

NHS NATIONAL CANCER ALLIANCE PPV FORUM

In May I was elected to the NHS National Cancer Alliance Patient & Public Voice (PPV) Forum

The National Cancer Forum reports to the National Cancer Board. In turn it will be liaising with the 19 Cancer Alliances across the country who are working with Strategic Transformation Partnerships and Integrated Care Systems in their areas.

I am the sole forum member for the East of England and I will liaise with the East of England Cancer Alliance Patients' Advisory Board. This will shortly be divided into a North & South sections.

Forum members are also required to develop and maintain links with local communities, people affected by cancer, patients' groups and carers.

Key Achievements of National Cancer Alliance

Over £200M distributed through the Cancer Alliances over the last 2 years

6 new molecular diagnostic tests developed

Over 80 radiotherapy machines replaced or upgraded through a £130 million Radiotherapy Modernization Program which includes Southend, Ipswich and Norfolk & Norwich hospitals

A Quality of Life metric is being evaluated in 5 Cancer Alliances

Rapid Diagnostic Centres (Multidisciplinary One-Stop-Shops) are being introduced nationally to provide faster diagnosis and better patient experience. 10 are in place with the aim for one in each Cancer Alliance Region by 2019/2020.

First patients for proton beam treatment patients were processed in December 2018

Over 2 million people urgently referred by GP in 2018 which is an increase of 0.5 M

Overall 88% of cancer patients rate their cancer care as good

Proportion of people dying from cancer is going down. Cancer Survival is at its highest rate ever. 10,500 more people, who were diagnosed in 2016, survived their cancer for at least 1 year than would have been the case 5 years before. But 5 Year survival rates for cancer in the UK lag consistently below the top 10% leading countries in Europe.

Objective

From 2028 an extra 55,000 people will survive 5 years

75% of patients will be diagnosed at an early stage (1 or 2)

How will we get there?

Fast access to diagnostic tests as patients diagnosed early have the best chance of survival

Rapid Diagnostic Centres (RDC) that bring together & modernizes kit, expertise and cutting-edge innovation.

Deliver the most comprehensive screening program in the world

Maximizing AI (Artificial Intelligence)

Offer patients:

1. Cutting Edge Radiotherapy
2. Greater Access to Immunotherapy
3. Greater Personalization through Genomics
4. Empower Patients to Manage Their Own Care
5. Harness Academia and Industry to work together to achieve synergy

Targeted Lung Health Checks in 10 Pilot Sites with Some of the Highest Mortality Rates

A Manchester pilot showed that:

Prior to the study 18% lung cancer were diagnosed at stage 1 and 48% at stage 4
After Study 68% of patients were diagnosed at stage 1 and 11% at stage 4

Targeted high mortality areas in the East of England are Luton and Thurrock

People who have ever smoked are invited to attend lung health check. This will initially impact 6000,000 eligible patients. A wider national roll-out will be carried out in 2023/2024

Personalized Care

Choice and control of each patient's care is planned and delivered

Based on what matters to the Patient

Patients supported to stay well longer

Prioritized personal care with intervention for Colorectal, Breast and Prostate cancer by 2020

End of treatment summary

Cancer Waiting Times (28-day diagnostic Standard)

There are 9 cancer waiting time targets in existence but these have not been revised since 2009 but will now be revised and modernized.

National Cancer Experience Survey (CPES)

88% of patients report a good experience

Results will be sent to the relevant hospital trust in August

Rapid Diagnostic Centres

Early Identification
Broad Assessment of Symptoms
Timely Diagnosis by a Multidisciplinary Team
Appropriate and Timely Onward Referral

In order to shape RDC's the forum has been asked determine what really matters to patients and carers in order to create voluntary Quality Markers (QM) guidance for all RDCs. In a webinar on Tuesday 9th July members were asked to identify what the best way was to get information on public approval of the process. Brainstorming potential sources included exit questionnaires on patients who have been through the process, cancer patient support charities etc. It was suggested that members consult for guidance the "Supporting Carers in General Practice: A Framework of Quality Markers" which is the subject of my next paper.

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