

Annual Review 2018/19



"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

It has been an extremely busy and exciting year for RM Partners. As west London's pioneering Cancer Alliance, hosted by The Royal Marsden NHS Foundation Trust, we remain focused on our core deliverable of transforming whole pathways according to patient need.

We have implemented and rolled out a number of our successful pilots across west London, and monitored and evaluated the patient benefits and positive outcomes they are delivering.

Through clear, collective leadership, our partnership generates value greater than the sum of its parts, and efficiencies have been realised both locally and system-wide. We have been able to drive system performance by supporting individual partners with specific operational issues, by sharing best practice, and by flexing demand and capacity between Trusts.

This has directly resulted in reduced variation in outcomes and experience for our cancer patients. Nearly three years in, our Cancer Alliance now has the highest one-year cancer survival rate nationally, and was the only Cancer Alliance in 2018/19 to meet the 62-day standard.

One of our key priorities is to pilot and implement projects that improve outcomes and survival through earlier diagnosis. For example, we have been working to improve screening uptake rates by proactively contacting patients who have not returned their bowel screening test, and by helping increase the awareness of cancer screening programmes among marginalised populations. We have supported GPs in referring patients onto the correct pathways by providing cancer-specific education events and rolling out C the Signs, a cancer decision support tool to help GPs better identify and manage patients who are at risk of cancer.



Cally Palmer CBE



Nicola Hunt

Last year we designed and piloted innovative diagnostic models, including the triage of patients with suspected colorectal cancer and our HSJ award-winning RAPID prostate service, to improve the speed of access to expert diagnosis and treatment. These pilots have been evaluated and proved successful, and we are now rolling them out across our partner organisations, ensuring that all patients have the highest standard of service regardless of where they live in west London.

More patients are living with and beyond cancer, and supporting their health and well-being after treatment can help to optimise their quality of life. Personalising care based on a patient's wishes is paramount and, to support this, we agreed

an Alliance-wide model with our partner Trusts that will successfully stratify the cancer follow-up pathway for breast cancer patients.

A founding principle of RM Partners is to ensure that patients and families are at the heart of decision-making. In 2017, RM Partners established a Patient Advisory Group (PAG). Our PAG members are cancer patients and carers, which provides us with vital access to a knowledgeable group of people who are able to provide patient insight, challenge and advice. Collectively, they bring a wide range of understanding and experience of cancer that helps us in the development and co-design of our programme of work. We want to extend our deep appreciation and thanks to them for the contributions and insights they have provided over the year.

Our partners bring together expertise in research and development, with a focus on early adoption and roll out. We have developed world-leading interventions to diagnose cancer earlier, including our NICE-FIT research study led by Croydon University Hospital, which assessed the sensitivity and effectiveness of using a faecal immunochemical test (FIT) in ruling out bowel cancer in high-risk patients with symptoms. In 2019/20, we will pilot this triage test for high-risk patients with colorectal symptoms, with the aim of significantly reducing the demand for endoscopies.

We were delighted that an Ipsos MORI external evaluation demonstrated that our success in coming together as senior leaders with a clear vision, supported by skilled project teams with a focus on delivering change, has been instrumental in fostering greater collaboration within and across provider organisations. These cohesive and supportive relationships are directly linked to improvements in the earlier detection and faster diagnosis of cancer for our population.

We would like to thank all our partners and stakeholders. By working together we have been able to deliver on operational cancer standards and provide innovative solutions to improving cancer care and survival across west London.



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



Nicola Hunt
Managing Director,
RM Partners

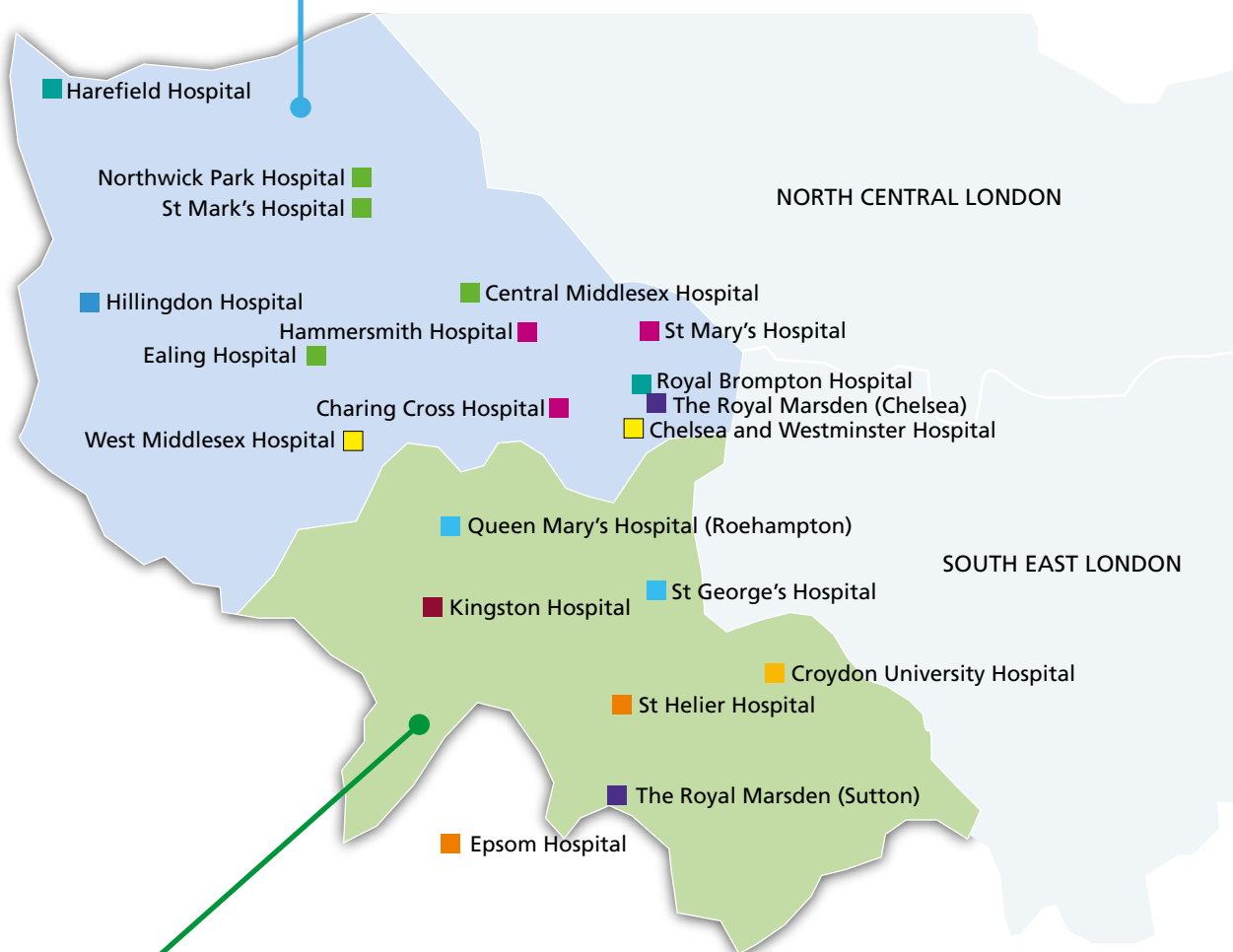
Our Geography

North West London Sustainability and Transformation Partnership

Brent CCG
Central London CCG
Ealing CCG
Hammersmith and Fulham CCG
Harrow CCG
Hillingdon CCG
Hounslow CCG
West London CCG

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
- Kingston Hospital NHS Foundation Trust
- Imperial College Healthcare NHS 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



South West London Sustainability and Transformation Partnership

Croydon CCG
Merton CCG
Sutton CCG
Kingston CCG
Richmond CCG
Wandsworth CCG

Wider stakeholders

NHS England (London) specialised commissioning
Community services
Hospices
London Cancer Commissioning Board (CCB)
Transforming Cancer Services Team (TCST)

Our Ways of Working

In 2016, RM Partners was established as a collaboration of the 10 hospital Trusts, two Sustainability and Transformation Partnerships (STPs), and 14 Clinical Commissioning Groups (CCGs) in west London as well as NHS England Specialised Commissioning.

We have a robust governance structure with representation from all our partners; the Executive Group has overall strategic responsibility for the partnership, the Delivery Group has responsibility for operational and transformational delivery, and the Clinical Oversight Group provides clinical leadership and direction. In addition, our Patient Advisory Group participates across our governance groups, and provides input and advice on all of our projects and patient information.

We have previously agreed the RM Partners Target Operating Model, where the principles of the collaboration were outlined. This year we developed our ways of working further into a formal Memorandum of Understanding, which demonstrated the commitment our partners have to the partnership.

To build on existing local innovation and best practice, we undertook a wide call for projects to seek suggestions for new interventions from all stakeholders, including patients, which became the basis of our business planning for 2019/20. We received over 80 responses from our partners with well-developed proposals, and these were prioritised by our governance groups to become our workplan for 2019/20.

Evaluating our work

For the third year running we have worked with an external evaluator to ensure our pilots and roll-out plans are evidence-based, and also to assess how we are working as a partnership. The evaluation has shown that, as a partnership, we have been successful in bringing senior leaders together and establishing shared accountability for delivery of improved cancer services.

The evaluation found that our primary care projects, to improve uptake of cancer screening and to provide education and training to support GPs in better identification of patients with possible cancer symptoms, are already bringing significant cost savings to the system, as cancers are diagnosed at an earlier, potentially curable stage.

It also demonstrated that our redesigned pathways are self-funding: increasing resource earlier in the pathway generates savings down the line. It showed that we have greatly improved patient experience through the innovative use of different staffing models at the important points in the pathway, including telephone triage and patient navigators. Patients who have been through our redesigned pathways have provided extremely positive feedback.

As part of this evaluation, each project was assessed to establish what critical success factors need to be in place to secure similar results elsewhere in the country. These results will be shared with national colleagues and stakeholders, as well as with other Alliances and system integrators, to encourage wider take up of our interventions and to support relationship-building.

The importance of patient and carer involvement

The RM Partners Patient Advisory Group (PAG) was established in 2017 to help support our core commitment to ensuring meaningful engagement with people affected by cancer. The group includes both patients and carers who are passionate about improving healthcare services, and are able to use their personal experience to work with us to achieve this aim.

Their contributions have been instrumental in the development of a range of projects, including:

- Helping to define what good cancer care looks like for patients and carers, which has contributed to shaping patient experience in all of our projects.
- Commenting on patient information for use in projects aimed at improving faster diagnosis.
- Providing feedback and input into how results are communicated to patients in virtual clinics by telephone.

Our PAG members have also made valuable contributions to the work of the national cancer programme. They helped to shape the recommendations for improving cancer care and outcomes in the NHS England Long Term Plan through participation in a workshop for patients and carers, and by providing a comprehensive written submission to the Call for Evidence.

They have also acted as ambassadors for patient involvement at a number of events, including providing the patient and carer perspective at external meetings such as GP cancer education days, a personalised care workshop, our patient experience shared learning event, and the annual RM Partners stakeholder event.

They finished the year by electing two members as new co-chairs to lead them into 2019/20.

2018/19 highlights

We are the only Cancer Alliance that **met the 62-day** standard in 2018/19



We have the highest one-year **cancer survival rate** nationally



We have seen **year-on-year improvements** in diagnosing cancer at stages 1 and 2



We have **one of the lowest** rates of emergency cancer presentations in England



15,000 patients went through our streamlined colorectal pathway, with time to diagnosis reduced by **50%**



>2,500 extra women took up their cervical screening invitation across Hammersmith and Fulham, Merton and Wandsworth

100% of GP practices in Sutton and Wandsworth took part in the bowel screening project

>11,000 patients across 55 hospitals in England took part in the NICE-FIT bowel cancer study. Use of FIT in symptomatic patients could reduce colonoscopies by up to **70%**



C the Signs used almost **1,800** times by GPs in Wandsworth to help identify patients at risk of cancer



>3,000 additional people completed bowel cancer screening kits across Merton, Sutton and Wandsworth CCGs

>50% of men on the RAPID prostate cancer pathway avoided an unnecessary biopsy

Screening and Early Detection

Throughout the second year of delivering our cancer transformation funding programme, we have continued to make progress in improving survival and outcomes for the population of west London. Our focus has been on funding innovative ways to increase screening uptake, support primary care in referring patients onto the right pathway, as well as rolling out new pathways to diagnose patients faster.

Increasing screening uptake

Early diagnosis is key to improving survival from cancer. Cancer screening involves testing people for signs of the disease when there are no symptoms. It can help save lives by finding cancers at an early stage. When patients are diagnosed at stages 1 or 2, there is often the greatest opportunity for curative treatment.

This year we continued to work on a series of projects aimed at improving access to screening and increasing the number of people who are screened.

Bowel cancer screening reminder service

Participation in the national bowel cancer screening programme has the lowest uptake of any of the national cancer screening programmes, with uptake across west London ranging from 35% to 54%. The national target is 60%.

Studies have found that approaching people by telephone to provide information and answer questions about bowel screening can help to increase uptake. Providing the option of speaking to a bilingual advocate may also help increase awareness and overcome barriers to participation.

To improve uptake in west London, RM Partners has piloted the use of a bowel screening phone reminder service across 12 clinical commissioning groups (CCGs).

We commissioned Community Links, a local charity that has carried out a similar project in other areas, to contact patients who have not completed the national bowel screening kit within the previous 12 months to answer any questions they may have and encourage them to participate.

Each participating CCG took part for up to three months, providing enough time for all eligible patients to be contacted. Community Links worked with the participating GP practices to identify appropriate patients, and provided practices with health facilitators, who often spoke the same language as the population they serve.

The facilitator talked through the screening process with the patients, helping them to understand the importance of screening, explained how to use the kit properly, ordered a replacement kit if required, and generally encouraged participation.

Of the five CCG areas in south west London that have completed the project – Kingston, Merton, Richmond, Sutton and Wandsworth – 112 practices participated, with 100% of practices in both Sutton and Wandsworth taking part.



13,000

calls made to patients who had not completed their bowel screening kit

3,000

extra patients completed and returned the kit

Almost 13,000 successful calls were made to patients. Just over 3,000 people completed and returned the kit – a 24% return rate.

In 2019/20, the project will be repeated across all participating CCGs in west London, targeting the subsequent cohort of patients who have not returned their bowel screening kit.

“Thank you so much for your call to check if I have received my kit and for going through the instructions with me. The fact that I can talk about my fears and doubts with someone who speaks my own language is extremely beneficial. I know how to do it now and will make sure that I keep participating from now on.”

Patient, Hammersmith and Fulham

“I thought the programme was run extremely efficiently, offering a service of great benefit to our patients with minimal impact on the day-to-day running of the practice. And the take-up of kits was extremely encouraging.”

Assistant Practice Manager, Kingston

Better access to cervical cancer screening

The national cervical cancer screening programme saves an estimated 5,000 lives every year in the UK, and provides the best protection against cervical cancer. However, patient attendance is at a 20-year low and incidence of cervical cancer is high, with nine women diagnosed with the disease every day.


We identified Hammersmith and Fulham CCG as an area in west London with a particularly low uptake of cervical screening – an average of 58%, against the national target of 80%.

Working with the Hammersmith and Fulham GP Federation, we developed a project that involved offering new daytime, evening and weekend cervical cancer screening clinics, at convenient locations close to transport links. The aim was to make it easier for women who received an invitation to take up this lifesaving test, and to raise awareness, particularly among women aged between 25 and 34 – the age group with the lowest uptake rate.

A dedicated cervical cancer screening team has been established, which includes trained female nurses who deliver cervical screening clinics out of nine GP practices located across the borough. The team proactively contacts women who are overdue and eligible for a cervical screening test, so they can provide them with information about



why it is important to have cervical smear. They can then book an appointment for the woman at her own practice, or at an alternative time and location if more convenient.

 To raise awareness of the project, we produced a video for social media platforms, which has been viewed over 52,000 times.

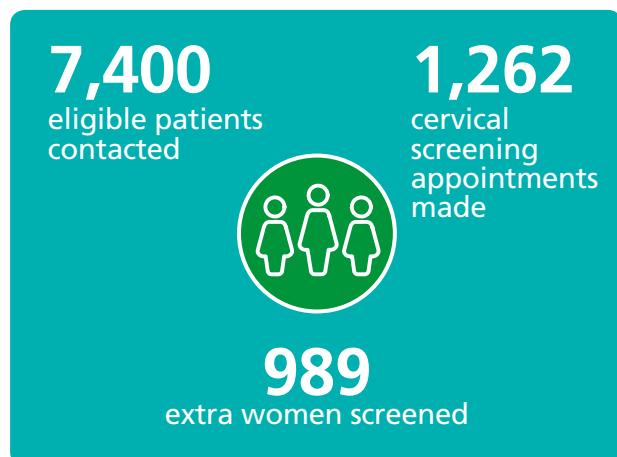
We worked with Sobus, a community development agency in Hammersmith, to engage women from black and minority ethnic communities, as well as organisations representing the East African and African Caribbean communities, such as Leaf Education Women's Group and Minaret Community Centre, WILDE International and Bengali Women's Group.

To date, 26 out of 29 GP practices in the borough have signed up to the project. Between May 2018 and March 2019, 7,400 patients were contacted, 1,262 appointments were made and 989 patients were screened.

Thirteen practices have increased their cervical screening performance, with two practices seeing an improvement of over 15%, with another two practices improving by more than 10%.

The project in Hammersmith and Fulham, which will continue until the end of March 2020, was a finalist for the HSJ Value Award in 2019.

We are also running similar projects in Merton, where 478 women were screened, and Wandsworth, where 1,055 women were screened.



In 2019/20, we are planning to roll out improved access cervical screening clinics to a further eight boroughs. We are also funding an inclusive cervical screening clinic for trans and non-binary people with a cervix in a sexual health clinic in central London.

"Wonderful staff. Made a usually awkward appointment comfortable, relaxing and easy going. Location is very convenient and flexible times were offered, especially on the weekend."

Patient

"This service made a big impact by offering our patients access on the weekends."

Practice Manager

Encouraging cancer screening in marginalised groups

A number of population groups in Kingston have been identified as having a lower uptake rate of cancer screening than the general population. These groups include refugees and asylum seekers, people with learning disabilities, black and minority ethnic groups, senior citizens, travellers, and faith communities.

In partnership with Kingston Public Health, we employed an innovative and enthusiastic community development worker and, through a combination of community-based and primary care interventions, reached out to almost 600 people in Kingston to date. This helped to increase their participation in cancer screening programmes.

The interventions used include: holding screening awareness presentations for community groups such as the AMA Islamic Prayer Group, the New Malden Baptist Church and during a Homelessness Health Day; embedding cancer

screening and health promotion information into English language classes; producing an easy-read screening newsletter for Kingston's Learning Disability Network; and producing screening information in languages including Arabic, Gujarati, Korean and Tamil.

Feedback from people who had been contacted or who were involved in one of the interventions showed the vast majority (96%) now know more about cancer than previously, and almost three-quarters (74%) said they would be more likely to engage with screening services.

The project will continue until January 2020.

"It was eye opening. I'm more likely now to get checked and tell family and friends."

Community Health Improvement Day

"We need these sessions often. Very helpful."

Independent Yemen Group

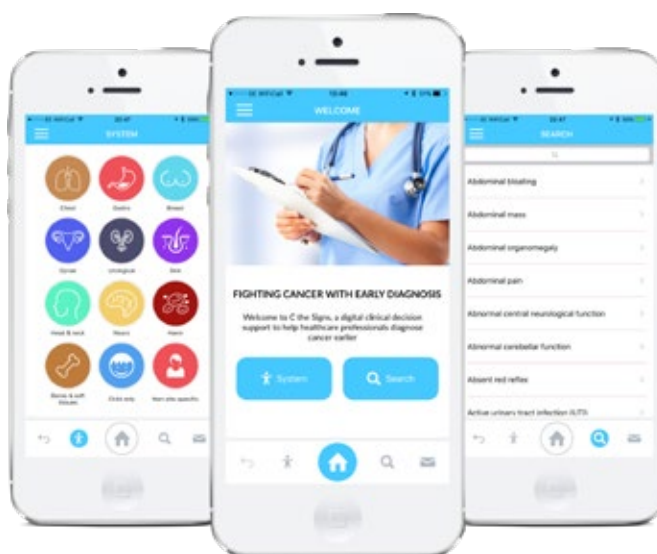
"This is information that could save our lives, we need to listen."

Islamic prayer group

Improving cancer awareness in primary care

GPs are at the forefront of cancer diagnosis. But with increasing pressure on primary care, it can be difficult for GPs to recognise the symptoms of cancer and take the appropriate action during short consultations.

Working closely with our partner CCGs, we are helping to provide education and training in primary care to support GPs to better recognise the signs and symptoms of cancer, and to assist them in making appropriate referrals.



C the Signs is a cancer decision support tool to help GPs identify and manage patients at risk of cancer.

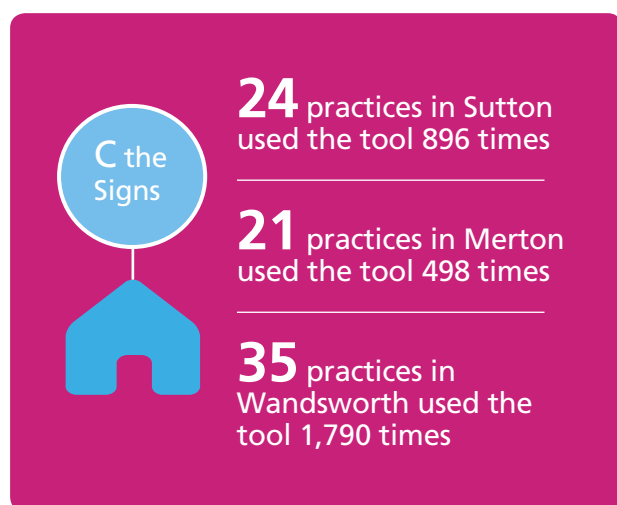
Using the latest National Institute for Health and Care Excellence (NICE) guidelines and pan-London referral guidance, C the Signs supports GPs to check combinations of signs, symptoms and risk factors. GPs can search by system, such as 'chest' or 'head and neck'; or by sign, symptom or clinical information, such as 'thrombocytosis' or 'weight loss'.

C the Signs can identify what cancer(s) a patient may be at risk of, and signpost to what test, investigation or referral they may need – in under 30 seconds. It is now integrated with EMIS Web, which allows clinicians easier access using their surgery computer systems, and enables them to save information recorded and referrals made in the electronic health record, as well as pre-populating any pan-London or other referral forms.

All information is cross-referenced across all cancer pathways, highlighting when multiple cancer pathways are triggered. All pathways in the tool are localised to each CCG, reflecting the services and resources available locally to GPs, including direct access diagnostics and any straight to test pathways. This is updated as new services become available and is kept up to date with both national and pan-London guidance.

With RM Partners' support, C the Signs went live in Sutton in May 2018, and in Merton and Wandsworth in June 2018. In Sutton, 92% of practices signed up, and the tool has been used 896 times. In Merton, 95.5% of practices signed up, and the tool has been used 498 times. In Wandsworth, 87.5% of practices signed up, and the tool has been used 1,790 times.

During 2019/20, we plan to roll out C the Signs across further boroughs in north west and south west London.



"C the Signs makes life, as a busy GP, so much simpler when considering could the patient in front of me have cancer, and what should I be doing to investigate this possibility. It provides a quick, evidenced-based tool that can give me clear pathways on what I might want to consider when I am considering the possibility of cancer."

GP, Wandsworth

Safety netting

Electronic safety netting in primary care ensures that patients who are at higher risk of cancer are monitored and followed up. This will help to reduce the number of emergency presentations, and increase the number of cancers, as well as

other long-term conditions, detected at an earlier stage.

We have worked with the North West London Cancer Primary Care Board to pilot an electronic safety netting tool in GP practices across Brent, Harrow and Hillingdon. This has involved mapping current safety netting activity and attitudes, and assessing training needs through an online survey.

A training programme was then rolled out, including offering GP education and engagement events. An online tutorial was developed, to improve knowledge and confidence in using EMIS Web for safety netting, and has been viewed 138 times. The events and the microsite have proved popular.

GP cancer education events

GPs in England see fewer than eight new cancer cases per year on average, but many more patients present with symptoms which are suggestive of cancer. This presents a challenge for busy GPs, as NICE guidance contains more than 200 recommendations and GPs need to be aware of local tumour-specific referral pathways, as well as ever-changing evidence.

Communicating appropriately with patients at the point of referral is also important in ensuring that patients attend their two-week-wait appointments. Additionally, GPs have responsibility for providing evidence-based lifestyle advice, encouraging cancer screening when necessary, and being aware of the needs of their patients living with cancer as a long-term condition.

To support GPs, we funded four education events run by Red Whale GP Update. Over 600 clinicians attended these events, and 97% said the course was either 'excellent' or 'good'.

Due to the popularity of the events, we are planning to run additional events in 2019/20.

"Great course – good summary of relevant cancer-related topics with good practical advice."

Attendee

Faster Diagnosis and Treatment

Cancer survival is the highest it has ever been. Increasing early diagnosis and tackling late diagnosis is key to improving survival even further. We are working to redesign a number of high volume cancer pathways, including colorectal, lung and prostate, to ensure that our patients benefit from the latest technologies and innovations available in diagnostics and treatment.

Streamlining the colorectal pathway

Colorectal cancer is a common cancer which, if diagnosed and treated early, has a high survival rate in adults. To confirm a diagnosis, the patient has to undergo specific tests to either rule out or visualise the cancer. Currently, this usually involves undergoing a colonoscopy which can visualise all aspects of the colon.

A new streamlined pathway for patients with symptoms of colorectal cancer was originally piloted in collaboration with St Mark's Hospital, part of London North West University Healthcare NHS Trust.

The new pathway helps identify cancers more quickly by ensuring patients are referred by their GP using an electronic referral service, which is more efficient, and then contacted by telephone by a specialist nurse who uses a diagnostic algorithm to determine which is the most appropriate test or appointment for them. This could be a colonoscopy (which visualises all of the lower intestine including the colon), a CT colonography (which can visualise not only the lower and upper intestine, but other organs such as the kidney or liver), a flexible sigmoidoscopy (which only views the lowest part of the bowel) or an outpatient appointment.



Changing the front end of the pathway, and including an alternative test to colonoscopy, enables patients to be diagnosed much faster. This means that if a patient does have colorectal cancer, treatment can begin earlier with the possibility of a better outcome. It also means the patient has fewer unnecessary outpatient appointments and inappropriate tests.



15,000 patients have been through the new colorectal pathway

New pathway reduces time to diagnosis by around **50%**

"The nurse practitioner who carried out the assessment was very skilled and knowledgeable. It was very apparent that she had a high level of experience, which gave me confidence that I was going to receive the appropriate investigations and care."

"Overall it met my expectations. I was happy I was seen as quickly as I was, from seeing my GP to within that week having an appointment – to me that was very good."

Patients on the colorectal pathway

Most patients received their test results and diagnosis by day 21, compared with day 42 through the previous pathway.

The streamlined colorectal pathway has now been implemented at another five of our partner Trusts, with further roll-out during 2019/20. By the end of March 2019, around 15,000 patients had been through the new pathway.

A patient satisfaction survey completed by those who have been through the new pathway found that around 98% rated introduction of the nurse-led triage and the telephone assessment appointment as 'excellent' or 'very good'.

National Optimal Lung Cancer Pathway (NOLCP)

The National Optimal Lung Cancer Pathway (NOLCP), produced by the Lung Clinical Expert Group established by NHS England and published in August 2017, recommended changes and improvements in the whole lung pathway, from prevention, early diagnosis, treatment and improving patient experience.

Two Trusts were identified to run a pilot of the NOLCP project: London North West University Healthcare NHS Trust and St George's University

Hospitals NHS Foundation Trust. Both sites began accepting patients onto the NOLCP pathway in January 2018 and the pilot ran until March 2019.

Approximately 400 patients were referred on the pathway. The majority of these patients had their chest X-ray and CT reports within 72 hours. The role of the patient navigator was critical in supporting the NOLCP work; they are the primary point of contact for NOLCP patients, provide support to the clinical team, flag and track diagnostic results, and collate/coordinate data, as well as highlight blockages along the pathway and help to alleviate these.

In addition, a straight to test standard operating procedure for CT scans was developed, which has contributed to the speed of reporting and enabled a quicker patient journey through the pathway.

Now that the pilot has finished, it is anticipated that the Trusts will take forward the positive aspects of these pilots into their working practice.



Approximately 400 patients were referred on the pathway. The majority of these patients had their chest X-ray and CT reports within 72 hours.

"The whole experience from GP appointment to surgery was flawless. The staff, without exception, were amazing. It made a very frightening experience much more bearable."

"I was very impressed with the service provided, in particular the speed with which I was seen and the professionalism of [the doctor] and his liaison with the thoracic radiologist whilst we were in consultation with him."

Patients on the NOLCP pathway

RAPID prostate cancer pathway

In November 2018, the RAPID (Rapid Access to Prostate Imaging and Diagnosis) project won an HSJ award in the category of acute sector innovation. The project was selected because it demonstrated excellent patient focus and showed fantastic speed in implementing findings from research into clinical practice. The judges also acknowledged the wide reach and huge potential for national adoption.

RAPID utilises innovative technology which fuses live ultrasound and MR images for a revolutionary biopsy procedure.



"The speed of the appointment and the one day diagnosis was very important in reducing 'worry-time' and stress."

"Very impressed by professionalism, speed, caring attitudes of all involved. Could not have asked for better treatment."

RAPID patients

The project has been piloted at three west London Trusts: Epsom and St Helier University Hospitals NHS Trust in partnership with The Royal Marsden NHS Foundation Trust; Imperial College Healthcare Trust; and St George's University Hospitals NHS Foundation Trust.

Over the two-year pilot at least 5,000 men have been seen on the pathway.

The RAPID pilot has resulted in:

- between 51% and 58% of patients avoiding an unnecessary biopsy
- a reduction in the incidence of sepsis from 4–5% to 0.2% by switching from trans-rectal ultrasound biopsy to transperineal fusion biopsy
- 47% of men suitable for biopsy having one within 21 days
- 71% of men receiving a definitive diagnosis within 28 days of referral
- improved patient experience, with 95% of RAPID patients saying their overall experience of care and treatment was good.

During 2018/19, we held RAPID network meetings, which were forums to share expertise and lessons learnt through the pilot project. We have also worked with the Royal College of Radiologists, Imperial Prostate and Prostate Cancer UK to share learning and develop specialised skills within the clinical teams across the pilot sites.

The RAPID pathway was established in two further partner Trusts in 2018/19, and six more will implement the pathway in 2019/20.

51-58%
of men avoided
an unnecessary
prostate biopsy



71% of
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Radiology reporting network

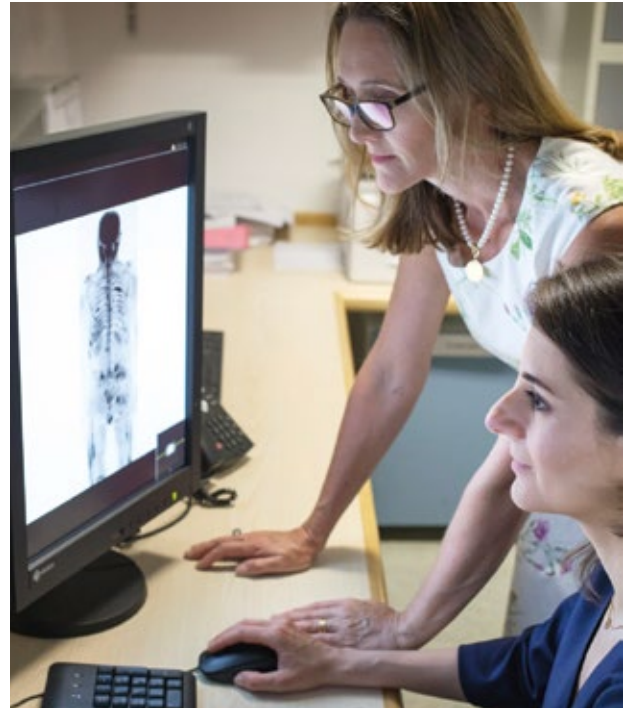
This year the North West London (NWL) Radiology Network was formed, supported by our funding. The network will allow efficient and rapid sharing of images and radiology reports between Trusts, sites and clinicians – enabling better care for people with cancer.

The network's first collaboration involves a £5.7 million investment in a novel software technology that will allow clinicians across the network to share images and report on them immediately. This will enable quicker reporting and decision-making, eliminate unnecessary duplication of scans, and support more collaborative working. It is also anticipated to save around £6.3 million over the next 10 years from reduced duplication and image transfer costs alone.

While images can already be shared between the network's hospitals, the current system is difficult to use and transfers only partial information. Importantly, the new software will sit on top of the hospitals' own imaging management systems, which reduces the amount of change required for implementation.

The six Trusts involved are: Chelsea and Westminster Hospital NHS Foundation Trust; The Hillingdon Hospitals NHS Foundation Trust; Imperial College Healthcare NHS Trust; London North West University Healthcare NHS Trust; Royal Brompton and Harefield NHS Foundation Trust; and The Royal Marsden NHS Foundation Trust.

The NWL Radiology Network has worked closely with NHS Improvement and other experts to ensure that the chosen solution integrates with long-term digital and imaging strategies across London.



"We need to make it easier and quicker for people to have a scan when they need one, to help with a diagnosis or to check on the impact of treatment. We also need to find smarter ways of responding to the growing demand for imaging services. Our new network is committed to working collaboratively to respond to these challenges and opportunities. This first step is a really important one."

Dr Amrish Mehta, clinical director for imaging at Imperial College Healthcare and clinical co-director for the North West London Radiology Network

Helping People Live With and Beyond Cancer

Since 2017, the three Cancer Alliances across London – RM Partners, South East London Cancer Alliance, and North Central and East London Cancer Alliance (formerly the UCLH Cancer Collaborative) – have worked together on a pan-London approach to living with and beyond cancer. We are focusing on implementation of the recovery package and stratified follow up, and undertaking cancer transformation funded projects in these areas.

Recovery package

We have continued to make progress with implementing the recovery package interventions, with all our Trusts providing their quarterly data in 2018/19. We achieved the target of 70% of patients receiving a holistic needs assessment (HNA) within 31 days of diagnosis for one of the quarters in 2018; two years before the 2020 target.

Work will continue in 2019/20 to deliver the cancer transformation funded recovery package projects, which include motivational interviewing technique training for nurses and allied health professionals, producing resources on spiritual well-being for staff and patients, and developing a website detailing health and well-being events available across London as well as hosting support and information.



Personalised cancer care and follow up

Stratified follow up is an individualised approach to pre-treatment and follow-up care for cancer patients. It provides them with the necessary support to empower them to remain in control of their health and well-being, improving patient experience and outcomes. In 2018/19, we developed a protocol for a stratified follow-up care pathway for breast cancer patients. During 2019/20, we will implement the model across all our acute Trusts, and will develop a protocol for colorectal cancer patients.

We will also be working to use the interventions of the recovery package to facilitate personalised assessment and care planning, and incorporate these into the stratified-follow up protocols.

The recovery package interventions are now being used as enablers to providing personalised care, in line with the Universal Personalised Care report launched by NHS England in January 2019.

We held a 'Moving towards personalised care learn and share' event, which enabled all our Trusts to come together to learn about implementation of the recovery package and how it leads into developing personalised cancer care pathways.

➔ Over three-quarters of our breast cancer patients now receive personalised follow-up care to enable them to manage their health and well-being.

"Thanks to the funding from the NHS England Cancer Transformation Fund, my Trust is now implementing the Macmillan electronic-HNA. I have also engaged the cancer nurse specialists and Macmillan cancer support worker teams in data collection, working to improve care planning, and looking at how we can develop our health and well-being events based on what our patients are telling us."

Lead Cancer Nurse



Research and Development

RM Partners' strong research and innovation profile is key to our ability to future-proof our cancer pathways. Our research strategy focuses on areas of unmet need, including early diagnosis, reducing variations in outcomes, better care for people living with and beyond cancer, cancer in older people, and end of life and palliative care.

Low dose lung CT

In the UK, lung cancer kills more people than any other type of cancer. This is because it is common – the third most common cancer – and very often has no early signs or symptoms, so is diagnosed at a late stage, when treatment has a limited impact on survival.

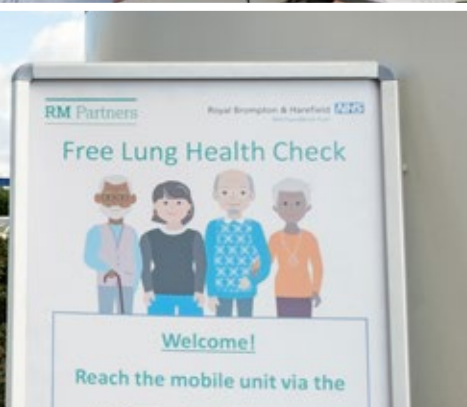
Our data analysis revealed areas within west London with a high incidence of lung cancer, low rates of diagnosis at the early stages of lung cancer (1 and 2), high rates of diagnosis at stage 4, and low one-year survival rates for patients with lung cancer.

Our low dose lung CT case finding project takes a proactive approach by detecting cancer at an early stage in patients who have no symptoms.

This initiative offers patients access to a mobile CT, the first of its kind in London, as well as a fixed scanner. People who are identified as being at increased risk of lung cancer are invited for a lung health check. If appropriate, they are offered a CT scan in a convenient place on the same day.

Working with our partners at the Royal Brompton and Harefield NHS Foundation Trust (RBHT), we targeted the at-risk populations in Hammersmith and Fulham (which has the highest lung cancer incidence and mortality across west London), and in Hillingdon (which has the lowest one-year survival for lung cancer).

The pilot, which finished in March 2019, compared the patient's experience and preference for the fixed scanner at RBHT (for the Hammersmith and Fulham population) against a mobile CT scanner, placed in a supermarket car park in Hillingdon.



Between August 2018 and March 2019, 1,531 patients from across 17 GP practices underwent a lung health check. Over 1,100 patients went on to have a CT scan, which has led to the identification of early cancers, undiagnosed chronic obstructive pulmonary disease and a range of lung conditions such as bronchiectasis.

A full evaluation of the project is now taking place, and early learning has been shared with NHS England, who will be carrying out a national targeted lung health check pilot.

The project will continue into 2019/20 and will offer follow-up scans for those patients whose initial results indicated lung nodules; scans to new patients who did not take up the initial invitation; and repeat scans after 18 months to those who attended and had a clear result, to help determine how to best implement scanning in a future national lung cancer screening programme. We will also be looking at how we can increase the uptake of the health check and scan, particularly among those most at risk, for example current smokers.

There are two further research projects taking place alongside the low dose lung CT project. One will investigate the feasibility of developing a blood test to detect early markers of lung cancer. The other will compare different methods of delivering smoking cessation to see which may be most effective.

These projects will begin to recruit patients and collect data in 2019/20.

"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, Royal Brompton and Harefield NHS Foundation Trust

NICE-FIT study demonstrates impact of bowel cancer test

Our NICE-FIT research study is the country's largest ethically approved clinical trial assessing the sensitivity and effectiveness of using a faecal immunochemical test (FIT) in ruling out bowel cancer in high-risk patients with symptoms.

The study finished recruitment in April 2019, and the findings will be used to inform NICE guidance for use of FIT in high-risk patients.

Over 11,000 patients from 55 sites across England participated in the study, which is led by a team at Croydon University Hospital.

These patients, who had been referred by their GP under the two-week-wait urgent referral pathway and who would be having a colonoscopy, were asked if they would participate in the study. If so, they were sent a FIT kit to use at home. The results were compared with the findings from the colonoscopy to determine FIT's effectiveness in predicting bowel cancer. This test is more accurate and user friendly than other stool tests, and has the potential to rule out bowel cancer.

"We have been surprised and delighted at the number of patients who have contacted us to tell us we are doing a good job, and that the work will have a positive impact on patients with symptoms. It helps reinforce our feeling that the work we are doing is important and will make a difference to people at risk of bowel cancer."

NICE-FIT trial team

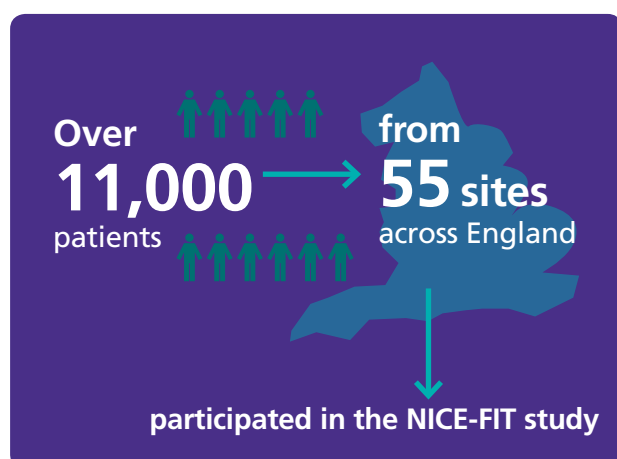
The final analysis of the results will be completed in early 2019/20, but initial results are extremely positive. The interim results estimated that the use of FIT could reduce the number of colonoscopies by up to 70%, alleviating the increasing burden on diagnostic services and preventing unnecessary invasive testing for patients.

The initial results also found that FIT can be used as an effective triaging tool to decide whether patients referred under the two-week-wait rule should undergo endoscopic investigation.

We are using this information to help us pilot the use of FIT in Croydon for high-risk patients to see how to engage GPs in providing the test, and to establish how it works in an operational setting.

There are three sub-studies taking place alongside the main NICE-FIT study, which are investigating the feasibility of developing a blood test to be used as an additional triaging tool prior to colonoscopy for symptomatic patients; the patient acceptability of FIT as triaging tool for suspected colorectal cancer; and the sensitivity and specificity of different FIT devices and analysers.

These projects have been set up and will continue to recruit patients and take samples in 2019/20.



Developing a pan-London Cancer Research Consortium

Bringing together academic and clinical cancer researchers from across London enables us to take full advantage of the wide range of expertise available across all the major sites in the city. It will also allow access to a large patient research population.

This year we led the development of a Pan-London Cancer Research Consortium, which encompasses all three London Cancer Alliances. We have identified and agreed research priorities, and, with these in mind, have initiated working groups, for example on early diagnosis of lung cancer and primary care research.

Current workstreams will be further developed into specific research projects, and new areas for collaboration will be explored.

The Pan-London Research Fellowship programme enables clinicians, scientists, nurses and allied health professionals to take their first steps into research by providing protected research time to gain pilot data under an experienced London-based supervisor. Now entering its fourth year, the programme aims to deliver patient-based and clinically relevant research, directly linked to the new models of care initiated by Cancer Alliances in London.

"I have enjoyed the fellowship as I feel well supported, but also work very autonomously, achieving my own research publications, projects and achievements."

"The fellowship has been a fantastic opportunity for me to carry out relevant clinical research in colorectal cancer services, which has the potential to have a beneficial impact on both patients and clinicians within the NHS."

Pan-London fellows

Supporting the System

Our extensive use of data has enabled us to better target use of our resources, and to understand the impact of our work.

Transformation through informatics

RM Partners is proud to be data driven, with a well-established informatics service that continues to provide system-wide cancer analysis to help identify and drive our organisational priorities.

The team developed innovative population-based outcome datasets, bringing together data from the NHS and Public Health England across the Alliance. This was the first time that Trusts and CCGs had access to cancer data across whole pathways. These dashboards, along with supporting data, have continued to be a focus at our governance boards, allowing for better identification of clinical priorities to improve cancer care and services. Great effort is made to ensure that the key cancer metrics and analyses are shared widely within RM Partners, as well pan-London and nationally, to drive transformation.

The team has started work to support providers and commissioners across west London with implementation of the new 28-day faster diagnosis standard. This new national standard, specified in the NHS Long Term Plan, ensures that most patients receive a definitive diagnosis or ruling out of cancer within 28 days of referral from a GP or from screening. To ensure our stakeholders are prepared to implement the standard from April 2020, we have established a task and finish group with representation from Trust cancer managers, which will be looking to develop standardised protocols, monitor data collection and provide clinical leadership.

Datasets are reviewed regularly to identify outliers, and we work as a system to reduce variation. For example, we started our low dose lung CT case finding pilot in areas where poor lung cancer survival was identified.



This new national standard, specified in the NHS Long Term Plan, ensures that most patients receive a definitive diagnosis or ruling out of cancer within 28 days of referral from a GP or from screening.

We are the only Cancer Alliance that **met the 62-day** standard in 2018/19



The team provides reports on Cancer Waiting Times performance across west London, which have helped RM Partners to be the only Alliance to improve and meet the 62-day urgent GP referral to first treatment standard.

We have seen **year-on-year improvements** in diagnosing cancer at stages 1 and 2



The informatics team continues to maintain strong national links, and has representation on the national Cancer Data Analysis Advisory Group (CADEAS) and the Cancer Outcomes and Services Dataset board.

Improving workforce capacity and skills

Delivery of effective cancer programmes and pathways depends on the people working within cancer services, and ensuring there is the capacity and capability needed within the cancer workforce. The workforce needs the skills to deliver complex care, and to meet the rapidly changing nature of that care.

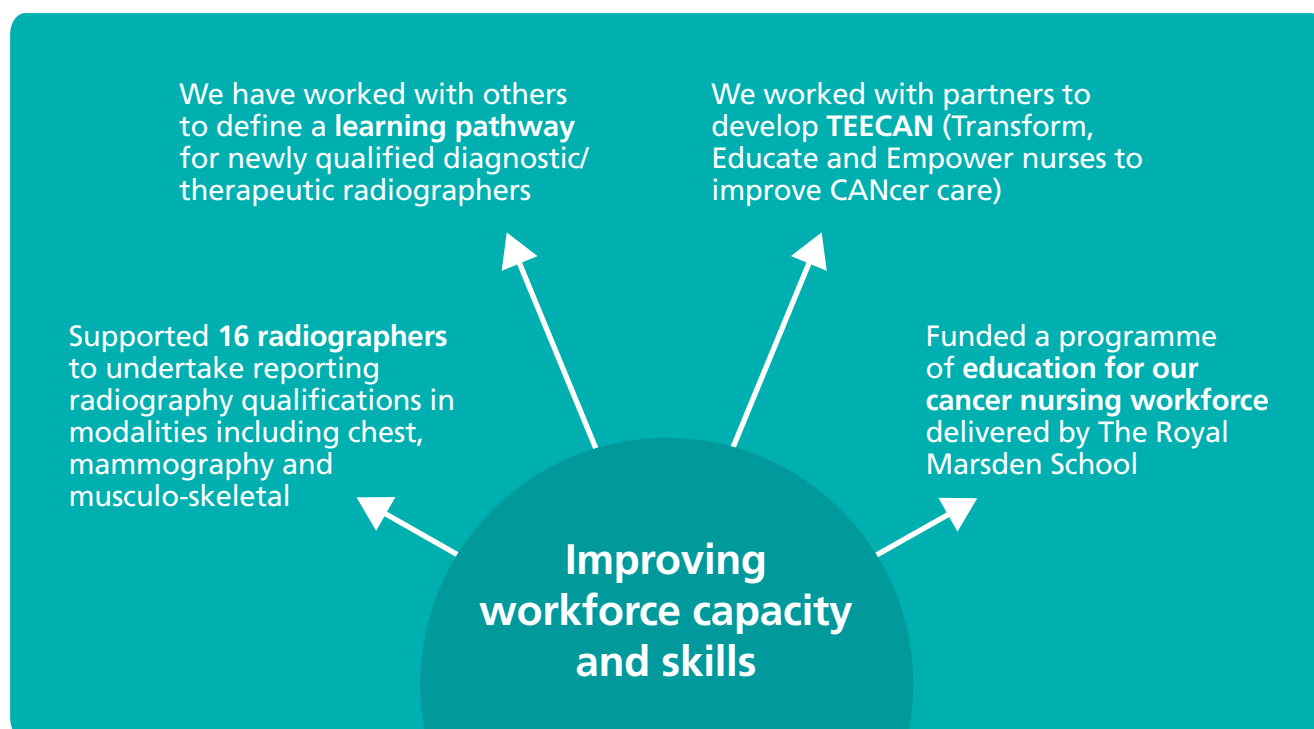
We successfully bid for funding from Health Education England (HEE) in 2018 to work with our acute providers to support the therapeutic and diagnostic radiography workforce. We worked with the providers to understand what the pressure points were within the workforce. Supporting the education and development of staff was one of the issues raised by our Trusts, however releasing staff for education is very difficult in the current environment. Increasing the availability and uptake of e-learning is one part of a solution to this problem.

Also in collaboration with HEE, we supported 16 radiographers to undertake reporting radiography qualifications in modalities including chest, mammography and musculo-skeletal. Another 12 students will start the programme in 2019/20.

We have worked with the team at e-Learning for Healthcare (a platform which is free to all NHS staff in the UK and already hosts a huge amount of imaging education) and our providers to define a learning pathway for newly qualified diagnostic/therapeutic radiographers. This pathway is designed to complement local induction and preceptorship processes, and enable staff to systematically develop their skills in their first year of practice. This pathway will be available to all NHS staff in the UK from autumn 2019.

In addition, we worked with partners to develop TEECAN (Transform, Educate and Empower nurses to improve CANcer care). The aim of this project is to improve the experiences and outcomes of people affected by cancer through a focused education and career development programme for nurses. This will include an electronic career and education framework, and the development of corresponding e-learning modules.

We also funded a programme of education for our cancer nursing workforce in 2018/19, delivered by The Royal Marsden School. This included Advanced Communication Skills, Living With and Beyond Cancer, and Prehabilitation, and enabled 192 nurses to access educational support.



Looking Forward

In summer 2019 we will work with our STP partners, as the local integrated care systems, to develop a local cancer delivery plan for the coming five years based on the cancer milestones identified in the NHS Long Term Plan. We have established the following priorities:

1

Increase the number of cancers diagnosed at stages 1 and 2, with the aim of diagnosing 75% of patients at these stages by 2028.



- To achieve this, we will continue working to increase uptake of the three national screening programmes (bowel, breast and cervical) and will further roll out the C the Signs decision support tool to help GPs to identify patients at risk of cancer earlier.
- In addition, we will develop a risk stratification programme with the aim of providing a personalised approach to screening for cancer, determined by individual risk according to their genetic, phenotypic and radiological profile.
- We are piloting FIT for all symptomatic patients in one CCG, with the aim of developing an implementation plan for our whole geographic area from April 2020, as well as piloting targeted lung health checks for patients at high risk of lung cancer.

2

Streamline the high volume, poorer outcome tumour groups (colorectal, lung, oesophago-gastric and prostate) to diagnose and treat patients faster.

- We are supporting Trusts to embed straight-to-test pathways for lung, colorectal and prostate cancer, as well as introducing a new timed pathway for oesophago-gastric cancer.



3

Deliver a more personalised model of care, including the development of patient navigator roles and ensuring stratified follow-up pathways are in place for breast and colorectal tumour sites.

- All our Trusts are currently implementing a personalised stratified follow-up model for breast cancer patients, including remote monitoring, and we will build on this in 2019/20 by stratifying follow up for colorectal cancer patients. This includes providing patients with holistic needs assessment, a care plan, and health and well-being information and support.



4

Continue to deliver the 62-day standard and work towards the introduction of the 28-day faster diagnosis standard (FDS) in April 2020, where patients receive a definitive diagnosis or ruling out of cancer within 28 days.



- We will introduce our first Rapid Diagnostic Centre in 2019/20, with a focus on lumps and bumps, including sarcoma, and head and neck cancer.
- Furthermore, we have, together with our Trusts, developed a work programme to support the implementation of the 28-day faster diagnosis standard, which in addition to our priority pathways, includes a focus on breast, head and neck, and gynaecological cancers.

RM Partners
5th Floor, Alliance House
12 Caxton Street
London SW1H 0QS
020 7808 2644
Web: rmpartners.nhs.uk
Email: rmpartners.info@nhs.net
Twitter: @RMPartnersNHS
