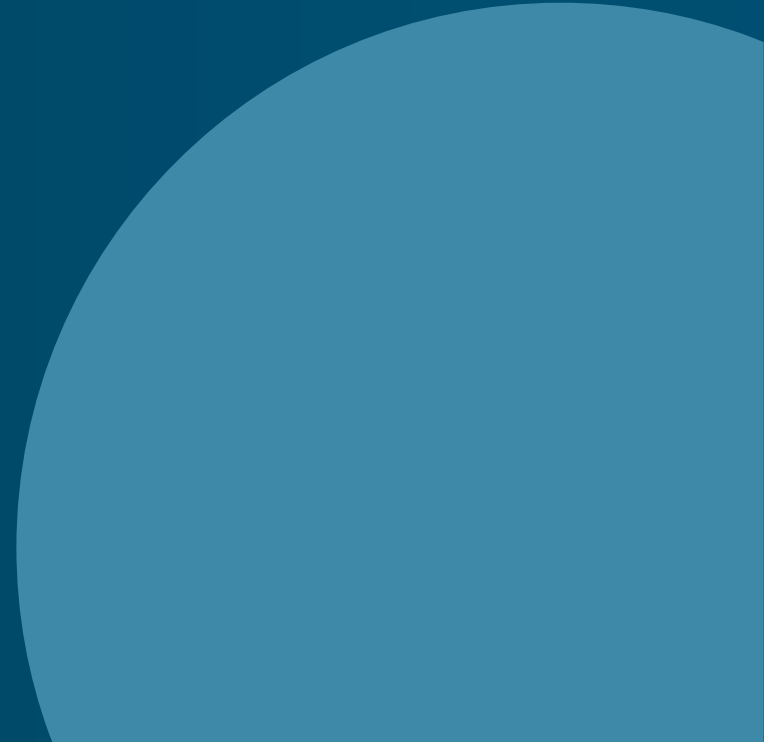




Mtech Access

Cancer Alliance Above Brand Partnership Event

Report and next steps





Executive Summary



Collaboration and innovation to build partnerships for improved cancer care

Mtech Access partnered with leaders from Cancer Alliances across the Southeast and Industry to set out the challenges and vision for cancer services in the NHS and to begin to help build a vision for the future of cancer care. Through the meeting we shared insights, experiences and skills to help shape this vision for diagnosis and treatment of cancer patients over the coming five years and beyond.

Four workshops, each chaired by a Cancer Alliance, were an opportunity for industry to understand the challenges faced in cancer care. These workshops allowed the Cancer Alliances and industry to work together on focused challenges and identify potential opportunities for collaboration and partnership.

The key message from the discussions was that for real change to occur, partnerships and collaboration will be required, with the sharing of innovative solutions and processes.

Mtech Access, the Cancer Alliances and Industry leaders are committed to forging partnerships and collaboration to drive towards increased efficiencies and improving cancer patient diagnosis and outcomes.



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3 | Abbreviations: NHS, National Health Service; Q&A, question and answer.

Event Aims and Objectives



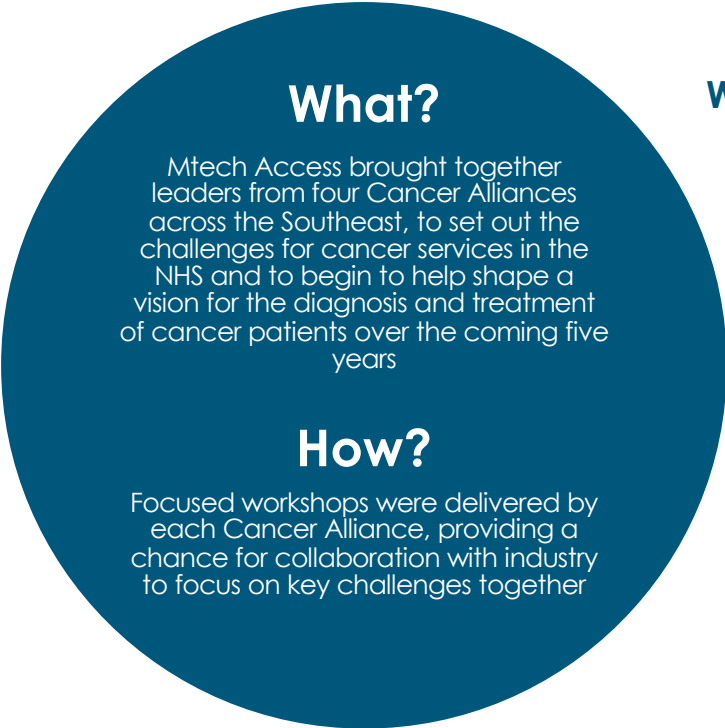
Surrey and Sussex

Workshop 1:
Earlier diagnosis of cancer
and operational performance



Thames Valley

Workshop 2:
Cancer Treatment
and Care



Wessex Cancer Alliance

Workshop 3:
Research and Innovation



Kent and Medway

Workshop 4:
Digital Innovation



Event sessions



Cancer Alliances



Industry

Cancer in the NHS – the vision

Cancer Alliances sessions

“Now is a time to be radical and brave” Sally Rickard (Managing Director, Wessex Cancer Alliance)



Cancer Alliances are looking forward to the next 10 years and creating a vision for cancer in the UK



All-cause mortality for cancer (~40%) is greater than the sum of the next three causes of premature mortality



Over the next 20 years, the number of cancer diagnoses are expected to rise by 33% as people live longer, which is a challenging statistic for those planning and delivering cancer services



As new cancer therapies emerge, number treatment days continue to increase exponentially, however workforce and capacity are not keeping pace with this rise, causing many challenges



This is especially concerning because delays to diagnosis and treatment leads to poorer prognosis. This is especially noticeable in melanoma and lung cancer for example



The NHS has set out a long-term plan containing goals and priorities for cancer. However, addressing inequalities is not part of the plan and inequalities are already significant and they are getting worse

Specific issues faced in: Wessex Cancer Alliance



Reducing inequalities is an incredibly important goal that requires focus

There are significant inequalities currently and this is only getting worse



A key question is: "How can the expectations of the whole population be met?"



The ambition in the new cancer strategy needs to go further than ever before



Geography is a big challenge



Patients often have difficulties getting to hospitals or treatment centres

Specific issues faced in: Kent and Medway



Kent and Medway is a large geographic area with many coastal communities, some of which are deprived

Chris Witty has identified coastal communities as having some of the worst health outcomes in the country



Having the right numbers of staff at the right level (experience/qualifications) in the right areas is a challenge for Kent and Medway



An increase in referrals and diagnoses are both positive, however this provides capacity challenges



More treatments are available that have longer, more complex follow-up and monitoring requirements. This combined with delays in access to diagnostics are particular challenges faced in Kent and Medway



The impact of COVID-19 and industrial action has been a barrier for access to services and treatments in Kent and Medway

Specific issues faced in: Surrey and Sussex



Sussex is also a coastal area and has large pockets of deprivation

Poor public transports further exacerbates this issue as attending hospital can be a challenge for patients



Transporting samples between sites can take a significant amount of time due to traffic and poor roads



Molecular diagnostics and personalised treatments will revolutionise decision making in cancer care. However, the NHS is not ready for these technologies yet



Communicating treatment associated risks to patients is difficult and will become increasingly difficult as treatments become more complex



Help is required to both measure and understand outcomes that are important to patients

Specific issues faced in: Thames Valley



Thames Valley
Cancer Alliance



Boundaries differ among services in Thames Valley e.g. pathology, genomics, cancer alliances, ICBs



Thames Valley has one of the highest rates of early diagnosis in the country. However, whilst the number of referrals is continuing to increase, this isn't translating to an increase in the number of earlier diagnoses



Thames Valley are trying to do more system working, but due to contracting budgets, things are being kept in-house which makes it harder to move patients around the system



A positive, however, is that clinicians and decision makers are trying their best to make a change and do things differently. A successful lung pathway has been introduced and the GI team are in the process of adopting a similar pathway due to the success



Pathway changes like the one described are often successful as pilots, but there are challenges when it comes to scaling this up

Office for Life Sciences vision

Professor Peter Johnson, Cancer Mission Chair



The current situation in cancer care

Rising number of cancer cases as people are living longer



The older population are more likely to be multi-morbid with conditions such as type 2 diabetes mellitus

Key challenge:

How can you manage cancer in an ageing multi-morbid population, especially with harsh treatments such as chemotherapy?

The number of referrals increases by 10% each year



This alongside the increasing number of diagnoses (3%) puts pressure on the system

However, earlier diagnosis leads to reduced numbers of emergency presentations

There needs to be a change to accommodate this increase in referrals, else the system will break

Inequalities in cancer care are significant



People in deprived parts of the population find it difficult to access care

Something needs to be done, how can innovation stop the curves growing further apart?

What are the Office for Life Science doing?

The NHS is trying to improve earlier diagnosis

There are several initiatives in place to drive earlier diagnosis, with NHS focusing on investments and partnerships in this area

Targeted lung health checks has resulted in 75% of lung cancers to be diagnosed at stage 1-2

- o A significant effort was made to focus lung health checks on disadvantaged populations
- o This has led to disadvantaged populations being more likely to have an early lung cancer diagnosis

However, lung cancer is the anomaly, there is still a lot of work to do to level the playing field in other cancers.

As there are lots of opportunities, the Office for Life Sciences are very keen to look as broadly as it can in terms of solutions. There is a great desire to scale innovation.

What does good collaboration look like?

A discussion with Robert Lewis and Phil Richardson

How can you find more people with cancer, and find them earlier?



The first step is to **truly understand the problem**



Talk to the end user to gain insight into the problem from a different perspective – focus on patients' outcomes and QOL



Utilise open innovation – look outside for ideas – is someone else doing it better?



Innovation is promoted through structure, culture and teamwork, not criticism and blame



Innovation is like a jigsaw, all the pieces come together to form the final picture, this requires a journey to find these pieces



Creating collaborations is essential to innovation, wider input is required to bring different perspectives to the problem and solution/s

Plenary Question and Answer session

How do you overcome change in cancer alliance with the complexity of networks and Integrated Care Systems?

Answer:

Cancer care is complex, and alliances sit across multiple ICBs. Trust and honest relationships are essential

Answer:

Connections are required in organisations that aren't close in geography (i.e. imaging, radiology, pathology)

Answer:

Commissioning is also complex. Formation of ICBs brings the opportunity to do things differently

How do you shift the culture of an organisation that does not embrace pace and collaboration?

Answer:

Innovation spaces need to be created. A culture where innovation is expected from everyone facilitates people to innovate

Answer:

The task in hand is faster adoption of innovation into complex solution. What would new pathways look like and who would the stakeholders be?

How do we bridge the gap from pilots to business as usual in the NHS?

Answer:

Faster adoption is required. Project management and health economics are needed, both of which are limited in the NHS as the focus is on clinical delivery

Answer:

Pharma can help supply project management and health economics support

Workshops



Workshop 1: Earlier Diagnosis of cancer and operational performance

Cancer metrics are currently focused on reducing waiting times and not particularly focused on patient outcomes thereby 'hitting the target but missing the point'

Specific ask: there are two databases reporting clinician driven outcomes in prostate cancer and each has a different treatment approach. Being able to compare these data sets would be beneficial. This would require development of an outcomes database, but this is a big task, and it is unknown where to start due to the large quantity of data, some of which is manual, and the fact that some trusts do not have EPHR systems

Industry: CA/NHS need to have specific questions as to what questions they want the data to answer and needs to be an audit of what data they have

Theme in discussions: Industry would like to 'unlock' some of the data the NHS has, but NHS data is 'precious' and not shared widely. Further, it is often unclear what data is available and how it is collected. Lack of data availability is a stumbling block for industry collaboration

Various ideas were discussed including the potential to commercialise NHS data, increasing digital automation, having assistance with data auditing and using dashboards to display data more effectively to inform decision making

Theme in discussions: new innovations were discussed and how to get these investigated by the NHS (early cancer detection test was an example)

Southampton Clinical trials Unit indicated that they can be contacted and are always open to discussions for trials

Theme in discussions: training and development of middle management to be project managers who can drive case for change and redesign service delivery

Industry could provide mentorship and coaching for middle managers, provide pathway analysis support, and support building dashboards and auditing of data



- Support to manage data
- Training and development of staff
- Continuous improvement/lean methodologies
- Risk stratification of patients
- Equitable spread of early diagnosis initiatives
- Accessibility to early diagnosis
- Making best use of technology



Workshop 2: Cancer Treatment and Care

There are an increased number of patients entering care pathways, but the funding and physical space has not grown to meet this demand which is a real challenge and puts pressure on systems delivering cancer care

Specific ask: There is a real opportunity to create a new way of doing things. How do we design a care closer to home service and what would that look like?

Industry suggested mapping the patient pathway and experience from a patient perspective at a granular level to identify issues. This is achievable if 'Big Pharma', Small Pharma' and consultancy partners collaborate.

Theme in discussions: Drive to move care away from acute hospitals but to where? How do we get treatment to where patients want to be treated?

Treatment pathways are not a 'one size fits all', instead they need to be adapted and localised to meet the needs of the population



Theme in discussions: Change management program support is lacking

Many staff are focused on the day job and too close to the coal face to be able to identify areas where innovation might be useful, let alone have the time to write the business case, develop a pathway map or complete the other steps required to affect real clinical change. Companies who can support this may have greater uptake of their innovations; particularly where multiple companies can come together to work across whole clinical pathways

Theme in discussions: Diagnostic testing

There is the potential for some diagnostic testing to be carried out in primary care



- Opportunities for delivery of care for patients
- How to embrace alternative solutions to ensure patients get the most appropriate treatment
- Ensure treatment is accessible in a timely manner



Workshop 3: Research and Innovation

With the increasing pressure on resources across the NHS, capacity to engage with, lead and deliver new research is challenged

Specific ask: opening the channels of communication to collaborate and innovate together

Wessex cancer alliance are eager to look at how they could develop their own MedTech innovations for cancer

Theme in discussions: pathway development and optimisation needs to be focused on the patient

Pathways should be patient centered and not include specific therapies (Above Brand). When redeveloping pathways, it is important to consider what the value of the change or intervention is to the patient

Theme in discussions: clarity is needed to collaborate - industry need information on the landscape and challenges the NHS is facing, and the NHS needs information on what is coming next from industry

Channels of information sharing need to be developed as currently opportunities to engage are limited. ROI and business cases templates could be provided by industry to support implementation of collaborative projects. For multi-company collaborative projects, the cancer alliance being the organising partner could make it easier for different pharma companies to all put in their specific expertise and contribute to collaboration

Theme in discussions: scaling up a pilot to business as usual can be a long process and is not always successful. Ways of speeding up pilot to business as usual needs to be sped up

There was agreement that a process is required to smooth the transition from a successful pilot to full-scale roll out



- Collaborate to set ambitions for innovations over next five years
- What is needed to increase opportunity for research
- How do we improve our approach to data in a collaborative environment
- Recognising AI
- Capitalise on innovations to support patient centred care



Workshop 4: Digital innovation

How does the NHS realise the benefits of industry development efficiently, recognising financial constraints and existing barriers to IT development?

Specific ask: How do we design a care closer to home service and what would that look like? There is a real opportunity to create a new way of doing things.

Industry: Mapping the patient pathway and experience from a patient perspective, this needs to be at a granular level to identify issues. Achievable with collaborations between 'Big Pharma', Small Pharma' and consultancy partners.

Theme in discussions: Drive to move care away from acute hospitals but to where? How do we get treatment to where patients want them?

Treatment pathways do not 'fit all' they need to be adapted and localised. Pathway analyses supported by industry/Mtech, data access can be an issue.



- Utilise digital innovation to relieve workforce/capacity issues
- Ensure digital innovations are well integrated into current NHS systems
- Ensure digital innovations function in challenging environments
- Clinical champion for new innovations

Theme in discussions: Change management program support is lacking

Clinicians don't want another dashboard or login, they need solutions to automate tasks and scheduling so that their time is spend on patient care and not admin tasks. AI is likely to provide more operational benefit to the NHS as opposed to clinical support.

Theme in discussions: Diagnostic testing and risk identification

Give clinicians the confidence to not send patients for 'just in case' diagnostics. Options like point of care testing in pharmacies are a possibility, look outside of cancer for potential solutions. Use of AI in diagnostics needs clinical data to support it. How can pre-risk identification be conducted? Think outside the box; lifestyle habits from shopping, gamification techniques to visualise benefits of lifestyle changes

Existing Collaborations

Publicly available collaboration case studies between NHS and Industry in Oncology



Forecasting for innovation: A workforce planning tool (“Project”)



**Bristol-Myers Squibb
Pharmaceutical Limited**

In collaboration with



Macmillan Cancer Support

Objectives:

- Prepare the NHS for innovation adoption, by developing workforce planning tool
- Communicate evidence-based policy solutions to key stakeholders
- Bank the workforce planning tool methodology, to be used in other areas

Project Overview

- Innovation within the health system can impact workforce skill mix and capacity, which the NHS cannot always consider, addressing this issue is a long term and complex undertaking
- Macmillan and BMS propose a workforce planning tool, which aligns industry insight on new treatment innovations with a more robust process for forecasting
- This tool will then be evaluated within a pilot setting, with a CNS role within GU cancer services

Project Aims

- To be a nationally recognised/consistent approach to workforce planning within oncology
- At local level, workforce business cases meet the demands of future treatment innovations and feed into national workforce planning

Patient, NHS, BMS Benefits

- Innovations delivered to **patient** efficiently, improved **patient** outcomes and reduced waiting times
- Contribution to Macmillan's goal made freely available across **NHS**, align workstream expertise and insights
- Collaboration of **BMS** with respected and admired cancer charities, understanding of challenges faced in **NHS**, faster implementation of **NHS** policy, redesign the forecasting of cancer workforce



National E-Learning training programme



**Bristol-Myers Squibb
Pharmaceutical Limited**

In collaboration with



UK Oncology Nursing Service

Objectives:

- Improve standardisation and accessibility of training nationally for NHS staff
- Create freely available, engaging online content for NHS professionals
- Essential recognition and appropriate care for immuno-oncology patients

Project Overview

- Support the set-up of a National E-Learning training programme for NHS staff undertaking UKONS guided 24 Hour telephone triage of oncology and haematology patients
- Increase capacity and confidence in patient care, with a goal to enhance cancer patient care and support the safety of cancer patients

Agreed Arrangements

- UKONS to provide ~£25,000 of resources to collaborative working project, and supply content based on current UKONS 24 Hour Triage Tool
- BMS to provide ~£55,000 towards the project, consisting of ~£35,000 direct financial investment and ~£20,000 resourcing to support project management

Patient, NHS, BMS Benefits

- Timely and appropriate standardised response to any side effects flagged by **patients**, more information about **patient** therapy concerns and treatment options
- Access to education and information supports the **NHS** cancer workforce confidence and capability, efficiency and capacity challenges addressed and aligned with cancer strategy
- Efficient triage of patients reduces clinic attendance, increased NHS clinician confidence in **BMS**



University hospitals of Birmingham (UHB) breast cancer pathway development project (PDP) - ongoing



MSD UK

In collaboration with



University Hospitals
Birmingham Foundation Trust
(UHB)

Objectives:

- Achievement of the breast cancer 28 day Faster Diagnostic Standard, 31-day treatment target and 62-day referral to treatment Cancer Waiting Time targets

Project Overview

- Optimisation of the breast cancer pathways across the city of Birmingham
- Outcomes of project will be measured and disseminated within 6 months
- No funding associated with this project, shared contribution of time between NHS and MSD

Project Aims

- Improve service quality, service efficiency, productivity and patient experience
- Process mapping was an effective tool to facilitate clinical efficiencies and positive changes for patient care

Patient, NHS, Lilly UK Benefits

- Patients have quicker diagnosis, treatment and **improved experience** of breast pathway in Birmingham
- Optimisation of service delivery, achieve diagnostic, referral and treatment **targets**
- **MSD** have a better understanding of breast cancer **patient needs**, more appropriate use of MSD products



Service transformation – halving time in hospital for patients with soft tissue sarcoma (STS)



Lilly UK

In collaboration with



Beatson West of Scotland
Cancer Centre

Objectives:

- Identify delays
- Develop new nurse-led processes for treatment provision
- Reduce time in clinic for patients

Project Overview

- Joint Working Agreement project
- Patient flow and patient experience analysed
- Data collected from key points in the pathway
- Use a Lean Six Sigma approach to identify areas for pathway improvement and change

Project Wins

- New nurse-led service for patients developed and set up, taking them away from general clinic and freeing up capacity and reducing time patients spend in hospital
- Process mapping was an effective tool to facilitate clinical efficiencies and positive changes for patient care

Patient, NHS, Lilly UK Benefits

- Partnership model that “can be applied and used within any clinical pathway” to improve clinical efficiency and reduce pressures on the **NHS**
- **NHS** and **pharmaceutical industry** “can share skills and resources to improve cancer services and enhance patient care”
- Total time for **patients** in hospital was reduced by more than half



Additional collaboration publications and examples



Partnering with purpose – NHS Confederation and Association of British Pharmaceutical Industry (ABPI)

How integrated care systems and industry can work better together

<https://www.nhsconfed.org/system/files/2023-11/Partnering-with-purpose-ICS-industry-FNL-2023.pdf>



ABPI - NHS-Industry Partnership Case Studies Library

<https://www.abpi.org.uk/partnerships/working-with-the-nhs/nhs-industry-partnership-case-studies-library>



Patient Experience Feedback Response to the Rapid Implementation of Virtual Clinics due to COVID-19

A Joint Working Project between Weston Park Cancer Centre (WPCC) part of the Sheffield Teaching Hospitals NHS Foundation Trust and Bristol Myers Squibb Pharmaceuticals Limited (BMS)

https://www.bms.com/assets/bms/gb/en_gb/documents/WPCC%20-%20Sheffield%20Outcomes%20Report%20-%20ONC-GB-2100875.pdf



Collaborative working - MSD

<https://www.msduk.com/partnerships/collaborative-working/>



Collaborative working - Novartis

<https://www.novartis.com/uk-en/about/partnerships/collaborative-working>

Key messages



Key Messages



South East Cancer Alliances are looking to develop their vision. It is only through collaboration with industry and working together that an ambitious program for transformation of the NHS and cancer care can be achieved



Industry are open to collaboration and have considerable capabilities to partner with the NHS, not only in Medtech and pharmaceutical innovations, but also in their strategic capabilities in process pathways, project management, health economics and wider staff training capabilities



The challenges facing cancer care are larger than any one organisation, whether that be the Government, the NHS or commercial companies can solve. It is only through holistic approaches that consider whole clinical pathways and systems that meaningful change can be achieved



Workforce and financial challenges facing the NHS can only be overcome using innovative solutions. These are not likely to be quick to develop and implement and require a collaborative approach between the NHS and Industry



The Cancer Alliances are committed to collaboration and investing time and resource to work effectively with industry partners to work together to improve services for patients, and to understand and address some of the key challenges facing NHS cancer services today.