The UCLH Cancer Collaborative is a part of the national Cancer Vanguard, working with Greater Manchester Cancer Vanguard Innovation and RM Partners.
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2016/17: A year in numbers

£6.9m renewed funding to support and spread the work of the national Cancer Vanguard

200,000 views on BBC website of our animation produced with Fruitfly Collective to help parents with cancer talk to their children

launched qFIT pilot with six trusts and 32 GP practices to establish whether this inexpensive test could be a reliable rule-out test for colorectal cancer

two multi-disciplinary diagnostic centres (MDCs) providing rapid access to diagnostics for patients with vague symptoms

six events with large inflatable organs as part of our deflate cancer programme interacting with over 1,000 residents

five pharmaceutical companies partnered with us to bring care closer to home as part of Pharma Challenge

published a system-level multidisciplinary team (MDT) improvement report, with insights from 13 MDTs and 36 MDT coordinators across north central and east London, and west Essex

project management support provided to 13 tumour pathway boards and nine expert reference groups involving over 300 clinicians and 24 patients

hosted the first Cancer Vanguard national sharing event for 15 Cancer Alliances, with 120 participants

six patient information videos in 10 different languages

launched the Cancer Academy, comprising four schools providing educational programmes to staff and patients
Welcome

UCLH Cancer Collaborative was created in early 2015, positioning our region as a key part of NHS England’s new care models ‘vanguard’ programme. With national vanguard funding starting in June 2016, the Collaborative built on five years work of London Cancer bringing together healthcare organisations across north central and east London, and west Essex to improve patient outcomes, with a particular focus on early cancer diagnosis. London Cancer became part of UCLH Cancer Collaborative in summer 2016.

The last year has been a time of significant evolution at both national and regional levels. We have worked with so many dedicated, talented people in our cancer community to meet our aspiration that all patients across the region can benefit from seamless, high quality care of a world class standard.

There is no doubt, however, that the challenge across our region is substantial. Cancer is on the rise in London, as elsewhere, yet our residents are less likely to take up screening opportunities and are more likely to present through an emergency route and be diagnosed at an advanced stage.

One year survival rates are a frequently used measure for cancer outcomes. Figures from 2013 show that our region has some of the best rates nationally (in Barnet 73% of cancer patients are alive one year after diagnosis) and amongst the lowest (Newham 63.5%). In three quarters of the London boroughs in our region, the one year survival for cancer is below the national average. Whilst population demographics can explain some differences, there is a real opportunity to save lives and this is the driving force of our focus on early diagnosis and outcomes. Specifically, we aim to:

- Improve overall one year survival to 75 per cent for our entire population

Prof Kathy Pritchard-Jones, chief medical officer, and Nick Kirby, divisional manager - UCLH Cancer Collaborative

“We have worked with so many dedicated, talented people in our cancer community to meet our aspiration that all patients across the region can benefit from seamless, high quality care of a world class standard.”

- Diagnose 62 per cent of cancers at stage 1 & 2 by 2020
- Reduce the number of patients diagnosed in an emergency setting to the national average or below (currently 20 per cent)
- Achieve and sustain delivery of the 62 day access target for cancer patients
- Improve patient experience to achieve or exceed national average performance
- Reduce variation in these outcomes across the sector and close the gap between the best performing regions.

It is through investing in the work of UCLH Cancer Collaborative that these outcomes will be achieved. We have established six work programmes to meet our aims. These are:

- Earlier diagnosis – a national programme developing new ways of diagnosing cancer earlier and faster to improve treatment options and survival chances
- London Cancer - 22 tumour pathway boards and expert reference groups working with patients, local hospitals, primary care and
community providers across the sector to improve pathways so that GPs and patients have quicker, direct access to cancer diagnostics and treatment

- **Macmillan Integrated Cancer Programme** – leading work across London on providing tailored support to people to live healthily during and after cancer treatment through the recovery package and stratified follow-up
- **Centre for Cancer Outcomes** – compiling and publishing data on cancer outcomes, providing detailed reports of comparative quality metrics for providers in the sector to improve understanding of whole pathways of care and drive down variability
- **New models of care** – developing a single provider model in radiotherapy within north central London and developing new care models in chemotherapy, for example piloting a model for breast cancer patients self-administering denosumab in their own homes
- **Cancer Academy** - an innovative approach to education and training which combines quality improvement, coaching and facilitation techniques to add value for patients and staff.

**Governance**

The UCLH Cancer Collaborative Vanguard board was established in early 2016 and is a pivotal component of our system governance. The purpose of the board is to provide direction and strategy, set priorities and support project leads in delivering the six priority programmes.

The board provides a mechanism for collective accountability across partner organisations and an assurance to the UCLH board of directors and the Cancer Commissioning Boards for the North Central London and North East London STPs, and NHS London region.

**The national Cancer Vanguard**

We are part of the national Cancer Vanguard – a partnership between UCLH Cancer Collaborative, Greater Manchester Cancer Vanguard Innovation and Royal Marsden Partners – serving a collective population of nearly 11 million.

We were delighted that in 2016/17, NHS England announced £6.9 million of renewed funding to support and spread the work of the national Cancer Vanguard. The national Cancer Vanguard is one of 13 acute care collaboration vanguards – a central plank of NHS England’s new care models programme designed to improve patient care and services, as set out in the Five Year Forward View.

The vanguard programme challenges the NHS to redesign health and care services through linking together local systems, reducing variation and improving efficiency. We are confident that with the local expertise, culture of innovation and commitment of our cancer community, we can achieve this and more.

Pelham Allen, chair - UCLH Cancer Collaborative Vanguard board

“It is through investing in the work of the UCLH Cancer Collaborative that these outcomes will be achieved.”
Earlier diagnosis

Our focus on the early diagnosis of cancer is driven by national and local priorities to reduce cancers diagnosed in emergency settings, improve survival rates and reduce costly specialist treatment of late stage cancers.

The earlier diagnosis work programme ties in closely with other work within UCLH Cancer Collaborative, in particular implementing guidance from the London Cancer pathway boards to improve waiting times.

The programme comprises six workstreams: colorectal cancer, multi-disciplinary diagnostic centres (MDO), lung cancer, primary care education, novel biomarkers and population awareness.

Colorectal cancer programme
The colorectal cancer programme aims to improve endoscopy services to drive earlier diagnosis of gastrointestinal cancers. There are four workstreams underpinning this agenda:

Reducing the number of unnecessary colonoscopies - the qFIT pilot
Quantitative Faecal Immunochemical Test (qFIT) is a cheap, non-invasive test that detects hidden blood in stools that could be an indicator of bowel cancer. This year we launched the largest pilot of its kind to evaluate whether qFIT could be a reliable ‘rule-out’ test of significant bowel disease for patients with suspicious lower abdominal symptoms. qFIT is currently being piloted at six NHS trusts and 32 GP practices across north central and east London, and west Essex and will involve a minimum of 2,000 high risk symptomatic patients.

Improve cancer waiting times – triaged Straight-to-Test (tSTT)
We are supporting the full roll-out of triaged Straight-to-Test (tSTT) services at NHS trusts across the region through a data collection exercise to support evidence-based clinical decision making.

Improve endoscopy efficiency
This project aims to understand the productivity of endoscopy departments at eight participating trusts as well as the additional activity that could be delivered if units operated in line with best practice.

Raising awareness of bowel cancer
We organised a series of events during bowel cancer awareness month (April 2017) to highlight both early diagnosis and best practice. The campaign included a Facebook live broadcast with a bowel cancer expert, a Deflate Cancer event with an inflatable colon in Stratford, launch of the qFIT pilot, publication of three case studies highlighting good practice in bowel cancer care and a Quality Improvement (QI) for endoscopy services training module for senior leads at partner trusts.

Plans for 17/18
- Phase II of the qFIT study will be launched in autumn 2017 to focus on test uptake and optimising how the sample is collected. The geographical area of the pilot will be extended
- Evaluation of the qFIT pilot which includes statistical, GP and patient acceptability and cost-benefit analyses
- Completion of the baseline data collection and analysis of tSTT service across the sector
- Work with the South East London Cancer Alliance and Transforming Cancer Services
Team for London (TCST) to set up a joint programme that aims to improve endoscopy efficiency and embed recognised best practice service models across the sector

- Launch a Quality Improvement (QI) champions training programme.

**Multi-disciplinary diagnostic centre (MDC) pilots**

Not all cancer symptoms are clear cut. For patients with so-called ‘vague’ symptoms, such as unexplained weight loss or non-specific abdominal pain, there may be no obvious specific underlying cancer type.

For these patients, it is often unclear what the right tests are and which specialists to involve. As a result, patients can get sent back and forth between GP and hospitals, delaying their diagnosis. Sometimes patients present to emergency departments with symptoms that are later diagnosed as cancer.

As part of the national Accelerate, Coordinate, Evaluate (ACE) programme, with support from Cancer Research UK, UCLH Cancer Collaborative initiated pilots of two multi-disciplinary diagnostic centres (MDCs) at University College Hospital and Queen’s Hospital in Romford. The findings along with other projects in the ‘vague symptoms’ cluster have now been published, and these support the benefit of streamlining diagnostic services for two cohorts of patients:

- Patients presenting to their GP with non-specific symptoms, where the GP had a suspicion that their symptoms could be due to cancer, but the patient did not meet the urgent referral criteria
- Patients where the GP suspected cancer, but regarded the patient too ill to wait over a week to be seen.

**Plans for 17/18**

Over the coming year, we will continue to work with ACE to explore what optimal service the above patients need, broadening our referral criteria and increasing the number of centres to include North Middlesex University Hospital NHS Trust and Royal Free London NHS Foundation Trust.

**Lung cancer programme**

The primary objective of the UCLH Cancer Collaborative lung cancer programme is to improve the earlier diagnosis of lung cancer. The development of this work alongside UCL and other partners has been a key priority for our first year.

The programme will target people in the region at high risk of lung cancer (asymptomatic with a smoking history and aged 55-77 years) and invite them to a lung health check – including a low dose CT scan where appropriate.

Around 80% of lung cancer deaths are associated with smoking, therefore advice and referral to smoking cessation services will also be provided to those with an active smoking status.

**Plans for 17/18**

The lung programme is scheduled to start in December 2017.
Earlier diagnosis continued

Education and awareness
Late diagnosis of cancer at stages three and four, as opposed to stages one and two, is one of the key factors that contribute to England’s lower survival rates (compared to the best in Europe). There is evidence that improved public awareness of cancer symptoms can deliver an earlier diagnosis and that raised public awareness of risk factors can help deliver population behavioural change.

The education and awareness programme targets residents, healthcare professionals and non-healthcare professionals. The programme has two strands - population awareness and primary care education.

Population awareness
Highlight Cancer
The aim is to equip non-healthcare professionals, in customer-facing roles, with the knowledge and skills to hold conversations about cancer with their community and signpost them to healthcare services where necessary.

The project aims to engage around 200 professionals to become ‘cancer ambassadors’ for their boroughs. Cancer Research UK’s ‘Talk Cancer’ training is provided to these ‘cancer ambassadors’ to equip them with the knowledge required.

This year, four training sessions were held in Camden, Redbridge, Newham and Barking and Dagenham. 34 ‘cancer ambassadors’ have been trained from a range of backgrounds and professions including makeup artists, job centre employees, voluntary sector workers and university staff and students.

Deflate Cancer
This campaign involves the use of an inflatable organ (breast, colon and lung) in busy areas of the region, such as shopping centres and train stations, to provide information about signs and symptoms of cancer. The public are taken on a guided tour by a health advisor and given information related to the relevant cancer.

Working with partners in the NHS, local government and the charity sector, Deflate Cancer targets areas of deprivation in the region with low screening rates and poor cancer outcomes. Areas of deprivation can be associated with health problems (chronic illness, lower life expectancy), unhealthy lifestyles (obesity, smoking, drug and alcohol misuse) and residents less likely to engage with health services.

Over 1,000 residents have been engaged at the six Deflate Cancer events held in the region this year.

Plans for 17/18
- Highlight Cancer will be extended to focus on religious figures, community organisations and sports centre staff
- We will work with football clubs to deliver a population awareness campaign to share messages about signs and symptoms of cancer.

Primary care education
Two-week wait referral feedback project
This project aims to gather information from secondary care to provide feedback to
GPs on how the quality of completing two-week wait referral forms can be improved to increase efficiency in using the right pathways and speed up diagnosis.

Feedback is based on the last 20 two week wait referral forms received from GPs in a CCG area for the specified tumour sites. CCGs identify the tumour sites to focus on based on local data demonstrating where the need is. This year feedback has been collected for Camden, Haringey and west Essex and feedback is being collected for Islington, City and Hackney and Barnet. Feedback for children's cancers is also being collated across multiple hospitals in London.

Gateway-C online education pilot
Gateway-C is an online learning platform, created by Greater Manchester Cancer Vanguard Innovation, to help GPs recognise when patients may have cancer.

The platform features videos and learning activities to help GPs not only recognise symptoms, but more fully engage with patients and make referrals for diagnostic testing in line with national guidance. Gateway-C currently features two educational modules on lung and colorectal cancer.

UCLH Cancer Collaborative and Greater Manchester Cancer Vanguard Innovation are currently piloting Gateway-C amongst six GP practices in Camden and Islington. The aim is to test the effectiveness of the learning modules that have been developed and also inform future development.

The first wave of the London pilot will conclude in July and the second wave in October 2017. More information about the platform can be found at www.gatewayc.org.uk.

Getting it right - sharing the learning
Last autumn, we worked with Macmillan Cancer Support to showcase good practice in public health campaigns from around the country.

Our joint event brought together public health professionals, GPs, academics and healthcare workers to share learning about successful public health campaigns to promote the earlier diagnosis of cancer from across the country that could potentially be replicated in London.

We produced a publication to accompany the event with a number of case studies showcasing some excellent examples of campaigns. The booklet is available for download at www.uclh.nhs.uk/cancercollaborative.

Plans for 17/18
Online education – BMJ training package
UCLH Cancer Collaborative has teamed up with the British Medical Journal to provide additional learning opportunities for GPs and other practice clinical staff. The package provides online self-assessment and learning materials to assess knowledge gaps and provide targeted online learning materials.

RCGP colorectal cancer e-learning module
We are working with the Royal College of General Practitioners (RCGP) to produce a RCGP-badged eLearning package for general practitioners and other healthcare professionals aimed at increasing knowledge and skills relating to colorectal cancer.

Inter-professional learning
This project aims to embed cancer as part of continuous development and education for primary care staff such as dentists, pharmacists and practice nurses. Delivery will be in partnership with the Transforming Cancer Services Team (TCST), other London Alliances and charity partners. A series of inter-professional face-to-face learning sessions focusing on common cancers such as lung and colorectal are planned for delivery in 2017/18.
London Cancer

London Cancer transitioned from UCLPartners to UCLH Cancer Collaborative in September 2016. This move led to a refresh of the membership and governance of a number of our boards, as well as the development of a new Radiology Expert Reference Group.

In 2016/17 the 22 pathway boards and expert reference groups have continued to support the following objectives:

Support for local improvement initiatives in patient experience
Lack of accessible information is cited as one of the major reasons for poor cancer patient experience, particularly in London. Information needs to be provided in a range of formats – information provision is variable and where it does exist, the language used is usually restricted to English. The Haematology Pathway Board has produced six films in 10 languages that explain the investigations and procedures that may be required at diagnosis or during treatment.

Our pathway board patient representatives continue to provide invaluable input into our pathway board work. Examples include:

- Our breast cancer patient representatives took part in visits to trusts to discuss their services and help identify areas for improvement.

Veronica Brinton is the patient representative on the Urology Pathway Board

“From a patient representative’s viewpoint, establishing individual cancer pathway boards has been an all important step forward. Not only does one learn a great deal to share with other patients, but seeing the ‘human faces’ outside treatment is incredibly important for both patients and clinicians.

“Hope and some optimism are important for patients. So apart from early diagnosis, the sharing and exchanging of information and experiences at clinical level is the best way to give patients increased confidence in their treatment. This all helps towards the goal of improved outcomes for all.”

Whole pathway improvement
As London Cancer we have increasingly sought to develop guidelines and best practice with our partners in order to reduce variation in care. This has included working within the London Cancer region to update tumour pathway specific best practice timed pathways. These have now been agreed across the majority of tumour sites across the network and provide a framework for trusts to work to in order to meet cancer waiting times standards and provide the recommended pathways for patients.

We have carried out gap analyses against these best practice pathways to highlight where trusts in our network require further support or where there are opportunities to work better together. These have been
undertaken for the breast and lung pathways and diagnostic part of the prostate pathway.

We have also sought to develop guidance at a pan-London level where possible, for example developing London-wide haematology guidelines.

We have begun working with our national Vanguard partners to agree best practice pathways and action plans for implementation for lung, prostate, colorectal and upper gastrointestinal cancer pathways.

The timeliness of diagnosis and treatment is increasingly part of our work. This year we have contributed to the cancer performance and waiting times agenda through holding pathway administration workshops as subgroups of both the Head and Neck and Urology Pathways boards, and have designed a tool to facilitate the sector-wide analysis of the reasons behind cancer waiting times breaches.

**Plans for 17/18**

- We will monitor the success of the reconfiguration and centralisation of urology, oesophago-gastric, haematology and head and neck services through a ‘Gateway 5’ process to understand the impact of these changes.
- We will continue to work with our national Vanguard partners to develop action plans and implement lung, prostate, colorectal and upper GI timed ‘best practice’ cancer pathways.
- We will conduct a gap analysis against the best practice head and neck cancer service specification to identify and action areas of variation across the network.
- We will continue to work with pathway boards and other partners, particularly commissioning colleagues, to improve understanding of cancer waiting times and support.

**Multi-disciplinary team (MDT) Improvement**

In 2016/17 we were set the task of reviewing multi-disciplinary team (MDT) effectiveness within the London Cancer region to determine how a range of MDTs currently work, and make recommendations to improve their ways of working and effectiveness.

The process started with an MDT workshop in June 2016 which brought together a wide range of stakeholders to explore the key issues. This generated several suggestions for improvement and shaped the programme of work for the subsequent eight months, during which time, we have:

- Developed generic job descriptions for MDT leads and coordinators.
- Held workshops and visited 13 multidisciplinary teams across the region, speaking with 12 MDT leads and 36 MDT coordinators.
- Carried out further investigations of MDT working such as observing the MDT leads forum at North Middlesex University Hospital NHS Trust and visiting a centre of excellence outside the NHS at the Institute Gustav Roussy in Paris.
- Presented our work plan to the London Cancer Radiology ERG and the UCLH clinical nurse specialist forum away day which provided us with a valuable insight into MDT working.

Throughout this process we have observed variation in areas such as referrals, time and caseload, agendas, attendance, chairing, room layout and facilities, recording of outcomes and meeting review processes.

Feedback from MDT leads showed strong support for formalised job descriptions and the development of ‘protocolised’ pathways for patients with tumour sites that follow very well-established treatment plans.

**Plans for 17/18**

We will work with trusts to implement the 21 recommendations of the MDT Improvement Report, including the development of the Cancer Academy MDT school to deliver multi-disciplinary team training to increase MDT effectiveness. The Cancer Academy team will also provide mentorship and support to individual members and provide a mechanism for providing sector-wide review and development of MDTs.
Supported by Macmillan Cancer Support, UCLH Cancer Collaborative has developed and embedded the Macmillan Integrated Cancer Programme (MICa) to improve the outcomes, experience and quality of life of people living with and after cancer.

Our work has focused on bringing together patients and professionals to share knowledge and best practice. We are also implementing initiatives to help people live actively and well beyond cancer and developing tools to support GPs to diagnose cancer earlier.

Living with and beyond cancer – recovery package and stratified follow-up
Many individuals living with cancer have physical and psychological needs resulting from their treatment. UCLH Cancer Collaborative has been working with partner trusts to embed the recovery package and stratified follow-up, enabling co-ordinated, personalised support and rehabilitation for individuals throughout their cancer journey.

Recovery package
The recovery package combines several interventions: a holistic needs assessment (HNA), a treatment summary, a cancer care review (CCR) and a health and wellbeing event. A key achievement in 2016/17 was the announcement that we, in collaboration with the South East London Cancer Alliance and RM Partners, were successful in our alliance transformation bids to deliver a pan-London approach to accelerate embedding of the recovery package and stratified follow-up interventions across the capital.

Locally, implementation of the recovery package is underway at all our partner trusts, with six providing quarterly data to UCLH Cancer Collaborative on their progress. We are also working to support GPs to conduct cancer care reviews by creating a CCR tool and instructional video.

Stratified follow-up
During 2016/2017, we have continued to support our pathway boards and healthcare organisations in our region to develop stratified follow-up pathways. Stratified follow-up is for patients living with stable cancer, not receiving regular treatment, being monitored by either primary or secondary care. This approach encourages patients to take an active role in their own care, monitoring symptoms and self-managing their health. This is known to increase patients’ wellbeing and is also important to increase capacity in our hospital clinics. Highlights of the year include:

- Collaborating with the CCGs in north central London and the Transforming Cancer Services for London team to develop and implement a primary care-led stratified follow-up solution in north central London. Working with colleagues in north east London to implement trust-led models of stratified follow-up for prostate cancer
- 224 (5%) of breast and colorectal patients were stratified onto self-management pathways in 2016/17. The aim is for 40% of prostate and colorectal patients, and 70% of breast patients to be on stratified self-management pathways.

Plans for 17/18
- Assess the usefulness of the cancer care review tool for GPs
- Introduce a service specification and business case for primary care-led stratified follow-up
- Ratify the colorectal stratified follow-up pathway.

Educational animation for parents
with cancer

UCLH Cancer Collaborative teamed up with Fruit Fly Collective to launch a short animated film to advise parents with cancer on how to talk to their children about their diagnosis. The animation uses a cartoon family to give practical tips for parents to tell their children that they have cancer.

In February 2017, BBC online produced a shortened version of the animation for their website, which was viewed over 200,000 times on Facebook.

Dr Mark Barrington, chair of the London Cancer Psychosocial Expert Reference Group and a consultant clinical psychologist, said:

“It is so important that people diagnosed with cancer receive the right psychological, as well as medical, support. For parents, this can be an especially difficult time and sometimes people are unsure whether or not to tell their children about their diagnosis at all. We were delighted to work with Fruit Fly Collective to produce the first film of its kind offering clear, practical advice.”

Coding and safety netting project

GPs have an important role in diagnosing cancer. They come across many patients with vague and atypical symptoms that could possibly be cancer and the challenge is working out which symptoms are significant. To help GPs detect cancer earlier, we have developed a coding and safety project to:

- Produce best practice guidance on using computer codes to record relevant symptoms, family history and lifestyle information that can be easily retrieved by GPs during consultations to improve data quality and risk assessment, so that ‘red flags’ can be identified quickly
- Develop a cancer safety netting toolkit for GPs to help track patients that have been referred on an urgent cancer pathway, those referred for urgent investigations or individuals with vague symptoms that require long-term monitoring.

Plans for 17/18

The next phase of the project is to embed the learning into an online education module on the Macmillan website for GPs and GP trainees to access. There is great potential to reach a larger number of clinicians through this method. This module content is undergoing peer review and will be completed in 2017.

Improving patient experience

The ‘improving patient experience learning community’ has continued to host events bringing together patients and healthcare staff to share best practice and offer training opportunities. In total, 239 participants have taken part in these events.

In May 2016, we produced a report on the results of a scoping exercise to develop an understanding of our trusts’ patient experience improvement efforts. The exercise revealed examples of good practice in our region and many commonalities. Most trusts are:

- Doing a lot with a little - many patient experience staff felt they needed to deliver on a very wide range of patient experience initiatives with little resource
- Addressing staff experience to positively impact on patient experience
- Encouraging shared learning from their many successes.

Plans for 17/18

The findings of the scoping exercise will be used to inform system-wide improvements across the region to address the key challenges our partner trusts face in improving patient experience.
UCLH Cancer Collaborative set out high level ambitions in 2015 to develop a Centre for Cancer Outcomes. The centre aims to focus on the health outcomes of people with cancer and to help make the data required to inform clinical decisions more easily available across the NHS.

The Centre for Cancer Outcomes launched in 2016 under the stewardship of Professor Chris Carrigan, and progress is now being embedded under the clinical leadership of Professor Mick Peake who combines this work with his role as national lead for early diagnosis at Public Health England.

Our objectives include:

- Providing regular, customised insights for our patients, local population and staff in the health and care system to help drive down variations in care
- Developing enhanced outcome measures which better reflect the things that matter most to patients through their diagnosis, treatment and care pathway
- Modeling future service demands ensuring the best use of resources across north east and central London, and west Essex
- Using data to support and inform population-based health research.

Multi-disciplinary team (MDT) balanced scorecard

The balanced scorecard is an effective mechanism to feedback patient outcome information, alongside other key service metrics, to clinical teams. A core set of data has been agreed and a prototype digital tool has been developed.

This year has seen the first phase of the roll-out of the balanced scorecard for UCLH MDTs. Our initial set of scorecards are for lung, blood, head and neck, prostate, breast and brain cancers.

Plans for 17/18

- In the coming year, we will be linking the data of other trusts to enable benchmarking across the region. By highlighting variation in the timeliness of key elements of care pathways and treatment rates, we want to enable our teams to focus their efforts on areas of improvement to make real differences to patients
- We are working with Public Health England to develop a pathway visualisation tool to monitor prostate cancer pathways, to help highlight variation in the patterns and timeliness of key elements of care pathways and treatment. It will also have the ability to examine inter-trust referral pathways. Work on this has already begun, and we expect to have a functioning system by the end of 2017.

Developing enhanced outcome measures

May 2017 saw the launch of an ambitious programme in collaboration with ICHOM (the International Centre for Health Outcome Measurement) to define and capture the outcomes that matter most to cancer patients.

This programme will focus on implementing the established ICHOM ‘standard sets’ in lung and early stage prostate cancers and the development of a web-based tool to allow patients to enter and view their own data on quality of life, symptoms and side-effects of treatment.

Plans for 17/18

We plan to work with ICHOM and a range of international partners and patient groups to develop new ‘standard sets’ for paediatric, teenage and young adults and blood cancers.

Enabling population-based research

Plans for 17/18

Aligning with the Five Year Forward View, the Centre for Cancer Outcomes aims to support and inform population-based research programmes. We are currently submitting a number of outline research bids, including:
A proposal to examine use of chemotherapy in the last three months of life and link this to impact on hospital admissions and hence implied quality of life (using PHE’s systemic anti-cancer therapy dataset)

A project that will use the unique, linked primary and secondary care datasets in four north east London CCGs to examine the activity in primary care in the period up to a lung cancer diagnosis, including route to diagnosis, stage at presentation, treatment and survival outcomes. We will also be able to use these data to examine the cause of the variable and often poor outcomes of lung cancer patients in north east London

Support for the further development of an electronic tool for the collection of patient-derived data.

Prof Mick Peake, clinical lead for the Centre for Cancer Outcomes

“I have worked for many years on ways to collect and feedback high quality, clinically relevant, data and intelligence to clinical teams to drive up standards of care and improve outcomes for cancer patients.

“I see the establishment of the Centre for Cancer Outcomes in the UCLH Cancer Collaborative as providing a unique opportunity to introduce a range of really innovative solutions that will not only support our local aim of providing world-class cancer care to all the patients we care for, but to also produce tools that will be applicable across the NHS to help improve outcomes for patients wherever they are treated.”

Centre for Cancer Outcomes: priorities for delivery

Defining outcomes
- Outcomes across the entire patient pathway
- Personalised patient outcomes
- Patient choice

Recording outcomes
- Kite mark MDT process for recording outcomes
- Self reporting of outcomes

Reporting outcomes
- Tailored outcomes books
- Annual publications
- MDT & hospital focus
- KPIs & regular feedback
- Tool for service design
- Tool for patients

Inform commissioning & policy
- Outcomes based commissioning
- Evidence base for pathway models

Research
- Outcomes to replace surrogates used in trials
- Retrospective evaluation using more complete datasets

Population health
- Interoperability with primary & secondary care datasets
- Define and answer important public health research questions
New models of care

The new models of care programme seeks to change how different providers organise services to deliver better care for patients. Over the past year, alongside our partners in the national Cancer Vanguard, we have made progress in making this commitment a reality.

Medicines optimisation

Medicines optimisation was the key thread running through our new care models programme in 2016/17. Recognising their key role in delivering improvements in the use of cancer medicines, we have partnered with the pharmaceutical industry to launch innovative improvement projects as part of the national Cancer Vanguard’s Pharma Challenge project.

One of these collaborations is with the pharmaceutical company Amgen, to map out and measure the most efficient out-of-hospital administration of denosumab (also known as Xgeva). Denosumab is a targeted therapy used for the treatment of secondary breast cancer in the bone.

Outputs from one-to-one stakeholder interviews, workshops and patient surveys have fed into a simulation modelling tool that allows different delivery scenarios, whether at hospital, in primary care, in the community or at home to be tested for financial and patient experience impact.

Related to this project is a pilot offering denosumab self-administration in the home. 12 patients have been enrolled onto the programme, with patient experience and associated learning captured. The results of this project combined with the outcome of simulation modelling will help trusts within UCLH Cancer Collaborative and beyond understand how best to offer chemotherapy at home or in the community.

Paola Domizio from Highbury has been part of the denosumab self-administration pilot for six months.

Paola is undergoing treatment at UCLH for metastatic breast cancer and previously came into central London every six weeks for her denosumab injection. At times she had to wait in the clinic for the nurse to give the injection. Paola also suffers from some mobility issues as a result of her condition, which can make getting to hospital a challenge.

Paola said: “I jumped at the chance of doing my denosumab injections at home as it’s just so much more convenient. I received training from the nursing staff and it’s very quick and simple for me to inject the medication. “It’s easy to remember to do the injection and I know it’s helping me to stay well. I would definitely recommend self-administration to other people that feel comfortable with it.”

Plans for 17/18

- A toolkit, including an options appraisal and user guide, will be made available to all NHS trusts and clinical commissioning groups in 2017
- Over the next year we will continue to work with Amgen to understand which intravenous chemotherapy drugs can be delivered in the
community and with Bristol-Myers Squibb (BMS) to develop a pathway for documenting adverse immunotherapy related events.

- The chemotherapy expert reference group will also develop a set of standards that will act as a ‘kitemark’ of quality for chemotherapy services.

**Early diagnosis industry challenge**

Led by UCLH Cancer Collaborative, the Cancer Vanguard launched a challenge to industry and the third sector in early 2017 to work with us on projects to improve the early diagnosis of cancer. The aim of the early diagnosis industry challenge is to engage expertise from outside the NHS to undertake a small number of high impact projects which will ultimately lead to a tangible improvement in the earlier diagnosis of cancer in the NHS. The call closed at the end of March 2017.

**Radiotherapy partnerships**

A memorandum of understanding is being developed with the Royal Free London NHS Foundation Trust, North Middlesex University Hospital NHS Trust and UCLH for closer collaboration in radiotherapy. We will explore different options for integrated provision to improve patient outcomes and ensure long term financial stability.

**Impact for diagnostics**

A business case is being developed to launch a new Cancer Alliance Diagnostic Hub in north east London. The hub will provide rapid access to a range of tests (MRI, endoscopy and ultrasound) and is a key part of meeting cancer waiting time standards as demand for diagnostics increases.

**Plans for 17/18**

The successful organisations will be announced in summer 2017 and the UCLH Cancer Collaborative will be managing the projects’ delivery.

**Other plans for 17/18**

**Commissioning innovations**

Changing the way that services are delivered requires devising new ways of commissioning and paying for cancer services to enable innovative models of care to be introduced. The UCLH Cancer Collaborative will be progressing this work in 2017/18.
The Cancer Academy was launched at the end of 2016 as a key part of the UCLH Cancer Strategy to improve patient and staff experience and cancer outcomes.

Before the Academy was set up there were a range of cancer educational programmes in existence, but this new initiative brings them together into a single entity which is available on a dedicated micro website www.uclh.nhs.uk/canceracademy

The Academy comprises four schools offering a wide range of educational opportunities for people affected by cancer and the staff who provide care and support to them. The ethos of the Academy is to empower people through personal development and opportunity. Consequently there are programmes for everyone - however they are affected by cancer, whatever job they do. The schools are as follows:

**Education for people affected by cancer**
This school focuses on supporting patients, families and carers on their cancer journey through education programmes.

**Multi-disciplinary team effectiveness**
Offering programmes to support multi-disciplinary teams to become the most effective they can be.

**Experimental research**
Equipping staff with the skills to do more research, with more patients.

**School for cancer professionals**
Equipping staff with the skills to translate best practice into everyday practice.

The Academy was established by a steering group consisting of some of the leading clinical, academic and management expertise UCLH and UCL have to offer, together with a patient representative. Staff from different disciplines have also contributed to the development resulting in a robust, relevant educational offering. The initiative has been made possible through charitable support from our commercial partner Amplifi and the UCLH Trustees.

**Plans for 17/18**
Initially the scope of the Cancer Academy included UCLH staff and patients but we aspire to broaden the reach of the Academy by working with partners across the region, should national transformation funds be released to support key programmes. Looking ahead, the Academy will develop and evolve to meet the needs of the people it serves, creating a dynamic, responsive educational resource. The appointment of a Cancer Academy manager in summer 2017 will take our Academy to the next level.
As UCLH Cancer Collaborative moves forward in our work to develop a world class cancer system that serves the population of north central and east London, and west Essex we will continue to work with partners in our cancer community to achieve this.

NHS England’s New Care Models vanguard programme funding will draw to a close in March 2018 and the work of UCLH Cancer Collaborative will continue, funded through a plurality of sources, including charitable partners and through the national cancer transformation funding.

Once funding has been confirmed, UCLH Cancer Collaborative will work with sustainability and transformation partnership (STP) leads to deliver key recommendations of the National Cancer Taskforce’s ambitions for improving services, care and outcomes for everyone with cancer.

In 2017/8, as part of the national Cancer Vanguard transitioning to the Cancer Alliance for north central and east London and west Essex, we will continue to focus on prevention and earlier diagnosis, outcomes and helping people live well beyond a cancer diagnosis. Our programme is detailed in the diagram below:

### Plans for 2017/18

- **London Cancer**
  - **Existing**
    - Lung health check
    - qFIT trial and MDC pilot
    - 62 day delivery
    - Financial sustainability
  - **New**
    - Biomarkers for ovarian and pancreatic cancers
    - Scale up population health
  - **London Cancer**
    - Pathway boards and expert reference groups
    - Information sharing and workforce agreements
    - Centralise complex care
    - 62 day and primary care patient tracking system
    - Lung and prostate optimal pathways

- **Earlier diagnosis**
  - **Existing**
    - Lung health check
    - qFIT trial and MDC pilot
    - 62 day delivery
    - Financial sustainability
  - **New**
    - Biomarkers for ovarian and pancreatic cancers
    - Scale up population health

- **Centre for Cancer Outcomes**
  - **Existing**
    - ICHOM collaboration
    - PHE prostate collaboration
    - Pan-Vanguard informatics
    - Outcomes-based commissioning
  - **New**
    - Evaluation of stratified follow-up and recovery package

- **New models of care**
  - **Existing**
    - Pharma Challenge
    - Early diagnosis industry challenge
  - **New**
    - New commissioning models
    - Diagnostic hub
    - Radiotherapy partnerships

- **Macmillan Integrated Cancer Programme**
  - **Existing**
    - Patient engagement and involvement
    - Coding and safety netting for GPs
    - Financial sustainability
  - **New**
    - Recovery package and stratified follow-up

- **Cancer Academy**
  - **Existing**
    - Chemo school
    - Surgical school
    - Communications skills
    - Primary care education
    - Role innovation
  - **New**
    - MDT and primary care QI
    - 2ww patient support and engagement
Map of UCLH Cancer Collaborative

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. Whips Cross University Hospital
7. Great Ormond Street Hospital for Children NHS Foundation Trust
8. Homerton University Hospital NHS Foundation Trust
9. Moorfields Eye Hospital NHS Foundation Trust

10. North Middlesex University Hospital NHS Trust
11. Princess Alexandra Hospital NHS Trust

Royal Free London NHS Foundation Trust
12. Barnet Hospital
13. Chase Farm Hospital
14. Royal Free Hospital

15. Royal National Orthopaedic Hospital NHS Trust
16. University College London Hospitals NHS Foundation Trust
17. Whittington Hospital NHS Trust