West Midlands Cancer Alliance (WMCA)

17th July 2024

Board Briefing Note

For the attention of WMCA Board Members, Accountable Officers, CEOs, Cancer Managers and Cancer Leads in ICB and provider organisations:

The WMCA Board met via MS Teams on Wednesday, 17th July 2024 to review the work and progress of the partner organisations in the WMCA. The meeting was chaired by Professor Andy Hardy, CEO of University Hospitals of Coventry and Warwickshire (UHCW). The Board had representation from all West Midlands Integrated Care Systems (ICSs) and their provider organisations. It also has representatives from Specialised Commissioning, Screening,), NHSE Workforce and Education (WTE) (formerly Health Education England), Healthwatch, Macmillan and Patient Representation.

OPERATION, RECOVERY AND PEFORMANCE

Screening Update:

As of July 2024, the three cancer screening programmes continue to be delivered in line with national programme standards and within the required programme thresholds – where this is not the case, individual programmes/providers and/or ICB Systems have been highlighted within the relevant report narrative for the WMCA Boards information.

Bowel Cancer: All centres have now switched on and commenced age extension (age 54) cohort.

Breast Screening: All West Midlands Breast Screening Services are within round length standard with no reported concerns. Coverage and uptake are the key focus for all providers to improve position over 2024/2025. Workforce position continues to be monitored noting previous workforce pressures.

Cervical Screening: No reported concerns regarding RWT Laboratory Turn-Around-Times (TAT). Colposcopy continues to be monitored with some reported challenges in relation to workforce capacity, where this is applicable these have been highlighted via the Internal Review System Meetings and with ICB's.

For further information contact stephanie.beaumont@nhs.net

Performance Update:

May 2024 published data showed the West Midlands have achieved the year end requirement of 77% for Faster Diagnosis Standard. WMCA has made the largest year-on-year improvement. Bottlenecks in the process need to be identified in order to find opportunities to

improve. 31-day standard has received the least focus nationally to date. The standard is 96% and the West Midlands is achieving 90.6%. The national ambition for the 62-day standard is 70% and as of May, the West Midlands is achieving 61.1%. Although the Alliance shows the most improvement compared to others, it remains the lowest performance by an Alliance.

Regular bottlenecks remain surgery, radiology and pathology. The Alliance intends to meet with the deaneries, regional diagnostic lead and regional pathology leads to determine a plan for sustainable solutions to these continued problems.

PROGRAMME ITEMS

Genomics: The Way Ahead:

Genetic and genomic testing offers unparalleled accuracy in identifying tumour mutations. This precision empowers physicians to tailor treatments to a patient's specific cancer profile, leading to improved outcomes.

The Board were asked to support the establishment of a transformation group with key stakeholders, to ensure equitable access to genetic and genomic testing is available across the West Midlands, and that results for these tests are delivered within ten days. Working with national and local experts, WMCA will work to establish robust pathways for the taking, transporting, analysis and reporting of patients' specimens. Primary Care will be involved to aid with risk assessment and identification, pre and post-test management, collaboration and referral and continued education and training.

A detailed strategy will be developed to ensure full utilisation of the resources available at both the Genomics Laboratory Hubs and Cellular Pathology Genomics Centres within the West Midlands. Learning from best practice currently taking place within the Black Country and Birmingham and Solihull, via co-production we will develop and streamline pathways, resources, education, training, communications, and support commissioning arrangements to allow for equity of access to results for all patients across the West Midlands.

For further information contact philip.watson-jones@nhs.net

Papers for Ratification:

The Board were presented with the following papers for ratification, and these were approved by Board members present:

- Urology Standards of Care
- WMCA Tele-dermatology and Skin Cancer Guidelines
- SACT Bisphosphonates Guidelines
- SACT Hypomagnesaemia Guidelines
- SACT Management of Extravasation Guideline
- Urology – Guidelines for Management of Renal Cancer

WMCA Finance Report:

A report was presented to the board detailing annual allocations to date, confirmed committed funding and remaining allocations to be made. For further information contact bhavesh.patel12@nhs.net

WMCA Programme Report:

The Board noted the WMCA Programme and Risk update report. It included key programme updates and the programme/pathways risk log.

Feedback From ICS Cancer Boards:

Representatives from each ICB Cancer Board that were in attendance presented updates and identified challenges by exception for their areas.

BUSINESS AND GOVERNANCE:

Review of WMCA Board and Governance:

A review of the WMCA Board and its governance will be taking place over the next few months. A report will be brought back to the board in the Autumn 2024.

Workforce:

The Board was updated on the challenges being experienced in regard to workforce, in particular for the fragile services nationally. Work continues to develop opportunities to long term training. West Midlands needs a five-year plan for primary and secondary health care training opportunities including the development of academies for the specialities that require a sustainable workforce. For further information contact natasha.koerner1@nhs.net

Patient Advocate Discussion:

The Board's patient representative expressed concern following the NHS Constitution review. The numbers who participated was very low at just under 100 patients. The biggest concern expressed by patients is waiting times and patients who were referred to hospitals with longer lists rather than other Trusts were the list may be shorter. It was agreed that this required further discussion to understand any impacts on cancer.

FOR REFERENCE:

Any Other Business:

Future Board Meetings:

It is planned for future West Midlands Cancer Alliance Board meetings to be held in person to aid networking and encourage attendance at the meeting. This will be included in the review of the meetings and governance arrangements.

For further information please contact: Sarah Hughes, Managing Director, Midlands Cancer Alliances, email: sarah.hughes25@nhs.net, Telephone: 07876 869436.

Date of next Board Meeting: The next meeting of West Midland Cancer Alliance will be on **Monday 30th September 2024: 1pm – 3pm**

Please find below a table showing you who your West Midlands Cancer Alliance ICB representatives are:

ICB	Cancer Alliance Board ICB Representatives
Coventry and Warwickshire	**Rachael Danter / Gary Walton** rachael.danter1@nhs.net / Gary.Walton@uhcw.nhs.uk
Staffordshire & Stoke-on-Trent	**Gary Free / Helen Ashley** gary.free@nhs.net / Helen.Ashley@uhnm.nhs.uk
Birmingham & Solihull	**David Peake / Martin Richardson** David.Peake@uhb.nhs.uk / Martin.richardson@uhb.nhs.uk
Hereford and Worcestershire	**Mari Gay /Angus Thomson** marigay@nhs.net / angus.thomson1@nhs.net
Shropshire, Telford & Wrekin	**Sara Biffen / Maureen Wain** s.biffen@nhs.net / Maureen.wain1@nhs.net
Black Country	**Diane Wake / Paul Tulley** d.wake@nhs.net / p.tulley@nhs.net