

Integrated Cancer System, “London Cancer”, Update for GPs **19th September 2011**

The aim of this briefing paper is to update General Practitioners and their colleagues within North Central & North East London and West Essex on our work to develop an integrated cancer system, London Cancer, across our these 2 cancer network areas. This work is being undertaken in response to the specification issued in May 2011 by NHS London’s Cancer Implementation Board.

Why is Cancer Changing?

There are some simple but unacceptable facts that must drive change in cancer care in London, many of which were outlined in the Case for Change (Commissioning Support for London, 2009): cancer survival in the UK falls behind many in Europe; 1,000 lives could be saved in London if UK cancer survival rates equalled Europe’s best, and later diagnosis is a major contributory factor in poorer survival. Whilst London has some areas of excellence and research is often world-class, in reality, patient access, experience and outcome are often poor. The rate of improvement in cancer mortality has been slow in North Central and North East London compared to elsewhere in London and the rest of England; indeed, in some tumour types, survival has actually worsened in recent years.

London Cancer

Through a series of meeting and workshops led by UCLPartners and their Cancer Provider Network team, it was agreed to develop an Integrated Cancer System for North Central and North East London and West Essex. This will be known as London Cancer and will serve a population of approximately 4 million. London Cancer will be underpinned by patient-empowerment, research, evidence and information sharing and will radically refocus hospitals into working in partnership with each other, primary care and patients, to deliver coordinated, comprehensive pathways of excellent care for every patient irrespective of where they access our system or the type of cancer they have.

We have already started work to better understand how care is delivered along whole pathways across our system and to identify the priority areas for improvement. We aim to operate as *London Cancer* from 1st April 2012, adopting a new way of working with each other as providers, as well as our patients and commissioners, to make a step change for the better in cancer care in our area.

London Cancer’s Objectives

By 2015, we aim to deliver for cancer patients treated by *London Cancer* providers:

Improved survival - 200 more lives saved per year compared to 2011/12

Improved experience of care - >90% positive answers to 10 key questions in the national cancer patient experience survey

We aim to:

- Be patient-focused - improving what matters to patients, in partnership with them;
- Optimise care along pathways - collective responsibility for outcomes and experience
- Embed research - allowing patients to benefit from innovation more quickly
- Increase value - through superior outcomes for patients per pound invested

Progress to Date – Where are we up to?

UCLPartners, as hosts of the intended integrated cancer systems *London Cancer*, submitted three documents to NHS London on 30th June 2011 and has since been undergoing a robust assurance process to ensure it is equipped to take on the challenge of working differently from April 2012.

9th August saw over 50 colleagues from the *London Cancer* area attend an Evaluation Panel Assessment day where our plans were scrutinised by experts from across the country; and on 13th September UCLPartners received formal designation that with some further planning *London Cancer* will be an Integrated Cancer System from 1st April 2012

What does *London Cancer* Mean for Primary Care & GPs?

Patients' experience of cancer care starts when they first have symptoms, and the majority of their ongoing care and support during cancer care and beyond is outside of hospital providers. As such, *London Cancer* sees GPs as core members of the Integrated Cancer System. We expect to have GPs on our Board and involved in the cancer pathway executive structures.

Evidence shows that in many cancers, the biggest factor in improving survival for patients is earlier diagnosis of their condition, so this is a key work stream for London Cancer and Pathways will be mandated to consider relationships with Primary Care as a key area for focus.

Early Diagnosis of Cancer

Cancer survival can only be improved by making sure cancers are detected early. *London Cancer* will be undertaking an Early Diagnosis work stream to enable its hospital providers to work in collaboration with GPs, the patients and public to diagnose cancer more quickly and accurately, so patients can access the care they need faster. We will work with London-wide initiatives to ensure that we take all opportunities for improvement.

Some of the ways we are doing this:

- We will appoint a Clinical Lead for Early Diagnosis and provide management and administrative support for this work.
- We will have GPs/Primary Care representation built into each Cancer Pathway Board making decisions within *London Cancer*, and our Board.
- We will provide training and development opportunities for Primary Care professionals who want to understand more about cancer
- We have commissioned research from academics and specialists to use public health and primary care referral data to understand which interventions may be most useful in assisting patients and professionals to identify and act on symptoms sooner.
- Collaborating with local early diagnosis initiatives with the Cancer Commissioning Network to help improve referral pathways and awareness (NAEDI projects).

Patients Living With & Beyond Cancer

We know that there are 2 million people living with or beyond cancer in the UK and this number is rising by 3% each year, therefore survivorship is an increasingly important part of any Cancer

Integrated System serving a large population. At *London Cancer* we are:

- Appointing a Survivorship lead to work with UCLPartners to ensure our emerging System gives this the focus required, and the needs of cancer survivors are built into our plans and objectives
- Engaging expert advice and resource from Macmillan Cancer Support to design services and systems that have been shown to support patients and their families and to spread good practice across the system
- Interview primary care and community staff about what provision is needed for cancer survivors, as well as patients to design interventions that that are relevant to our local communities
- Develop training for non-cancer specialist staff to increase their awareness and skills in helping people who have, or have had, cancer in our area.

Further Information

For more on the development of the *London Cancer* Integrated Cancer System, please visit the UCLPartners website (www.uclpartners.com) where you can find our latest briefing papers; or contact our GP Leads for UCLPartners Cancer Dr. Mike Gocman (mike.gocman@nhs.net) and Dr. Clare Stephens (clare.stephens@nhs.net).