The West Midlands Cancer Alliance (WMCA)

15 March 2022

Board Meeting Briefing

For the attention of WMCA board members, accountable officers, CEOs, cancer managers and cancer leads in CCGs and trusts:

The West Midlands Cancer Alliance (WMCA) Board met on 15 March 2022 to review the work and progress of the partner organisations in the WMCA. The meeting was chaired by David Loughton CBE, CEO of the Royal Wolverhampton NHS Trust (RWT). The Board has representation from the six West Midlands Integrated Care Systems (ICSs) from both commissioning and provider organisations. In attendance were representatives from Genomic Medicine Service Alliance (GMSA), Primary Care (PC), Public Health England (PHE) and Health Education England (HEE) and Healthwatch.

Matters arising:

Operational Delivery Network (ODN) Development Update:
Work continues on the development of a Gynae ODN. The ODN will focus on implementation of Best Practice Timed Pathways, reducing inequalities and variation in access. There is planning in place to build a business case, structure, and framework beyond 18 months if funding is supported. The Gynaecology ODN will be used as a vehicle for Faster Diagnosis Service (FDS) work, developing infrastructure around primary and secondary care systems, identifying workforce and diagnostic constraints to develop the most efficient reliable service for patients.

Health Inequalities (HI):
A data workshop is being set up to support systems and Cancer Alliance stakeholders to understand HI data in more detail and cancer outcomes. Date to be confirmed.

Workforce:
Communications will follow regarding the placement of academies and a map for Imaging and Endoscopy sites, to then focus on implementation. Work will commence on the Cancer Workforce Dashboard and an eWorkforce Tool for the Student pipeline, existing workforce data on ESR is unreliable. No decision has been made yet on allocation of funding for next year but some plans have been agreed working with the WMCA. Health Education England (HEE) is looking how best to use training grants, changing the approach to training, and ensuring that funding is targeted to areas of greatest need. There will be continued funding to support CNS and Chemo nurse training. Business cases will be required for any additional training identified. There will be additional training around clinical endoscopy looking at securing care navigator roles over the next year.

Response to Covid-19:
Covid-19 levels are increasing again due to Omicron, with an increase in hospital admissions but this is thought to be now plateauing. Although this is causing a burden on operational delivery in acute NHS Trusts overall for cancer patients, there is better access to surgery.

Screening Update:
The three cancer screening programmes are in recovery. Services are working on clearing the backlog, with breast screening remaining the greatest area of concern. Targeted work is in place to support where required. Bowel screening is more favourable but there are some workforce pressures in endoscopy across the region. Cervical screening is good. Likely impact on Health Inequalities (HI) post Covid-19 report to be brought to Board quarterly to review. A dashboard has been developed for screening and HI with an upcoming launch on 24 March 2022.

Transformation items/Sharing best practice:

Genomics Update:
The vision is to deliver genomics with equity of access across the regions and embedding genomic pathways into normal practice. There is a project in Primary Care developing Genetics Champions for Primary Care Networks (PCNs), to support education in the workforce. Also looking into setting up Gene Therapy Advisory Boards with NHS Trusts.

There is a focus on how genetic results are fed back and to whom, and on the complex referral and consenting processes. There is concern about the sustainability of turnaround times with an anticipated increase in volume of testing. There is a focus on Lynch Syndrome in LGI and Gynae, improving access to genomic screening in Primary Care. It is expected that joint meetings will be set up between the GMSA and Cancer Alliances to improve genomic test results turnaround times. Results will feed into the eDMT to facilitate timely reporting to teams.

Faster Diagnosis Standard (FDS) Framework:
The FDS framework brings together Rapid Diagnostic Centre (RDC) and FDS best practice timed pathways but will be aligning with Community Diagnostic Centre (CDC) work and moving away from the RDC terminology. It will now be known as the Faster Diagnosis Programme. The Faster Diagnosis Programme has key objectives in developing non symptom specific (NSS) pathways and improving existing cancer pathways in line with the key principles and best practice. Funding is available for the FDS programme on receipt of plans. Cancer Alliances are requested to provide a letter of support for each CDC proposal; therefore, ICS cancer alliance members are requested to be involved in the development of plans.

Urology Update: Response to Prostate Audit:
The Cancer Alliance supports all the recommendations from the recent prostate audit. There are variations in urology services across the region and there needs to be equity of access. Individual ICS Cancer Boards will be responsible for identifying the response to the audit including access to prostate radical treatment and Health Inequalities (HI) outcomes at a local level.

Local Anaesthetic Transperineal Ultrasound-Guided Prostate Biopsy (LATP) delivery plan:

The LATP biopsy is a less intrusive procedure and will improve patient experience for prostate patients. A nurse-led model has been implemented by Guys Hospital London. The proposal is to implement this across the Midlands by April 2023 for all patients on the prostate pathway. There is funding to cover training and travel of consultants and CNSs – (two from each NHS Trust) to attend training at Guys Hospital. University Hospital Coventry and Warwickshire (UHCW) are also looking to be the regional hub for training. Each system is asked to take this to their local ICS Cancer Alliance Board.

Targeted Lung Health Check Update:
Current pilots are for 55-75 who have ever smoked with most patients being diagnosed at stage 1 or 2. High risk patients are offered a low dose CT scan. The Phase 2 sites, Stoke and Coventry, are behind the planned trajectories due to clinical and admin workforce shortages impacted by Covid-19. However, recovery is underway and new timelines have been agreed along with expansion plans for both sites. The phase 3 sites, Sandwell and Birmingham, are still in procurement. Funding is available for a dedicated mobile CT scanner in 2022/2023, delivery by March 2023. Discussions are underway for additional resource required to meet the required demand for the Midlands. Radiographer/radiotherapist workforce issues were noted. Additional training for spirometry is available which is optional. There is ongoing work around incidental findings and developing a patient pathway for this.

Business items:

West Midlands Cancer Performance Pack:
Performance deteriorated in December 2021 and January 2022 due to impact of Omicron. Regular meetings are ongoing to identify what support local systems require. Workforce issues with histopathology and endoscopy were noted across the region. Consultants leaving was also an issue highlighted and support collaborative will be needed. Herefordshire and Worcestershire (H&W) highlighted a new pilot on an NSS pathway supported by two GPs coming into the NHS Trusts from a couple of PCNs, looking to see if collaboration improves the colorectal pathway outcomes. Performance needs to be discussed at each cancer alliance local board.

WMCA Planning and Priorities 2022/2023:
Planning priorities and subsequently funding have been notified to WMCA. ICS alliance colleagues are developing local system activity and narrative plans with funding available to support these. WMCA has to draw together an overarching plan to also include the programmes that are being supported by the central alliance team. There is a particular focus on the Faster Diagnosis Programme in the planning and priorities for 2022/2023. There are currently some staffing challenges with current central team and Debra Palmer is providing lead support.

Papers for ratification:
Skin referral forms / Urology 2ww form
Both forms approved. Urology 2ww form has revised levels of PSA testing which will reduce number of referrals coming in. Local systems to take both forms though the local cancer alliance boards.

West Midlands Cancer Alliance Finance Update: An update was received by the board on funding allocated and spend to date.

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
Tuesday 10 May 2022

Please find below a table showing who your West Midlands Cancer Alliance ICS Provider/CCG representatives are:

ICS	Cancer Alliance Board representative ICS Provider and CCG Representatives
Coventry and Warwickshire	**Lydia Fresco/ Rachael Danter** Lydia.Fresco@uhcw.nhs.uk rachael.danter@cwstp.uk
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BSOL	**David Peake / Joanne Tolley** David.Peake@uhb.nhs.uk joanne.tolley3@nhs.net
Hereford and Worcestershire	**Jon Barnes / Graham James / Mari Gay** Jon.Barnes@wvt.nhs.uk Graham.James3@nhs.net marigay@nhs.net
Shropshire and Telford	**Stephen McKew / Julie Davies** Stephen.Mckew@nhs.net julie.davies47@nhs.net
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