West Midlands Cancer Alliance (WMCA)

26th March 2025

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 face to face on Wednesday 26th March 2025 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 Coventry and Warwickshire (UHCW). The Board had representation from all West Midlands Integrated Care Systems (ICSs). It also has representatives from Specialised Commissioning, Screening, Healthwatch, Public Health, NHS England (NHSE) and patient representation.

PERFORMANCE & PROGRAMME UPDATE:

Screening Update:

FIT@80ug Early Adopter Sites – Hereford and Worcester are performing well and there are no current concerns. Wolverhampton and Dudley are on track to go live in early April. Funding has been confirmed for 2025/2026 to support the continuation of earlier adopter sites during the evaluation period.

Breast screening – There are no reported concerns across the Midlands and the focus remains on coverage and uptake. Time to assessment is being monitored at University Hospitals of Coventry and Warwickshire (UHCW), and progress is now being made.

Bowel cancer summary - All centres have now commenced the remaining Age extension cohorts for ages 52 and 50.

Cervical screening – There are no reported concerns, but laboratory turnaround times are being monitored. Work is being undertaken with the laboratory regarding the proposed program change to human papillomavirus (HPV) self-sampling for non-responders, but this is currently awaiting ministerial sign off. For more information contact: stephanie.beaumont@nhs.net.

Performance Update:

The Royal Wolverhampton NHS Trust (RWT) has been successful in moving from Tier 1 to Tier 2 with all other trusts remaining the same. The next review on tiering will take place in mid/late April 2025.

28-day Faster Diagnosis standard (FDS) - The national target for this standard is 77%, rising to 80% by March 2026. During January, FDS performance was lower at every Cancer Alliance across the country than it was in December 2024. WMCA performance during the month was

72.0%, a drop of 3.5% compared to December. Despite this drop, WMCA ranking improved by two places.

31-day Treatment standard – WMCA performance during January matched national performance at 88.8%, and WMCA ranked 13th out of 20 Cancer Alliance nationally in January, unchanged from the previous month. It should be noted that Hereford and Worcestershire ICB (up 1.4%) were one of only three ICBs nationally to report an improvement in performance during January when compared to December.

62-day referral to treatment – The interim national target for this standard is 70% and WMCA January performance was 61.3%. WMCA reported the third-smallest reduction out of the 20 Alliances nationwide, with a drop of 2.8% on the previous month compared to national reduction of 4.0%. Overall, WMCA was 257 patients short of achieving the 70% standard.

Staffordshire and Stoke-on-Trent ICB were the most improved ICB nationally during January, up 2.8% on the previous month, with Hereford and Worcestershire were the second most improved, up 2.3%. They were two of only four ICBs nationally to report improved performance for 62-Day cancer waits during January. For more information contact: andy.field2@nhs.net.

Q2 REPORT AND PROGRAMME OVERVIEW:

Early Diagnosis – FIT is now considered business as usual across all ICB's. The program is showing continuous improvement, with the January metric reaching 79.8% with WMCA set to meet the 80% target by Quarter four. A Liver Surveillance operational group is now in place to oversee progress and address challenges within this pathway, and WMCA will be seeking support from colleagues to ensure this group has full representation. Funding has been provided to each trust for care navigators. WMCA have been successful with their application to support the pancreatic case finding pilot.

Operational performance and improvement – WMCA team have supported pathway deep dives for teledermatology. The Unscheduled Bleeding on Hormone Replacement Therapy (HRT) pathway is being rolled out to support the Gynaecology pathway. GIRFT deep dives are taking place for breast surgery, and a review of the e-MDT program has been undertaken with a paper being prepared for the next board meeting. WMCA have also stood up a task and finish group for the non-specific symptoms (NSS) pathway, with the first meeting being scheduled for May 2025.

Treatment and care – Data collection for Systemic Anti-Cancer Therapy (SACT) has been largely completed excluding University Hospitals Birmingham (UHB), but a plan is now in place for submitting this data and a report will be submitted to a future board.

PROGRAMME FOCUSSED UPDATES:

Lung Cancer Screening update - This update was presented to update the board on progress of the Lung Cancer Screening (LCS) Programme during 2024/2025 and the planned expansion for 2025/2026. For more information contact: khalid.arif@nhs.net.

PLANNING 2025/2026:

Planning update – WMCA have been notified of their service development funding for this year, and the focus for 2025/2026 is supporting operational performance improvement, faster diagnosis priority pathways and early diagnosis. A new Investment Committee has been created, and funding will be allocated based on system pre-commitments, priority programs, and operational recovery. The planning guidance has an expectation around sustainable commissioning, and a piece of work is underway around the evidence base for cancer navigators. For more information contact: sarah.hughes@nhs.net.

BUSINESS AND GOVERNANCE:

WMCA Finance Report

A summary report of allocations and spend for 2024/2025 was provided to the board.

Patient Advocate Discussion:

The Board's patient representative advised they are working with the national team to support a piece of work around prostate cancer in black men. The working group has raised that risk factors such as smoking and alcohol are discussed during GP appointments, but facts such as prostate cancer being twice as likely in black men are not raised.

FEEDBACK FROM ICS CANCER BOARDS:

Representatives from each ICB Cancer Board in attendance presented updates by exception.

Any Other Business:

The Board's patient representative advised they will be supporting a national 'cancer coalition' group and that they have been asked to co-chair this group. The working group helps understand why take-up of treatments differs across various ethnic groups and will begin supporting patient education from May.

The Board was briefed on the new Cancer Academy, the Cancer Careers and Education programme, and ePortfolio which can be accessed on the WMCA website.
For more information contact jillian.guild1@nhs.net

FOR REFERENCE:

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 Friday 6 June 2025: 10am – 12pm. This meeting will be held face-to-face only.

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

ICB	Cancer Alliance Board ICB Representatives Clinical Representative / Cancer SRO
Coventry and Warwickshire	**Joseph Hardwicke / Rachael Danter** Joseph.hardwicke@uhcw.nhs.uk / rachael.danter1@nhs.net
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	**Ned Hobbs / Maureen Wain** ned.hobbs1@nhs.net / Maureen.wain1@nhs.net
Black Country	**Vacant / Diane Wake** d.wake@nhs.net