26th March 2021

SOMERSET, WILTSHIRE, AVON & GLOUCESTERSHIRE CANCER ALLIANCE PROGRAMME REPORT 2020-2021

This report summarises key milestones from April 2020 to March 2021, and aims to provide you with an update of the work of the Somerset, Wiltshire, Avon & Gloucestershire Cancer Alliance (SWAG CA).

If you have any suggestions for items to include in future publications, or any feedback please contact: patricia.mclarnon@nhs.net or ousaima.alhamouieh@nhs.net

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The ***Somerset, Wiltshire, Avon & Gloucestershire (SWAG) Cancer Alliance*** is the forum to bring providers and commissioners together with patients, to co-design services to optimise pathways, ensure effective integration and address variation, and are the vehicle that leads the activity required at a local level to meet the 2023/24 ambitions set out by the Cancer Taskforce.

The Cancer Alliance puts clinical leaders across primary, secondary, and tertiary care in the driving seat for improving quality and outcomes across cancer pathways, based on shared data and metrics.

The NHS England National Cancer Strategy, *Achieving World-Class Cancer Outcomes*, published in 2015 by the Independent Cancer Taskforce, set out an ambitious vision for improving services, care and outcomes for everyone with cancer:

- Fewer people getting cancer
- More people supported to live as well as possible after treatment has finished.

- More people surviving cancer
- More people having a good experience of their treatment and care

The *NHS Long Term Plan* for Cancer published January 2019, builds on the work of the independent cancer taskforce and the progress made so far and sets out ambitions and commitments to improve cancer outcomes and services in England over the next ten years. The key ambitions are:

By 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around **50% to 75% of cancer patients**

From 2028, **55,000 more people each year** will survive their cancer for at least five years after diagnosis.

Continuing to deliver the strategy and its programmes requires committed leadership, smart choices around investing to save, and a firm intent to try new approaches and test new models of care.

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SPECIAL THANKS AND RECOGNITION

"I am delighted to introduce the 2020 Annual Report of the Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance. This report is a reflection of a year like no other – a year when the world was gripped by a global pandemic but also a year when all those working in cancer services went above and beyond to ensure as many patients as possible were able to continue to access diagnostic and treatment services. Whilst many services were stood down, those working in cancer care found innovative and novel ways to continue to treat as many patients as possible safely and compassionately. However, many patients also stayed away; some worried about coming to hospital and others not wanting to burden the NHS and it is this legacy that will shape 2021. The pandemic did not affect us all equally – we may have been in the same storm, but we were not in the same boat. 2021 will therefore require extraordinary colleagues working in primary care and cancer services, to do more extraordinary things – for that I thank you from the bottom of my heart."

Deborah Lee, SWAC CA Executive Lead, CEO Gloucestershire FT

KEY MESSAGE FOR PATIENTS

"Cancer services remain an absolute priority for the NHS. The COVID-19 pandemic created pressures across NHS services, but staff are working to ensure that cancer diagnosis and treatment can continue safely.

If your treatment is less urgent, it may be rescheduled, but it will go ahead as soon as it is possible and safe to do so. If you have hospital appointments scheduled, please do help us to help you by continuing to attend these. If you have symptoms that you are worried may be cancer, please contact your GP immediately – you will get the tests you need, and if necessary, you will be treated. The NHS is here for you."

MANAGING THE IMPACT OF COVID

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AN UPDATE ON CANCER SERVICES

At the start of the pandemic, SWAG swiftly took action to ensure that sufficient capacity and pathway arrangements were in place to maintain access to treatment for cancer patients who required this during the Covid-19 outbreak. These included:

- Adoption of all the national Covid-19 clinical guidance to ensure urgent cancer treatments could continue.
- We adapted local Patient Level Tracking (PTL) guidance to ensure robust management of PTLs across all providers so that patients continue to be tracked and treated in accordance with their clinical priority. Included within is:
  - The active management of pathways delayed due to patient choice and Covid-19 risk benefit to ensure patients are treated as soon as appropriate and an expectation that patients are central to decision making and fully informed.
  - Safety-netting for those not immediately having investigations, remaining with the provider trusts.

We also introduced changes to treatments to reduce risk of Covid-19 infection, which included: Changes to treatments to reduce risk of Covid-19 infection and 'COVID friendly' cancer treatments using drugs that have a limited impact on patients' immune systems and require fewer hospital visits. Remote treatments (such as chemo at home or via 'chemo buses') were also expanded to reduce hospital visits.

The coronavirus pandemic continues to present major challenges for all healthcare systems In cancer.

The major actions we have implemented to support restoration and recovery include:

- Ensuring cancer treatments were maintained and adjusted for patient safety.
- Encouraging the public to come forward to their GP with any possible signs of cancer.
- Increasing diagnostic capacity.

ENSURING CANCER TREATMENTS WERE MAINTAINED AND ADJUSTED FOR PATIENT SAFETY

We established a **Clinical Prioritisation Group** (CPG) to ensure people safely received surgery for cancer.

"Where local capacity is insufficient to provide timely care, mechanisms are in place to seek assistance from neighbouring or other systems."

To date through both surges of the pandemic, SWAG has maintained all cancer treatments at the patient's local hospital and within clinically appropriate times.

ESTABLISHING PATIENT CONFIDENCE IN THE SYSTEM

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There has been a reduction in the number of referrals for suspected cancer

- Patients practicing social distancing in accordance with government guidance have not been engaging with health services for fear of burdening the NHS, or of contracting the virus.
- Overlap of symptoms of coronavirus in patients with symptoms of suspected cancer may delay diagnosis.
- At the start of the pandemic we saw a reduction in the number of people coming forward to have their symptoms checked out, and disruptions to cancer diagnostics.

Nationally and regionally communication campaigns have reassured patients that the NHS is open for business and the 'Help us help you' campaign has focused on encouraging those suffering from symptoms that may be cancer should discuss their concerns with their GPs at the earliest opportunity.

SWAG Cancer Alliance have linked up with Public Health England and NHS England delivering a coordinated 'Help Us Help You' lung cancer campaign recognizing the slower recovery in suspected lung cancer presentations further impaired during January Lockdown;

In January 2021 lung cancer referrals are stable at approximately 70% of pre pandemic levels and concerns with missed diagnosis and lost opportunities for curative treatment is highlighted in the campaign.

In April 2020 we saw ***suspected cancer referrals fall by 70%***. Surveys revealed that ***43% of people in the South West were worried*** about burdening the NHS and specifically primary care.

We put in place a range of mechanisms to restore and maintain patient confidence to access services, these are reviewed and adapted to reflect the fluctuation in Covid 19 prevalence.

Dr Henry Steer, Consultant Respiratory Physician and Lung Cancer Lead at Gloucestershire Hospitals NHS Foundation Trust, said:

"In the South West of England we have seen far fewer people diagnosed with lung cancer since the COVID pandemic began, and in particular there has been a shortfall in the numbers diagnosed with early stage, curable cancer."

"This means that at this moment in time there are people across the South West going about their lives who have symptoms of a curable lung cancer. So it is very important that you make an appointment to see your GP if you have a persistent cough for more than 3 weeks and your COVID test was negative. If caught early lung cancer has a very good chance of being cured with treatment."

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HELP US, HELP YOU (HUHY)

SWAG specific publicity materials were developed on the recommendation of the South West referral recovery working group encouraging patients specifically with lung cancer symptoms to discuss concerns with their family GP, the campaign aired in September 2020 alongside CRUK and Roy Castle campaigns.
These materials have been continuously re-released throughout February and March 2021 in alliance with the national 'HUHY' campaign.

The Lung cancer campaign will last until late May 2021 - across all channels (TV, catch up TV, Radio, Social media).

Please take this opportunity to update your stakeholders - highlighting that there are new opportunities for them to be involved.

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TACKLING INEQUALITIES

The impact of the Covid-19 pandemic has shone a powerful light on health inequalities but health inequalities are not a new issue for the Health and Social Care sector. **SWAG referral rates and diagnostics uptake were impacted including within the older and BAME populations due to them being at heightened risk of severe Covid-19.**

Cancer Alliance Data, Evidence and Analysis Service (CADEAS) have produced a data pack that presents the latest activity data on the number of urgent suspected Two Week Wait referrals, at national and regional level, broken down by tumour type and patient factors: deprivation, age, sex and ethnicity.

This data will be used to directly inform SWAG local activity in the restoration and recovery of cancer services, including targeting messaging in the national "Help us, Help you" campaign for BAME groups, identifying good examples of system engagement and disseminating the message.

SWAG is reviewing the data and defining a strategic plan to address inequalities in cancer. To support this work, we will be appointing a Patient and Public Engagement Lead who will hold a brief on inequalities.

For more detail please contact Ed Murphy SWAG Project Manager at: Edmond.murphy@nhs.net

In the spotlight- Digital Inclusion

In 2020, we maintained a strong focus on ensuring people have access to support along their cancer pathway throughout the pandemic, with many services moving to online virtual consultations.

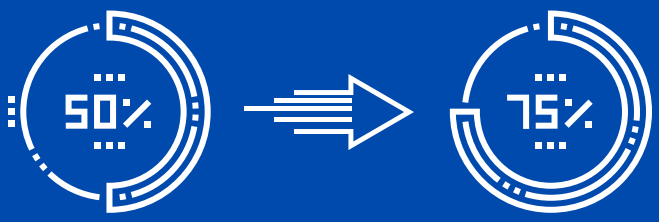
The uptake of digital means of communication has been unprecedented, allowing ongoing support and treatment for many. However, there are a large proportion of people that have no access to IT & are at risk of inequalities of access. ***The Cancer Alliance is working in partnership with Macmillan Cancer Support & The Royal United Hospitals Bath, gynaecology team on a project looking at 'Digital exclusion/inclusion'****. We will pilot a questionnaire for staff & patients to gain a better understanding of the development work required.*

Any queries regarding this please contact: helen.shallcross@nbt.nhs.uk

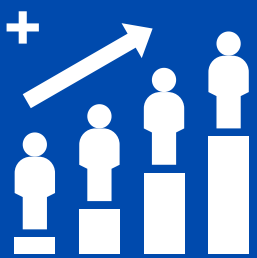
NHS Long Term Plan Ambitions For Cancer

We remain AMBITIOUS

By 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around **50% to 75% of cancer patients**



From 2028, **55,000 more people each year** will survive their cancer for at least five years after diagnosis.



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EARLIER AND FASTER DIAGNOSIS

Diagnosing people earlier and faster is one of the most effective ways to improve cancer survival It means that patients can get more treatments and start sooner, making it more likely that cancer can be cured.

The **SWAG Cancer Alliance** is working with partners to modernise screening and prevention services, introduce new approaches for referring and diagnosing cancer more quickly and prioritising the rapid adoption of new techniques of managing patients and delivering treatment.

FAECAL IMMUNOCHEMICAL TEST (FIT) FOR OCCULT BLOOD IN FAECAL SAMPLES

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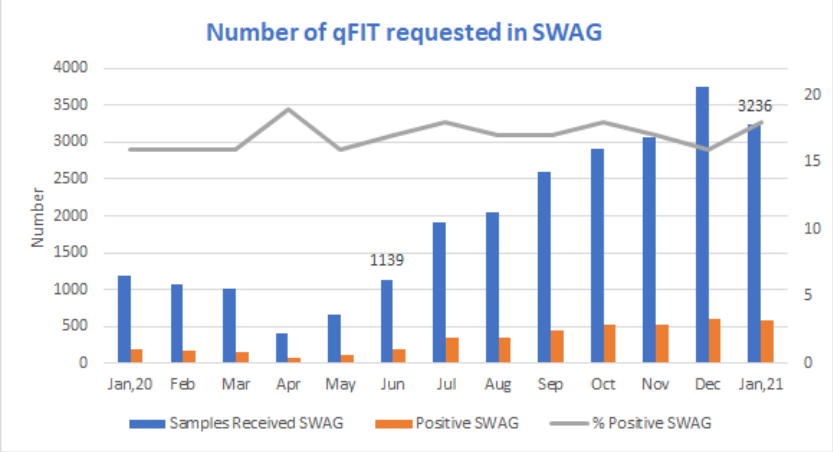
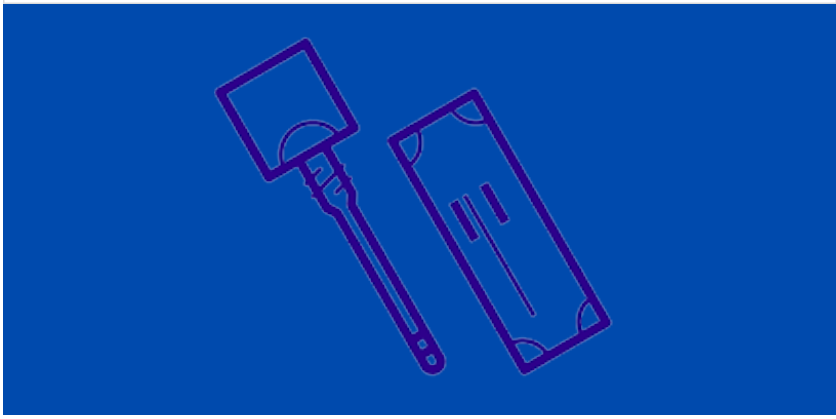
Access to colonoscopy during the pandemic was severely disrupted. To enable high risk patients to be seen more rapidly and support the recovery programme a new guidance was adapted to extend the role of the FIT test in both primary and secondary care.

The new primary care pathway is all patients with signs and symptoms suggestive of possible bowel cancer have a FIT test prior to referral (except for certain symptoms where referral is required without a FIT test). If the result is FIT negative (FIT <10) and there are no symptoms of concern, the patient is reassured, and safety netted in primary care.

The new pathway is now embedded within SWAG and uptake of FIT tests in primary care tripled from June to January 2021.

Early anecdotal evidence is that referrals have reduced by approximately 20%. A full evaluation is currently being scoped.





Whilst embedding the new primary care pathway FIT testing has also been undertaken in secondary care and used as a rule in/out test for further invasive diagnostic testing. Both these approaches protect patients by reducing the number of contacts with acute care or hospital settings, enable fewer patients undergoing invasive diagnostic tests unnecessarily, support releasing of capacity in endoscopy, CT and OPD to allow high risk patients to be seen more rapidly, and faster communication in ruling cancer in or out.

Triage and more accesible Diagnostics tests are all contributing to earlier and faster diagnosis of cancer.

RAPID DIAGNOSTIC SERVICES (RDS)

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The roll out of RDSs forms an important part of the broader strategy to deliver faster and earlier diagnosis and improved patient experience.

The number of people diagnosed with cancer has been rising in recent years, with a 29% increase in the number cancer diagnoses expected between 2016-2028.

To ensure we maintain standards, whilst providing a faster diagnosis to more people, we will need to transform the way we deliver diagnostic services, including diagnostics for cancer.

The ambitious vision for RDSs is for all cancer pathways to deliver services in line with Rapid Diagnostic Centres: Vision and 2019/20 Implementation Specification the end of 2023/24.

RDSs will support the new Faster Diagnosis Standard (FDS) which focuses on supporting the patient throughout the diagnostic phase of the pathway through excellent patient support and a coordinated timely pathway enabling the patient to have cancer or no cancer diagnosis communicated to them within 28 days of referral.
RDSs will also complement work to improve screening programmes, augment the potential of artificial intelligence (AI) and genomic testing, and utilise our Primary Care Networks to improve early diagnosis in SWAG.

A single point of access to a diagnostic pathway for all patients with symptoms that could indicate cancer.

A personalised, accurate and rapid diagnosis of patients' symptoms by integrating existing diagnostic provision and utilising networked clinical expertise and information locally.

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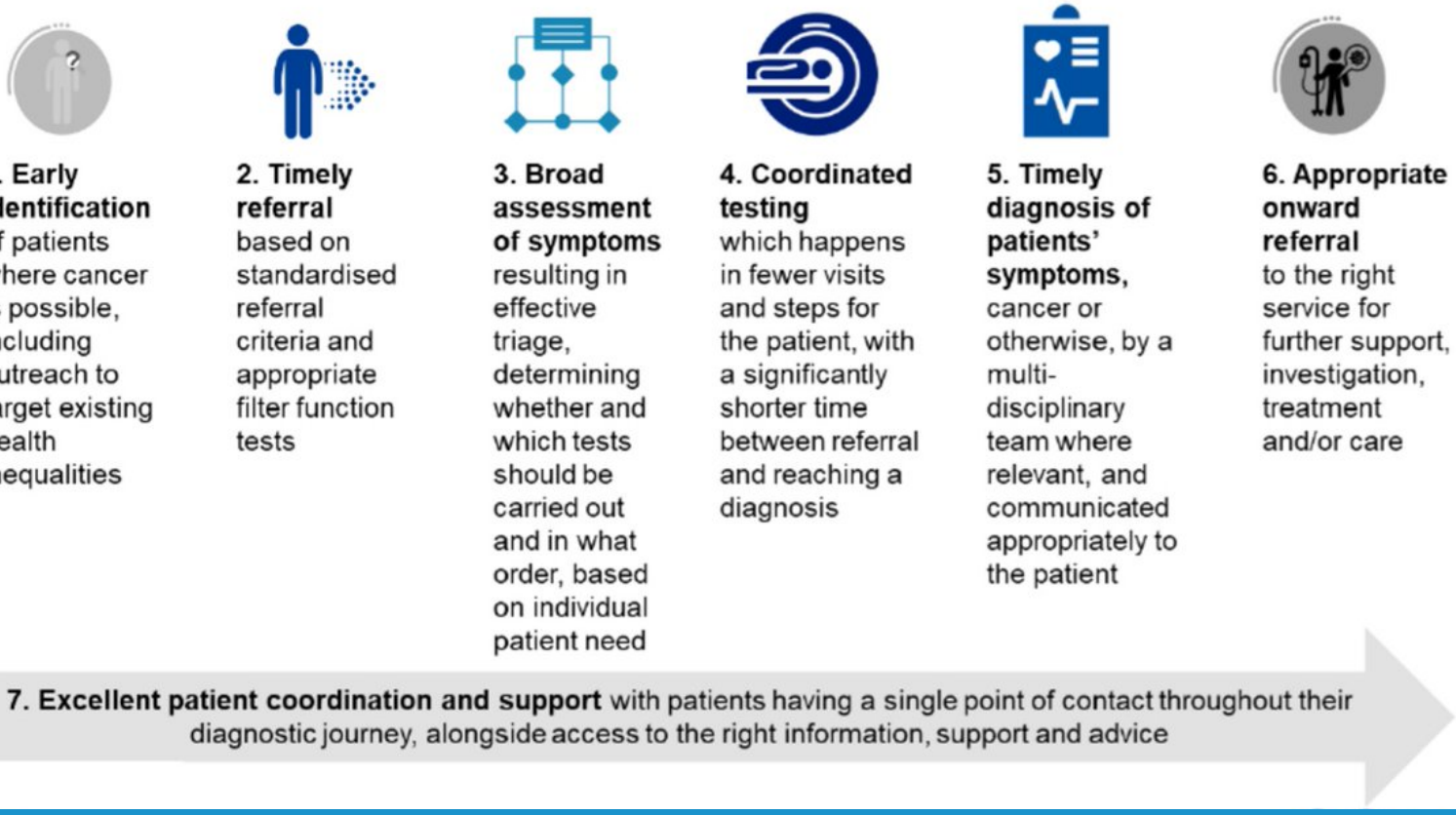
RDS- SWAG PROGRESS

Our Rapid diagnostic services were paused during the height of the pandemic, but we are now back on track with three additional Non Site Specific (NSS) RDS's in development and a 'go live' before the end of March 2021. It is anticipated that by Q2 2021/22 more than 40% of the SWAG population will have access to a NSS rapid diagnostic service.



We are also focusing on patients with site-specific symptoms who are currently served by an underperforming two week wait or 62-day pathway, to help diagnose patients more quickly. **Specifically, the lung and colorectal suspected cancer pathways, which were particularly impacted by the pandemic.**

SWAG providers are on track to adopt the RDS principles by end March 2021. Plans for 2021/22 include adopting RDS principles across all prostate, upper gastrointestinal and cervical cancer pathways as well as an additional 20% of the SWAG population having access to a non-site specific rapid diagnostic service.

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SWAG LUNG PATHWAY

The Lung cancer pathway work programme has focused on delivering the requirements of the national optimal lung cancer pathway. Providers regularly report achievement against the timed milestones and service quality measures as outlined in the optimal pathway.

All patients now have access to rapid CT following an abnormal chest x-ray rapidly reducing the time between tests for the patients, and we are on target to deliver this within 72 hours of an abnormal chest x-ray. This not only speeds up a diagnosis of lung cancer but also speeds up the diagnosis of a non-cancer diagnosis with the patient discharged following an abnormal CT.

Surveillance protocol moved from 12 months to 18 months (reduce acute care attendances and release CT capacity) – considering further opportunity to reduce CT surveillance – implementing Straight to Test (STT) PET CT bypassing CT and further reducing CT demand and reducing unnecessary tests for patients

Bundling of tests to reduce contacts with acute care or hospital settings in line with NHSE treatment algorithms

6 of our 7 provider's lung pathways meet RDS principles including working to increase earlier diagnosis across the system

SWAG HAVE OPTIMISED PATHWAYS TO ENSURE PATIENTS ARE DIAGNOSED AS QUICKLY AS POSSIBLE IN A SAFE AND CONSISTENT WAY.

SWAG LUNG PATHWAY IMPROVEMENTS CONT

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Implementation of a regional navigational bronchoscopy service at University Hospitals Bristol and Weston NHS Foundation Trust benefiting our population with:

- **Increased detection of lung cancer and increased access for biopsy** - prevents delayed diagnosis for possible lung cancer patients and can prevent inappropriate surgery for benign disease.
- **Earlier diagnosis** of lung cancer or rule out
- **Enables earlier treatment planning** to take place, resulting in improved patient outcomes
- **Reduces risks of complications and eliminates need for invasive surgery**.
- Currently in SWAG for patients who are unable to have currently available diagnostics they are either offered no active treatment or long term follow up (with repeated scans and follow up appointments awaiting cancer progression) or have surgery inappropriately for lesions that turn out to be benign.
- **Reduction in follow up surveillance** CT scan, reduce follow up appointments, and reduce avoidable or diagnostic operations. The impact of this will facilitate the freeing up of space which will, in turn, increase our ability to provide more activity such as diagnostic testing (CTs and bronchoscopy), thoracic cancer surgery and outpatient follow up appointments.
- **Improving patient care quality and outcomes.**

Somerset Foundation trust have been successful in their proposal to secure SWAG CA innovation funding to procure Behold AI.

It is an Artificial Intelligence software to rapidly identify suspicious lesions on CXR (within 30 seconds). These can then be fast-tracked for hot reporting while the patient waits, and if confirmed to be positive by the radiologist a CT will be arranged, within 72hrs or offered to the patient same-day if CT diagnostic capacity allows The patient can also be referred onwards to the lung cancer team quickly if CT confirms cancer so that a 62 day pathway can progress.

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SWAG PROSTATE PATHWAY

"We need to change the manner in which we diagnose prostate cancer. We are seeing rising incidence of prostate cancer, but very little change in the mortality rate. Our current diagnostic pathway for prostate cancer needs urgent change. The PROMIS trial has shown us that transrectal ultrasound-guided prostate biopsies are inaccurate. They miss significant cancer, over-diagnose insignificant cancers which leads to over-treatment harms and costs, and biopsies carry risk. PROMIS has also shown that by using pre-biopsy multi-parametric MRI we are able to a) triage men towards a biopsy so at least 25% can avoid it, b) diagnose over 90% of significant cancers and c) diagnose fewer insignificant cancers. This is a watershed moment for those of us involved in looking after men with suspected prostate cancer. I trust all of us will fully embrace the change."

Professor Hashim Ahmed NHS England Clinical Expert Group for Prostate Cancer.

The **SWAG Cancer Alliance** is committed to the implementation of the **National Best Practice Pathway** with an ambition to ensure the provision of patient centred, effective and equitable access to care and improve outcomes for those who present with suspected prostate cancer symptoms.

A **South West Prostate Programme** began in 2018 and has continued focus during the pandemic to inform change and support healthcare professionals in delivering a best practice diagnostic pathway across the region.

Minimalisation of risk in attending medical appointments alongside offering the most appropriate appointment for the patient and altering diagnostic pathways as recommended to minimise the number of hospital visits.

All providers introduced clinical triage to streamline the referral process and to ensure patients receive the right tests at the right time virtual appointments and straight to test pathways where clinically appropriate.

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SWAG PROSTATE PATHWAY

Key achievements

1. **Virtual telephone triage system:** Introduced to allow appropriate men to receive an MRI without a face-to-face appointment first, minimising the number of hospital visits and allowing straight to test.
2. **mpMRI performed before biopsy:** Stratify men towards a biopsy so at least 25% can avoid unnecessary invasive tests, diagnose over 90% of significant cancers and diagnose fewer insignificant cancers.
3. **Local Anaesthetic Transperineal (LATP) biopsies replace TRUS (Transrectal ultrasound-guided)** and workforce training. LATP biopsies improve accuracy of diagnosis and carry less risk of sepsis to the patient. LATP is performed under local anaesthetic in an outpatient setting. All SWAG providers of prostate cancer services will have implemented this change by April 2021.This change supports the delivery of safer and faster care with optimised resources.
4. **Database exports to the South West Prostate dashboard**. The implementation of the programme deliverables is monitored and supported by a robust prostate dashboard which generates the information essential to measure the key steps in the clinical pathway and supports equity of provision and access to appropriate diagnostic services across the whole region. The current dashboard is excel based and is now being upgraded to a web-based platform, which would future proof its design and make it possible extend its reach beyond the South West.

Next steps for next quarter

1. The programme will focus on the **development of standardised access criteria** as set out below, and **preparedness for Rapid Diagnostic Services expected to run in 2022**.
2. SW Referral criteria: Address current variations in age specific ranges and review requirement for 2 PSA prior to referral.
3. **Criteria for MRI:** Address variation and support straight to test
4. **SW Staging Protocol:** Develop a staging protocol and reduce variation across the region with regards to use of bone scanning, MRI, PSMA PET etc.
5. **Patient experience survey** on the changes implemented in the pathway.

SWAG SKIN PATHWAY

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Skin cancer is the most common cancer in the UK and dermatology services receive more urgent referrals for suspected cancer than any other specialty. Dermatology also use systemic and biologic therapies for many long-term conditions, requiring ongoing regular outpatient reviews.

Departments struggle to meet this growing demand due to the limited consultant dermatologist workforce (APPG Skin, 2019). The unmet demand from new suspected cancers can mean that review appointments for patients with painful and debilitating inflammatory conditions are delayed, or clinics are overbooked (Delivering care and training a sustainable multi-professional workforce; The BAD, 2019).

Existing models of teledermatology triage services suggest a significant opportunity for managing demand for dermatology diagnosis, and in doing so releasing capacity for better quality and more timely treatment for those who need it. A fourteen-year review of a UK teledermatology service found that 50% of cases were discharged to the GP with advice and 34% booked directly for surgery ('A 14 year review of a UK teledermatology service: experience of over 40,000 teleconsultations' Mehrtens, Shall, Halpern Clin Exp Dermatol 2019 44(8): 874-881).

A range of skin cancer teledermatology models have been developed nationally and implemented in SWAG. Pilots in Leeds and York receiving referrals with high quality dermoscopic images from GPs suggest approximately 10-30% of cases can be managed without a face to face consultation (Outpatients Case Studies; The BAD, 2019).

The case for change in delivery of dermatology outpatient services was already clear. The Third Phase of NHS Response To Covid-19 states that clinicians should consider avoiding asking patients to attend physical outpatient appointments where a clinically appropriate and accessible alternative exists.

Teledermatology triage provides that alternative for dermatology outpatient services and by taking advantage of available technologies can also improve productivity while providing the same level of access to high quality care, diagnostics and treatments.

- **SWAG continues to support roll out of tele dermatology as part of our recovery plan**
- **1 of our 4 systems has 100% coverage across Primary Care Networks (PCNs), 2 of 4 70% coverage. Latest RUH statistics showing 50% of those sent as Advice & Guidance are assessed as no referral via 2WW to secondary care required.**
- **We are planning an ongoing series of GP education events to improve uptake**

SWAG BREAST PATHWAY

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During the pandemic providers have seen a swift and significant recovery in suspected breast cancer referrals.

During the period September to December 2020 more than 750 additional patients have been referred for suspected cancer compared to the same period in 2019. This has created pressure on the breast one stop shop clinics.

Three SWAG Cancer Alliance providers which have been the most significantly challenged with COVID-19 have taken measures to improve their management of this demand surge to meet the specific needs of their patients.

North Bristol NHS Trust have removed administrative delays to enable the patient to receive their diagnosis on the day of their investigations and are introducing a breast pain pathway,

Gloucestershire Hospitals Foundation trust have recognised changes in referral patterns and an increase in referrals for breast pain and have worked with primary care and introduced a breast pain pathway.

Salisbury District Hospital Foundation Trust in January provided an additional triple assessment clinic.

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SWAG COLORECTAL PATHWAY

Colorectal Cancer is the 4th most common cancer in the UK, after breast, prostate and lung with 42000 diagnosed each year.

Bowel cancer is treatable and curable, especially if diagnosed early. Nearly everyone diagnosed at the earliest stage will survive bowel cancer. However, this drops significantly as the disease develops. Early diagnosis really does save lives.

The new Faster Diagnosis Standard has been introduced in April 2020, to ensure that all patients who are referred for the investigation of suspected cancer find out, within 28 days, if they do or do not have a cancer diagnosis.

This new standard is helpful to:

1. Reduce anxiety for patients who will be diagnosed with cancer or receive an 'all clear' but do not currently hear this information in a timely manner;
2. Speed up time from referral to diagnosis, particularly where faster diagnosis is proven to improve clinical outcomes; and
3. Reduce unwarranted variation in England by understanding how long it is taking patients to receive a diagnosis or 'all clear' for cancer across the country.

Implemented changes to support Early and Faster Diagnosis

- "Straight-to-test" (STT) colonoscopy or CT Colonography as part of our 2-week-wait (2WW) pathway across all providers in SWAG to address increasing numbers of urgent referrals and to support an earlier, faster and streamlined diagnosis or roll out of cancer
- See FIT pathway in 'Opportunities to increase diagnostic testing in primary care' section
- 2 providers (North Bristol NHS Trust & Somerset NHS Foundation Trust) piloting Colon capsule Endoscopy (500 cases)
- Polyp surveillance guidance has been fully implemented, to support endoscopy recovery and reduce acute hospital contacts
- 6 of our 7 providers have submitted plans for transforming the suspected colorectal cancer to meet RDS principles by the end of Q1 2021/22

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NATIONAL QUALITY OF LIFE SURVEY FOR CANCER PATIENTS

The Cancer Quality of Life Survey is a national survey run by NHS England and NHS Improvement and Public Health England. The survey is for people in England who have been diagnosed with cancer. From 2020, people who have had a breast, prostate or colorectal (bowel) cancer diagnosis are being asked to complete the survey around 18 months after diagnosis. Approximately 7,000 surveys are being sent out every month from January 2021.

The results will be analysed by Public Health England next year. And It is anticipated that national and regional level reports will be **made available in Autumn 2021**.This analysis will help us to work out how best to support people living with and beyond cancer.
These are important steps for the Cancer Quality of Life programme. We will keep striving to improve our reach and scale so that we maximise the opportunities for improving people's quality of life outcomes.
Future plans include rolling out the survey to people with other cancer types from July 2021 onwards. This will aim to include rarer and less survivable cancers, such as brain and other central nervous system cancers. They will also be trialling the provision of individual summary reports to patients and their clinicians during 2021.

The aim of the survey is to find out how quality of life may have changed for people diagnosed with cancer. We want to see where care is working well or not so well, and if any new services are needed. To do this, we're asking how people who have experienced cancer are feeling and comparing their answers with information about their cancer diagnosis and treatment. This will help us to improve the way we support people to live as long and as well as possible and empower patients to have meaningful conversations with their health care professionals about their quality of life and the support they can access.

SWAG CA are leading nationally for patients filling in their NHSE QoL survey with a response rate of 44% since the survey has been launched.

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PERSONALISED CARE & SUPPORT (PCS)

In 2020, we maintained a strong focus on ensuring people have access to support along their cancer pathway. With the ongoing impact of COVID -19 on patients and services the importance of delivering and ensuring PCS services to people living with cancer will continue to grow.

The NHS Cancer services recovery plan states:

'Cancer Alliances will build on their work on personalised stratified follow-up (PSFU) pathways across a range of cancers to support patients following treatment and increase clinical capacity for new patients requiring treatment by releasing outpatient slots. Pathways are to include the use of remote surveillance and access back to their cancer team when patients need it. Personalised care, including access to patient education, is to be embedded alongside better support for self-management, to ensure individual and holistic patient needs are met'

The SWAG Cancer Alliance and its partners are committed to working towards the NHS Long Term Plan ambitions that all cancer patients have access to personalised care & support (PCS) and after treatment patients will move to a follow-up pathway that suits their needs.

This is supported by:

- **The SWAG Cancer Alliance Board approval of a further £3 million** as part of the transitional agreement with systems to embed personalised care in business as usual across cancer services by 2023/24.

- **The appointment of a Clinical Lead for Personalised Care.**
- **A service specification document covering Personalised Care.**
- **The SWAG Personalised Care Steering Group** (date tbc shortly).

This approach will form part of plans for the restoration and recovery of cancer services and working towards achieving the Long-Term Plan ambition.

PATIENT & PUBLIC INVOLVEMENT

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The NHS Constitution states that patients have the right to be involved, directly or through representatives, in the planning of healthcare services that are commissioned by NHS organisations, the development and consideration of proposals for changes, in relation to how services are provided, and decisions made affecting the operation of those services.

The SWAG Cancer Alliance is committed to Patient and Public Engagement to ensure development and support of a culture that places the quality of the patient experience at the heart of all that we do, following the principle of "no decision about me, without me" and values the contribution of patients and the public in the development of services.

Many of you will know that Katy Horton-Fawkes completed her secondment as the SWAG PPE Lead in December 2020. We would like to thank Katy for her great work during her time with the Alliance and wish her well in her new role. Ed Murphy SWAG Project Manager is currently leading on this area.

Key areas of work in progress:

Recruitment to SWAG PPE Lead role:

We will be appointing a patient and public engagement and inequalities project lead.

Patient Representative for the SWAG Cancer Alliance Board:

We are currently in the process of recruiting two patient representatives to the SWAG Cancer Alliance Board.

Patient Engagement & Involvement web page:

Several patient representatives including CAG patient representatives provided input to the content of the 'Patient Engagement & Involvement web page of the new SWAG Cancer Alliances website. **Link to website**: https://www.swagcanceralliance.nhs.uk/patient-experience/

SWAG PPE Plan:

An interim plan is in development which will be revised following the appointment of the new SWAG PPE Lead.

National links:

Ongoing links with the National Team via the Cancer Alliances Patient & Public Engagement Leads and Patient Experience Network.

MULTI-DISCIPLINARY TEAM MEETING (MDTM) REFORMS

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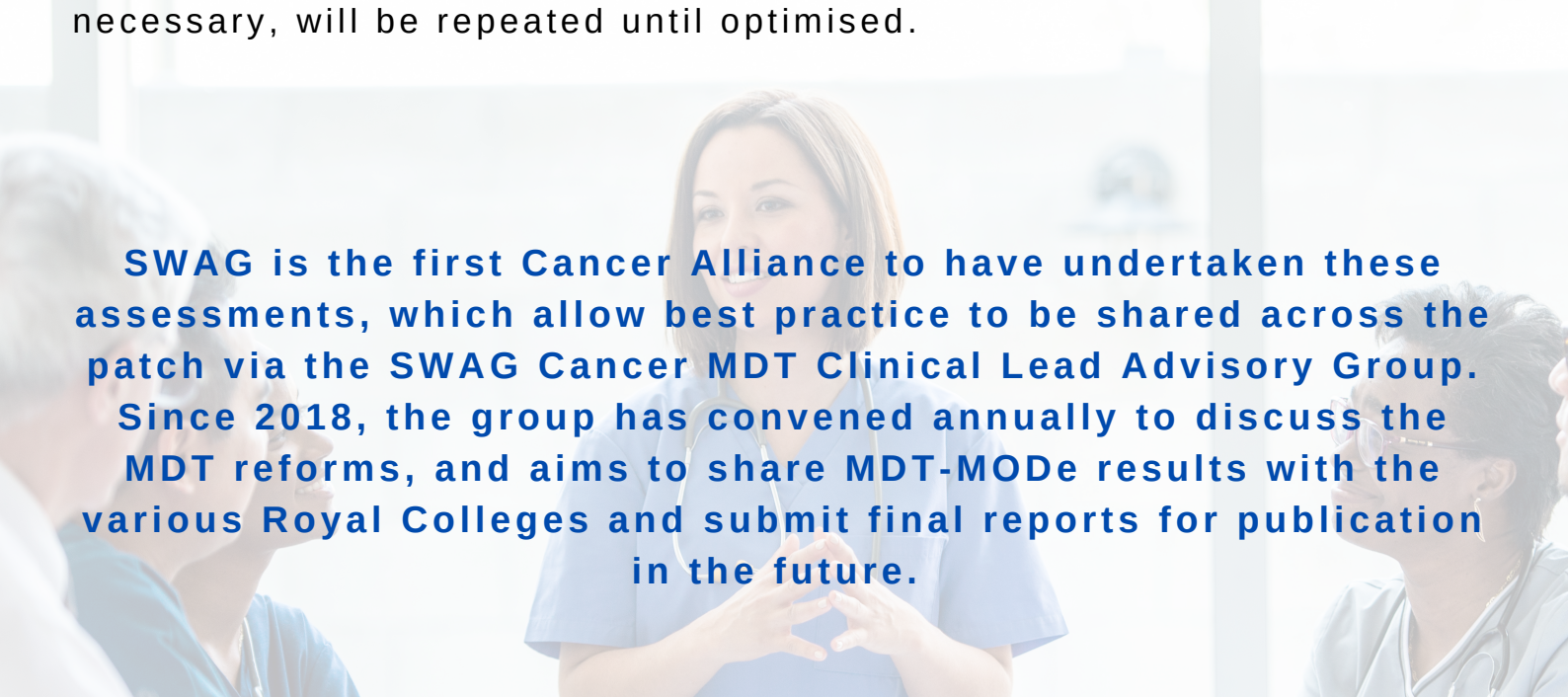
Following a review of the Cancer Research UK MDT Effectiveness Report published in 2017, SWAG Clinical Advisory Groups have been implementing initiatives, where relevant, to streamline MDTMs. This course of action is recommended by the National Cancer Board and, in 2018, National MDT Reform Lead Professor Martin Gore provided a presentation that introduced SWAG to methods of assessment of MDTMs. These had been developed over the course of a three year PhD by Behavioural Scientist Dr Tayana Soukup and Consultant Urological Surgeon Mr Ben Lamb. One of the methods, named MDT-Metric for the Observation of Decision Making (MDT-MODe), developed to assess the quality of team decision making, became the first Peer Reviewed validated MDT assessment tool in 2019. Shortly afterwards, training on how to use the tool was provided for 30 SWAG MDT members, funded by the SWAG Cancer Alliance.

The first baseline assessment took place in August 2019, and the following MDTMs have been assessed to date: Breast, Gynae, HPB, Head and Neck, Neuro-Oncology, Colorectal, Urology.

The results show the information and contributions provided for each patient discussion, allowing teams to make informed decisions on how to reform their MDTMs; the most common theme is the need for support from Trust Cancer Boards and Medical Directors to alter job plans for the team members streamlining the meetings. Once the identified recommendations for the MDTM improvements have been embedded, the meetings will be reassessed to complete the audit cycle and, if deemed necessary, will be repeated until optimised.



SWAG is the first Cancer Alliance to have undertaken these assessments, which allow best practice to be shared across the patch via the SWAG Cancer MDT Clinical Lead Advisory Group. Since 2018, the group has convened annually to discuss the MDT reforms, and aims to share MDT-MODe results with the various Royal Colleges and submit final reports for publication in the future.

INNOVATIONS

CCE is a safe, innovative and less invasive technology that involves swallowing a camera for investigating the colon. It has shown to be an accurate detector of colorectal cancer and can reduce demand for colonoscopy.

As colonoscopy services resume, and referral rates recover we will experience high demand to an already challenged diagnostic service, leading to further delays for patients. CCE can be applied to reduce the number of patients requiring colonoscopy and triage those requiring further endoscopic investigations appropriately.

The National Cancer Team has allocated a total of 500 devices and a funding of £305,000 to enable two CCE pilots across SWAG.

"This is a really exciting opportunity to change how doctors investigate bowel symptoms. Capsule colonoscopy is a non-invasive, pain free and patient friendly alternative to colonoscopy. The procedure involves swallowing a pill-sized camera. During its journey through the intestines, the capsule takes a video and transmits this to a portable recorder, which is returned the following day and analysed. The majority of the test can be carried out at home and there is no recovery time.
Capsule colonoscopy should help to improve waiting times for bowel investigations, helping to diagnose or rule out bowel cancer more quickly. Somerset Foundation NHS Trust is delighted to have been selected to take part in the national colon capsule endoscopy pilot. Our message is clear, the hospital is open for business and we will do all we can to keep patients safe. If you are experiencing bowel symptoms, please do not hesitate to seek medical advice."

Dr Daniel Pearl,CCE Pilot Lead, Somerset NHS FT

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COLON CAPSULE ENDOSCOPY (CCE)

"We are really excited at North Bristol NHS Trust to be taking part in this trial. This new colon capsule service will enable patients to safely have a cancer excluded without the need for an invasive procedure or sedation. The technology involves swallowing a pill sized camera that takes a video of the bowel. The colon capsule requires minimal time spent in the hospital and our patients will be able to be at home during the majority of the investigation. All of our patients should be confident that the NHS is safe and is here for them and so if you are experiencing symptoms, please get in touch."

Dr Ana Terlevic, CCE Pilot Lead, North Bristol NHS Trust.

Our CCE clinics are being established at:

- North Bristol NHS Trust- Go Live date: 29th March,2021
- Somerset NHS Foundation Trust- Go Live date: 19th April, 2021

"For many patients a cancer check could become as easy as swallowing a pill. "

If you would like more information, please contact: ousaima.alhamouieh@nhs.net.

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CYTOSPONGE

The National Cancer Programme is working with Cancer Alliances to support the introduction of the Cystosponge as part of the COVID-19 response.

Cytosponge is a new innovative test which was developed to identify Barrett's oesophagus – a condition that can increase a person's risk of developing oesophageal (food pipe) cancer. It's an inexpensive and simple test that can be done in a GP surgery or hospital setting outside of the traditional endoscopy suite. Early trials showed that it was safe and acceptable to patients.

Cytosponge is a soluble capsule that contains a small sponge or a 'sponge on a string'. The patient swallows the capsule which has a thread attached. A small sponge is released from the capsule and a trained nurse/clinician pulls on the thread to withdraw the sponge. As the sponge comes back up the gastrointestinal tract it collects small samples of cells that can then be sent to pathology for analysis.
Five cancer alliances have been selected to start as phase 1 pilot because of their involvement in DELTA (a Cytosponge research study), and therefore ability to get up and running quickly. **https://www.deltaproject.org/**

The SWAG Cancer Alliance will be brought on board in phase 2 where 2 providers will be selected to run the pilot.
The National team have allocated a total of 548 devices and a funding of £228,000 to deliver the pilot in SWAG.

Expression of interest have been requested from SWAG providers. Pilot sites are expected to go live in Spring.
If you would like more information, please contact:
ousaima.alhamouieh@nhs.net

Triage and more accesible Diagnostics tests are all contributing to earlier and faster diagnosis of cancer.

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SOUTH WEST RADIOTHERAPY OPERATIONAL DELIVERY NETWORK (SW RT ODN)

In 2019, NHSE/I announced its plans to create 11 Radiotherapy Operational Delivery Networks across England with a view to modernise and transform the provision of radiotherapy as well as to align the service provision with the newly published specification.

The South West Radiotherapy Operational Delivery Network (SW RT ODN) was formally established in 2020. Geographically it is the largest ODN in England – it consists of eight NHS Trusts, providing radiotherapy treatment in the South West region, and it overlaps both Peninsula and SWAG Cancer Alliances.

The SW RT ODN is strategically and operationally led by the frontline clinical experts who oversee all aspects of radiotherapy service delivery and ODN-wide transformational service improvement. In the last few months, comprehensive benchmarking and planning has been under way for a number of the ODN's workstreams and priority areas. These include - embedding best operational and clinical practice by aligning clinical guidelines; rolling out target volume delineation peer review across the region; introduction of innovative, high dose, precision stereotactic ablative radiotherapy (SABR) techniques across all radiotherapy providers in South West; harnessing IT and modern technology to facilitate cross-provider collaboration; strengthening radiotherapy research and clinical trials in all constituent Trusts.

For further information on SW RT ODN please contact christine.nagle@somersetft.nhs.uk

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Meet The Core Team

Executive Lead - Deborah Lee, CEO Gloucestershire NHS FT

Operational Lead - Matthew Bryant, COO Somerset NHS FT

Clinical Director - Dr. Helen Winter

Out of Hospital Care Clinical Lead- Dr. Amelia Randle

Managing Director - Tariq White

Manager - Patricia McLarnon

Programme Manager - Nicola Gowen

Project Manager - Ousaima Alhamouieh

PPE Lead- Edmond Murphy

Macmillan Cancer Rehabilitation/Personalised Care and Support Lead - Helen Shallcross

Cancer Clinical Advisory Groups (CAGs) Manager - Helen Dunderdale

Administrative Support- Sarah Moore

CAG Administrative Support- Amy Smith

Many images used throughout the document were taken prior to the social distancing government guidelines and are for illustration.