

## Humber, Coast and Vale Cancer Alliance – February 2019 update

As part of our communications and stakeholder engagement plans, the Humber, Coast and Vale Cancer Alliance would like to ensure that our stakeholders are kept informed on the latest news and developments across the Alliance.

### NHS Lung Health Checks

On 8<sup>th</sup> February NHS England announced that Cancer Alliance had been successful in securing Hull as one of the 10 sites across England that has been chosen to deliver the first phase of the NHS Lung Health Checks. NHS Hull CCG is one of those CCGs chosen to roll out the NHS Lung Health Check. The targeted screening will help improve survival rates by going to areas with the highest death rates from lung cancer. As we know, Hull has one of the highest death rates from lung cancer.

Dr James Crick, Consultant in Public Health Medicine and Associate Medical Director at NHS Hull CCG, said: “Humber, Coast and Vale Cancer Alliance and NHS Hull CCG welcome the announcement that Hull is one of 10 initial sites, across the UK, chosen to be part of the first phase of the NHS Lung Health Check rollout. The CCG and the Alliance are working with Hull University Teaching Hospitals NHS Trust and local healthcare partners to develop plans for the implementation of the lung health check service in Hull, which will include a mobile lung cancer scanning truck.

“We know that detecting health problems earlier makes the chance of successful treatment much greater, and we look forward to working in partnership to deliver a service that is going to save lives”

Dr Crick was interviewed on BBC Radio Humberside and you can listen to his interview here: <https://www.bbc.co.uk/programmes/p06yz05l>

The NHS Long Term plan sets out an ambition that 55,000 more people will survive their cancer. To achieve this, the plan also includes an ambition to increase the number of cancers diagnosed at stages one and two from half to three-quarters of cancer patients.

Based on the schemes in Manchester and Liverpool, the project will not just identify more cancers quickly but pick up a range of other health conditions, including chronic obstructive pulmonary disease (COPD).

The scheme means people aged 55-74 who have been identified as being at increased risk of lung cancer will be invited for a lung health check and be offered a chest scan if appropriate, through a mobile unit. The new projects will last initially for four years and NHS England will evaluate the results with possible further roll-out. A second phase will see this service roll-out in other areas of the Humber, Coast and Vale Cancer Alliance. A first stakeholder event is being planned for April – the date will be confirmed shortly.



### **Clinical leadership event – Humber, Coast and Vale Cancer Alliance**

Senior Leaders from across the Humber, Coast and Vale Cancer Alliance area came together at the second clinical leadership event on 1<sup>st</sup> February.

The event was a chance for senior clinicians from across the Cancer Alliance to showcase the work that is ongoing. A showcase presentation, on the research project, Fast Track FIT – Diagnostic Accuracy Study was given by Dr James Turvill, Consultant Gastroenterologist from York Teaching Hospital NHS Foundation Trust.

Dr Gavin Anderson, Lung Clinical Lead and Mr Matt Simms, Prostate Clinic Lead, both presented the Lung Pathway and Prostate Pathway development work; a priority for the Cancer Alliance. Their visions will be built on later this week, on Wednesday 6<sup>th</sup> February, when the Alliance hosts a patient and carer event. This event aims to get a better understanding of the patients' experience of the cancer pathways.

In the final session of the Clinical Leadership Event, Lucy Turner, Programme Director, took the opportunity to present the vision and draft Long Term Plan objectives for the Cancer Alliance in 2019/20, followed by a collaborative breakout session for stakeholders to review and build on the vision and objectives set out.

### **National cancer team's visit to Humber, Coast and Vale Cancer Alliance**

David Fitzgerald met with staff from across the Cancer Alliance when he visited the area on 5<sup>th</sup> February at The Queens Centre at Castle Hill Hospital. Presentations from senior clinicians and leaders from the Cancer Alliance were given on our vision and objectives for 19/20; 62-day recovery plan; diagnostics; lung and oncology transformational service redesign.

Following the announcement of £88.5m capital funding, the Alliance asked David for National Team support to overcome the lengthy capital clearances and business case submissions.

Workforce and recruitment to key positions was also highlighted as an area where the Cancer Alliance would welcome National Team support.

David explained that the National Team is looking at how transformation funding across all Cancer Alliances is allocated with a move from a bidding process to a population-based allocation to reflect deprivation indices. If agreed, this would significantly increase resource for the Cancer Alliance.

The visit finished with a tour of the Queens Centre for Oncology and Haematology.

## **Oncology Services at York Teaching Hospital NHS Foundation Trust**

As of 5th March 2019, the breast oncology outpatient service at Scarborough Hospital will no longer be provided by Hull and East Yorkshire Hospitals NHS Trust, and all patients will instead be seen as an outpatient at York Hospital.

This is a short to medium-term measure which is needed due to issues with medical staffing and increased patient need for access to oncology services. Chemotherapy will continue to be delivered at Scarborough Hospital.

Oncology services have been delivered by Hull and East Yorkshire Hospital NHS Trust for over 10 years. However, due to medical staffing constraints, in recent months the service at Hull is struggling to be maintained. This may have an impact on waiting times and, potentially, clinical outcomes due to delays in reviews and treatments.

There is a national shortage of oncologists and also oncology trainees. The service has advertised numerous times over the past 18 months to recruit both substantive and locum staff with little success.

As you may also already be aware, referrals to Scarborough and York oncology services have increased each year for more than a decade. This is having a significant impact on the demand for the service.

York Hospital is currently in the process of contacting patients who have been referred to the service to make them aware of the changes.

Patients with a current open referral will be contacted by phone by York Trust staff and it will be explained to them that their oncologist will no longer be providing clinics in Scarborough. If they wish to stay under the care of this consultant, they will be given the option to transfer their care to Hull and continue with the same consultant. This will however mean that the rest of their care and treatment would also transfer to Hull (including chemotherapy).

The alternative is that they will be given an appointment at York Hospital. This would mean that their oncology outpatient appointments would take place in York, however they would be able to have chemotherapy in Scarborough or Bridlington. The initial phone call will be followed up with a letter.

For new patients and those referred for appointments from 5 March onwards, the referral pathway remains the same as now. Patients needing a referral into the two week fast track breast cancer pathway can be referred to either York Trust (with diagnostic appointments taking place at York Hospital) or to Hull Trust, as is currently the case, taking into consideration patient choice.

This is a short to medium-term measure which is necessary to continue to deliver a service that meets expected levels of quality and safety.

Our priority is to ensure that patients who need to be seen by a highly skilled specialist can do so as quickly as possible, and the only way to do this within the current resources is to provide the service from a single location.

### **Diagnostics**

Contracts are currently being signed following the procurement of the radiology workflow solution. This is a five-year contract with option to extend for a further five years, one year at a time and an option for Yorkshire Imaging Collaborative to join the contract at a later date if this suits the needs of their stakeholders.

Good progress is being made on the joint asset register for diagnostics with plans for an initial, collaborative exercise planned in early April to support recommendations about strategic investment in replacement radiology kit.

Work is currently being worked up to move from a radiology outsourcing network to develop an insourcing network which aims to make best use of the available resources across the patch and reduce cost and reliance on outsourcing over time.

The Board Assurance Framework has been circulated to key stakeholders for input. The framework will create a combined list of risks that can be evaluated and used to identify priority actions using a collaborative region wide, strategic approach. This will be discussed further at the Endoscopy Working Group on 5<sup>th</sup> March and the Radiology Group on 7<sup>th</sup> March and a future Pathology Group and at the Strategic Diagnostics board on 14<sup>th</sup> March. The next Strategic Diagnostic Board is being held on 14<sup>th</sup> March 2019.

### **Treatment and Pathways**

To assist and support the planning and implementation of the Colorectal, Lung and Prostate Rapid Diagnostic and Assessment Pathways, stakeholder events continue to be held across each of the pathways.

The Cancer Alliance held a Colorectal Cancer Event on 28<sup>th</sup> February focusing on implementation of Faecal Immunochemical Testing (FIT). Participants heard from NHS England about the new FIT screening test being implemented from April, about the use of FIT in symptomatic patients presenting in primary care, and early results of an economic analysis of the weight loss pathway. The event was well attended by staff from primary and secondary care and evaluated well. This is part of the work we are undertaking to agree pathways across the Alliance for low risk and high risk patients. Copies of the presentations are available [here](#)

### **Lung Rapid Diagnostic and Assessment Pathway**

Action plans have been drawn up and agreed and a further business meeting was held on 21<sup>st</sup> January to update and discuss issues affecting all organisations across the Alliance, including workforce shortages and diagnostics. A further education event is being planned for 30<sup>th</sup> April 2019. Slides from all the previous event can be found [here](#)

### **Prostate Rapid Diagnostic and Assessment Pathway**

The next Prostate workshop is currently being planned and a date will be circulated shortly.

### **Prostate Focus Group**

Focus groups were held on 6<sup>th</sup> February at the County Park Inn, Hessle, where a number of patients and others affected by prostate cancer came together to talk about their experience of prostate cancer from their signs and symptoms, presenting at primary care through diagnostics, treatment to living with and beyond cancer. The event was incredibly well attended and the findings and next steps from the event will be taken forward with those that attended with future co-production events being arranged. The findings from the event will be used to inform the pathway work currently being undertaken. Focus groups sessions are being planned for those affected by colorectal cancer in the near future, to inform the colorectal pathway.

### **Living with and beyond cancer**

Progress is being made with the introduction of risk stratified pathways with all new patients with colorectal cancer beginning to be risk stratified at Northern Lincolnshire and Goole NHS Foundation Trust. Hull and East Yorkshire Hospitals NHS Trust have begun risk stratification for colorectal and prostate cancer (where patients received radical radiotherapy). Patients with breast cancer are also risk stratified. At York Teaching Hospital NHS Foundation Trust, patients diagnosed with breast cancer and colorectal cancer are risk stratified.

### **Upcoming Awareness Days/Campaigns – March 2019**

- Ovarian Cancer Awareness month
- Prostate Cancer Awareness month
- Cervical Cancer Screening campaign
- No Smoking Day – 13<sup>th</sup> March 2019

<https://campaignresources.phe.gov.uk/resources>

### **Twitter @HCVcancer**

A reminder that Humber, Coast and Vale Cancer Alliance uses twitter and our handle is @HCVcancer Please do send content or tag us in to anything you would like us to share or make us aware of.

Please contact us if you no longer wish to receive this monthly communication, if you have received this bulletin and are not on our distribution list and would like to be, or if there is anything you would like to include in future monthly updates, please email us at

[comms.hcvcanceralliance@nhs.net](mailto:comms.hcvcanceralliance@nhs.net)

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