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London Cancer thanks the following organisations for their support: Macmillan Cancer Support, Cancer Research UK, Camden Clinical Commissioning Group, UCLPartners. London Cancer also thanks the members of the London Cancer Transitional Board (Conor Burke, Dr Shahed Ahmad, Dr Tania Anastasiadis, Dr James Mountford, Dr Amanda Begley, Hilary Ross and Dr Catherine Kelly) for their hard work and support in 2015.
### Highlights of 2015/16

<table>
<thead>
<tr>
<th>7 days a week</th>
<th>The high volume renal cancer centre at the Royal Free London has introduced a <strong>new, safer pathway</strong> for small renal masses that avoids invasive treatment in 32% of patients</th>
<th>An <strong>internationally-acclaimed quality assurance</strong> programme is reporting excellent functional outcomes for patients after robotic prostatectomy surgery at University College London Hospital</th>
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<tbody>
<tr>
<td><strong>7</strong> consultant-delivered care following changes to services for <strong>5 cancer areas</strong> ¹</td>
<td><strong>UCLH Cancer Collaborative formed as part of the national cancer vanguard</strong></td>
<td><strong>We have launched the first two Multidisciplinary Diagnostic Centres in England, providing access to rapid diagnosis for GPs and patients</strong></td>
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<td>The proportion of patients having potentially curative lung cancer surgery who are first seen at Barking Havering and Redbridge University Hospitals has nearly doubled following their work to improve their lung cancer pathway</td>
<td><strong>90%</strong> of breast cancer patients directed onto a new Open Access Follow-up pathway at Barts Health feel confident about managing the ongoing effects of their treatment</td>
<td><strong>5,300 patients</strong> entered a total of <strong>250</strong> active clinical trials</td>
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<td><strong>3,700</strong> patients have received an Holistic Needs Assessment</td>
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¹ These five specialist cancer services are: Bladder and prostate; renal; head and neck; oesophago-gastric cancer specialist surgery; and haematopoietic stem cell transplantation and intensive acute myeloid leukaemia services. Specialist services for brain cancer are due to be reconfigured in 2016/17.
We have three main objectives:

- to improve the earlier diagnosis of cancer;
- to reduce variation in the delivery of cancer services, improving access to quality and innovation;
- to support local improvement initiatives in patient experience.

Cancer in London

Cancer rates are increasing in London, as they are across England, yet our population is less likely to take up screening opportunities, and patients are more likely to present through an emergency route and be diagnosed at an advanced stage. Early diagnosis of cancer is critical – patients who present with early stage disease can have the most effective treatment, and the greatest possibility of cure. Although one-year survival continues to improve in all 13 Clinical Commissioning Groups (CCGs) across the London Cancer region, there is still too much variation (from 63.9% in Newham to 74.5% in Barnet for patients diagnosed in 2013), and in two thirds of our CCGs the survival index is below the England average of 70.2%. Whilst population demographics explain some of these differences, we know that there is a big opportunity to save lives, particularly of patients with lung and colorectal cancers.

Early diagnosis

To help address these issues, during 2015/2016, London Cancer has worked to introduce new models of access to diagnostics that support GPs and help the public to recognise the symptoms of cancer earlier. We have opened the first two Multi-Disciplinary Diagnostic Centres in England (see page 6), to improve urgent access to diagnostics for GPs and reduce the number of patients having their cancer diagnosed in A&E. We have also introduced improvements and innovation in cancer surveillance and diagnostic pathways for respiratory and abdominal symptoms, with early success as described in this review.

During the year, there has been a measurable increase in the proportion of patients having potentially curative lung cancer surgery who are first seen at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT). This follows work we conducted with industry project management support for whole pathway improvement for diagnosis of lung cancer.

Benefits of reconfiguration

This year, five of the six agreed specialist cancer service reconfigurations took place. Specialist surgical teams are now operating on patients from across the region with bladder, prostate, head and neck and oesophago-gastric cancers at University College London Hospitals NHS Foundation Trust (UCLH), and with renal cancers at the Royal Free London NHS Foundation Trust. The two stem cell transplantation centres in North Central London have consolidated into a single centre at UCLH. These newly formed teams provide a specialist consultant-delivered service seven days a week, reducing variation in treatment plans and with the ability to rapidly implement innovation. As a result, outcomes following radical prostatectomy equal those of the best centres in the world; a new pathway has been developed for the management of small suspected kidney cancers which allows some
patients to avoid surgery altogether and nearly three quarters of those requiring surgery to have an operation that preserves kidney function.

**Improving patient experience**

Working in partnership with Macmillan Cancer Support, we have brought together over 160 professionals and patients to share effective practice that improves patient experience. We have also enabled all trusts in the region to perform Holistic Needs Assessment and measure how well they are offering the other elements of a complete ‘recovery package’ to their patients at end of treatment.

**Supporting research**

Working in partnership with the NIHR Clinical Research Network North Thames, *London Cancer* continues to support cancer research. This year, 5,368 patients entered a total of 254 active clinical trials. This network is now achieving the best results in the country for recruiting patients with cancer to research studies. To highlight one study – ASCOT – has recruited over 2,000 patients to test the best way of encouraging cancer survivors to live healthily and increase their physical activity levels.

**Sustaining improvement**

*London Cancer*’s emphasis on measurement is crucial to create a continuously learning health care system. The new Centre for Cancer Outcomes, being set up as part of the UCLH Cancer Collaborative, will work alongside national and local initiatives, in particular integrated care record pilots that will follow the patient from the point of diagnosis onwards. This information will be used to drive evidence-based best practice decision making, and inform positive changes to whole pathways of care.

Finally, now embedded within UCLH as the system leader for cancer care, *London Cancer* has joined the national cancer vanguard, part of NHS England’s new care model programme. We are working with two other cancer systems - RM Partners (covering South West and North West London) and Greater Manchester Cancer – to accelerate innovation across a combined population of 10.6 million. We will also continue to work together across the whole of London with the South East sector.

The work of *London Cancer* continues to be ambitious and challenging. This document describes in more detail the exciting initiatives we are implementing to improve outcomes and experience of treatment for cancer patients in North and East London and West Essex. We are making excellent progress in many areas, but much remains to be done.
The earlier cancer is diagnosed, the more options there are for treating it and the better the chances for survival. During 2015/16 London Cancer has built on the work of previous years, promoting cancer awareness to a wide and diverse audience, implementing referral mechanisms to speed up the detection of cancers and exploring opportunities to reduce the proportion of cancers being diagnosed at an advanced stage or after emergency presentation.

Earlier diagnosis of cancer in Camden

Since 2013, London Cancer has worked in partnership with Camden Clinical Commissioning Group (CCG) to raise awareness of the signs and symptoms of cancer in the local community and improve cancer services in the Camden area. This work has been delivered through social marketing campaigns, supporting professional development in primary care, piloting a community pharmacy campaign and improving the route to diagnosis in cancer services.

Key achievements of the programme to date:

• Just under 10,000 conversations have taken place with local Camden residents about the symptoms of cancer and the national bowel, breast and cervical screening programmes.

• Over 700 cancer awareness conversations took place in community pharmacies during a four-month public health awareness pilot.

• A pilot at Kings Cross GP Practice, where women were called and encouraged to attend cervical screening, proved effective. Of the 112 women contacted, 44 (39%) booked a screening test.

• There are early indications that bowel cancer screening uptake in Camden has increased since the start of the peer education programme.

The programme is now complete, with the final analysis underway, including an independent evaluation. These results will be available in summer 2016.

Piloting Multidisciplinary Diagnostic Centres (MDCs)

In June 2014, NHS England with support from Cancer Research UK and Macmillan Cancer Support initiated the three year Accelerate, Coordinate, Evaluate (ACE) Programme to drive earlier cancer diagnosis in England. As part of the national ACE Programme, London Cancer has initiated pilots of two MDCs at University College London Hospital and Queen’s Hospital in Romford. These MDCs are designed to offer rapid diagnosis to patients with so-called ‘vague’ symptoms such as abdominal pain and weight loss that do not point to a specific underlying cancer type. This route to diagnosis can also be used for those patients who are too unwell to wait two weeks for a first appointment.

Since 2014, over 150 individuals have been through the rapid diagnostic pathway, with the majority of them being seen at the UCLH centre. Four of these individuals received a diagnosis of cancer and 13 received a significant alternative diagnosis and a follow-up treatment plan. Patients not given a positive diagnosis were
discharged back to their GP, and the GPs were provided with specialist advice on management. Initial service user feedback has been positive, with 83% reporting they felt they were seen at the MDC as soon as necessary.

In 2014/15, London Cancer supported Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) to redesign their Multidisciplinary Team Model approach to diagnosing and making treatment decisions for lung cancer patients. This work aimed to reduce the time it took to provide a diagnosis following patient referral and increase the proportion of individuals that go on to have potentially curative treatment. National audit results published in late 2015 show that BHRUT have nearly doubled the proportion of patients having surgery for lung cancer.

To test which methods are most effective in prompting patients to take up earlier diagnosis opportunities, London Cancer has been supporting a lung CT scan uptake trial, led by University College London, which tests the impact of two sets of invitation materials targeted at high risk populations to a lung health check and lung cancer CT scan appointment. Provisional trial findings are positive, with acceptance rates higher than expected at around 46%. Individuals attending the lung CT scan to date have represented a diverse population. Some cases of cancer have been identified through this approach, as have cases of other chronic conditions that can benefit from earlier recognition. Feedback from GPs and patients has been very positive.

This year London Cancer and the UCLH Cancer Collaborative Vanguard commissioned 2020 Delivery to carry out an assessment of various options for improving earlier diagnosis of lung cancer. This work has highlighted that offering individuals at high risk of lung cancer access to a low dose CT scanning provides the greatest opportunity to detect cancer earlier and has recommended piloting this approach.

Going forward, the UCLH Cancer Collaborative plans to expand this innovative programme of work to offer this targeted testing to all high risk populations across the system.

Earlier diagnosis of lung cancer and pathway improvement

Many patients with lung cancer do not experience cancer-specific symptoms until the disease is at a late stage, at which point curative treatment is usually not possible. Lung cancer accounts for nearly 30% of cancers diagnosed at a late stage in England and patients often seek medical attention for the first time through an emergency route. To address these issues, London Cancer has worked with partners to find innovative solutions to diagnose cancer earlier:
Objective 2: Reducing variation and improving access to innovation

We are supporting our partners to work together to improve access to specialist services so that all patients can benefit from the highest quality of care, research and innovation. We are developing systems that enable us to maximise the benefits that come from partnership working, continuously learning from one another, supporting positive changes to services and training the next generation of cancer professionals. An example of our work to reduce variation and improve outcomes for patients is described below.

Reconfiguration of specialist cancer services

To achieve the best possible outcomes for all patients requiring specialist surgery or complex treatments, London Cancer has worked with NHS England and local CCG partners to consolidate six specialist cancer services into a smaller number of world-class teams treating higher numbers of patients.

The new model of services has UCLH at the heart of the ‘Academic Medical Centre - Cancer’, working within a network of other specialist and local hospitals. Specialist cancer surgical services for five cancer types, together with complex blood cancer treatments, have now adopted this new model. Brain cancer surgery is scheduled to move in 2017.

Reconfiguring services means that patients now benefit from seven days a week care by an appropriate specialist and a shorter length of stay in hospital. Patients also have easier access to a greater range of treatment options and have improved outcomes. For example, robotic surgery for prostate cancer at UCLH has resulted in fewer complications for patients and less risk of incontinence. Similarly, The Royal Free London renal cancer surgical centre has very low complication (0.92%) and mortality (0.26%) rates, better than the national average, and they have developed a new, safer pathway for small renal masses that avoids invasive treatment in 32% of patients. In addition, patients with kidney cancer treated at the new specialist centre are much more likely to have kidney-sparing surgery than the national average.

There is ongoing monitoring of all these service changes. They are also being studied in depth through the NIHR-funded research project, RESPECT-21. This will assess care processes and outcomes, the cost and cost effectiveness of the changes and the impact on staff and patients.
Objective 3: Support for local improvement initiatives in patient experience

Patient experience is at the heart of all the work we do at London Cancer. In 2015/16 we have collaborated with Macmillan Cancer Support to continue to drive improvements. This section outlines our work to bring together patients and professionals to share knowledge and best practice. It also highlights our progress in implementing National Cancer Survivorship Initiative recommended innovations: namely, the Recovery Package and stratified follow-up.

Learning community

The London Cancer Improving Patient Experience Learning Community was first set up in March 2014 to encourage the collaboration of patients and patient experience leads within our partnership and the third sector. Since its inception, the community has hosted eight learning events. A total of 163 participants have attended the meetings which have offered training opportunities as well as a platform for attendees to share best practice and learn from the experiences of others.

Marjorie Lee is a patient and carer representative working with London Cancer. In 2009 Marjorie was diagnosed with breast cancer, she later lost her partner and her son to cancer. Marjorie now uses her experiences to help others, sharing her story and representing patient and carer voice at both a local and strategic level.

“I was introduced to the work of London Cancer at an event they delivered with City and Hackney CCG, where I volunteer as a patient representative. By attending London Cancer’s Learning Community I’ve been able to share my story and coping strategies with both patients and health care professionals, helping to inform their work.”

Marjorie Lee, Learning Community Patient Member

““The patient experience learning community keeps me in touch with patient views. It’s more objective because these are not patients I’ve been directly involved with and although all cancer patients, they’re not necessarily specific to my field, therefore there’s always something I can learn. The members seem non-judgemental and driven by a genuine desire to help their peers. After all, we are all working towards the same ultimate goals, a better experience for our patients and better outcomes for all.”

Frances White, Clinical Nurse Specialist, Barnet Hospital

“My block was in setting up nurse led clinics. This was discussed at the learning community and I was given various ideas, some of which has been really useful. I am happy to say my clinics were established in October 2015 and since then have gone from strength to strength. A big thank you to everyone involved.”

Frances White, Clinical Nurse Specialist, Barnet Hospital
Living With and Beyond Cancer - Recovery Package and Stratified Follow-Up

Advances in cancer treatment mean that there are now around two million people in the UK living with or beyond cancer. Many of these individuals have unmet physical and psychological needs resulting from their treatment. London Cancer has been working with partner trusts to embed the Recovery Package and stratified follow-up, enabling co-ordinated, personalised support and rehabilitation for individuals, throughout their cancer journey.

The Recovery Package combines several interventions, including: a Holistic Needs Assessment (HNA), a treatment summary and a health and wellbeing event. Implementation of the Recovery Package is now underway at all our partner trusts, with six providing quarterly data to London Cancer on their progress.

Data submitted for 2015/16 shows:

- HNAs have been conducted in 100% of partner trusts
- 3,783 patients within London Cancer received an HNA
- 420 individuals received a treatment summary
- 1232 patients attended a health and wellbeing event

During 2015/2016, building on our work to date, we have continued to support our pathway boards to develop stratified follow-up pathways. This work is crucial to creating increased capacity in our hospital clinics and empowering patients to self-manage their condition. This year we have developed and published a stratified pathway and guidelines for prostate cancer. This is accompanied by a suite of documents to assist trusts and CCGs to plan and implement stratified follow-up at a local level.

Barts Health is the first trust within the geography to implement open access/stratified follow-up for breast cancer patients. This model has been specially designed to be patient-led, so that patients are active participants in their healthcare and have all of their personalised needs met by the appropriate healthcare professional when they need it. Since January 2015, 291 patients have been enrolled on to the Open Access Follow-up model. Patient satisfaction has been high with 95% of individuals feeling confident about whom to contact with queries about their symptoms and 90% confident in managing any ongoing effects of their treatment.

London Cancer will continue to support our partners to provide all elements of the Recovery Package for patients. We will support the colorectal pathway board to develop a stratified follow up pathway resource pack during 2016/17.

Surgical School at UCLH

All patients that undergo a robotic-assisted-laparoscopic-prostatectomy (RALP) treatment for prostate cancer at UCLH now attend a Surgical School. This initiative provides individuals with opportunities for peer support and to seek advice from healthcare professionals. The school takes a holistic approach to care, helping to prepare patients for surgery and providing information on what to expect before and after treatment.

The Surgical School has now been running for three years and sees up to 30 patients weekly. It has been found that individuals who attend have reduced anxiety and do not need to contact the hospital frequently. Attendance has also reduced hospital admissions.
Moving forward

As London Cancer moves forward in our work to develop a world class cancer system that serves the population of North Central London, North East London, West Essex and beyond, the system will be coordinated by UCLH as the new system leader for cancer care.

As such London Cancer will form a key pillar in the UCLH Cancer Collaborative, which itself is one of the three partners in the National Cancer Vanguard, along with Greater Manchester Cancer and RM Partners. The UCLH Cancer Collaborative has four areas of focus:

- **Earlier Diagnosis Workstream** – working to diagnose patients at an earlier stage of their disease.
- **Centre for Cancer Outcomes** – publishing transparent outcomes that matter to patients, creating a continuously learning health care system, accelerating improvements in care and research.
- **London Cancer Pathway Boards** – improving quality and reducing variation for every patient; and bringing appropriate care closer to home; expanding self-managed care and reducing waiting times.
- **New Models of Care** – defining a kitemark for chemotherapy to ensure every individual receives improved quality of treatment; linking radiotherapy providers so all patients can benefit from new innovations quicker.

These areas will be underpinned by new workforce models that enable optimum sharing of expertise and data. The Collaborative will work closely with commissioners and healthcare providers, promoting shared accountability and making the best use of existing resources for health and cancer care.

The UCLH Cancer Collaborative will drive forward a vision where patients are diagnosed faster and more efficiently, have a better chance of survival, have a better experience of care and are better informed and supported. For example, our continued efforts to expand ‘straight to test’ endoscopy and rapid patient assessment in the MDC will help increase endoscopy capacity and allow introduction of bowel scope screening for 55-year olds sooner. The Centre for Cancer Outcomes will build on existing local and national initiatives, in particular working alongside integrated care record pilots that will follow the patient from the point of diagnosis onwards.

Working within the UCLH Cancer Collaborative, London Cancer will continue to support cancer care providers in our region and remain committed to driving improvements in patient outcomes and experience. The work of the London Cancer Pathway Boards and Expert Reference Groups will remain as essential as ever within the remit of the Vanguard, to drive delivery of new models of care. The work of the boards, supported by the Centre for Cancer Outcomes, will continue to drive the use of best evidence-based practice, from prevention through to living with and beyond cancer or end of life care.
London Cancer region and partners

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