



UCLH Cancer Collaborative
The Cancer Alliance for north and east London

UCLH Cancer Collaborative Annual Review 2017/18



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



13 tumour pathway boards and **9** expert reference groups involving over **300** clinicians and **24** patients

430 cancer clinical trials involving **7,613** 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



Secured **£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

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Welcome

During the last year **UCLH Cancer Collaborative** has made significant progress to improve outcomes and experience for people with cancer, their families and carers. Effective partnership working across the region, has resulted in improved performance in waiting times. This meant that significant national cancer transformation funds were released which will allow us to do even more to support earlier and faster diagnosis, and to improve support for patients after their treatment for cancer has ended.

March 2018 marked the end of NHS England's new care models programme. With our national **Cancer Vanguard** partners - RM Partners and Greater Manchester Cancer Vanguard Innovation - we have worked on many projects which continue to be developed across the NHS to improve cancer care. For example, our **London Cancer** clinical pathway directors worked productively with colleagues to design 'best practice' timed pathways in four major cancers - lung, colorectal, oesophago-gastric and prostate cancers, to improve patient outcomes and experience. We are now working with the national cancer team to support Cancer Alliances in implementation across the country.

What really matters to patients? This question drives the work of our **Centre for Cancer Outcomes** which aims to develop outcome measures that patients and clinicians want and need. We are working with lung and prostate multi-disciplinary teams (MDTs) at Barts Health NHS Trust and University College London Hospitals NHS Foundation Trust (UCLH) to capture internationally recognised outcomes metrics and use MDT 'dashboards' in a way that can be tracked on a regular basis to support continuous improvement.

Education – of professionals, researchers and patients continues to be a key priority in improving cancer services. The **Cancer Academy** continues to grow.

We know that when cancer is diagnosed at an early stage, before it has got too big or spread in the body, it is more likely to be treated successfully. It is against this backdrop that we have focused on **early diagnosis**. We are securing resources to offer low dose CT screening to our population at increased risk of lung cancer, raising awareness of cancer signs and symptoms in communities who often present late. We continue to evaluate new tests and diagnostic services for GPs to use.

We have continued our strong partnership with **Macmillan Cancer Support** to help primary care improve the 'safety netting' of patients sent for tests and those with mildly concerning symptoms. We have designed approaches that empower patients and GPs to be better informed after cancer treatment has ended and keep as much care as possible close to home. We have also increased the number of patients and carers involved in our work and the support we offer.

Our **new models of care** programme has led on the design of a unique 'diagnostic hub' that will streamline suspected cancer diagnosis and monitoring for patients in the heart of north east London. Our chemotherapy experts have worked with the pharmaceutical industry to support patients to administer some injectable cancer drugs used at home.

Our aim is to ensure that patients are offered equitable access to new treatments and the opportunity to support research and innovation. By doing this we can improve cancer care and the chances of survival. In 2017/18, 7,613 patients participated in 430 clinical trials open across our hospitals as part of the **North Thames Clinical Research Network**.

We have made great strides in 2017/18 but we have much more to do. Improving cancer outcomes for our population will take many years of sustained effort and we are laying the foundation to make a lasting difference. Working together, we have shown we can deliver innovative projects that have the potential to change how we diagnose and treat cancer for current patients and future generations.

Pelham Allen, Professor Kathy Pritchard-Jones and Naser Turabi



Pelham Allen –
chair



Professor Kathy Pritchard Jones
– chief medical officer



Naser Turabi –
programme director

Earlier diagnosis

Earlier cancer diagnosis is crucial to improve survival rates and reduce costly treatment of late stage cancers. The earlier diagnosis work programme ties in with the work of *London Cancer* pathway boards to help improve challenges such as waiting times. We are committed to delivering results that will save lives and believe that our programme of work can make a meaningful difference to our local population.

Improving patient experience and outcomes in colorectal cancer

qFIT pilot

In April 2017 we launched the largest research pilot of its kind to trial a simple stool test (qFIT or FIT test) that could accurately rule out bowel cancer and provide an alternative to more invasive colonoscopy.

This year, the study has expanded to include over 50 new GP practices and new hospitals in London and across England. There are over 70 participating organisations in phase II of the study.

By March 2018, we had recruited over 600 patients. In collaboration with University College London (UCL), we delivered a large survey study to understand the views of general practitioners on qFIT and its implementation. We also secured over £200k additional funding from the National Institute for Health Research Biomedical Research Council (NIHR BRC), Cancer Research UK and the North Central London Cancer Commissioning Board to deliver the study at pace.

If the study continues to demonstrate positive results, FIT could be rolled out across the NHS for a high risk group enabling patients to benefit from this easy to use test and saving over £8m. Read more at www.uclh.nhs.uk/cancercollabqFIT



Improving cancer waiting times – triaged Straight-to-Test (tSTT)

We have supported the roll out of nurse-led straight-to-test services at hospitals across the region through a data collection exercise to support evidence-based clinical decision-making.

Improving endoscopy services

We have supported a series of sector-wide quality improvement (QI) training sessions for endoscopy service staff to help increase efficiency. By facilitating shared learning, the training enabled leadership to embed change that drives transformation.

PLANS FOR 2018/19

- The qFIT pilot will continue to recruit patients from across our region and beyond until the required 2,000 sample size is achieved
- We will deliver three enhancement studies related to the qFIT pilot focusing on patient experience, understanding cost effectiveness and improving test efficacy using machine learning algorithms

- We will introduce a new programme focusing on optimising endoscopy services through formal quality improvement programmes, coaching and supporting the implementation of the timed colorectal cancer pathway across the sector.

Multi-disciplinary Diagnostic Centres (MDCs)

UCLH Cancer Collaborative continues to work in partnership with the national **Accelerate, Coordinate, Evaluate (ACE)** programme, supported by Cancer Research UK, NHS England and Macmillan Cancer Support, to pilot MDCs across north and east London. Working with local providers, primary care and patients, this programme aims to deliver a rapid diagnostic service for people presenting to their GPs with non-specific symptoms and, as such, are hard to diagnose.

The MDC service is now operational at five hospitals across the region - University College Hospital, North Middlesex Hospital, Royal Free Hospital, Queen's Hospital in Romford and Southend Hospital. There has been a six fold increase in the number of patients this service has helped diagnose and treat over the past year. As a reflection of the broad referral criteria (including 'gut feeling' by GPs), the cancers diagnosed have been varied, ranging from lung to colorectal. In addition to cancers, a number of significant other diagnoses have been made.



Members of the MDC team with Dr Gary Wannan, vice chair of BMA Consultants Committee

PLANS FOR 2018/19

- We will open an additional MDC at the Royal London Hospital, Barts Health NHS Trust, to increase service access for people in east London. We will continue to work with ACE to determine the most optimal MDC model.

Gudula Khan from Hampstead was referred to the University College Hospital MDC in November 2017 by her GP.

Mrs Khan said: "I had a routine blood test for diabetes at my GP surgery and then received a call from the practice to say I was very anaemic. My GP was concerned that it could be something serious, even though I felt fine, and she insisted on referring me to the multidisciplinary diagnostic centre at UCLH. At the MDC I met Vicky, the nurse, who asked me some questions and arranged for me to have a CT scan as well as an endoscopy and colonoscopy the following week. The consultant told me that I had bowel cancer and I would need an operation. The surgery was successful – I was lucky that the cancer hadn't spread to any other parts of my body and I didn't need chemotherapy afterwards.

"I had no outward symptoms of bowel cancer and feel incredibly lucky that a routine blood test flagged that there could be a problem to my GP. I am so grateful to the MDC service at UCLH for being available to make sure I could receive a speedy diagnosis and get my cancer treated quickly."

Biomarker projects

We supported the completion of three research pilots led by UCL researchers that aim to develop **biomarker tests** for diagnosing pancreatic, oesophageal and bladder cancers earlier. The pilots collected simple urine and blood samples to identify small chemicals indicative of cancer, and have jointly recruited more than 1,700 patients.

Preliminary results are promising and the research teams are now expanding the pilots into large scale research studies. If these are successful, the biomarker tests will improve survival rates for these hard to diagnose cancers.

Lung cancer research study

UCLH Cancer Collaborative is taking a pro-active approach to improve the earlier diagnosis of lung cancer in our sector and survival outcomes for patients. Led by Professor Sam Janes, the lung cancer research study will identify and invite people known to be at risk and offer them a lung health check at local sites. This will identify eligible patients for a low-dose CT scan. Patients wishing to receive support for smoking cessation will be referred to their local services.

Population awareness

We have continued to work with partners in the NHS, local government and voluntary sector to improve the public's awareness of cancer signs and symptoms, highlighting the importance of early healthcare seeking and encouraging the adoption and engagement in healthier lifestyle activities. Highlights of our work in 2017/18 include:

- We reached over 2,700 people with our Deflate Cancer inflatable body organs campaign hosting 10 events in six boroughs.
- In collaboration with Cancer Research UK, we trained 108 people to become Highlight Cancer ambassadors in their community.
- We re-launched the small c website www.smallc.org.uk in February 2018 and have had over 7,000 single visits to the site in two months.
- We ran a localised campaign on cervical screening with Jo's Cervical Cancer Trust in four east London boroughs reaching hundreds of thousands of women.
- We funded local initiatives in the boroughs of Newham and City and Hackney to increase awareness of signs and symptoms of cancer.

small
The Big C



PLANS FOR 2018/19

- **Screening and population awareness – we are working with our partners in the sector to develop and implement interventions that will improve screening uptake and coverage as well as the local population's awareness of the signs and symptoms of cancer.**

Primary care education

Our education programme is mobilising primary care healthcare professionals to improve diagnosis on the frontline. The programme includes a number of education and training packages for GPs and primary care staff.

BMJ OnExamination

We worked with the BMJ OnExamination platform to offer modules to support the earlier diagnosis of the most common cancers presenting in primary care. Cancer types covered include breast, head and neck, lung, skin and soft tissue, abdominal and pelvic (upper GI, colorectal and gynaecological), urological and prostate and rare cancers. The package allows GPs to work through the content at their own pace and it is CPD approved providing up to 10 hours of learning accreditation.

RCGP/UCLH Cancer Collaborative colorectal cancer online course

In partnership with the Royal College of General Practitioners (RCGP) we have developed a new online module on colorectal cancer. This accredited module addresses some of the difficult decision making processes that GPs face when presented with uncertainty around lower abdominal symptoms. The module is accessible to over 80,000 users and gives an overview of the whole pathway including early signs and symptoms, fast-track referral, diagnostics and next steps after referral.

Inter-professional learning – oral cancer

The earlier diagnosis team and Cancer Academy piloted an inter-professional learning seminar focusing on oral cancer. The session focused on the detection, treatment and management of oral cancer and in particular looked at the patient pathway from detection of disease through to management of oral complications of cancer therapies. The seminar was attended by community pharmacists and pharmacy staff, dentists, dental nurses and GPs.



London Cancer



London Cancer includes 22 pathway boards and expert reference groups (ERGs). These groups include representation from cancer professionals across the region and active participation from primary care and from patients. The role of these pathway boards and cross-cutting ERGs is to improve cancer care for patients, delivering an integrated care pathway that extends from presentation and diagnosis through to palliative care and living with and beyond cancer.

In 2017/18 *London Cancer* pathway boards and ERGs have continued to support the following objectives:

Whole pathway improvement

As *London Cancer* we have increasingly sought to develop guidelines and best practice with our wider partners in order to reduce variation in care.

In 2017/18 we worked with our national Vanguard partners to agree best practice pathways and action plans for implementation for lung, prostate and colorectal cancer. A pathway and action plan for OG will shortly follow. The prostate and colorectal pathways have been adopted by NHS England and published as national guidance to support the first 28 days of the pathway to achieve the new faster diagnosis standard which will be monitored from April 2019.



London Cancer clinical leads pictured with Professor Chris Harrison, national clinical director for cancer (second from right)

In November 2017, UCLH robotic surgeons featured on the front page of the Evening Standard when they reached their 500th robotic prostatectomy. Prostate surgery across the region was centralised in 2015.



We have contributed to the cancer performance and waiting times agenda with a particular focus on the prostate pathway. This has included an MRI improvement project and bringing funds into the collaborative to support additional administrative, surgical and diagnostic capacity at partner trusts, and clinical leadership.

London Cancer reviewed the success of the reconfiguration and centralisation of urology, oesophago-gastric (OG), haematology and head and neck services through the 'Gateway 5' process to understand the impact of these changes. As a result of these reviews, further actions have been identified to fully realise the benefits of centralisation of head and neck services. The urology, haematology and OG services are ready to be passed through 'gateway 6' - the final gateway in the reconfiguration process.

In response to consistent feedback from our pathway boards that a greater focus on information sharing between trusts through digital technologies would be beneficial for patient care, we have started to support the digital agenda through interfaces between trust cancer management systems.

PLANS FOR 2018/19

- We will work with trusts to support implementation of faster diagnosis standards, focusing on colorectal, prostate and lung cancer
- We will support trusts to implement the National Optimal Lung Cancer Pathway (NOLCP) designed to get patients to diagnosis earlier thus increasing the number of patients diagnosed at an earlier stage that would potentially benefit from curative treatment
- We will support trusts with digital innovation, working with the STP digital teams and the London Digital Programme to accelerate progress for the benefit of cancer patients.

'I really did not know what to expect. But all the Haematology Pathway Board members have been very welcoming and clearly value the input of my fellow patient reps. We've been involved in a range of projects – big and small, some general and others quite specialised. It's been fun, always interesting and a great way to help the boards improve patient care.'

Declan Sheehan, patient representative on the Haematology Pathway Board.

Support for local improvement initiatives in patient experience

Our Pathway Boards and Expert Reference Groups have led a range of initiatives focused on improving patient experience. These have included:

- An audit by breast care nurses on improving prosthetics service provision found that the service has made great improvements, however there are still areas for development which the forum will continue to monitor.
- Working with Pfizer to complete a report on metastatic breast cancer pathway redesign. The work undertaken by the UCLH Cancer Collaborative formed one of the case studies in the Breast Cancer Care report on current best practice in secondary breast cancer (published March 2018).
- Local patient experience surveys for head and neck surgical patients, Hepato-Pancreato-Biliary patients, radiotherapy patients and chemotherapy patients.
- Standardising information in relation to lymphoedema prevention and early detection across the network.
- Project to assess whether patients on Abiraterone (a type of hormone therapy for men with prostate cancer) would prefer to be monitored closer to home and by different professionals.

Deborah Glover has recently returned as a member of the Breast Pathway Board, having previously served on the board 2012-14.

“Working with the Breast Cancer Tumour Pathway Board has been invaluable for me as a breast cancer patient. Returning to the board after a break of two years was slightly daunting, but I was welcomed back by all.

“It was both satisfying and reassuring to see that the projects were either completed or being taken forward and that real change had been made. For me, one of the most positive changes has been as a result of the work undertaken to ensure that the ‘one-stop clinic’ experience across the region is as stress-free and as positive as possible. This was a project that did not require a great deal of resources, rather some small changes to routine and information giving. It was a living reflection of this board’s commitment to improving the patient experience and meeting 2-week wait targets.”

Workforce and education

Multi-disciplinary team (MDT) Improvement

During 2017/8 *London Cancer* has worked with the Cancer Academy to establish a programme to support the implementation of its MDT improvement report. For further details please see page 17. Professor Muntzer Mughal, lead for the School for MDT improvement, has participated in trust MDT workshops at Barking Havering and Redbridge University Hospitals NHS Trust and North Middlesex University Hospitals NHS Trust.

Education days

In 2017/18 we held or supported the following education events with a combined attendance of over 350 healthcare professionals across the network:

- Cancer of Unknown Primary (CUP) education day
- Quarterly head and neck audit days
- Gynaecological cancers research day
- HPB Pancreas education morning
- Haematology guidelines event
- Pan London TYA Cancer Education Day
- MRI masterclass for the diagnosis and management of prostate cancer
- Urology administrative workshop.



MRI masterclass for prostate cancer

Macmillan Integrated Cancer Programme

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 2017/18 was confirmation 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 eight providing quarterly data to UCLH Cancer Collaborative on their progress. We are also working to support GPs to conduct cancer care reviews by piloting a CCR tool within eight GP practices across our geography.

Stratified follow-up

During 2017/2018, 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. Highlights of the year include:

- Collaborating with the CCGs in north central London and the Transforming Cancer Services for London team to develop a primary care-led solution in north central London. This was launched in October 2017.
- 398 (22%) of individuals with breast cancer and 475 (31%) of people with prostate cancer were stratified onto self-management pathways between April and December

2017. The aim is for 40% of prostate, and 70% of breast patients to be on stratified self-management pathways.

- In January 2018, the colorectal stratified pathway and guidance for implementation was published. We will be working with our trusts to help roll this out.

PLANS FOR 2018/19

- Roll out transformation funding initiatives to scale up implementation of the recovery package and stratified follow-up
- Review and adapt the cancer care review template and documentation in response to pilot feedback.

Primary Care Improvement

We have developed an e-learning module hosted on [Macmillan's Learn zone website](#) - Coding and safety netting in the context of cancer LearnZone.

The module was accredited by the Royal College of General Practitioners (RCGP) in April 2018.

Our electronic safety netting toolkit for general practice has been further developed and refined. The final version is now available nationwide on EMIS web systems, along with our user guide and video. In March 2018, we successfully delivered three safety netting workshops for GP practices in north east London.

We have developed an online primary care community – the Primary Care Expert Reference Group for north central and east London. The group's aim is to share and discuss ideas and disseminate quality improvement work more widely.



PLANS FOR 2018/19

- Publicise and advocate the e-module to more GPs and GP trainees
- Deliver workshops on a CCG based level to train GP practices on using the electronic safety netting toolkit
- To encourage active participation in our NCEL Primary Care Expert Reference Group.

Improving patient experience and facilitating involvement

Improving cancer care through the active involvement of people affected by cancer is vital to our work. In Autumn 2017, we launched a Patient and Carer Network which has grown to over 65 members from across our 13 boroughs. Members have used their lived experience of cancer to:

- Share their stories with primary care professionals as part of a series of masterclasses on cancer
- Shape a pilot to measure people's quality of life after treatment
- Participate in interview panels for senior leadership
- Shape communications for a major lung screening study
- Drive initiatives to improve patient experience across our Pathway Boards and Expert Reference Groups.



We welcomed eight members to our new Patient Experience and User Involvement Steering Group, which ensures that the views of people affected by cancer are represented at the highest level in the Cancer Collaborative. We have facilitated induction days and peer to peer events to support people affected by cancer to participate in our work.

The 'Improving Quality and Experience' community has hosted events bringing together cancer nurses, patient information managers and patient experience staff from our partner Trusts, as well as people affected by cancer, to encourage shared learning. This has focused on the 'Top ten things which matter most to patients' and on responding to the National Cancer Patient Experience Survey findings.

'Using my own experiences as a patient and carer to contribute positively to developing training DVDs 'Telling your child you have cancer' and 'Supporting families and carers of people with cancer' has felt worthwhile and hopefully will be useful to others. I have also learnt a lot thanks to the support of the Chair and other members of the group.'

Daphne Earl, patient representative on the Psychosocial Expert Reference Group

PLANS FOR 2018/19

- **Develop use of real-time feedback to drive improvements in patient experience through our 'Improving Quality and Experience' community**
- **Develop 'cancer information pathways' to improve access to timely and holistic information for patients and carers**
- **Continue to grow and diversify our Patient and Carer Network, engaging seldom heard communities in the population we serve.**

Cancer Academy



The UCLH **Cancer Academy** was formed in summer 2017 to provide world leading education for staff working in cancer services and for people affected by cancer. We are developing a broad and varied programme of high-quality education and support across the Academy's four schools, and are grateful for the support provided by Amplifi, UCLH Trustees, the UCLH Charity and UCL Partners.

- **New courses in the school for cancer professionals**

We have expanded our programme to include new courses for healthcare professionals working with people affected by cancer, and have attracted delegates from across the UK and internationally. You can see our full course portfolio on our website:

www.uclh.nhs.uk/canceracademy

- **Multi-disciplinary cancer team effectiveness**

We are taking innovative approaches to MDT improvement under the clinical leadership of Professor Muntzer Mughal. This involves piloting simulation training and specialist workshops for MDTs, and we have also launched an exciting coaching programme, which trains doctors, nurses and allied health professionals to work with MDTs and help them to implement change over time.

- **Education programme for people affected by cancer**

We offer education for patients and their families, and are developing digital resources for people who may not be able to attend face-to-face sessions.

We have also supported a pilot programme providing cancer awareness education for people who have been investigated for cancer but not diagnosed. Those taking part have reported feeling more confident about making healthy changes, and are more likely to be aware of and report cancer warning symptoms in the future.

- **Faculty development**

With the support of our faculty champion and UCLH chief executive, Professor Marcel Levi, we have been working with clinical staff to help them become confident educators. This includes piloting a fellowship offer, which allows clinical staff to find the time to focus for a short period on intensive, accelerated course development and improvement.

PLANS FOR 2018/19

- We will continue to work with expert cancer professionals, to expand the number and scope of courses we offer, proving more varied and relevant opportunities for learning and reaching new clinical audiences.
- Our MDT coaching and improvement programme will recruit 36 doctors, nurses and AHPs and equip them with skills and tools to coach MDTs and enhance their meetings and improve patient outcomes.
- We hope to expand and develop Cancer Academy fellowships, helping to remove some of the barriers staff can face when working on course development and building up the support available to them from educational experts.

Centre for Cancer Outcomes

The **Centre for Cancer Outcomes** focuses on the health outcomes of people with cancer and aims to make the data required to inform clinical decisions more easily available. Under the clinical leadership of Professor Mick Peake, the Centre for Cancer Outcomes has four key objectives, which are to:

- Provide regular customised insights for our patients, local population and staff to help us drive out variations in care
- Develop enhanced outcome measures which better reflect the things that matter most to patients through their diagnosis, treatment and care pathway
- Model future service demands ensuring optimisation of resources across north and east London and west Essex
- Use data to support and inform population-based health research.



Mick Peake – clinical director, Centre for Cancer Outcomes

Improve our understanding of variations in outcomes in lung cancer at population level

Comparing the management and outcomes between the USA and the UK on a like-for-like basis has, in the past, been very difficult. A collaborative project between the Centre for Cancer Outcomes, Yale School of Medicine and analysts at the University of Milan-Bicocca in Monza, Italy has now shown ^[1], for the first time how this might be done.

Using Medicare data in patients over the age or 65 with non-small cell lung cancer and data from the National Lung Cancer audit and National Cancer Registration and Analysis Service in Public Health England, the investigators have been able to show:

- 1) A greater proportion of lung cancer patients are diagnosed with early stage disease in the USA compared to England
- 2) A greater proportion of lung cancer patients in the USA have tissue confirmation of their diagnosis
- 3) At every age and stage group, patients in the USA received more treatment, especially surgery
- 4) For every age and stage group, patients in the USA were more likely to be alive at one and two years post diagnosis than those in England.

The contrast between the care and fate of lung cancer patients in the two countries should prompt us to look again at our own practices in the UK.

Lung cancer is the commonest cause of cancer death in north and east London. The main reason for poor outcomes in lung cancer is late diagnosis - around three quarter of patients diagnosed at an early stage will be alive at five years compared with less than one in 20 of those with late stage disease. Furthermore, 42 per cent of lung cancer patients in east London are diagnosed as part of an emergency presentation and such patients often

^[1] The Care and Outcomes of Older Persons with Lung Cancer in England and US, 2008-2012. Andreano A, Peake MD, Janes S, Valsecchi MG, Pritchard-Jones K, Hoag JR and Gross CP. J Thorac Oncol. 2018 Apr 26. pii: S1556-0864(18)30550-1. doi:10.1016/j.jtho.2018.04.022. [Epub ahead of print]

have later stage cancer and a much lower chance of survival than those diagnosed as out-patient referrals from a GP.

Despite this knowledge we do not fully understand why London has some of the best and worst outcomes in lung cancer, and why treatment rates and survival are so low. The Centre for Cancer Outcomes, in collaboration with Queen Mary University London and Kings College London, has embarked upon a project with the Cancer Research UK Early Diagnosis Advisory Group to identify 'actionable moments' by analysing patient-GP interaction in the year before a diagnosis of lung cancer, using linked information from GPs and hospitals in inner north east London (Waltham Forest, Newham, City & Hackney and Tower Hamlets). The project will help us develop a better understanding of treatment variation. If successful, there is potential to extend this to other tumour groups and diseases beyond cancer.

Understanding impact of palliative chemotherapy use

Cancer patients nearing the end of their life should be supported to make decisions regarding their own care to live well until they die. However, there is a low level of evidence on the efficacy of many treatments used in this context and even less information on their impact on quality of remaining life.

To enable our clinicians to have frank conversations on the risks and benefits of the proposed treatments for cancer patients at the end of life, Clinical Fellow at the Centre for Cancer Outcomes, Dr Emma Kipps, is leading a project to investigate the use of chemotherapy in breast and pancreatic cancers and time spent in a hospital bed in the 90 days before death.

The project is in partnership with Public Health England (PHE), with analysis based on PHE's linked national datasets from Office of National Statistics (ONS), Hospital Episode Statistics (HES), and the Systemic Anti-Cancer Therapy Dataset (SACT).

This is the first time that routinely collected UK patient data will be used to review the use of palliative chemotherapy in breast and pancreatic cancers. Early findings will be presented at the Cancer Services, Data and Outcomes Conference 2018. By enabling clinical teams to benchmark against national data, we will support the communication on prognostication, informed choice on continuing/discontinuing treatment and conversations around the transition to end of life.

Developing clinically meaningful metrics

UCLH Cancer Collaborative, in partnership with the National Cancer Registration and Analysis Service (NCRAS), has completed the development of a tool to describe details of the prostate cancer pathway using routinely collected linked data at Public Health England. The tool uses linked data within NCRAS to allow the team to identify the type and timing of clinical events in a patient's care pathway, and highlight issues such as referral patterns, delays and use of resources.

We will use this tool with the Prostate Pathway Board to enable teams to identify pinch points along the patient journey, and develop clinically meaningful metrics across north and east London. We also aim to extend the capability of this tool to the lung cancer pathway, working with the Lung Pathway Board.

New models of care

The **new models of care** programme seeks to change how different providers organise their services to deliver better care for patients. In 2017/18 the programme has built on our previous scoping and testing of new integrated care delivery models that span health and care systems.

Medicines optimisation

In the final year of our partnership with the pharmaceutical industry as part of the Cancer Vanguard's Pharma Challenge programme, our medicines optimisation projects have begun to see tangible benefits to the NHS and patients.

Our collaboration with the pharmaceutical company Amgen, 'Denosumab closer to home' (Denosumab is a targeted therapy used for the treatment of secondary breast cancer in the bone), concluded with the publication of a simulation model for use by providers. This allows them to map out the costs and savings associated with moving delivery of Denosumab out of the hospital and into the home or community. Managers, pharmacists, clinicians and commissioners from across the NHS have used the model and accompanying options appraisal document (OAD), feedback has suggested this has led many to further explore out of hospital delivery. The project was also nominated for a Health Service Journal partnership award.



A second partnership with Amgen scoped delivery models for systemic anti-cancer therapy (SACT). The results will be published in 2018 in an options appraisal document.

Our final pharma challenge project, in collaboration with Bristol Myers-Squibb (BMS), is designed to help prepare the NHS for the expansion of immuno-therapy (IO) agents. IO could represent a significant innovation in the way some cancers are treated, however, symptoms and presentation can be very different from standard chemotherapies. The project aims to define a robust service so that patients suffering adverse events are treated appropriately and within a suitable timeframe. Following extensive clinician interviews, data capture and workshops a set of recommendations, metrics and a pathway from recognition of symptoms to treatment has been developed and will be published in 2018/19.

PLANS FOR 2018/19

- **Implement the recommendations of the managing immunotherapy adverse events project**
- **Implement Denosumab self-administration across all trusts in our geography that are yet to do so.**

Early diagnosis industry challenge

The Cancer Vanguard launched an Early Diagnosis Industry Challenge in 2017 to engage expertise and resource from outside the NHS to work together to increase the proportion of cancers detected at stages 1 and 2, and to reduce the proportion of cancers detected through emergency presentation. 2017/18 has seen UCLH Cancer Collaborative take forward two of the projects focusing on cancer risk identification and ovarian cancer surveillance. The projects are planned to launch in 2018.

Alliance Diagnostic Hub

The Alliance Diagnostic Hub was conceived to improve earlier and better cancer detection for patients with conditions that significantly increase their risk of developing cancer. Currently there can be variation in follow up and surveillance for these patients.



The Alliance Diagnostic Hub will be a centre which facilitates earlier and faster diagnosis, especially for selected cohorts of surveillance and follow-up patients. The additional diagnostic capacity will help existing units focus their work for more efficiency and better patient experience.

The new hub will be a centre for training and dissemination of skills, new techniques, standardisation of best practice and spread of knowledge between health professionals across north east London

There are no known centres in the UK offering this type of cancer diagnostic hub. Transformation funding offers the opportunity to develop a new and innovative service which works to underpin improvements in patient outcomes and experience across the region.

Forward look

UCLH Cancer Collaborative developed a sector-wide transformation programme as part of the national Cancer Vanguard, which now forms the bedrock of our continuation as the Cancer Alliance for north and east London.

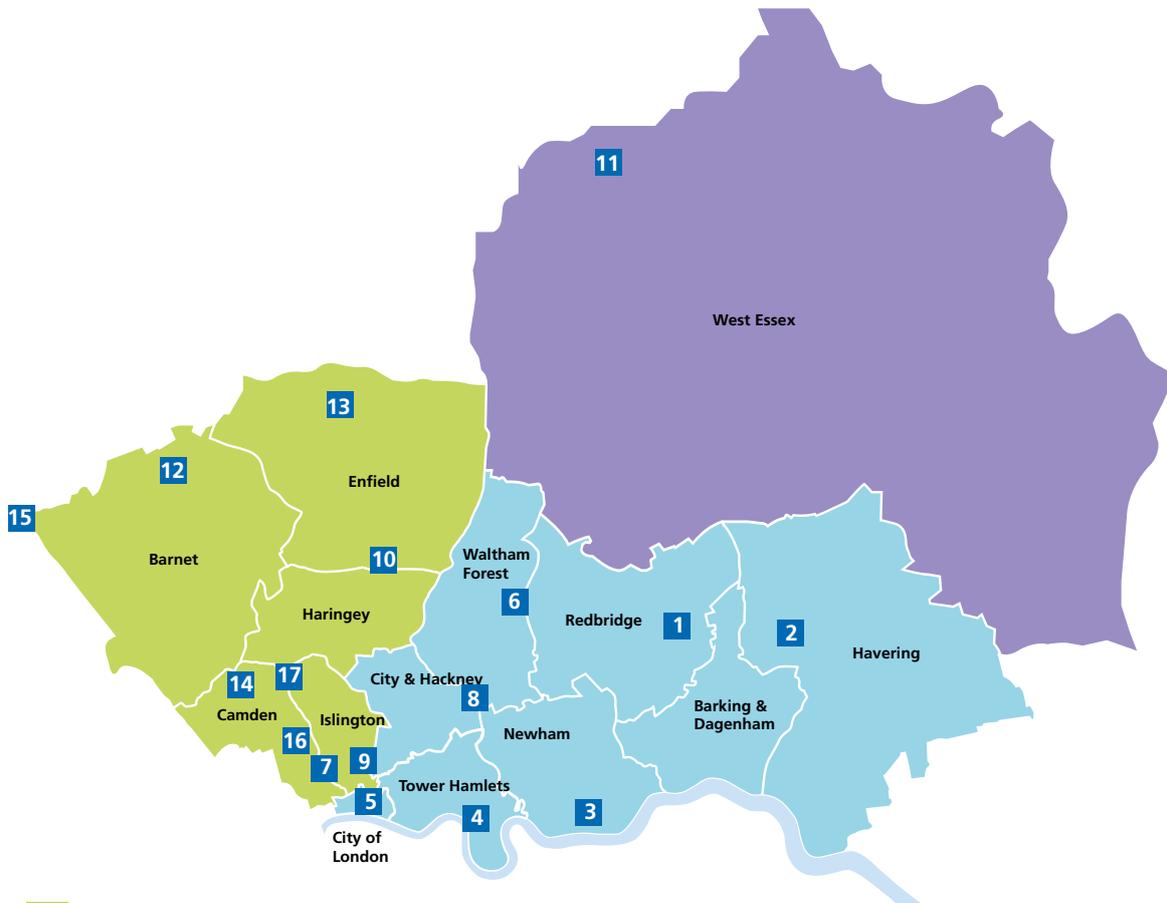
Our priorities for 2018/19 remain - improving early diagnosis; strengthening collaboration, developing new ways of working, promoting prevention, helping patients living with and beyond cancer, and raising awareness amongst the public. We continue to support our clinical leaders throughout north and east London to work across organisational boundaries to create 'whole system' improvement resulting in excellent care for everyone. We will work hard as a region to make sure that people with cancer are being treated within 62 days from urgent referral. In all our work we will be guided by the patient perspective, through direct patient involvement as well as learning from research into patient experiences.

We will strive to be at the cutting edge of bringing innovation to our population, working with the excellent researchers across the UCL Partners academic health science system. We aim to maintain our position as one of the largest recruiters to cancer clinical trials, as we know that access to clinical trials is incredibly important to patients and their families and also improves patient care overall.

We have committed to creating a pan-London Cancer Alliance research consortium, to continue our partnership with RM Partners and the South East London Cancer Alliance offering research fellowships to healthcare professionals in training that address our cancer patients' needs. Together, we aim to increase health services research in under-researched areas and provide more research training opportunities for professional groups allied to medicine.

Overall our aim is simple – improving the outcomes and experience for all people affected by or at risk of cancer. With this in mind, the patient, their carers and families, remain at the very heart of all we do.

Map of UCLH Cancer Collaborative



- North Central London Sustainability and Transformation Partnership
- North East London Sustainability and Transformation Partnership
- West Essex

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 Whipps Cross University Hospital

Great Ormond Street Hospital for Children NHS Foundation Trust

- 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 (UCLH)

- 17 Whittington Hospital NHS Trust