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# RM Partners

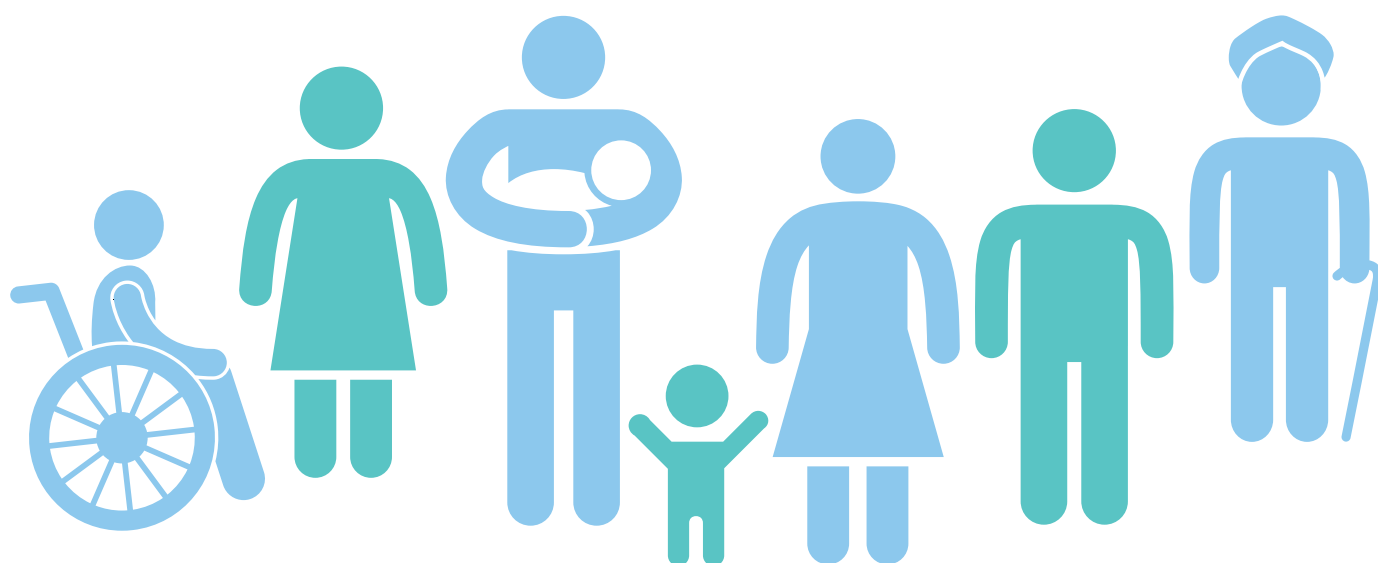
West London Cancer Alliance

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*Hosted by The Royal Marsden*



# Annual Review 2017/18



“ Our vision states, by working in partnership, we will achieve world class cancer outcomes for the population we serve.”

Dr Nicholas van As  
Medical Director for RM Partners

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# Executive summary



*Cally Palmer*

## Cally Palmer CBE

Chief Executive, The Royal Marsden NHS Foundation Trust and National Cancer Director, NHS England



*N Hunt*

## Nicola Hunt

Managing Director, RM Partners

### RM Partners, the Cancer Alliance for west London hosted by The Royal Marsden NHS Foundation Trust, has played a key role in improving outcomes and working in partnership to deliver transformation in cancer services across our geography.

This Annual Review covers an exciting year in which RM Partners transitioned from being part of the national Cancer Vanguard to becoming one of the 19 Cancer Alliances established across England. Serving a population of over four million people, we have had some significant successes, and overall our population has the highest one-year cancer survival of any Alliance in the country. Building on this success and using our nationally recognised analytics we are identifying further areas of work to reduce variation in outcomes and access, in order to further improve survival and quality of life for our population.

RM Partners has built on our relationships in west London to ensure that cancer priorities are aligned across stakeholders in our geography. Our successful bid for transformation funding in March 2017 has brought over £20 million over two years of new and ring-fenced money to west London to improve earlier and faster diagnosis for our cancer patients.

Underpinning this work, we have an active and committed research and innovation strategy, translating cutting edge technologies to patients as quickly as possible. RM Partners benefits from research expertise across west London.

This includes The Royal Marsden (as a specialist cancer NIHR Biomedical Research Centre), St George's hospital and university, and Imperial College Academic Health Science Centre. The National Institute for Health and Care Excellence (NICE) faecal immunochemical test (FIT) trial and RAPID prostate work would not have been possible without such close partnership between researchers, clinicians and managers.

Training of GPs, improving our screening uptake, and supporting primary care clinicians with better and more streamlined referral routes underpin our aim to diagnose cancers earlier in our population.

Patient engagement is at the heart of all our work, with an engaged and dedicated Patient Advisory Group, which guides and shapes our overall programme and provides targeted input to all our projects. Our Clinical Oversight Group brings together cancer and research experts from across the professions and across our geography to advise on best practice and drive innovation. The programme of work is implemented through project teams, which bring together subject matter experts, clinicians, managers and commissioners. Our work is overseen by the RM Partners Executive Group, made up of the 10 trust chief executives, alongside commissioners and primary care leads.

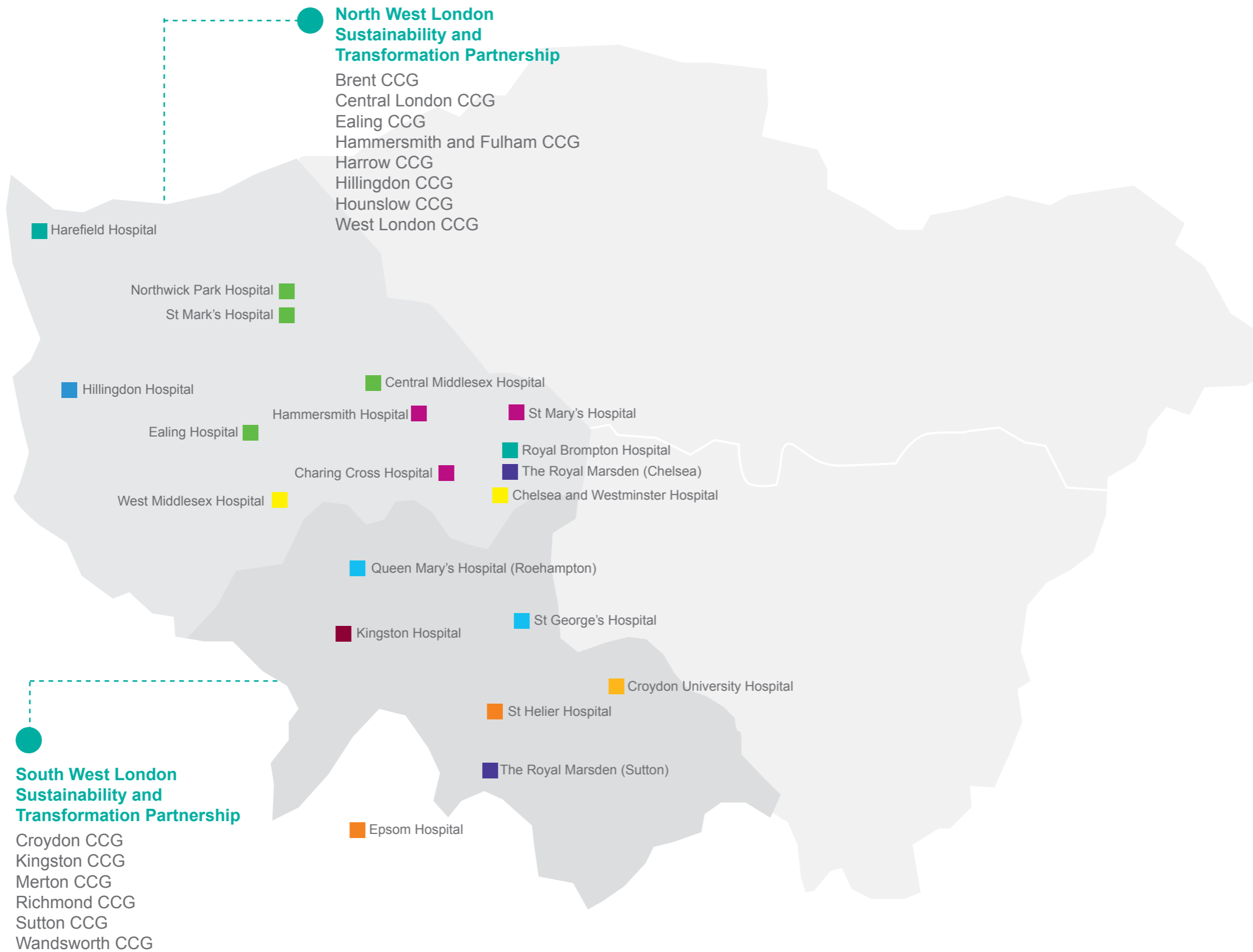
Delivery of the 62-day urgent GP referral to first definitive treatment standard is paramount to ensuring our patients receive rapid access to treatment. By providing intensive operational support to those partner trusts that have particular challenges in meeting the standard, we have become the highest performing Cancer Alliance in the country for this over the last three quarters.

A critical aspect of our work is to undertake evaluation to understand the impact and sustainability of our projects to determine the extent to which these can be replicated on a national scale. We also want to identify opportunities to learn from our work and then spread this learning nationally amongst the other Cancer Alliances.

Finally, we are delighted to welcome Dr Emma Kipps to the RM Partners team as Clinical Programme Lead, whose role will be to provide clinical support and ensure that clinical expertise from across our partners is at the heart of our work.

Thank you to all our partners for their support and contribution over the last year which has enabled us to make a real difference to the patients we serve.

# Our geography



- RM Partners acute NHS Trusts**
- Chelsea and Westminster Hospital NHS Foundation Trust
  - Croydon Health Services NHS Trust
  - Epsom and St Helier University Hospitals NHS Trust
  - Imperial College Healthcare NHS Trust
  - Kingston Hospital NHS Foundation Trust
  - London North West University Healthcare NHS Trust
  - Royal Brompton & Harefield NHS Foundation Trust
  - St George's University Hospitals NHS Foundation Trust
  - The Hillingdon Hospitals NHS Foundation Trust
  - The Royal Marsden NHS Foundation Trust
- Wider stakeholders**
- Specialised Commissioning
  - Community services
  - NHS England national and regional teams
  - NHS Improvement
  - Hospices

# Our highlights

## Achievements to March 2018

**£** One of the few Cancer Alliances to have secured early diagnosis cancer transformation funding for both 2017/18 and 2018/19

**Top Cancer Alliance** for one-year survival, but still variation that we are working to address

**2,800** patients through our redesigned colorectal diagnostic pathway pilot at St Mark's Hospital

**Number 1 ranked Cancer Alliance**

in Q3 for system delivery of 62-day standard

Nearly **1,600** patients have returned FIT tests

**Our biosimilar web-based education tool**

contributed to over 80% of Trusts in England nationally switching to the biosimilar rituximab, saving around £80 million across England in just six months

**Over 25 hospitals**

across England are recruiting to our NICE FIT research study



Around **7,000** responses from patients through our patient experience feedback tool



More than **40** pathway group meetings held in west London

Around **7,300** downloads from our informatics cloud

Around **570** patients seen by the RAPID prostate pathway, across three hospitals

In Q2 for the first time we **exceeded over 70%**

of patients having a Holistic Needs Assessment within 31 days of diagnosis



**More than 30 cancers caught to date**

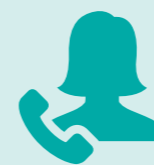
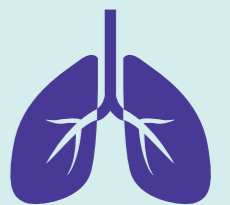
through multi-disciplinary clinic pilots at Croydon, Epsom and St George's



**17** enthusiastic volunteers joined our Patient Advisory Group

## Current projects 2018/19

Around **2,500** people to have lung health check in Hammersmith and Fulham, and in Hillingdon, which we hope will result in up to **40** cancers diagnosed earlier



Around **85,000** telephone calls made to people

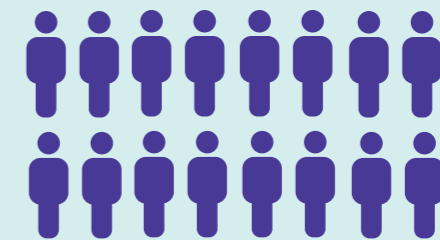
across west London who have not replied to their invitation for bowel screening, to encourage them to participate

More than **1,500** men going through RAPID prostate pathway, with almost **500** fewer biopsies, and faster diagnosis by **14** days

Around **400** GPs to take part in identifying cancer educational events



Around **780** patients going through the National Optimal Lung Cancer Pathway across two sites



More than **10,000** patients being triaged by the redesigned colorectal diagnostic pathways across our Trusts

Over **10,000** patients in England taking part in our NICE FIT research study



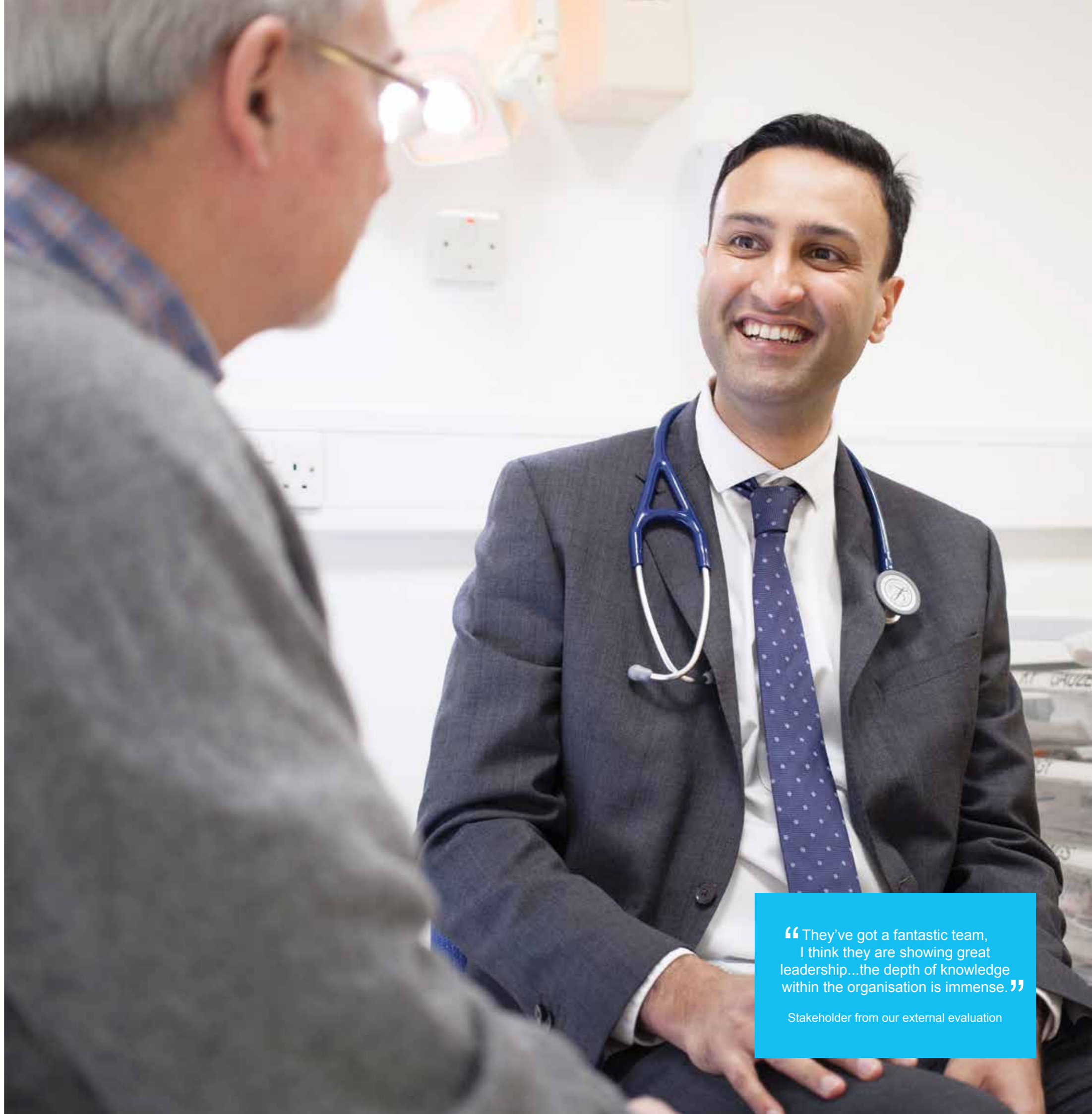
Extra **13,000** women taking up a cervical screening invitation through our pilot in north west London



## Our work programme and projects

2017/18 was an exciting year for RM Partners. As part of the national Cancer Vanguard, we have been working with colleagues in UCLH Cancer Collaborative (UCLHCC) and Greater Manchester Cancer Vanguard Innovation to redesign a number of high volume cancer pathways, ensuring that patients benefit from the latest technologies and innovations available in diagnostics and treatment. Working as part of the Vanguard, clinicians have written new national guidance for prostate, lung and colorectal pathways, and piloted the new services before they are rolled out across England.

It was also the first year of our Transformation Fund work programme and we have begun work on a series of pilots that align with our key priority of improving early diagnosis of cancer.



“They’ve got a fantastic team, I think they are showing great leadership...the depth of knowledge within the organisation is immense.”

Stakeholder from our external evaluation

## Clinical pathways

### Facilitating the interface between primary care and secondary care

In 2017/18 we began work on a series of projects focused on achieving earlier diagnosis through improving cancer awareness in primary care, including helping to increase participation in screening, and providing GP education and training.

### Improving cancer screening for marginalised groups in Kingston

There is plenty of anecdotal evidence about the difficulties faced by people who we know can be marginalised (for example those with learning difficulties) in relation to cancer screening and diagnosis.

The goal of this project is to increase cancer screening in those whose needs are not best met by our standard call-recall systems.

The project has been developed by Kingston Public Health, where a public health development worker has been recruited to work with communities to help develop an approach to reaching these patients.

### Improving bowel cancer screening in west London

The national bowel cancer screening programme aims to detect bowel cancer at an early stage, before symptoms have a chance to develop. In England, men and women from the age of 60 to 74 who are registered with a GP are automatically sent a bowel cancer screening kit every two years. The kit, called an FOBT (Faecal Occult Blood Test), looks for hidden traces of blood in stools.



The national target for the uptake of bowel cancer screening is 60 per cent, but across west London, CCG performance varies from 54 per cent to as low as 36 per cent.

We have commissioned an external organisation to telephone patients who have been invited to participate but had previously not completed the kit. The calls provide an opportunity to talk patients through the screening process and explain how to use the kit, re-order kits and answer any questions they may have.

The project will last for one year and it is estimated that over 85,000 calls will be made during this time.

### Primary care support for cervical screening

In the UK, women are invited for cervical screening between the ages of 25 and 64. However, attendance of this life-saving test is at a 20-year low.

The national target for the uptake of cervical screening is 80 per cent, but in west London, CCG performance varies from 54 per cent to 73 per cent.

RM Partners has developed an approach that aims to increase access to cervical screening clinics. Working with GP Federations in west London, we will enable early morning and evening clinics, designed to be easily accessible for women for whom a daytime appointment is difficult to arrange. The clinics will be hosted by the GP practices or hubs that are the most accessible by public transport.



“ Knowledgeable speakers, useful handbook and practical tools I can use in my day to day practice. ”

GP Education Day attendee

## GP cancer education and training

New National Institute for Health and Care Excellence (NICE) guidance has been published to help GPs make decisions on cancer referrals. However, initial feedback from primary care suggests that GPs would welcome support in interpreting this guidance.

Recognising potential cancer symptoms at an early stage is pivotal to a patient's survival, and that often rests with the GP, who may or may not have had recent cancer-specific training.

We will be running five engagement events across west London focusing on the latest cancer referral evidence and guidance.

We are also piloting a decision support tool, 'C the Signs', an app that helps GPs identify patients at risk of cancer earlier. Using the latest NICE guidelines and covering the entire spectrum of cancer, C the Signs detects any patients with a three per cent risk of cancer or more. It is designed to be used within a GP consultation, taking just 30 seconds to use.

The tool can help GPs in deciding the investigation or referral a patient needs, identifying whether a patient qualifies for multiple diagnostic pathways, and providing safety netting advice and guidance. C the Signs provides peace of mind to GPs that they have made an evidence-based decision.

The tool is being piloted across Merton, Sutton and Wandsworth Clinical Commissioning Groups (CCGs). It will be available on desktops PCs and as a mobile app. The app also works when not connected to the internet, in case practices have poor internet connections.

We are also working with GPs in Brent, Harrow, and Hillingdon CCGs to pilot and implement robust safety netting procedures in primary care to improve the diagnosis and referral processes.

Safety netting is “a diagnostic strategy or consultation technique to effect timely re-appraisal of a patient's condition”. Or in lay terms an all-encompassing term for primary care clinicians to track their patient's condition.

Workshops have been held to help GPs understand the principles of cancer safety netting, and when and how to apply it using Egton Medical Information System (EMIS) web for early diagnosis of cancer including referrals, diagnostics and vague symptoms. We have also produced an online tutorial with videos about how to implement safety netting to further support practices to implement safety netting ([www.rmpartnersemisweb.info/](http://www.rmpartnersemisweb.info/)).



## Pathway redesign projects

### Colorectal pathway redesign

Colorectal cancer is a high volume, core common cancer, and speed of diagnosis varies by Trust across west London. This project aims to streamline the pathway for patients with suspected colorectal cancer using diagnostics to identify cancers more quickly.

Our diagnostic algorithm enables specialist nurses to triage patients to the most appropriate diagnostic test or outpatient appointment. The process results in early diagnosis, treatment planning, minimal administrative time for clinical staff, and effective discharge. It avoids unnecessary outpatient appointments or inappropriate diagnostic tests, improving the patient experience.

The pilot was initiated at St Mark's Hospital in March 2017, with around 2,800 patients having gone through the pathway to date. It has since been implemented at Croydon University Hospital and, during 2018/19, the redesigned pathway will be rolled out across all our provider trusts. Further refining of the pathway will also take place, including merging teams to increase efficiency, and aligning bookings and non-two-week-wait patients.

A video has been developed to help GPs better understand the new pathway, and how to refer patients ([www.youtube.com/watch?v=YzXzz5ds1so](http://www.youtube.com/watch?v=YzXzz5ds1so)).

### Earlier diagnosis of lung cancer

Lung cancer is by far the most common cause of cancer death in the UK. It typically presents at a late stage. Late diagnosis of lung cancer is a leading cause of poor cancer survival outcomes in the UK.

We are running two workstreams aimed at increasing earlier diagnosis of lung cancer:

#### Low dose CT case finding

Several landmark studies have shown that low dose CT case finding leads to a 20 per cent decrease in lung cancer mortality and a 6.7 per cent decrease in overall mortality. Drawing on this evidence, we are looking to address the challenges of implementing lung cancer case finding in an NHS setting.

The project is being delivered via the Royal Brompton and Harefield NHS Foundation Trust (RBHT) and is targeting a population in Hammersmith and Fulham (which has the highest lung cancer incidence and mortality across west London), and Hillingdon (which has the lowest one-year survival rate for lung cancer in west London).

The pilot will compare a fixed scanner at RBHT for the Hammersmith and Fulham population against a mobile CT scanner, placed in a supermarket car park in Hillingdon.

Patients aged between 60 and 75 who are current or ex-smokers will be identified via GP records and invited to attend a lung health check. The nurse-led health check will include a risk assessment tool to identify patients at high risk of lung cancer, who are eligible for a same-day low dose CT scan. Patients will then be referred on as appropriate, depending on the outcome of their scan.



“ Redesigning the colorectal cancer pathway has united GP and hospital teams to expedite diagnosis, reassure patients quickly and avoid duplication of referrals and workflow. Utilising CT colonography more effectively reduces costs while improving detection of extra-colonic cancer, patient experience and safety. ”

**Dr David Burling**  
Consultant Radiologist, St Mark's Hospital



“ This pilot is a real opportunity to help improve people’s lung health. Those who smoke will be offered help to stop and, where we find people who do not have lung cancer but a different condition, we can make sure they are referred for the appropriate treatment. ”

**Dr Anand Devaraj**  
Consultant Thoracic Radiologist at  
Royal Brompton Hospital

The pilot sites have been agreed and GP practices are beginning to volunteer to take part in the project. There has been collaboration with community pharmacies and local stop smoking services, to ensure cross-referral. We are co-designing information and support for patients who are offered the health checks.

The results of the pilot will allow us to share recommendations and support to other Alliances implementing similar pilots, as well as adding to the evidence base and learning sought by the National Screening Committee, who are considering the introduction of a lung cancer screening programme.

#### **National Optimal Lung Cancer Pathway**

The National Optimal Lung Cancer Pathway (NOLCP) for suspected and confirmed lung cancer was published in August 2017. It was developed to address the Five Year Forward View aims of improving cancer survival rates and patient outcomes.

The pathway provides recommendations to address the whole lung pathway from prevention, early diagnosis, treatment and improving patient experience.

To support planning and implementation of NOLCP, RM Partners is focusing on key areas for improvement:

- Reduce delays relating to chest X-ray referral and reporting times.
- Shorten the time to diagnosis, enabling rapid progression to treatment.
- Potential avoidance of emergency admission.
- Improve one-year and overall survival.
- Improve patient experience and earlier involvement of lung cancer nurse specialists.

Two trusts were identified to deliver the first wave of implementation (St George’s University Hospitals NHS Foundation Trust and London North West University Healthcare NHS Trust), with the long-term plan of roll-out across RM Partners.

The aim is to create a portfolio of ‘how to’ processes across each stage of the pathway that will enable care to happen quickly, providing communication with patients that is effective and helpful.

Both sites started the NOLCP pathway in January 2018, with patients identified and tracked throughout. A new urgent chest X-ray referral form and patient information leaflet has been distributed to patients in Wandsworth CCG.

Trust engagement is required at all levels to ensure effective implementation of the project. We ensured joint working of key stakeholders that work across the NOLCP touch points through the patient journey. These included CCGs, GPs, trust radiology teams, respiratory clinical teams and patient forums. Communication with GP practices has involved emails, a communication through the weekly GP update and attendance at GP locality meetings.

#### **Major achievements have been:**

- The development and implementation of an NOLCP IT system for tracking patients through their pathway and providing comparative data.
- The development and distribution of patient information at the point of referral (GP) and first outpatient appointment.

## RAPID: shortening the diagnostic prostate pathway

Prostate cancer is diagnosed in over 40,000 men in the UK each year. And about 3–4 times as many men are biopsied every year. Most men on the current pathway have both an MRI and a biopsy, regardless of the findings on the MRI. The current standard biopsy technique offered exposes men to the risk of life-changing side effects and post-biopsy infection; and has the potential to miss significant cancer or to find insignificant low-grade cancer which does not benefit from treatment.

The RAPID (Rapid Access Prostate Imaging and Diagnosis) project involves implementing a shortened diagnostic pathway for men with suspected prostate cancer and trialing fusion technology for a revolutionary biopsy procedure.

It enables faster access to a diagnosis by providing a one-stop shop, which reduces the number of hospital visits. For patients, this means being referred by their GP when they have a high PSA level, for an initial assessment with a senior experienced clinician. They are then sent directly for a multi-parametric high-definition MRI scan before biopsy.

Up to 30 per cent of men are discharged back to their GP on the same day, knowing that they are low risk and having avoided an unnecessary invasive biopsy.

We are piloting RAPID at three Trusts: Imperial College Healthcare NHS Trust, Epsom and St Helier University Hospitals NHS Trust in partnership with The Royal Marsden NHS Foundation Trust, and St George's University Hospitals NHS

Foundation Trust. During 2017/18, the new fusion technology was purchased and installed at each site. New staff were recruited at each site to support and manage the pathway, and existing staff were trained in the new technology.

Data collected from Imperial at the end of Q2 2017/18 has shown:

- 100 per cent of men invited to clinic and MRI attend (no non-attendance to date). This has been attributed to the clear communication with the men prior to their attendance at the hospital about why they are attending, what to expect and how long it will take.
- Time from referral to diagnosis has fallen from an average of 26 days to 17 days.
- Time from referral to treatment has fallen from an average of 45 days to 37 days.
- 62-day cancer performance improved from 69 per cent to 86 per cent (from Q1 to Q2 2017/18).

The new pathway will result in a reduction in the number of biopsies performed. It is anticipated that by the end of 2018/19, the number of men having biopsies will reduce by between 25 per cent and 40 per cent.

There has been widespread collaboration during this project, not just with the three pilot sites, but throughout all RM Partners secondary care providers. Details of the pathway have been shared with Alliances across the country, to help establish earlier, safe diagnosis of prostate cancer.

During 2018/19, data will be collected and analysed to support an economic analysis of this model of care.

To date, over **2,000** men have been investigated through the RAPID pathway



“ The standard approach to diagnosing prostate cancer is blind to the location of cancer and leads to unnecessary harm. The RAPID pathway with the use of prostate MRI can allow one third of men to avoid an unnecessary biopsy and with targeted biopsies can improve the detection of higher risk cancers. ”

**Professor Hashim Ahmed**  
Consultant Urological Surgeon, Imperial  
College Healthcare NHS Trust

## Multidisciplinary diagnostic clinic pilots

Multidisciplinary diagnostic clinics (MDCs) are based on a Danish concept that is designed to streamline and quicken diagnostic pathways for patients presenting with symptoms that may indicate several different cancers, or serious, benign conditions.

Evidence indicates that GPs are unsure of the appropriate referral pathway for these patients, resulting in patients being passed between primary and secondary care, or presenting to emergency services. This leads to delays in diagnosis, which is associated with poorer outcomes and experience.

The National Cancer Strategy recommended piloting MDCs, and RM Partners successfully bid to the Diagnostic Capacity Fund to pilot three projects in south west London: Croydon University Hospital, St George's University Hospitals NHS Foundation Trust and Epsom and St Helier University Hospitals NHS Trust.

Our three pilot sites co-designed pathways and clinics to address challenges identified locally. All had a referral route for GPs, and one site included a route for ambulatory patients admitted to hospital via emergency services. The pathways incorporated clinical triage by an advanced non-medical practitioner and support from a patient navigator.



The pilots have been running for one year and, as of March 2018, 387 patients had been referred. Of the 309 patients seen, 33 were diagnosed with cancer. Those referrals not eligible for the MDCs were redirected to the appropriate pathways following consultation with the referring GP.

Initial findings have shown faster diagnosis of patients with cancer and benign conditions, both serious (requiring onward referral for treatment) and non-serious (discharged back to the GP with a management plan). However, there were some significant costs involved.

These results demonstrate a system-wide benefit for the diagnosis of patients, not just those with cancer.

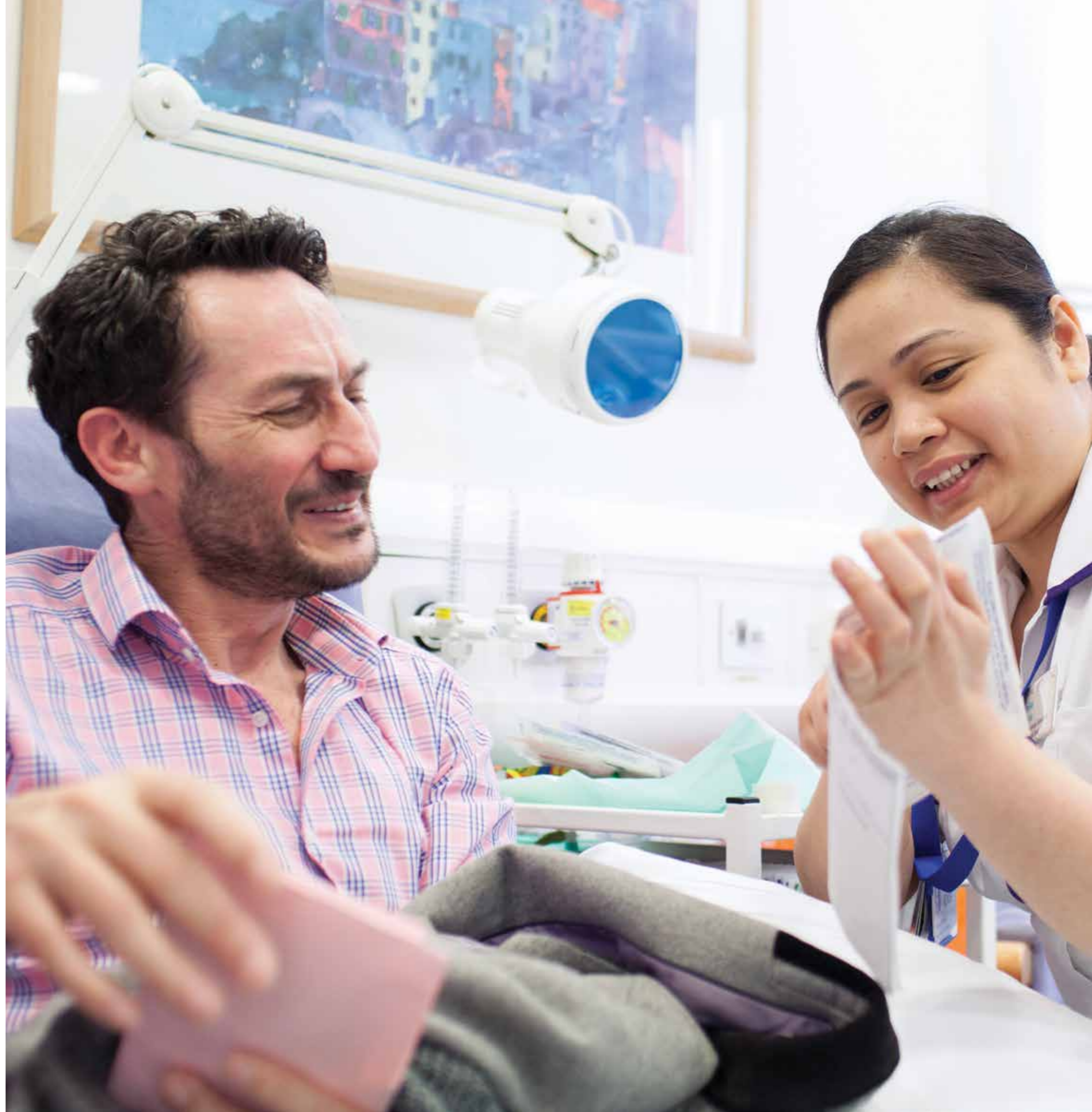
The pilots closed when the funding ceased at the end of March 2018. Some of the Trusts are looking at adapting the model and are also looking at options for securing ongoing funding.

## Helping patients live with and beyond cancer

As the incidence of cancer rises, and treatments become more effective, increasing numbers of people are living with and beyond cancer.

The National Cancer Strategy includes recommendations for improving outcomes for people living with and beyond cancer. RM Partners is working to implement this strategy across west London.

While many people will return to their previous levels of health and well-being, a significant number will experience a 'new normal' due to consequences of their cancer or treatment. It is becoming increasingly clear that there is a need for pathways of assessment, management and, when necessary, onward referral in order to support people to live well beyond their cancer treatment.



## Recovery package implementation

The National Cancer Strategy recommended that everyone with cancer should have access to elements of the Recovery Package by 2020. The Recovery Package includes interventions such as Holistic Needs Assessment (HNA), treatment summaries, a cancer care review, and health and well-being events.

We are working with all acute Trusts across west London to help them improve their support for people affected by cancer. We are aiming to deliver the pan-London target of 70 per cent of all patients with a diagnosis of cancer receiving all components of the Recovery Package by 2020, by working with Trusts to encourage and enable improvements wherever possible.

This work has led to:

- All of our Trusts submitting quarterly data for our Recovery Package metrics.
- Over 70 per cent of patients having a Holistic Needs Assessment (HNA) within 31 days of diagnosis for the first time in Q2 2017/18.
- We have completed the National Baseline Survey by NHS England with responses from all trusts in our area.
- We are holding co-design events with our Patient Advisory Group, which has a living with and beyond cancer sub-group.



During 2018/19 we will focus on the interfaces between tertiary, secondary and primary care to enable better communication, developing our relationships with primary care and strengthening links with community service providers who can offer support to people living with and beyond cancer.

We are aiming to deliver 70 per cent of patients with a Recovery Package by 2020



## Stratified Follow-Up

The taskforce also recommended that people treated for cancer should be able to access care and support tailored to their needs. Alongside this they should receive the necessary support to empower them to remain in control of their health and well-being.

Working with other London-based Cancer Alliances, we are committed to implementing stratified models of follow-up, including both professional-led and supported self-management.

An individual will receive a personalised plan of care based on specific treatment information and recovery package interventions. Stratified follow-up is designed to improve personal experience and outcomes.



## Improving access to palliative and end-of-life-care

RM Partners, through its palliative care group, has been working to improve the access, experience and outcomes for patients requiring palliative and end-of-life-care, irrespective of diagnosis, across west London. The group brings together specialist NHS and voluntary sector expertise from primary, secondary and tertiary care, as well as service users, to enable development of high-quality, patient-centred palliative care.

This important aspect of cancer care benefits from collaborative working across a wide population and across organisational boundaries, with sharing of best practice and consensus around palliative care management. This work includes:

### Improving the provision of seven-day palliative care

This project aims to improve provision of seven-day palliative care for all patients, across all hospital, hospice and community settings (whether in people's own homes, or in nursing or residential homes, or in other community settings such as hostels, prisons or the homeless).

A pan-Vanguard gap analysis across all specialist palliative care providers has been undertaken, involving 75 hospital, hospice and community specialist palliative care teams. A report summarising the findings, conclusions and recommendations has been produced, and the key messages presented to all relevant providers and commissioners across London.

We have developed a robust template business case for palliative care providers to use to negotiate both with CCG commissioners and within their own NHS Trusts, to prove the case for the need for a palliative care service seven days a week.

### Improving access to 24/7 end of life care in the community

This project aims to improve access to more prompt and better quality end-of-life-care in the community, through the development of a robust business case for end-of-life-care providers to use to negotiate with their local CCG.

A gap analysis has been undertaken across all community nursing and enhanced end of life care service providers, and a report produced summarising the findings. The findings were presented to all relevant providers and commissioners across London at stakeholder events in July and November 2017.

The business case was presented to providers and commissioners at an event in April 2018. These documents have been made available for use by commissioners and providers to address gaps in enhanced end-of-life-care service provision in the community.

62% of west London  
Community Services  
have Specialist Palliative  
Care services



## Patient experience and involvement

RM Partners is committed to putting patients, their families and carers at the heart of cancer transformation in west London. Our patient experience and involvement programme of work provides meaningful and representative patient engagement in a range of ways and aims to put patient experience on a par with clinical effectiveness.

### Collecting feedback from patients in real time

RM Partners has been working closely with Greater Manchester Cancer Vanguard Innovation to pilot a new tool for collecting in-depth, near real time feedback to aid understanding of patient experience at each touch point along the cancer pathway (primary care, acute trusts, community services, hospices and palliative care services). The aim of the pilot was to test whether the tool could help inform improvements in patients' experiences of cancer services at a system level.

We worked with our stakeholders to develop a standard patient experience question set to enable a systematic approach to how insights are gained regarding patient experience across the care pathway. Nine of our 10 trusts were signed up to the tool and some local benefits were identified.

At the end of the pilot, our Executive Group decided to use the information gathered to inform a refined standard patient experience question set to be used for deep dives. This enables RM Partners and our partner trusts to measure the impact of service improvements on patient experience.

### Getting insight from patients and carers

The RM Partners Patient Advisory Group (PAG) was established in 2017 to provide a vital patient and public perspective to the Cancer Alliance on all matters relating to our programme of work, including patient communication and information, patients' experience of care, patient involvement in the development of pilot initiatives and tackling inequalities in care.

The PAG consists of 17 patient and carer representatives including a Chair. The PAG has made a significant contribution to the development of patient communication and information material across a range of projects, including the national optimal lung cancer pilot, lung cancer low dose CT pilot, and the rapid access prostate pathway. The PAG is also represented on the bowel screening steering group aimed at detecting bowel cancer at an early stage.

In addition, a workshop was held with PAG to gain an understanding of their experience of the Living with and Beyond Recovery Package and to ascertain a patient perspective on the usefulness of the treatment summary.

The PAG members have dedicated their time, expertise and insight working with energy, enthusiasm and great commitment. We are very grateful to the vital contribution they make to putting patients at the centre of cancer improvement in west London.



“RM Partners provide high quality feedback so the Patient Advisory Group knows that they have made a difference.”

Alison Steel  
Patient Advisory Group Chair



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## Innovation and efficiency

In our ambition to implement the National Cancer Strategy, Achieving World-Class Cancer Outcomes, we are focused on introducing innovation and efficiencies across the cancer pathway. We have led on the national FIT research study, worked with pharmaceutical companies on medicine optimisation and explored ways to improve communications between secondary trusts.



## FIT research study to rule out bowel cancer

We are undertaking a research study to examine the effectiveness of the faecal immunochemical test (FIT) in ruling out bowel cancer in patients with symptoms, and to further understand factors that affect different test results for the population across London.

FIT is a new user friendly 'home' stool sample test, which is more accurate than other tests and has the potential to rule out colorectal cancer. It can be used to triage people who go to their GP with gastrointestinal symptoms, as well as those who are at high risk of cancer.

The number of people referred through the urgent two-week wait route is increasing, but the proportion of cancers being detected is reducing, suggesting that the majority of colonoscopies are unnecessary. It is hoped that FIT can be used to rule out bowel cancer, reducing the need for this invasive diagnostic test.

This is the only ethically-approved study which also has achieved adoption into the National Institute for Health Research (NIHR) peer-reviewed portfolio to be run nationally.

The NICE FIT research study is sponsored and led by Croydon University Hospital. It is aiming to recruit over 10,000 patients across England by April 2019 who are on the two-week wait pathway and who will undergo a colonoscopy to participate. Patients will use the FIT stool sample kit at home. Results from the FIT will be compared with colonoscopy findings to determine its effectiveness in predicting bowel cancer.



“ I am delighted to be working with RM Partners, leading this ground-breaking research. FIT is the largest trial of its kind in the world reducing unnecessary colonoscopies for patients, it is more accurate than other tests and has the potential to rule out colorectal cancer. This would not have been possible without the funding and support of RM Partners. ”

**Mr Muti Abulafi**  
Consultant Colorectal Surgeon,  
Academic Colorectal Unit, Croydon Health  
Services NHS Trust and Colorectal Pathway  
Chair, RM Partners Cancer Alliance

As of the end of March 2018, there are 14 London trusts and 12 hospital trusts nationally currently participating in NICE FIT, with a further 20 trusts in study set up. As of March 2018, over 1,200 patients have been recruited in London, and 300 across non-London sites.

NHS England and NICE are using preliminary findings to influence policy and roll-out. Planning is underway for the implementation of FIT in primary care, including laboratory analytics, workforce training, communication, safety netting and monitoring.

### FIT could:

rule out colorectal cancer with over **95% accuracy** in patients with lower gastrointestinal symptoms

avoid unnecessary colonoscopies, potentially **freeing up to 40%** of endoscopy capacity in overburdened Trusts

**significantly reduce the number of two-week wait urgent referrals**

lead to an **increase in earlier stage diagnosis** of colorectal cancer



## Medicines optimisation

As part of the national Cancer Vanguard, we collaborated on a medicines optimisation project, which aimed to transform the clinical model of delivery in terms of provision of cancer medicines.

Part of this work was to address and implement recommendations from the Independent Cancer Taskforce on improving access to chemotherapy and systemic medicines for cancer. This included delivering chemotherapy closer to patients' homes, particularly in community settings.

To achieve this, the Cancer Vanguard established a 'Pharma Challenge'. Pharmaceutical companies were invited to submit proposals to improve the availability and delivery of cancer drugs which were judged by a panel of chief pharmacists, nurses, clinicians, health science and other professionals.

The challenge required companies to meet the full cost of the projects themselves and demonstrate wider benefit to the NHS. Vanguard representatives worked with the Association of British Pharmaceutical Industries and the Ethical Medicines Industry Group to invite their members to submit proposals, and around 40 proposals were received.

The following pharmaceutical companies and projects were chosen by the panel and a joint working agreement was established:

- Amgen – a model for out-of-hospital administration of denosumab
- Celgene – an interactive medicines optimisation and compliance dashboard and evaluation framework
- QuintilesIMS – analysing medicine usage data and quantifying the costs associated with unwarranted variation
- Sandoz – improving the uptake of biosimilars through an education and engagement programme

As part of the national Cancer Vanguard, we collaborated on a medicines optimisation project to transform the clinical model of delivery in cancer medicines



## Biosimilars adoption

A ground breaking project by RM Partners and the Cancer Vanguard has contributed to helping the NHS save over £80 million nationally by switching to a biosimilar drug.

Biosimilars are a relatively new technology that are not always understood. As part of the Cancer Vanguard's Pharma Challenge Jatinder Harchowal, RM Partners medicines optimisation lead and Chief Pharmacist for The Royal Marsden NHS Foundation Trust, headed up the project to increase understanding and adoption of biosimilars among healthcare practitioners and to improve their use.

The vanguard partnered with Sandoz to develop resources and tools to help with the adoption of biosimilars in the NHS. An interactive PDF ([www.cancervanguard.nhs.uk/biosimilars-getting-it-right-first-time](http://www.cancervanguard.nhs.uk/biosimilars-getting-it-right-first-time)) provides information on the adoption of biosimilars within a trust and allows professionals to click through to various tools and templates. A suggested timeline sets out the process that a pharmacy might follow to introduce biosimilars.

These tools contributed to 80 per cent of trusts in England switching to the biosimilar rituximab, saving around £80 million nationally in just six months.

As of the end of March 2018 there were:

- 1,913 unique page views of [www.cancervanguard.nhs.uk/biosimilars-adoption/](http://www.cancervanguard.nhs.uk/biosimilars-adoption/)
- 2,970 unique page views of [www.cancervanguard.nhs.uk/biosimilars-getting-it-right-first-time/](http://www.cancervanguard.nhs.uk/biosimilars-getting-it-right-first-time/)
- 438 downloads of the interactive PDF
- 126 downloads of the slide set
- 86 downloads of the patient leaflet

**£80m saved nationally**  
by switching to a  
biosimilar drug



“ Biosimilars offer a rare opportunity to help manage rising costs in the NHS, while maintaining the same clinical impact for our patients, meaning we can treat more patients, and the money saved can be reinvested into the NHS. ”

**Jatinder Harchowal**  
Chief Pharmacist,  
The Royal Marsden NHS Foundation Trust



## Digital Solutions

Our digital solutions programme is aimed at designing a digital infrastructure that improves operational efficiencies, as well as enhancing patient and clinician experience.

The programme will target the exchange of documents which hold the most value to multiple-site cancer pathways. The project intends to achieve the following benefits:

- Reduction in admissions of cancer patients who present in an emergency situation due to lack of up-to-date clinical patient information.
- Reduction in administrative breaches for patients on cancer and suspected cancer pathways awaiting first treatment – particularly those on a 62-day pathway.
- Improvement in the overall experience of cancer or suspected cancer patients who attend multiple organisations within the west London area for their care, owing to better informed clinical and operational staff.
- Reduction in duplication of tests of patients who transfer between provider trusts in situations where their previous diagnostic tests results might not have been available.
- Reduction in the administrative burden of obtaining documents produced at a provider site other than their own.
- Provision of a platform to improve multidisciplinary working across multiple sites for all future document exchange projects.

We are working with the NHS Healthy London Partnership (HLP) on this project and have identified and prioritised a selection of document types, which each of the provider trusts in west London will begin to share via the central exchange.

The HLP is currently developing a London Health and Care Information Exchange (LHCIE) infrastructure, which will provide a platform to enable all London NHS and social care providers to access and to share patient documentation based on agreed pathways.

While the infrastructure aims to exchange documents for all patients, we are facilitating the faster adoption for cancer pathways by ensuring the exchanging of cancer documents is embedded within daily practice.

We are also funding much of the technical work required to connect to the infrastructure so that west London becomes a trailblazer of the technology.

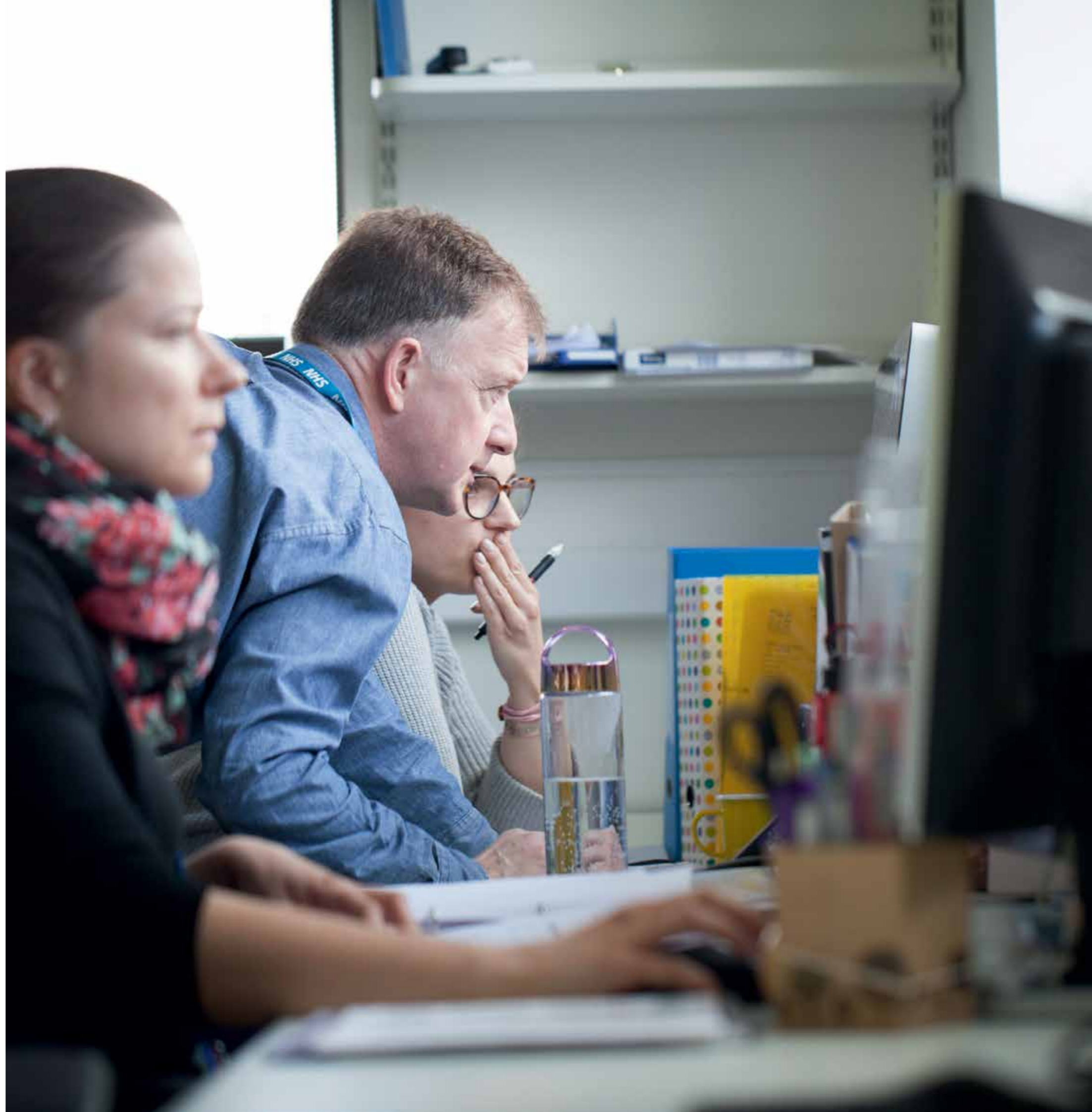
We are working with both of our Sustainability and Transformation Partnerships (STPs) so that information governance activities can be coordinated. This will mean appropriate documents can be shared in direct care scenarios, which will improve the care a patient receives in planned and unplanned circumstances.

During 2018/19, we will ensure the technical roll-out is delivered and monitored, so that the benefits are realised by the end users and patients. The aim is to deliver phase one documents (MDT outcomes and clinic letters) before moving on to diagnostic and treatment record documents.

Once implemented, HLP and RM Partners will implement appropriate change management to ensure a smooth switch to a new way of working.

## Informatics and performance

To support the operational performance and the transformation of cancer services across our geography, we provide a number of support functions to our partner organisations and key stakeholders. Our informatics team provides the data needed to prioritise our work, and our pathway groups provide tumour-specific clinical expertise. We also have a very active research function to embed research into our service design, and our workforce programme provides leadership and system benefits.



## Informatics

Informatics are vital to our work in improving cancer care pathways, and the information the team generates helps us to prioritise, benchmark and monitor impact of our work, which is very much data-driven.

We have formed a strong partnership with Public Health England (PHE) to develop national tools to enable cancer registration data to be used locally by Cancer Alliances and other NHS stakeholders.

The RM Partners team has developed datasets of comparable metrics across the entire cancer pathway, split into seven sections for each tumour type and aligned with the priorities identified in the National Cancer Strategy and the Five Year Forward View:

- Cancer waiting times
- Data quality
- Patient experience
- Prevention, early diagnosis and diagnostics
- Treatments
- Living with and beyond cancer
- Incidence, mortality, survival and prevalence information

These datasets are used to produce local scorecards – linked to an outcomes framework – for west London to support discussions at RM Partners governance board meetings. The metrics have also proved to be a valuable tool for our individual provider Trusts and CCGs in helping them to identify areas for improvement within their organisations.

For example, metrics were instrumental in identifying priority tumour types, as clinical experts were able to review benchmarked data to inform their decision making. The resource and the expertise we have built up within RM Partners has been used to facilitate clinical discussions, identify priority pathway groups, help us to identify and outstand outliers, and support and develop successful bids for national transformation funding.

### Future informatics work

During 2018/19, we will work with CADEAS to compare metrics across England for all 19 Cancer Alliances. We expect this not only to replicate some of the metrics we have developed across the four Alliances in London and Manchester, but to also produce additional analysis which will be useful in informing future priorities.

A key priority is to also work with partner organisations to implement the new cancer waiting times system, including roll-out of the 28-day faster diagnosis standard.

## RM Partners pathway groups

We implement evidence-based pathways through our pathway groups, which consist of clinical professionals from across our partner organisations. The groups share experience, best practice and innovation in the delivery of services. They provide clinical leadership to support the delivery of specific transformation projects, and translate the recommendations of the National Cancer Strategy into practice.

## Transformation-funded pathway groups

Using funds from the Transformation Fund, we are able to manage pathway groups for the following specific cancer pathways:

- Colorectal
- Lung
- OG
- Urology

These pathways together account for 33 per cent of all cancers in west London, and there are clear and quantifiable improvements in outcomes to be made in these pathways:

- Survival rates drop significantly in lung and colorectal cancers as the cancer progresses
- These pathways account for 50 per cent of all cancers diagnosed at stage 3 or stage 4
- Over 50 per cent of breaches of the 62-day urgent GP referral were prostate, lung and gastrointestinal. If half of these breaches were avoided, we would consistently meet the 62-day wait standard

### Cross-cutting groups

We also manage two cross-cutting pathways that work across all cancers:

- Living with and beyond cancer
- Medicines optimization

### Wider network groups

The following groups cover a wider region than west London but are hosted or part-funded by RM Partners:

- Children's cancers
- Teenagers and young adults' cancers
- Sarcoma

## Evaluation

A critical aspect of our work is to undertake evaluation to understand the impact and sustainability of our projects, and, where these are successful, to determine the extent to which these can be replicated on a wider scale. We also wanted to identify opportunities to learn from our work and then spread this learning nationally amongst the other Cancer Alliances.

We have participated in evaluations of the work of the Cancer Vanguard, carried out by Technopolis Group and Optimity Advisors, as well as an evaluation of our early diagnosis interventions carried out by Ipsos MORI and York Health Economic Consortium.

The Ipsos MORI and York Health Economic Consortium evaluation will take place across the duration of our early diagnosis pilots, with the overall findings to be concluded in 2019/2020. The evaluation to date has looked at the value of RM Partners as a system leader, and identified four key ways that RM Partners has been effective in operating across the sector, in order to meet our strategic objectives:

- Fostering collaboration - both within and across primary and secondary care to engender a shared accountability for project delivery and to achieve more ambitious targets regarding the early diagnosis of cancer
- Providing strong leadership - in order to set a common vision for cancer services in west London
- Sharing learning – between providers and more widely across the system including with other Alliances, in order to foster continual improvements to working practices, and eliminate duplication of effort



- Being data driven - both in terms of the benchmarking of performance but also for improvement planning, to identify where the most impact can be made and to drive activity

**The evaluation of the Cancer Vanguard programme identified the following key partner-level conditions for success:**

High-performing teams of project and change managers



Strong local leadership for cancer transformation at programme level



Openness to collaborate across organisational boundaries



Collaborative working with patients and patient representatives



A climate of research collaboration



A strong network of collaboration with cancer charities



## Research

RM Partners has developed a research function to embed research and innovation into our new models of care and deliver patient-based and clinically relevant research.

The pan-London research strategy focuses on areas of unmet need directly linked to new models of care initiated by the Cancer Alliances in London. There are four main workstreams: early diagnosis and detection, living with and beyond cancer, cancer in older people, and application of big data.

We are working with UCLH Cancer Collaborative and the South East London Accountable Cancer Network to provide a pan-London research function. This will deliver a research strategy to 10 million people, with the goal of accelerating the delivery of the key outcomes from the National Cancer Strategy. Where new models of care are being proposed, there are major opportunities for research questions to be asked in parallel, thus providing evidence which will help to inform the evaluation of these models.

During 2017/18 we have focussed on major research studies addressing the early detection of lung cancer and colorectal cancer; these studies are described on pages 14 – 17 and 32 – 33 above. Additional research outputs have included:

- A review paper has been published examining outcomes in older women diagnosed with ovarian cancer. This will lead to a multi-centre clinical trial assessing the feasibility of a geriatric assessment tool in older women diagnosed with ovarian cancer



- Funding of six research (clinical and allied health professionals) fellows to undertake projects in cancer prevention, early diagnosis, living with and beyond cancer, and palliative care. Projects will be undertaken in 2018/19
- Final reporting of the 2015/16 research fellowships, of which three of the four fellows gained further funding to pursue PhDs

## Supporting our people

During 2017/18, we carried out an extensive programme of information and data gathering around workforce requirements. This included discussions with key individuals within each provider organisation, such as all the lead cancer nurses, service managers, clinical leads, consultants, chief radiographers, chief nurses and HR professionals. We have also engaged with the relevant professional bodies, including the Royal College of Nursing, the Royal College of Pathologists and the Society and College of Radiographers.

We have used this information to develop the RM Partners Local Cancer Workforce Plan which was signed off by RM Partners Executive and submitted to Health Education England (HEE) in March 2018. Over the first quarter of 2018 work began to implement the plan, including further detailed stakeholder engagement, education and development workshops with senior clinicians and a workstream to engage Sustainability and Transformation Partnerships (STP) and provider Workforce Directors. In August 2018 RM Partners was successful in our application to HEE London for funding to support delivery of the National Cancer Workforce Plan.

We have funding for four workforce projects to be delivered by the end of March 2019;

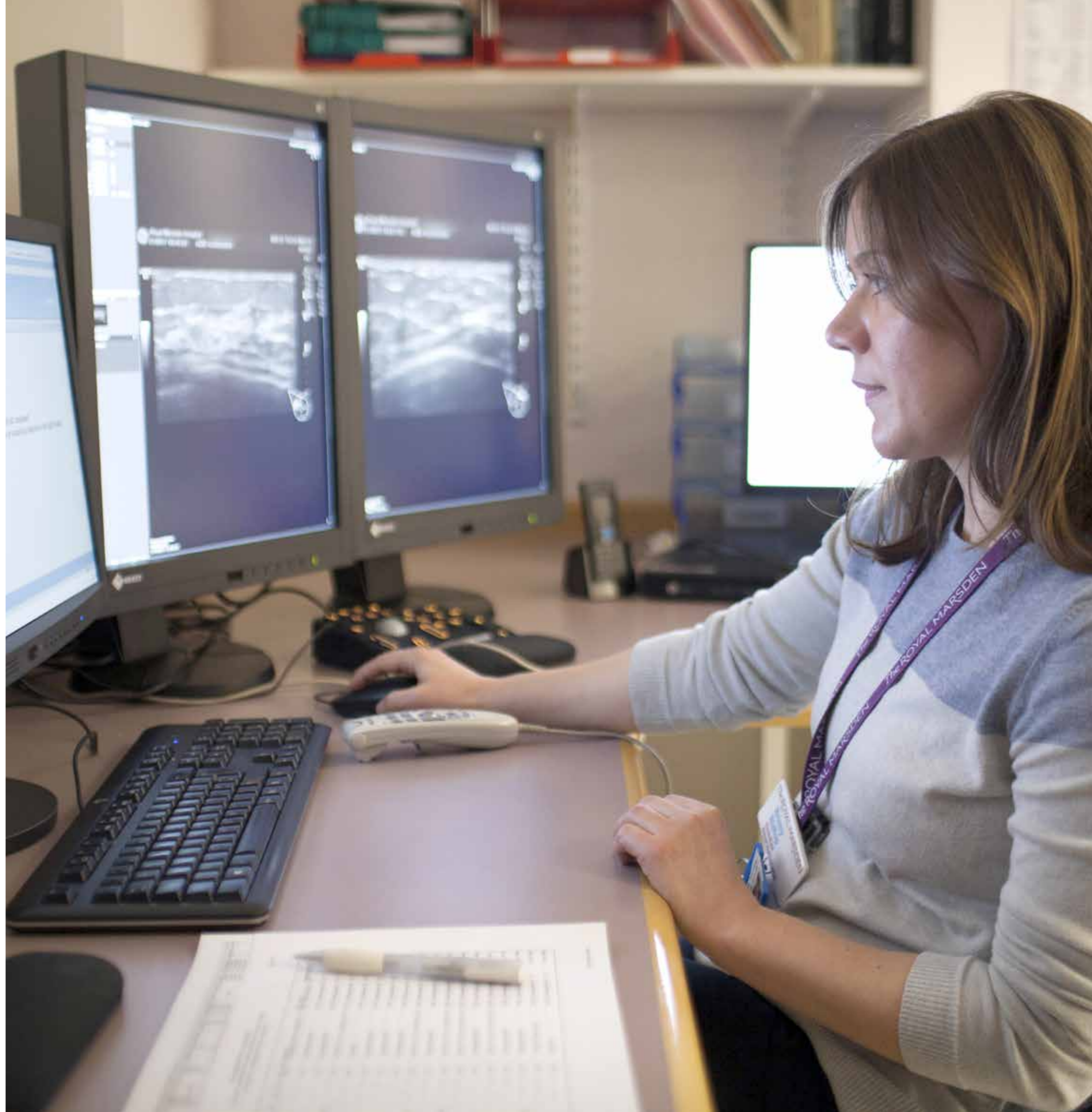
- Cancer Nursing – the development of an online cancer education programme, aligning the learning to the cancer nursing career framework. Incorporating local information and generic cancer education
- Diagnostic Radiography – the development of an online radiography education programme, aligning the learning to radiography career framework
- Therapeutic Radiography – develop a therapeutic radiography career framework
- Histopathology – an international programme of Histopathology recruitment on behalf of RM Partners providers

We have funding for four workforce projects to be delivered by the end of March 2019



## Looking ahead: 2018/19

We have a busy work plan for 2018/19, delivering year two of our transformation programme, while continuing to support trusts with the operational delivery of their constitutional cancer targets.



The majority of our work in 2018/19 will be to deliver improvements in early diagnosis, with a focus on supporting the projects described in the previous chapters.

A number of exciting developments are on the horizon, including a new radiotherapy network to ensure that all patients have equal access to cutting edge treatments and the roll-out of innovative technologies in the bowel and cervical screening programmes. Training of GPs, improving our screening uptake and supporting primary care clinicians with better and more streamlined referral routes support our aim to diagnose cancers earlier in our population.

We have worked across London to secure £2.8 million of funding to improve care for those in our communities who are living with and beyond cancer. As part of this, RM Partners will work with individual trusts and pan-London colleagues to implement the Recovery Package, and risk-stratified follow-up pathways for breast cancer patients.

Our transformation funding for quarter three and quarter four is dependent on 62-day performance across west London. RM Partners is supporting its Trusts to deliver this sustainably in a number of ways, including providing intensive support to trusts where required. We are also providing system-level support including leading a head and neck task and finish group, maximising diagnostic capacity across the system, and improving processes for the transfer of patients between Trusts. We will provide leadership in the move towards

the 28-day faster diagnosis standard, of which the 2018/19 deliverables include implementation of new national cancer waiting times system and the capture of new data to support the standard.

Cancer workforce will also be a key focus during 2018/19, and we are responding as a partnership to Health Education England's (HEE) Cancer Workforce Strategy, published in December 2017. Work is already underway to support some of those 'priority' professions for which HEE has identified a capacity issue over the next two years. Across RM Partners, we are accessing education funding for reporting radiographers, and investigating innovative models of clinical mentorship. We also have projects looking at histopathology, and to support retired consultants to continue to contribute to the NHS workforce.

## Our programme of work and the outcomes it will deliver

