South East London Integrated Care System

Cancer

NHS South East London

Overview of our current system

Cancer services are structurally complex and involve a number of teams and programmes working together, supported by SEL Cancer Alliance. The Cancer Programme covers the whole patient pathway from prevention and screening to timely presentation through early diagnosis and treatment and on to living with and beyond cancer and personalised care. Within SEL, cancer patients often experience a shared pathway between acute providers, with GSTT or KCH providing complex specialised treatment. Our providers are also tertiary centres of excellence for key tumour groups and receive a significant number of referrals from outside London. SEL, compared to other parts of the UK, has areas of high deprivation, and a younger and more ethnically diverse population, which shapes priorities for cancer services and transformation, for example, responding to higher incidence of prostate cancer among black men. SEL has 45,000 patients living with and beyond cancer, our early diagnosis rate (54.8%) is in line with London and England but, as with the rest of the country, well below the Long Term Plan (LTP) ambition of 75%. Our 1 and 5 year survival rates (75.2% and 54.1% respectively) are both in line with the national and London, we receive around 89,000 suspected cancer referrals a year and conduct around 8,700 first treatments for cancer per year. Demand into our services has been growing by between 5-10% year on year.

Strengths / opportunities

- **Relationships**: Strong relationships between a number of tertiary and specialised services with a Cancer Alliance on the same footprint as the ICB. An engaged clinical workforce in primary and secondary care and the ability to share resources / work together, such as with joint appointments.
- **Patients**: The ability to work closely with patients and ensure co-production of key projects.
- **Data**: We are able to understand our performance drivers and inequalities at a granular level through data available to us and have been one of the first systems in the country to produce Best Practice timed pathway information.
- **Funding**: Confirmed national transformation funding specifically for cancer over the next few years, overseen by SEL Cancer Alliance.
- **Innovative Pathways**: A number of key pathways in development or early establishment such as Rapid Diagnostic Clinics (RDC), Telederm, Targeted Lung Health Checks (TLHC), Faecal Immunochemical Testing (FIT), new diagnostic models.
- **Community Diagnostic Centres (CDC):** Offer an opportunity to the system to increase diagnostic capacity, a key aspect of cancer pathway delays.

Challenges

- **Population**: Challenges in ensuring accessible and equitable services responding to the needs of the diverse SEL population, for example, addressing inequalities in cancer screening uptake.
- **Workforce**: Shortages in key areas that impact cancer pathways such as radiology.
- **Demand & Capacity**: Long term capacity shortfalls in some key tumour pathways and in a number of diagnostics which cancer pathways are reliant on. Increasing demand on systemic anti-cancer therapy (SACT) services
- **Competing Demands**: Cancer pathways touch on many aspects of the healthcare system and utilise the same workforce to drive improvements required and supporting services – e.g. imaging and pathology. System pressures also reduce capacity of organisations to focus on improvement.
- **Inter Trust pathway transfers**: The SEL system has been designed for a large number of pathways to require shared care across multiple providers. This requires pathways and transfer processes to be highly efficient to avoid additional delays.

What we've heard from the public

People welcomed the focus on early detection and diagnosis. Communication and information are key themes identified by patients and the public with a focus on the needs of the south east London population : information around long term side effects of cancer treatment and support available, opportunities to discuss worries or fears, fully understanding the referral process for diagnosis, ease of contacting and involvement in decision making around treatment. Patient experience improvement initiatives for the coming year are based on this feedback, and co-design is a key feature of this work. Teams will work collaboratively across SEL to codesign quality improvement work. Patient Experience events are held across the year with patients and staff to review patient feedback data and agree areas of focus and priority.

South East London Integrated Care System

Cancer - Our vision and objectives

NHS South East London

Our vision

To work in a collaborative model to deliver high quality cancer services across community, primary, and secondary care in South East London. Our aim is to ensure that patients receive timely diagnosis, high quality treatment, excellent experience, and improved clinical and quality of life outcomes.
South East London ICS and the South East London Cancer Alliance bring together a range of local organisations – including NHS bodies, local government, charities, and patient groups – with shared goals of: Fewer people getting cancer; More people surviving cancer; More people having positive experience in their treatment and care; Ensuring everyone receives the same high quality services, no matter who they are or where they live; More people being supported to live as well as possible after their treatment is over.
Underlying all objectives of the SEL Cancer Programme are the principles of improving patient experience, reducing health inequalities, encouraging innovation and involving patients in service improvement and transformation and ensuring national & local data and evidence underpins the work programme.

Our key objectives – what we want to achieve over the next five years

- Support the national ambitions to **improve early stage (stage 1 and 2) diagnosis and survival rates** in SEL.
- **Reduce variation and inequity in access** to cancer services and treatment and waiting times within SEL, through collaborative working in the sector to improve and standardise cancer pathways and close working with other referring regions and pan London.
- Faster Diagnosis and Cancer Waiting Times Standards **– improving 28 day diagnosis and 62 day treatment** performance from current levels.
- **Improve productivity** through pathway change (e.g. procedures under local anaesthetic rather than general)
- Improved clinical workforce productivity, e.g. **optimising non-clinical roles** in cancer and allied healthcare roles, **implementing stratified follow up pathways** (reducing outpatient appointments), training, shared roles.
- Accelerate implementation and further **development of innovative pathway**s such as Non Specific Symptoms (NSS) pathways (also known as Rapid Diagnostic Clinics) and Telederm.
- **Support innovation** across the whole cancer pathway, including **pathway redesign**, reviewing workforce skill mix, and exploring **use of technology** to mitigate capacity and workforce risks and working with the national team on delivering innovations, such as the NHS-Galleri Trial.
- **Improve patient experience of cancer services** and engagement with people on cancer pathways (as reported in the National Cancer Patient Experience Survey).
- **Improve quality of life outcomes**, through supporting initiatives for personalised care.
- **Involve patients and carers** in our service transformation work.
- **Use of data** to identify variation and inform population level decisions / priorities for cancer in SEL including targeted interventions to address equity gap

Cancer - Our priority actions

Our priority actions – what we will do

1. **Early Diagnosis and Prevention**
   Design and deliver interventions to improve awareness of cancer symptoms and screening programmes, support timely presentation and effective primary care pathways, targeted cancer screening uptake interventions, targeted case finding and surveillance and delivering Targeted Lung Health Checks across South East London.

2. **Faster Diagnosis and Improved Performance**
   Implement best practice timed pathways for priority tumour groups, improve front-end processes leading to diagnosis, and further developing Non Specific Symptom pathways. As well as Implementing actions to support wider pathway recovery including all key performance metrics through to treatment.

3. **Personalised Cancer Care**
   Supporting acute providers and primary care to implement stratified follow up, implement the key personalised care interventions for all cancer patients, support improvement in the national Quality of Life and National Cancer Patient Experience survey response among SEL cancer patients, and respond to findings.

4. **Clinical Outcomes and Treatment Variation**
   Ensuring the system implements key Getting it Right First Time (GIRFT) and national recommendations to improve survival outcomes as set out in the LTP and reduce variation across the Cancer treatment Pathway.

5. **Research and Innovation**
   Facilitate and promote research to ensure that national funding is utilised to embed key national innovations and enable specific local research and innovation supported by partnership working including with industry e.g. the Small Business Research initiative.

Cancer priority action 1 – early diagnosis and prevention

Early Diagnosis and Prevention

To continue to make progress in delivering improvements in the proportion of patients diagnosed at stage 1 and 2. This requires a robust population awareness function for cancer awareness, signs and symptoms, timely presentation of early symptoms to primary care, effective primary care pathways to facilitate early identification and referral, as well as improved screening uptake and coverage to support identification of pre-symptomatic cancer patients to link with ICS priority on prevention. SEL Cancer Alliance is also supporting local delivery of new national programmes to support early detection and diagnosis, including Targeted Lung Health Checks (TLHC) and the NHS-Galleri Trial.

How we will secure delivery

Actions for 23/24

- Expand TLHC to 25% coverage by March 2024. With targeted roll out based on deprivation to help improve variation in access.
- Implement Communications and Engagement plan utilising full time communications manager and communications calendar identifying key campaigns.
- Supporting Primary Care Networks (PCNs) to deliver the cancer early diagnosis Directory of Enhanced Services (DES) requirements with a focus on improving early diagnosis in areas with high deprivation
- Work collaboratively with Regional Public Health Teams, SEL screening Providers and partners within the ICB to improve uptake and coverage of the three screening programmes. Utilising the SEL screening inequalities group.
- NSS teams to include management of the FIT <10 pathway. A new pathway for these patients.
- Continue to pilot NHS Galleri trial
- Complete roll out of Colon Capsule Endoscopy (CCE), Cytosponge, Liver Surveilance, Lynch
- Improve utilisation of clinical decision support tools
- To identify communities, tumour sites and screening programmes that would benefit from awareness campaigns in South East London

Actions for 24/25

- Build on communications and engagement plan
- Expand TLHC further in line with national programme
- FIT <10 pathway active at all NSS clinics in the system
- Build on support to PCNs to deliver the cancer early diagnosis DES requirements
- Continue to fund and support delivery of promising innovations that are currently underway in the Alliance.

Intended outcomes in 5 years time

All actions are aimed at leading to an improved early diagnosis rate across SEL.

- TLHC to be fully expanded in line with national programme expectations
- Improvement in cancer screening uptake and coverage across all three National screening programmes and support the implementation of any new technologies.
- FIT pathway fully established with 80% or above Lower Gastro Intestinal (GI) referrals accompanied by a FIT result.
- NHS Galleri trial SEL to support the national review of the pilot.
- Key national innovations to be established in the system including: Colon Capsule Endoscopy, Cytosponge, Liver surveillance testing, Lynch syndrome testing.

Cancer priority action 2 – faster diagnosis and improved performance

Faster Diagnosis and Improved Performance

To deliver improvement in the time to diagnosis once a patient has been referred from primary care or screening services, ensuring service delivery is aligned with national best practice timed pathways, leading to improvements in the national 28 day Faster Diagnosis Standard (FDS). Improvements across the pathway from referral to treatment will help patients through improved coordination of their pathway and better communication and understanding about the whole process. Ensuring that our patients are directed into the right pathway at the front end of secondary care, with faster access to diagnostics and an earlier agreement with the patient on the right type of treatment for them in the best clinical setting and that this benefit is seen across patient groups reducing any inequalities in performance that exist.

How we will secure delivery

Actions for 23/24

- Rapid Diagnostic Clinics (RDC) fully established at 3 sites in SEL moving to 100% population coverage for Non Site Specific Pathway (NSS) by March 2024. Further development to enable referral from other tumour pathways, emergency department and acute medical unit.
- Focus on priority tumour groups will identify opportunities to strengthen existing clinical models and close gaps in service delivery. This work will benchmark against nationally published best practice timed pathways. Engaging with trust level patients and groups where appropriate on agreed models.
- Telederm pathway for 2ww to begin at a number sites. Communications to primary care to improve utilisation.
- Cancer system to engage with Community Diagnostic Centres (CDC) teams to review and support CDC business cases.

Actions for 24/25

- NSS pathways – all sites able to receive re-directed referrals from tumour pathways at the front end.
- Work with Trusts post Epic go-live to explore pathway opportunities across SEL.
- Further analysing our pathways to identify key areas of transformation support and resource.
- Further engagement with APC on diagnostic opportunities utilising the new digital platform opportunities.
- Increase utilisation of Telederm pathway and expand to all sites within SEL

Intended outcomes in 5 years time

- NSS fully embedded in the system and available to 100% of the population with high recognition and utilisation from primary care.
- All appropriate internal pathways to have access to NSS clinics, supporting reduction in pressure on urgent cancer pathways, reduction in re-referrals for suspected cancer, and improved patient experience.
- Patients will experience cancer pathways that demonstrate the seven principles of a faster diagnosis service.
- Access times to diagnostics for patients on cancer pathways support earlier diagnosis and reduce time to treatment from referral.
- Treatment capacity has kept in line with growth expectations and our services are in line with national service specifications for cancer services
- Telederm fully established.
- The system consistently meeting the 75% national FDS standard
- The system has improved the performance against the 31day and 62day standards, reducing the number of patients waiting longer than 62days for treatment irrespective of the Trust treating the patient.

Cancer priority action 3 – personalised cancer care

Personalised Cancer Care (PCC)

Work to improve the Quality of Life for all cancer patients by:

- Ensuring fully operationalised personalised stratified follow up (PSFU) is in place
- Increasing the spread of responses from our diverse cancer patient population in the National Quality of Life (QOL) Survey to help tackle inequalities.
- Ensuring that existing personalised care activities (personalised care and support planning, health and wellbeing information and support, treatment summaries and cancer care reviews) are being offered to everyone
- Developing plans to improve access to interventions which improve Quality of Life based on the National QOL survey results
- Continuing commitment to codesign principles, working with patients and carers as partners, and aligning PCC work with wider the personalised care framework within the ICB

How we will secure delivery

Actions for 23/24

- Full implementation of PSFU in breast, colorectal, prostate and head and neck cancer by all providers
- Roll out of PSFU to thyroid and endometrial cancer and identification of further 2 cancer types for PSFU roll out
- Largescale comms and engagement activities to encourage uptake of National QOL survey with targeted activities to reach under represented groups
- Ongoing support to Trusts to embed personalised care support planning for all patients
- Continue to support Southwark Cancer Care Review Project and investigate use of additional roles reimbursement scheme (ARRS) roles for PCC
- Increase confidence and competence of non-cancer specialist rehabilitation services to see people with cancer, and embed comprehensive referral pathways
- Development and launch of psychosocial support framework and support resources with partners
- Secure sustainable access to physical activity services for people with cancer
- Complete deep dive of SE London lymphoedema services and develop action plan with system
- Continue to work with Epic to influence IT build to support personalised care objectives

Actions for 24/25

- Full implementation of PSFU in thyroid and endometrial cancer and commence evaluation
- Begin implementation of PSFU to further tumour sites where there is benefit
- Take learning from Southwark cancer care review project and explore rollout to other boroughs
- Embedding of psychosocial support framework
- Ongoing support to growth of rehabilitation physical activity offer to people with cancer
- Coordinate execution of action plan to improve access to and sustainability of lymphoedema services

Intended outcomes in 5 years time

All patients will have the opportunity to discuss and have their physical, psychosocial and practical needs addressed throughout their cancer journey, based on what matters most to them.

- At least 70% of patients to be offered a personalised care and support plan based on a holistic needs assessment at diagnosis
- PSFU and digital tracking to be rolled out and embedded in all appropriate tumour groups, with continuous evaluation of patient experience of this pathway
- Personalised care interventions to be routinely offered through a comprehensive end of treat clinic for patients on a PSFU pathway
- Availability of a range of psychosocial support depending on level of need, including peer support, social prescribing, Psychological Therapies (IAPT) and psycho-oncology, with clear links into mental health services
- Equitable access to services across SE London to address physical health concerns including physical activity, rehabilitation and lymphoedema management
- Embed sustainable process to measure quality of life including Patient Reported Outcome Measures (PROMs)

Cancer priority action 4 – clinical outcomes and treatment variation

Clinical outcomes / Treatment variation

Ensure the system has robust processes to review and benchmark quality and clinical outcomes. Ensuring the system implements key GIRFT and national recommendations to improve survival outcomes and reduce variation across the Cancer treatment Pathway and that benefits are seen across patient groups.

How we will secure delivery

Actions for 23/24

- SEL Tumour and cross cutting groups to establish annual scorecard to ensure the systematic use of data to review and benchmark the quality and clinical outcomes for the SEL population
- SEL Tumour and cross cutting groups to review national audits and GIRFT recommendations to identify areas of unwarranted variation and / or best practice and inform improvement priorities
- Reduce unwarranted variation in access, experience and outcomes of cancer treatment, including using data to prioritise and implement specific targeted action, including for older people.
- Work with SEL & Kent Radiotherapy Network to support their delivery of the Radio Therapy (RT) clinical work.
- Work with the Genomic Medicine Service Alliance (GMSA) to support work on mainstreaming of genetic testing and working group and to improve the processes and turnaround times for molecular diagnostic testing

Actions for 24/25

- Utilise annual scorecard to identify key areas of transformation support and resource.
- Finalise work with GMSA to mainstream genetic testing
- Continue to oversee the implementation of 3 selected treatment recommendations from the national lung GIRFT report
- Oversee the implementation of one priority recommendation from each of the 4 existing clinical audits for cancers other than lung cancer.

Intended outcomes in 5 years time

- Established systematic processes to review and benchmark quality and outcome data for SEL population to identify unwarranted variation and equity gaps
- Implemented priority actions to address variation in quality and outcomes identified in local, regional or national data including national audits and GIRFT to improve survival
- Provider organisations thinking and acting in a systems way about clinical models and available resources reduce variation and improve outcomes for SEL cancer patients – e.g. SACT
- Strong collaborative working between GMSA and SELCA to support delivery of genomics agenda

Cancer priority action 5 – research and innovation

Research and Innovation

Facilitate and promote research to ensure that national funding is utilised to embed key national innovations and enable specific local research and innovation supported by partnership working including with industry.

Actions for 23/24

How we will secure delivery

- Work in collaboration with SEL partners including Trusts, KHP, KCL to:
  - Continue Pilot for Colon Capsule Endoscopy (CCE) at GSTT and Denmark Hill sites
  - Continue Pilot for Cytosponge at GSTT site
  - Continue Pilot for one stop Trans Nasal endoscopy (TNE) at GSTT site
- Embed Lynch testing pathways for colorectal and endometrial cancer across SEL ensuring business cases produced to mainstream genetic testing .
- Support the Small Business Research Initiative (SBRI) bowel screening improvement pilot and look for other opportunities to fund key local innovations
- Review possible AI opportunities within key tumour pathways specifically diagnostic demand management
- Communicate updates on current research & clinical trials at tumour and cross-cutting group meetings to promote uptake and trial recruitment
- Continue to support early adoption of innovation and research outputs

Actions for 24/25

- Embed CCE service at GSTT and Denmark Hill sites look to expand service to further sites in SEL.
- Embed Cytosponge service at GSTT and look to expand service to further sites in SEL
- Evaluate one stop TNE - and consider the opportunity for wider roll out
- Mainstream Lynch testing pathways for colorectal and endometrial cancer across SEL
- Build on support for Artificial Intelligence (AI) and Research and development (R&D) opportunities within key tumour pathways.

Intended outcomes in 5 years time

- SEL to implement services where evaluation of the pilot provided evidence to support – this may include CCE, Cytosponge and new diagnostic models
- Collaborative work with GMSA and provider organisations to implement a sustainable model for mainstreaming for genetic testing including Lynch and Breast Cancer gene (BRCA)
- Utilise new genomic tools to improve prediction and early diagnosis capabilities - e.g GRAIL's Galleri study
- Establish use of real-world evidence and patient registers and registries to inform work programme
- Work with partners to facilitate and promote research and the use of evidence obtained from research to support earlier diagnosis and improved survival
- Reflect the diversity of SEL population in clinical research to proactively increase the racial, age, gender, and geographic diversity of clinical trial participants and those in real world data set.

Cancer enabler requirements

Workforce

- A clinical and non-clinical cancer workforce which is resilient and can adapt to new pathways and cross-sector working.
- National support in key areas of national workforce shortages such as Radiology and Oncology.
- Mutual understanding of Cancer Care between Primary and Secondary Care
- Support cancer clinical leaders in primary and secondary care through training, courses and development opportunities.
- Better use of artificial intelligence and other automated technology to support role redesign and address workforce gaps.
- Improved cross sector support to manage capacity risks and with joint appointments.

Digital

- Improved access to local care record for all clinicians
- Continued utilisation of the Somerset Cancer system at all Providers
- A smooth transition to the Epic system at both GSTT and KCH ensuring that the updated systems continue to capture and record key Cancer information
- Referral Repository system to be agreed across SEL and to include required Cancer referral information updated regularly.
- Improved availability and utilisation of clinical decision support tools for Cancer.
- Central digital decision making to engage with Cancer as a specialist programme on decisions which impact Cancer.

Estates

- A clear understanding of demand and capacity across key cancer services that enables system partners to understand where estate capacity should be prioritised to support cancer pathways.
- Decision making around existing NHS estate space is a transparent and clear process.
- Clinical Diagnostic Centres (CDCs) to involve Cancer in establishment to ensure benefit of additional capacity leads to improved cancer pathways.
- TLHC project to review all available sites to support improved uptake of invites and CT scanning for high risk patients.
- Additional Endoscopy capacity to be prioritised across the system with new suites approved where required.
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Data

- Better utilisation of available cancer data resources including: screening, inequalities, prevalence, NSS, FIT.
- Improved data completeness to benefit the systems staging data, MDT outcomes and improve our understanding of Best Practice Timed Pathways (BPTP)
- Linking primary and secondary care data sets using governance in the ICB to enable granular and informative views of cancer data sets. Supporting a holistic view on inequality of cancer care from pre-primary care to post-secondary care