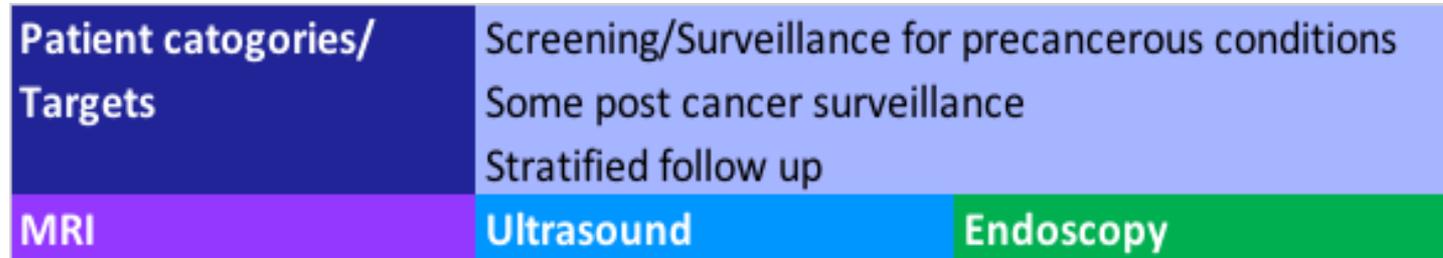
Ultrasound

- 2 ultrasound machines

A “cold site” facility, run separately to main provider diagnostic services and dedicated to cancer diagnostics

An opportunity for one stop pathways

The clinical cohorts



The aim of post cancer surveillance is to monitor and reduce invasive intervention, and plan as appropriate.

The aim of pre cancer surveillance is to diagnose cancers at an early stage where curative treatments are available in order to benefit survival. This benefit should outweigh lead time bias.

The agreed operating model should support the following principles:

- The hub is a shared asset for the North East London region – patients, referrers, providers
- It will be run collaboratively by the NEL providers
- It will diagnose patients who are in surveillance or follow up plans. Urgent referrals for Prostate to MRI will be considered
- It will be a resource for training staff across NEL
- Staff from across NEL will spend time working within the diagnostic hub
- The Hub will be accessible for patients from across NEL, with extended opening hours
- Patients diagnosed at the hub will remain under the care of the referring team for ongoing management

Benefits to the patient

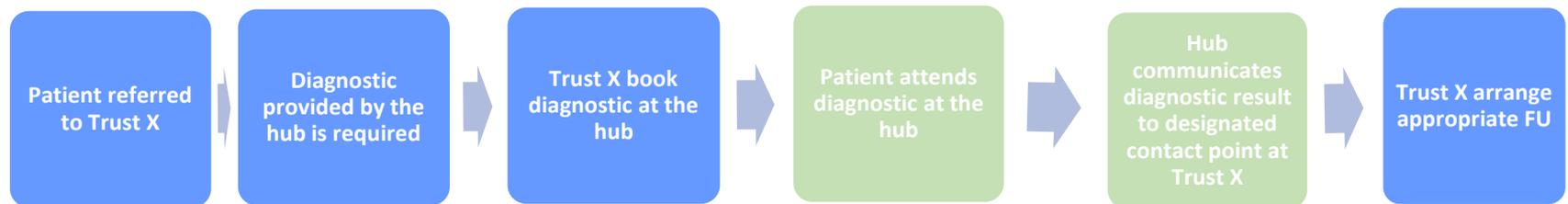
1. Easier and faster access to diagnostics less risk of cancelled appointments due to acute care needs.
2. Additional capacity within the system enables all diagnostics to be carried out more efficiently.
3. Improved patient experience and support, with a dedicated facility and staff for specialist cancer diagnostics.
4. Improved expertise in cancer diagnostics, through dissemination from the hub across the region will improve diagnostic pathways for patients (for example reducing repeat or unnecessary diagnostics).
5. Best practice delivery as standard with training provided for staff from across all NEL trusts. This will contribute the standardisation of processes, techniques and reporting.

How will we know we are successful - Measures

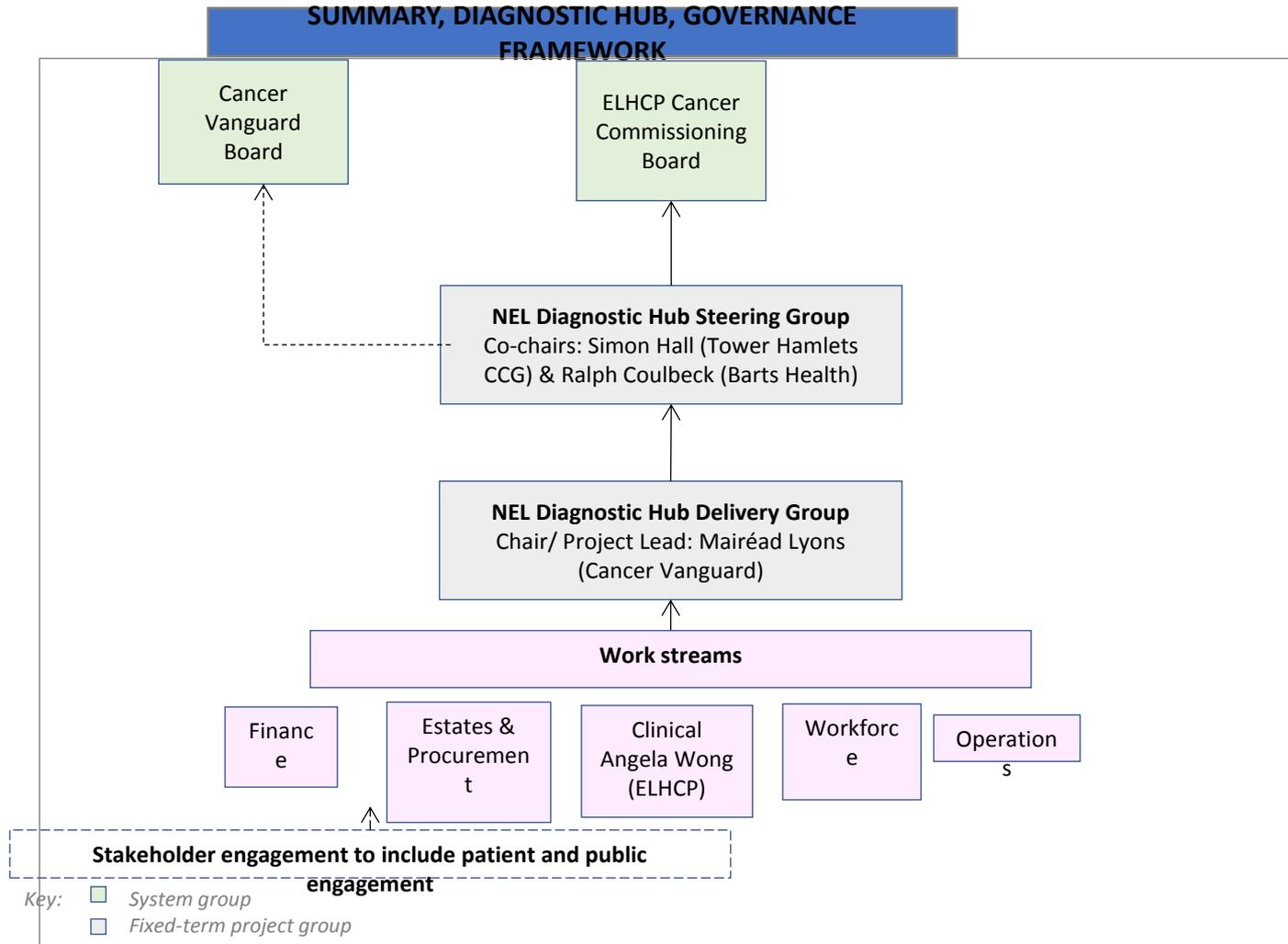
- Number of cases seen in Hub per disease cohort.
- Patients report better experience and rate service highly
- More patients are diagnosed with cancer earlier or significant other disease.
- More cancers prevented due to detection and management of surveillance detected dysplasia/pre cancerous high risk change.
- Reduced numbers attending A&E getting diagnosed with cancer
- Best practice and efficiency will be tracked using metrics e.g. days/week open, hours in an day, number of clinical sessions, numbers trained, audits and evaluation.
- We will have reduced unwarranted variation in cancer

Pathways should be clearly defined to ensure governance and failsafe mechanisms are in place

- The diagnostic hub would assume responsibility for provision of the diagnostic intervention and timely communication of its findings to the clinical provider, it would not take on the clinical care of the patient. That will remain with the referring clinician

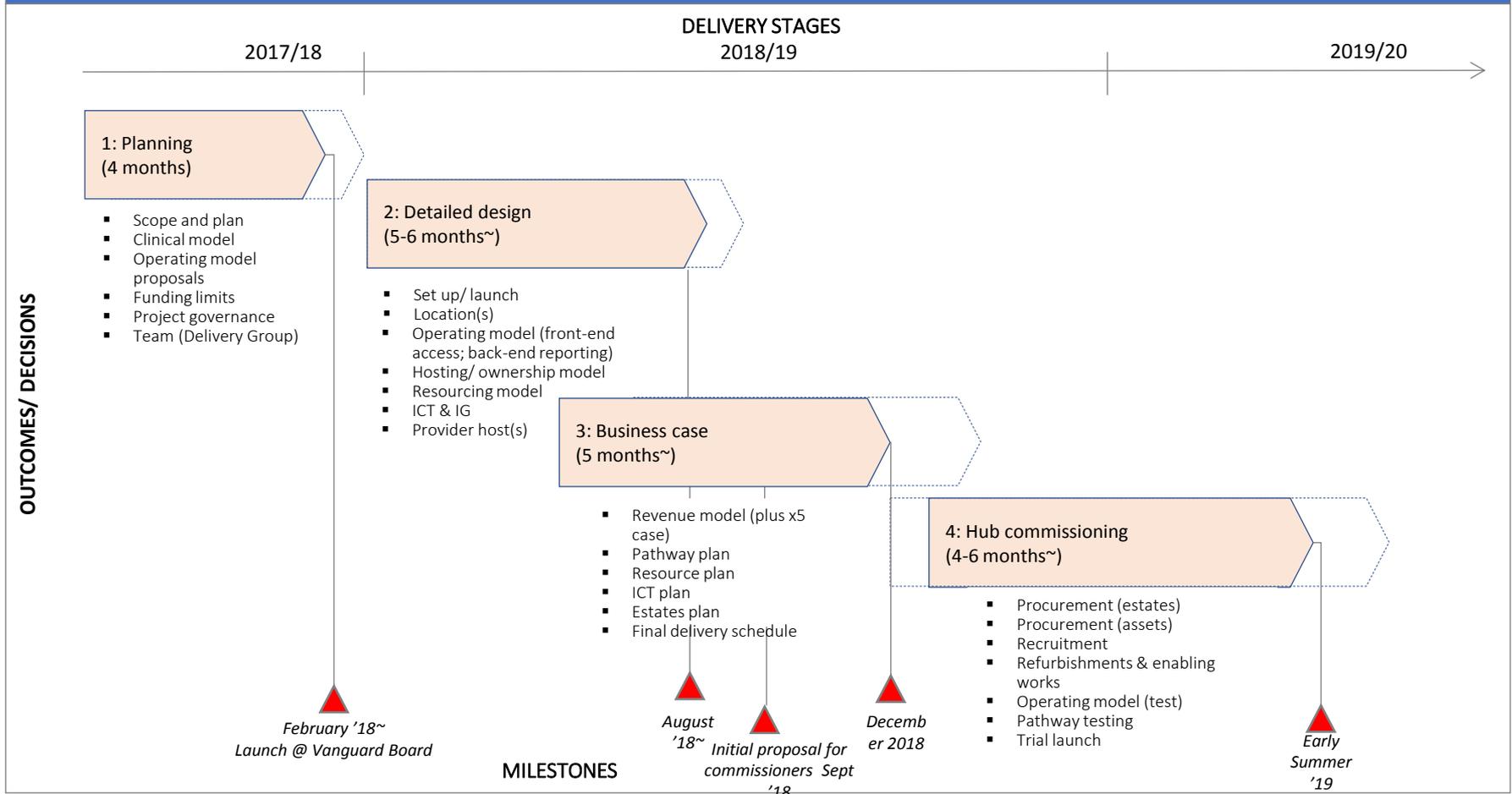


It is proposed that the governance of the project will sit with NEL, linking to the Vanguard; a steering group will advise and determine project direction with key decisions referred to the ELHCP Board.



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



Conclusion

- The hub will provide much needed diagnostic capacity for challenged pathways
- The focus will be the screening/surveillance cohort and ensuring best practice diagnostics and patient flow
- The decant of capacity out of the acute setting will provide local additional capacity to support best practice rapid access pathways
- The digital platform and link to primary records is key
- Quality Improvement, training and research will be embedded
- There are further opportunities for adding to the clinical cohorts and delivering stratified follow up consistently.