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**


- 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

## UCLH Cancer Collaborative
The Cancer Alliance for north and east London

## July 2016 to June 2017

<table>
<thead>
<tr>
<th></th>
<th>Numbers of patients diagnosed</th>
<th>Number of patients presenting as an emergency</th>
<th>Proportion presenting as an emergency</th>
<th>Change from previous year</th>
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</thead>
<tbody>
<tr>
<td>NHS Barnet</td>
<td>1,460</td>
<td>250</td>
<td>17.1%</td>
<td>-1.3%</td>
</tr>
<tr>
<td>NHS Camden</td>
<td>797</td>
<td>124</td>
<td>15.6%</td>
<td>-1.6%</td>
</tr>
<tr>
<td>NHS Enfield</td>
<td>1,285</td>
<td>241</td>
<td>18.8%</td>
<td>-0.8%</td>
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<tr>
<td>NHS Haringey</td>
<td>850</td>
<td>153</td>
<td>18.0%</td>
<td>-5.6%</td>
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<tr>
<td>NHS Islington</td>
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<td>15.9%</td>
<td>-0.9%</td>
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<tr>
<td>NHS Barking &amp; Dagenham</td>
<td>685</td>
<td>140</td>
<td>20.4%</td>
<td>-4.9%</td>
</tr>
<tr>
<td>NHS City and Hackney</td>
<td>677</td>
<td>155</td>
<td>22.9%</td>
<td>3.8%</td>
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<tr>
<td>NHS Havering</td>
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<td>256</td>
<td>19.7%</td>
<td>-1.8%</td>
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<tr>
<td>NHS Newham</td>
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<td>194</td>
<td>22.9%</td>
<td>2.6%</td>
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<td>NHS Redbridge</td>
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<td>207</td>
<td>20.4%</td>
<td>0.6%</td>
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<tr>
<td>NHS Tower Hamlets</td>
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<td>24.1%</td>
<td>-2.2%</td>
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<tr>
<td>NHS Waltham Forest</td>
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<td>168</td>
<td>20.2%</td>
<td>0.1%</td>
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<tr>
<td>NHS West Essex</td>
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<td>17.0%</td>
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<tr>
<td>NCL</td>
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<td>886</td>
<td>17.3%</td>
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<tr>
<td>NEL</td>
<td>5,963</td>
<td>1,266</td>
<td>21.2%</td>
<td>0.2%</td>
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<tr>
<td>UCLH CC</td>
<td>12,548</td>
<td>2,396</td>
<td>19.1%</td>
<td>-1.3%</td>
</tr>
<tr>
<td>England</td>
<td>265,501</td>
<td>51,503</td>
<td>19.4%</td>
<td>-0.3%</td>
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</table>
Emergency presentation by tumour type (London)

Cancers diagnosed annually via emergency presentations, by tumour site (London, 2006-2013 average)

- Lung: 1477
- Colorectal: 924
- Cancer of Unknown Primary: 483
- Prostate: 385
- Pancreas: 384
- Non-Hodgkin lymphoma: 343
- Brain: 293
- Stomach: 246
- Breast: 237
- Bladder: 199
- Ovary: 191
- Multiple myeloma: 178
- Kidney: 162
- Oesophagus: 158
- Leukaemia: acute myeloid: 153
- Liver (excl intrahepatic bile duct): 131
- Biliary tract cancer: 119
- Other malignant neoplasms (excl NMSC*): 1118
The evidence driving us forward

2WW volumes NEL STP cf England

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

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

**Endoscopy**
- 2 Endoscopy suites

**Ultrasound**
- 2 ultrasound machines

**NEL Diagnostic Hub**
for all NEL patients

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

**Endoscopy**

**Ultrasound**

**An opportunity for one stop pathways**
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 diagnostic pathways.
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.

NEL Diagnostic Hub Steering Group
Co-chairs: Simon Hall (Tower Hamlets CCG) & Ralph Coulbeck (Barts Health)

NEL Diagnostic Hub Delivery Group
Chair/Project Lead: Mairéad Lyons (Cancer Vanguard)

SUMMARY, DIAGNOSTIC HUB, GOVERNANCE FRAMEWORK

Cancer Vanguard Board

ELHCP Cancer Commissioning Board

NEL Diagnostic Hub Steering Group
Co-chairs: Simon Hall (Tower Hamlets CCG) & Ralph Coulbeck (Barts Health)

NEL Diagnostic Hub Delivery Group
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Work streams

Finance
Estates & Procurement
Clinical Angela Wong (ELHCP)
Workforce
Operations

Stakeholder engagement to include patient and public engagement

Key: □ System group
□ Fixed-term project group
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**

<table>
<thead>
<tr>
<th>STAGE</th>
<th>OUTCOMES/DECISIONS</th>
<th>MILESTONES</th>
</tr>
</thead>
</table>
| 1: Planning (4 months) | - Scope and plan  
- Clinical model  
- Operating model proposals  
- Funding limits  
- Project governance  
- Team (Delivery Group) | February '18~  
Launch @ Vanguard Board |
| 2: Detailed design (5-6 months~) | - Set up/launch  
- Location(s)  
- Operating model (front-end access; back-end reporting)  
- Hosting/ownership model  
- Project governance  
- Team (Delivery Group) | August '18~  
Initial proposal for commissioners '18  
Decemb er 2018 |
| 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 model (test)  
- Pathway testing  
- Trial launch | Early Summer '19 |
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.