

The qFIT Pilot

The first phase of the qFIT study is a six month pilot led by UCLH Cancer Collaborative. It will test the accuracy and process of the Quantitative Faecal Immunochemical Test (qFIT) with a minimum of 2000 patients within London. A planned enhancement project (Phase II) to the qFIT study will focus on refining sample collection methodologies and test uptake.

Background

Colorectal cancer is the fourth most common cancer registered in England and UK's second biggest cancer killer but if diagnosed early enough there's more than a 90% chance of successful treatment. Last year, over 240,000 patients with lower abdominal symptoms were seen by a specialist following an urgent GP referral for suspected cancer. The majority of these patients were referred to colonoscopy but only about 4% of them will have cancer. There is growing evidence that qFIT test could rule out colorectal cancer in patients with lower abdominal symptoms. Two Scottish trials¹ found that a normal qFIT showing no evidence of haemoglobin in stool may rule out the presence of colorectal cancer. If we demonstrate similar results in our population, we may be able to reduce the number of colonoscopies by approximately 40%, freeing up endoscopy capacity for other tasks such as bowel cancer screening.

Study design

6 NHS Trusts and 33 GP practices who participate in the study will offer patients to take part in the pilot by completing a qFIT test as an addition to their normal 2ww pathway. The qFIT test kit will be given out either (a) by their GP or (b) by the Endoscopy Unit staff at a participating Trust they are referred to. The patient will be asked to take a single sample at their next bowel movement and send the test to a dedicated lab via post. The lab will analyse the tests and the data will be securely sent to qFIT Pilot team in a structured format. The pilot will also collect the data on the outcome of their colonoscopy.

Timeline

- ***January 2017** - Launching the pilot, first samples collected by participants
- ***July/August 2017** - Pilot ends, Enhancement project starts
- **September 2017** - Pilot analysis completed
- **October 2017** - Final report on qFIT pilot published
- **January 2018** - Enhancement ends
- **February 2018** - Enhancement analysis completed
- **March 2018** - Final report on enhancement published

* enhancement project timelines are provisional

Contact for more information

If you would like more information about the qFIT Pilot, please contact

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1 Mowat C, Digby J, Strachan JA, Wilson R, Carey FA, Fraser CG, Steele RJ. Faecal haemoglobin and faecal calprotectin as indicators of bowel disease in patients presenting to primary care with bowel symptoms. *Gut*. 2015 Aug 20. pii: gutjnl-2015-309579. doi: 10.1136/gutjnl-2015-309579.

and

Godber IM, Todd LM, Fraser CG, MacDonald LR, Younes HB. Use of a faecal immunochemical test for haemoglobin can aid in the investigation of patients with lower abdominal symptoms. *Clin Chem Lab Med*. 2016 Apr;54(4):595-602. doi: 10.1515/cclm-2015-0617.

The Cancer Vanguard is a partnership between Greater Manchester Cancer Vanguard Innovation, RM Partners and UCLH Cancer Collaborative

The Pharma Challenge

Project:

Optimising the use of medicines

Outline:

The pharmaceutical industry has an important role to play in the Cancer Vanguard's work to deliver improvements in the use of cancer medicines. We challenged organisations to submit proposals that aim to do this. The challenge to industry – the Pharma Challenge – was issued with the support of the Association of British Pharmaceutical Industries (ABPI) and the Ethical Medicines Industry Group.

The proposals had to meet at least one of the following criteria:

1. They enhance our understanding of a patient's experience
2. They promote the evidence-based choice of medicines
3. They ensure medicines use is as safe as possible
4. They make medicines optimisation part of routine practice

The response was extremely impressive: we received nearly 40 proposals, all of which outlined innovative ways of improving medicines use. Senior pharmacists from each of the Cancer Vanguard's three sites – The Christie, The Royal Marsden and University College London Hospitals – then subjected the proposals to very intense scrutiny and chose four projects to take forward at this stage. Clinical experts are still considering further proposals.

What happens next:

We continue to work through the detail of the projects with our commercial partners and our oversight group expects to approve them by the end of 2016.

Timeframe:

By March 2017 the national Cancer Vanguard will have established, with our pharmaceutical industry partners, a number of specific projects to improve medicine use.

Contact for more information: If you would like more information about the Pharma Challenge, please contact cancervanguard.gm@nhs.net

Lung programme

This programme, undertaken by the UCLH Cancer Collaborative, offers lung health check and low dose CT scans to people at high risk of lung cancer, based on age and smoking history.

Outline

A significant number of lung cancers are diagnosed at Stage 4 and often during emergency presentation. This represents 40% in the London Cancer geography with a population of 3.8 million – north east London, north central London and west Essex. The lung programme aims to identify and implement a model for improving the earlier diagnosis of lung cancer.

The programme will target and invite populations at high risk of lung cancer – asymptomatic people with a smoking history (30 pack years) and aged 60-75 years. Lung health checks will be provided to all that meet the inclusion criteria and based upon their risk profile, a low dose CT scan to follow. Advice and support around smoking cessation will also be provided to those with an active smoking status.

The lung programme not only aims to improve the earlier diagnosis of lung cancer, but also early detection of COPD and drive the uptake of smoking cessation services amongst this at risk population.

The programme will offer both medium and long term benefits and these include:

- Saves 1 life per 250 scans; equating to 60 lives saved across the sector.
- Potentially move Stage 1/2 diagnosis from 450 to 1,050 of the 1,500 lung cancers
- Reduction of A&E presentations from the dramatic reduction in Stage 4 lung cancers
- Consequent reduction in admissions from A&E
- COPD case finding, early treatment and support for self-management
- Brief smoking cessation advice and referral to local services in those at high risk of CVS and lung disease
- Faster pathway to diagnosis and decision to treat
- Potential costs savings in treating early disease

Timeframe

By March 2017, the method of delivery will be finalised. Implementation will commence shortly with a view for rollout of the programme to be launched in early adopter areas in July 2017.

Contact for more information

For more information about the programme, please contact fanta.bojang@uclh.nhs.uk

Informatics Service

Project

Development of Greater London and Greater Manchester cancer metrics

Outline

The Cancer Vanguard informatics service is developing sets of metrics across the cancer pathway allowing comparisons between services. The datasets cover Greater London and Greater Manchester and should be available for all tumour types by March 2017.

As well as providing valuable information to identify priorities for the Cancer Vanguard, these datasets will be a useful tool for individual provider trusts and clinical commissioning groups to identify areas within their organisation for improvement.

The metrics being developed are split into seven categories for each tumour type:

- Cancer Waiting Times
- Data Quality
- Patient Experience
- Prevention, Early Diagnosis and Diagnostics (see example overleaf)
- Treatments
- Survivorship
- Incidence, Mortality, Survival and Prevalence Information

The informatics service works closely with Public Health England, which holds the Cancer Outcomes and Services Dataset and also has significant analytical resource and expertise.

This model of collating and analysing cancer informatics is a model which could be replicated nationally, particularly with the development of cancer alliances.

Contact

For more information about the Cancer Vanguard informatics service, please contact Stephen Scott, Head of Informatics: stephenscott@nhs.net

Innovation in cancer commissioning and funding

Project

Test out new and transformative financial and contracting models in cancer services

Outline

The three partners within Cancer Vanguard have been given the opportunity to test out new ways of commissioning, funding and contracting for cancer care across the three vanguard geographies. The overall aim of this is to drive radical improvements in cancer outcomes by targeting priority areas and making the very best use of available resources. This will be tested out through:

- Exploring new ways of providing cancer services to achieve a more integrated and pathway-based approach through the establishment of a single organising function. Each of the Vanguard partners will be progressing this through a number of different approaches including testing out alliance contracting and how a single Accountable Cancer Network (ACN) would function.
- Streamlining the commissioning process, working with a range of different commissioning bodies in order to reduce fragmentation and achieve a consistent approach to compliance with standards and improved outcomes.
- Reviewing and proposing alternative budgeting, payment and contracting mechanisms in order that cancer funding can be used more effectively and flexibly across the patient pathway to target priority areas.

What happens next

The Vanguard partners are meeting with local stakeholders to identify the key issues to be addressed in taking this work forward. This will be supported by an external partner who will review available evidence for the different approaches. Work on prime provider, prime contractor and alliance models will be undertaken to identify the best fit within local cancer systems and to highlight how replicable these would be in other parts of the country.

Timeframe

During 2016/17, each partner will work within their local cancer systems to engage with a wide range of stakeholders in formulating a proposal for testing out these issues.

We will begin to test the new models during 2017/18 with evaluation being undertaken to identify core learning for sharing nationally.

Contact for more information

If you would like more information about the contracting and finance project of the Cancer Vanguard, please contact matt.backler@rmh.nhs.uk

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