

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 entire patient pathway from prevention and screening, timely presentation and earlier diagnosis, time to diagnosis and treatment, and 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 has areas of high deprivation, and a younger and more diverse population, which shapes priorities for cancer services. 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 (53.0%) 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 (75.4% and 54.7% respectively) are both in line with the national and London (2021 – most recent data). 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 geographical 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 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 of our quality improvement workstreams is a key feature of this work. Patient Experience events are held across the year with patients and staff to review patient feedback and agree areas of focus and priority.

Cancer - Our vision and objectives

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 pathways** 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 (TLHC) 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 – Our progress to date

Key Successes in Delivery in 2023/2024

- Targeted cancer awareness and screening campaigns for lung, breast, prostate and cervical cancer, aimed at groups with lower cancer screening uptake rates or later stage diagnosis.
- SEL Targeted Lung Health Check programme invited all eligible population in Southwark and Greenwich for a lung health check.
- Non-specific symptoms (NSS) clinics moved to recurrent contract funding with increased coverage over the year (80% GP practices referred).
- NHS-Galleri trial (multi-cancer early detection blood test) continued - final round of blood draws started September 2023 with high retention of participants.
- Successfully increased proportion of Lower GI urgent suspected cancer referrals with a FIT result.
- Teledermatology pathway implemented at each provider.
- Personalised Stratified Follow Up (PSFU) implemented for breast, colorectal and head and neck cancer pathways. SEL in top 5 nationally for personalised care and support planning at diagnosis
- Lymphoedema service commissioned and launched in Greenwich.
- Physical activity and symptom management resources developed, hosted on SELCA website.
- Strong system working to improve pathways so that more patients are receiving a diagnosis earlier in their pathway and fewer patients are waiting beyond 62days.

Key Challenges to Delivery in 2023/2024

- Ongoing Industrial Action has impacted capacity throughout the Cancer pathway and across the year.
- EPIC roll out at both GSTT and KCH simultaneously has led specific data and capacity issues and has taken the focus and attention of the workforce.
- Increasing demand leading to capacity pressures particularly on front end diagnostics.
- Tight financial controls and constraints which can lead to delays in progressing key transformation projects.

Learning and Implications for Future Delivery Plans

- South East London Cancer Alliance completed a self-assessment with our key stakeholders which has identified areas where the Alliance can strengthen partnerships and collaboration which will support the delivery of the objectives over the next few years.
- Need for collaborative working across system partners, including agreeing higher priorities and pragmatic solutions.
- Leveraging national funding to accelerate implementing cancer improvement work streams which benefit the local population.
- Identify opportunities of technological developments, particularly to address workforce and other capacity issues.
- SELCA health inequalities programme and review of data will inform work to address priority equity gaps in access, experience and outcomes for cancer patients.
- Patient engagement and co-production will underpin the development and implementation of the SELCA annual work programme.
- Build on community engagement approach during 2023/24, working with partners and their wider networks, including charities, public health teams and community groups.

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), the community pharmacy pilot and the NHS-Galleri Trial.

How we will secure delivery

Actions
for
24/25

- Expand TLHC to 50% coverage of the SEL population by March 2025, prioritising Lambeth and Lewisham for roll out based on deprivation and smoking prevalence to support access and addressing health inequalities.
- Implement Communications and Engagement plan including a communications calendar identifying and promoting local, regional and national awareness campaigns.
- Support 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 and in improving referral practice for Lung, Bowel and one other tumour group (TBC – likely Oesophageal).
- Work collaboratively with Public Health, screening providers and partners within the ICS to improve uptake and coverage of cancer screening programmes and TLHC, utilising the SEL screening inequalities group.
- Working to ensure 80% of Lower Gi referrals include a FIT result and refining pathways for patients with a FIT <10.
- Agree consensus on universal prehabilitation offer and develop implementation plan (tertiary prevention)
- Support Capsule sponge into business-as-usual models of care and explore potential in primary care.
- Continue to support delivery of the NHS-Galleri Trial and Lynch syndrome education and mainstreaming plan.

Actions
for
25/26

- Build on communications and engagement plan, using assets developed by SELCA and other partners.
- Expand TLHC further in line with national programme and 100% SEL coverage model/plan.
- Continuing to embed FIT usage and referral pathways for FIT <10 pathways.
- Build on support to PCNs to deliver the cancer early diagnosis DES requirements
- Continue to fund and support delivery of promising innovations.

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, in preparation for becoming a national screening programme.
- 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.
- Key national innovations to be established in the system where supported by evidence including: Capsule sponge, 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 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, first time, 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
24/25

- Focus on national and local priority tumour pathways to identify opportunities to strengthen existing clinical models and close gaps in service delivery. Building on the 2023/24 work that created BPTP+ milestone dashboards, SEL will benchmark against nationally published best practice timed pathways. Engaging with trust level patients and groups where appropriate on agreed models. This will contribute to supporting SEL trusts recovering performance against CWT standards.
- Review and refine Teledermatology pathways in SEL to maximise potential and improve outcomes, performance and experience for patients. Address seasonal variation in Dermatology pathways.
- Continue support to providers with SELCA led 'deep-dives' and audits into key pathway bottlenecks, sharing good practice and understand the granularity of pathway constraints through data analysis.
- Cancer system to engage with planned transformational changes to pathology service in SEL maximising the benefit of these changes to support cancer pathways.
- Provide expertise to ensure externally funded projects are reviewed and evaluated in a timely manner, resulting in service development and information sharing across pathways and providers in SEL.
- Explore the potential of automation for processes on challenged pathways.

Actions
for
25/26

- Continue work on referral guidance ensuring Primary Care is aware of key changes and updated guidance to re-direct patients away from an urgent suspected cancer pathway to more appropriate pathways.
- Evaluate and potentially expand innovative changes started in previous years; this could include Head & Neck triage and the use of AI and Automation in pathways.
- Develop our broader system level of understanding and collaboration to ensure patients are having the appropriate diagnostics and treatment in the right place at the right time.

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 secondary care cancer services to have access to NSS clinics, supporting reduction in pressure on site-specific 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.
- Waiting 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 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.
- Our cancer pathways are utilising the latest technology advances to support patient experience, access and outcomes. This includes the use of AI and automation where this is clinically and operationally appropriate.

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 and using results 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 (eg pre/rehab, psychosocial support, lymphoedema management) 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
24/25

- Full implementation of PSFU in prostate, thyroid and endometrial cancer and commence evaluation.
- Support to providers in business planning for PSFU sustainability to move into business as usual.
- Ongoing support to Trusts to embed personalised care support planning for all patients at diagnosis and end of treat, maintenance and further development of SELCA PCC and QOL data dashboard
- Work with Epic to enable personalised care reporting nationally in COSD v10
- PCC health inequalities project work to address barriers to access to support
- Support N Bexley cancer care coordinator project and scope use of additional roles reimbursement scheme (ARRS) roles for PCC in other boroughs
- Continued work on embedding psychosocial support framework and support resources with partners
- Agree consensus on universal prehabilitation offer and develop implementation plan
- Mapping, gap analysis and improvement plan of access to cancer related fatigue services
- Support workforce development of behaviour change skills to embed physical activity as routine care
- Execute SE London lymphoedema services system improvement action plan
- Ongoing workforce education and development to nursing, AHPs, support staff in personalised care

Actions
for
25/26

- Support to Trusts to address local health inequalities in access to personalised care and support
- Evaluation of psychosocial care project and recommendations for further work
- Implement SEL universal prehabilitation offer and develop improvement plan for gaps in targeted and specialist prehab, ongoing support to address specialist cancer rehab workforce gap, execute fatigue plan
- Rollout of use of ARRS roles to support PCC to other boroughs
- Gap analysis and improvement plan for addressing key QOL outcomes eg returning to work, intimacy

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 quality, clinical outcomes and survival to reduce variation across the pathway and across all population groups.

How we will secure delivery

Intended outcomes in 5 years time

Actions
for
24/25

- Oversight of 31 day operational performance to review pathway delays to treatment by treatment modality and tumour group and as required work with providers to support pathway improvement work.
- Align work with NHS National Cancer Programme treatment variation work programme. Action key recommendations from the National Cancer Audits and relevant GIRFT reports to identify areas of unwarranted variation and / or best practice to inform improvement priorities
- SEL Tumour and cross cutting groups developing annual scorecard - completed for five tumour groups including the common cancers. Allows the systematic use of data to review and benchmark the quality and clinical outcomes for SEL cancer patients.
- SEL Tumour and cross cutting groups work closely with SELCA health inequalities programme to implement actions to address priority equity gaps in access, experience and outcomes. This includes work to reduce treatment variation in older people.
- Work with SEL & Kent Radiotherapy ODN to support the performance and quality of SEL radiotherapy services
- Support GSTT led project to develop SEL Oncology Model to review the current status of SACT provision in SEL and develop report with recommendations on managing future demand including on the optimal clinical model.
- Work with the Genomic Medicine Service Alliance (GMSA) to support work on mainstreaming of genetic testing and GLH to support timely delivery of cancer genomic testing (molecular diagnostic).
- Working with Trusts to improve data quality and optimise use of Epic

Actions
for
25/26

- Utilise range of data including performance data and 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 national treatment variation recommendations from the national cancer audits / GIRFT report
- Support SEL Oncology Model project

- Established systematic processes to review and benchmark quality and outcome data for SEL population to identify unwarranted variation and equity gaps
- Implemented priority actions including targeted work 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.

How we will secure delivery

Actions
for
24/25

- Work in collaboration with SEL partners including Trusts, KHP, KCL to:
 - Continue Pilot for Cytosponge (Capsule sponge) at GSTT site and review opportunities to pilot in a primary care setting.
 - Continue Pilot for one stop Trans Nasal endoscopy (TNE) at GSTT site
- Identify opportunities for partnership working and funding opportunities – e.g. Small Business Research Initiative (SBRI) call and work with the Health Innovation Network (HIN).
- Review possible automation and 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
- Ensure tumour group are a vehicle to update on current research /clinical trials and consider change of practice
- Participate in cancer alliance pan-London Research Board, hosting a research fellow in SEL.
- Continue to support early adoption of innovation and research outputs to inform and transform clinical programme e.g. PSMA PET, Endominer
- Continue close working relationship with Guys Cancer Academy, providing funding for development of educational resources which includes strong evaluation and impact methodology.
- Transformation funding to support service improvement work based on local research activity

Actions
for
25/26

- Embed capsule sponge service where supported by evaluation.
- Evaluate one stop TNE - and consider the opportunity for wider roll out at LGT and KCH
- Build on support for Artificial Intelligence (AI) and Research and development (R&D) opportunities within key tumour pathways working in collaboration with HIN.

Intended outcomes in 5 years time

- SEL to implement services where evaluation of the pilot provided evidence to support – this may include Capsule sponge 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.

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.

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.

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