



East Midlands Cancer Alliance: **Achieving World Class Outcomes**



November 2023 (Issue 5)

Welcome to the EMCA Newsletter

Welcome and thank you for reading. Every ICS and every team in the East Midlands is a constituent member of the East Midlands Cancer Alliance (EMCA) and valued stakeholder, and each monthly newsletter is designed to include relevant content for you. The aim is to better coordinate the vast amount of information and events associated with cancer transformation that will be useful in building knowledge and shaping the work we do individually and collectively to improve outcomes and increase survivorship for the East Midlands population. The newsletter will be monthly and include features, summaries and signposting to further information, and we are in the process of updating our website to establish a more comprehensive and accessible library of resources.

If you have any questions or suggestions these can be sent to: england.emcapmo@nhs.net

Sarah Hughes, Managing Director, Midlands Cancer Alliances

Alastair Simpson, Clinical Director

Mike Ryan, Head of Service

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ECAGs and Clinical Practice

Please see below list of upcoming Expert Clinical Advisory Groups meetings

- 8th November - Genomics
- 9th November 2023 - Skin
- 10th November 2023 - Colorectal
- 17th November 2023- Haematology
- 23rd November 2023 - Sarcoma
- 29th November 2023- Lung
- 1st December 2023 - Breast
- 5th December 2023 - Urology
- 12th December 2023 - SACT
- 8th December 2023 - HPB
- 15th December 2023 - Gynaecology
- 24th January 2024 - Genomics

Resources/Newsletters

East Genomics Newsletter

If you are a healthcare professional in the East Midlands and East of England region and would like to receive updates from East Genomics please complete the quick form below with as much information as possible.

East Genomics has a regular newsletter which provides up-to-date information about our work, news and events. We also send out information about genetic / genomic tests relating to particular clinical specialisms (ie. Paediatrics, Cardiology).

Please sign up here - [East Genomics Newsletter \(jotform.com\)](https://www.jotform.com/)

Radiotherapy Network Newsletter

Please use the link below to access the latest Radiotherapy Network newsletter

<https://sway.office.com/jvc8DGdaHs7X2Tiq?ref=Link>

Living with and Beyond Cancer and Quality of Life Newsletter

Please use the link below to access the latest newsletter

[Newsletter 2023 - Cancer Alliances Workspace - FutureNHS Collaboration Platform](#)

Midlands Diagnostic Newsletter

Please follow this link for the latest newsletter - [Midlands Diagnostics Newsletter - October 23 - Cancer Alliances Workspace - FutureNHS Collaboration Platform](#)

CCE Newsletter

Please follow this link for the latest CCE Newsletter - [CCE Evaluation Site Breakdown Sept 2023 - Cancer Alliances Workspace - FutureNHS Collaboration Platform](#)

COSD Newsletter

Please see link to COSD newsletter - this has important news about COSD, NDRS, Cancer Stats and the Roadshows next year.

[Cancer Outcomes and Services Data set \(COSD\) - NDRS \(digital.nhs.uk\)](#)

Outpatient Transformation Programme Newsletter

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allow-popups allow-same-origin allow-scripts" scrolling="no" style="border: none; max-width: 100%;
max-height: 100vh" allowfullscreen mozallowfullscreen msallowfullscreen
webkitallowfullscreen></iframe>

Quality and Patient Experience

50% of people over the age of 50 will experience cancer at some point in their lives, with people living longer through advances in prevention, medicine and treatments. At the heart of what we do is the patient; current and future, with multiple ways of ensuring quality and personalised care is central to deliverables and workplans.

Cancer Patient Experience Survey 2023

Cancer Patient Experience Survey 2023

We have launched our national Cancer Patient Experience Survey (CPES), asking for feedback from cancer patients (16 years and over*), to inform and improve local cancer services across England.

We want our patients to have the best experience possible and hearing about your experience is crucial in helping us deliver what you need and want.

The NHS and cancer charities use the results to understand what is working well and which areas need improvement. The results enable them to identify national and local priorities and work with patients and partners to deliver improvements.

Those who were treated for cancer as an inpatient or day-case, and left hospital in April, May or June 2023, will be invited to take part in the survey.

If you receive an invitation, please fill out the questionnaire and have your say so we can deliver the best possible service to patients. If you need support completing the survey or need it made available in another language, you can call the free helpline number 0800 103 2804.

For more information about the survey and other ways to provide feedback on cancer care please visit www.ncpes.co.uk.

**For those aged 16 and under, feedback is collected via the Under 16 Cancer Patient Experience Survey: www.under16cancerexperiencesurvey.co.uk.*

National Cancer Patient Experience Survey Outputs webinar

As we look to close out activities for the 2022 National Cancer Patient Experience Survey (NCPES), we would like to invite you to register for a webinar that will provide a demonstration of some of the NCPES reporting outputs. We hope the session will support you to make best use of insight from the survey.

The webinar will take place on **Thursday, 23rd November from 14:00 pm – 15:40pm**. It will cover the following outputs -

Trust level free text workbooks. We will navigate through an example free text workbook, providing recommendations on how to explore and make best use of your free text comments.

Trust level response rate data. We will take you through key sections of the report explaining what the different charts and tables can tell you about the response rates of different population groups.

Online dashboard. Updated for the 2022 survey, the online dashboard provides an interactive way of exploring results from the survey. We will take you through some of the main functions and features of the dashboard. The dashboard can be found at <https://www.ncpes.co.uk/interactive-results/>.

Sign-up to attend

Follow this link to register:

[Take the Survey](#)

Or copy and paste the URL below into your Internet browser:

https://picker.fra1.qualtrics.com/jfe/form/SV_6mU0O5umzLu3Ybk

Early Diagnosis

The Early Diagnosis programme is growing significantly, and we expect it to expand considerably the next two years.

The 23/24 national Network Contract Direct Enhanced Service (DES) for Cancer Early Diagnosis was published earlier this year. EMCA has developed and is actively engaging at both a regional and PCN

level across ICSs to share the support pack to aid visibility and implementation of the DES. For further information please contact england.emca@nhs.net

Click [here](#) to access a support pack which Pawan Randev, EMCA primary care lead, has put together to support PCN's in delivering the National Directly Enhanced Service (DES) for Early Diagnosis of Cancer.

Cancer and Diabetes by Dr Pawan Randev

Addressing increased cancer risk for people with diabetes

This simple intervention aims to raise awareness of increased cancer risk, and uptake of cancer screening, among people with diabetes.

Did you know that cancer is the leading cause of death in diabetes in the United Kingdom¹? As management of diabetes has improved, cardiovascular disease deaths are now in second place. Diabetes also increases the risk of developing cancers, in particular pancreatic, bowel, breast, liver, prostate and endometrial ². In type 2 diabetes, the commoner variety, it is felt that being overweight also contributes to risk.

Researchers at Leeds Beckett University spoke to people aged 50-74 in the UK to find out if they are aware that Type 2 diabetes increases the risk of breast and bowel cancer. The researchers also reviewed top-ranking diabetes websites to find out if people are being told about the increased cancer risk by diabetes care providers and organisations³.

They found that:

- Relatively few people who were asked knew that Type 2 diabetes increases the risk of breast cancer and bowel cancer.*
 - People with Type 2 diabetes had equally low awareness about their increased risk of breast and bowel cancer, but they were aware of the risk of other diabetes-related conditions including sight loss, foot problems and heart disease.*
 - Few websites included cancer in their key information about diabetes-related health problems. In contrast, all or most websites highlighted the more well-known risks of sight loss, foot problems and heart disease.*
-

Of course, bowel and breast cancer have established screening programmes. Other research from London looked at bowel screening uptake in patients with diabetes and found that fewer diabetes patients take up the bowel screen offer⁴. The number taking up the bowel screen is less than those who take up retinal screening for diabetes (looking for early signs of vascular changes which can lead to blindness)

Primary Care is incentivised to maintain a register of all diagnosed patients with diabetes. In addition there are financial incentives to undertake a specified set of diabetes interventions⁵. Virtually all patients with diabetes are invited by their general practices to have an annual diabetes check. The checks are undertaken by Practice Nurses (PN) and Healthcare Assistants (HCA) employed by the practice. However there are no indicators on the commonly used computer templates to record diabetes care that relate to cancer or cancer screening.

This key information has led to a collaboration between Dr Pawan Randev, EMCA Primary Care Lead and Professor Laura Ashley, Professor of Health Psychology at Leeds Beckett University. They have created a project to see if bowel and breast cancer screening questions and information can be added to the annual diabetes check, delivered by PNs and HCAs. As part of this development, one of the most commonly used diabetes templates has been modified to include this element, linked to a SNOMED code to simplify audit (Appendix 1). Two PCNs in Leicestershire have expressed a willingness to be part of this innovative project.

The project involves developing and delivering bespoke PN and HCA educational materials based on increased cancer risk experienced by diabetic patients. This will increase professionals' confidence and facilitate conversations with patients. To reinforce the screening opportunity, a set of short multi-language videos (English, Gujarati and Urdu) showing how to do the bowel screening test has been developed and can be sent as a link in a text message for the patient (Appendix 1). This allows the information to be viewed multiple times and shared with family members as chosen by the recipient.

The project is in its planning stages but has already attracted interest from clinicians and primary care cancer leads.

This direct intervention aims to raise awareness of increased cancer risk, and uptake of cancer screening, among people with diabetes.

For those who would like to know more, please contact me as below for further details.

References:

1. Cancer is becoming the leading cause of death in Diabetes – Authors reply

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00446-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00446-4/fulltext)

2. Diabetes and cancer

<https://www.macmillan.org.uk/cancer-information-and-support/treatment/coping-with-treatment/diabetes/diabetes-and-cancer>

3. Increased Breast and Colorectal Cancer Risk in Type 2 Diabetes: Awareness Among Adults With and Without Diabetes and Information Provision on Diabetes Websites

<https://academic.oup.com/abm/article/57/5/386/7074409?login=false>

4. Type 2 diabetes and colorectal cancer screening: Findings from the English Longitudinal Study of Ageing

<https://pubmed.ncbi.nlm.nih.gov/31547753/>

5. Quality and Outcomes Framework guidance for 2023/24

<https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00289-quality-and-outcomes-framework-guidance-for-2023-24.pdf>

Dr Pawan Randev - pawan.randev@nhs.net

EUROPAC study

Around 10% of pancreatic cancer cases are linked to these inherited factors. These occur in families with a history of either pancreatic cancer or hereditary pancreatitis or who carry an at-risk genetic mutation predisposing to these conditions. NICE guidance (NG85) recommends surveillance for people with an inherited high-risk ideally to detect pancreatic cancer earlier.

EUROPAC's aim is to develop early detection methods for pancreatic cancer, by better understanding risk and offering surveillance to those who take part and to continuously refine who to and how we provide surveillance to individuals.

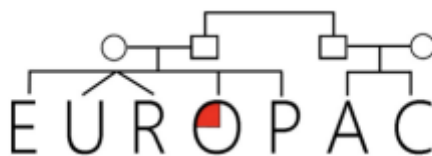
NHS England is working with EUROPAC to provide a route from the NHS into their national surveillance program run at NHS Trusts across the country for people who may be at high risk of pancreatic cancer.

An information sheet and referral form can be found on the EMCA NHS Futures site here -

[EUROPAC Pancreatic surveillance - Cancer Alliances Workspace - FutureNHS Collaboration Platform](#)

Referrals should be sent to the EUROPAC Surveillance Navigator at: Isobel.Quinn2@rlbuht.nhs.uk

Alternatively please email us at england.emca@nhs.net



NHS-Galleri Trial Enrolment Approaches and Participant Sociodemographic Characteristics Abstract

As the NHS Galleri trial (also known as Grail) moves into its final year, this poster has been presented at the annual European Society for Medical Oncologists conference in Madrid.

[Swanton ESMO-2023 NHS-Galleri-Baseline-Demographics Poster FINAL.pdf \(grail.com\)](#)

EMCA is one of 8 Cancer Alliances participating in this exciting trial.

Table 2 on the poster shows that East Midlands had the highest % of participants from the Asian community (nearly 1,500) across all Cancer Alliances.

This is thanks to the work of ICBs working closely with the NHS Galleri trial team to promote participation and encourage participants to return for further annual blood tests.

A significant number of Asian participants were recruited in Leicester. The local ICB undertook some local initiatives to support the Asian population joining the trial, this included interviews on local Asian radio stations such as SABRAS and using connections with the Mosque and local councillor. creating a video text message of a GP speaking Urdu about the trial. The videotext could be shared over WhatsApp which was the greatest way to broadcast information around the trial. Laura Sharpe, Senior Project Manager for Cancer at LLR ICB said “We know from previous interventions that word of mouth in Asian communities can really hinder or help so understanding how to use that to our advantage was really important. Work with the mosque included signposting in Urdu around the Mosque, a meet and greeter who could speak Urdu and Gujarati and ensuring one of the Galleri nurses was multilingual. We worked really closely with the mosque so that the community felt like it was a trial conducted with them and for them rather than at them. “

Interim results of the NHS Galleri trial are expected in April 2024 as other Cancer Alliances not in the trial are preparing to roll out the screening test to 1 million people from July 2024.

Table 2. Proportion of Individuals Invited and Enrolled by Ethnicity in East Midlands and South East London Versus the Other Cancer Alliances Combined (n [%])

		Population	Invited	Enrolled
East Midlands	White	1,646,449 (92.4)	142,663 (76.4)	16,454 (88.9)
	Asian	88,100 (4.9)	35,713 (19.1)	1479 (8.0)
	Black	26,806 (1.5)	5535 (3.0)	241 (1.3)
	Other	10,186 (0.6)	1272 (0.7)	75 (0.4)
	Mixed	10,525 (0.6)	1503 (0.8)	181 (1.0)
	Missing	N/A	N/A	77 (0.4)
	Total	1,782,066 (100.0)	186,686 (100.0)	18,507 (100.0)
South East London	White	348,682 (68.8)	61,685 (63.5)	6563 (79.9)
	Asian	35,199 (6.9)	7813 (6.9)	345 (4.2)
	Black	92,715 (18.3)	28,339 (25.1)	731 (8.9)
	Other	11,879 (2.3)	2139 (1.9)	138 (1.7)
	Mixed	18,043 (3.6)	2907 (2.6)	345 (4.2)
	Missing	N/A	N/A	92 (1.1)
	Total	506,518 (100.0)	112,883 (100.0)	8214 (100.0)
Other Cancer Alliances Combined*	White	6,742,002 (93.4)	1,053,832 (89.5)	107,382 (95.1)
	Asian	277,474 (3.8)	83,562 (7.1)	2685 (2.4)
	Black	106,487 (1.5)	27,037 (2.3)	884 (0.8)
	Other	44,710 (0.6)	5530 (0.5)	391 (0.3)
	Mixed	48,615 (0.7)	7453 (0.6)	941 (0.8)
	Missing	N/A	N/A	613 (0.5)
	Total	7,219,288 (100.0)	1,177,414 (100.0)	112,896 (100.0)

*Cheshire and Merseyside, East of England (North), Greater Manchester, Kent and Medway, Northern, West Midlands; N/A, Not available

Faster Diagnosis

Every month in the East Midlands, approximately 5000 people referred for suspected cancer are *not advised whether they do or do not have suspected cancers within 28 days. The impact this has on everyday lives should not be underestimated and may be significant personally and professionally.

The FDS will signify whether an individual Trust or ICB is delivering on cancer services. East Midlands Trusts have generally been advanced in achieving the 0-28 day faster diagnosis standard (FDS) established in 2021/22, with routinely 5/8 Trusts achieving the minimum 75% standard. There is best practice on show across East Midlands Trusts which have informed national case studies for adoption, however there is more work to be done.

Using the published best practice timed pathways (BTPs) work remains ongoing to target specific actions that will increase the pace and efficiency of processes and workflow through analysing pathways and constraints. Evidence suggests variation by tumour site is reducing across the East Midlands alongside improvement, with Lower Gastrointestinal/Colorectal (LGI), Urology/Prostate and Gynae are the three tumour sites with the most potential impact. More recently we've audited the turnaround times for clinical support and diagnostic services, and identified where patients are often advised of a diagnosis between day 29 and 35 outside the standard.

Future EMCA Faster Diagnosis Steering Group meetings:

(Last Thursday of the month at 3pm via Teams):

The next meeting will be held on Thursday 23rd November

New Best Practice Timed Pathways Published

The revised best practice timed oesophago-gastric and lung cancer diagnostic pathways are [now available](#).

They bring them in line with other documents in the series, such as by including personalised care in the early pathway. You can use the wording to ensure that interventions are embedded:

“ Personalised care and support planning should be based on the patient and clinician(s) completing an holistic needs assessment (HNA), usually soon after diagnosis. The HNA ensures conversations focus on what matters to the patient, considering wider health, wellbeing, practical issues and support in addition to clinical needs and fitness. This enables shared decision-making regarding treatment and care options.”

IMI Teledermatology Toolkit

For areas that require assistance with clinical photographer recruitment, IMI have social media networks which can be used for free to advertise positions.

Please email job advert details, including a link where possible to Teledermatology@imi.org.uk for them to share with their network.

The IMI Teledermatology Toolkit also includes example role descriptions and person specifications

[IMI Teledermatology Toolkit - Institute of Medical Illustrators](#)

IMI members will have access to:

Recommended kit lists

A mentorship scheme with more experienced members

Teledermatology Operational Standard Operating Procedures

Advice and Guidance for writing Business Cases

Links to Teledermatology Special Interest Group members & resources

Competency based training packages to download and use locally

Specialist training resources

Quality Assurance Standards example submissions

Awards and Honours Programme

Genomics

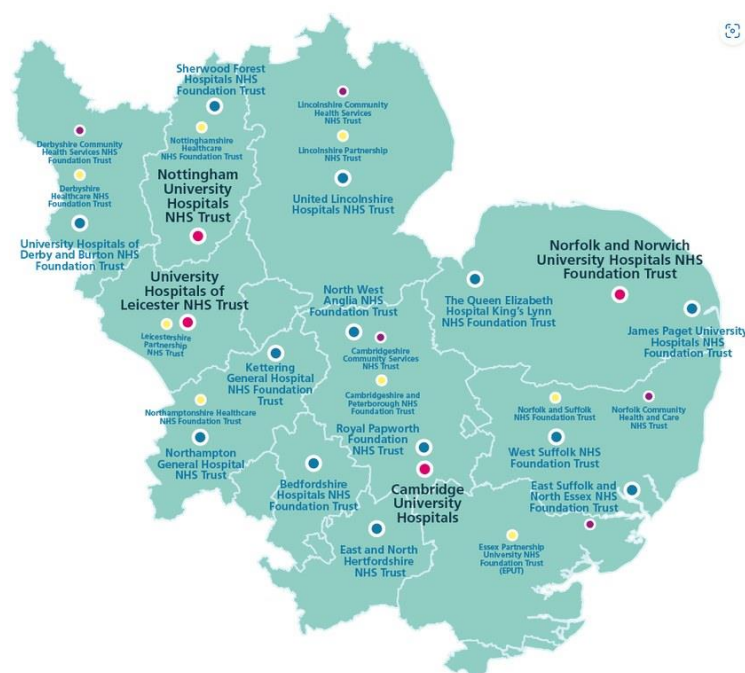
East Genomic Medicine Service Alliance

We are happy to confirm that the [NHS East GMS Alliance](#) contract has been extended to 31st March 2026.

East Genomic Medicine Service Alliance (GMSA) has been set up to ensure all eligible patients across the East Midlands and East of England can access and benefit from appropriate genomic tests when required, ensuring high-quality and personalised treatment.

Covering the same catchment area as East Genomic Laboratory Hub, the East GMSA will bring together the vital multi-disciplinary clinical leadership and other operational and digital functions that are necessary to embed genomic medicine into mainstream clinical care.

The East GMSA is led by a Partnership Board representative of the four NHS Trust Alliance Partners that have direct responsibility for delivering the service. The four partners are: [Cambridge University Hospitals NHS Foundation Trust](#), [Nottingham University Hospitals NHS Trust](#), [University Hospitals of Leicester NHS Trust](#) and [Norfolk and Norwich University Hospitals NHS Foundation Trust](#).



East GMSA catchment area and NHS Trusts

Seeking Expressions of Interest for Primary Care Leadership Role in Genomics

OPPORTUNITY – SEEKING EXPRESSIONS OF INTEREST FOR CLINICAL LEADERSHIP ROLES (Primary Care) IN GENOMICS

EMCA is looking for clinicians from primary care with an interest in genomics to clinically lead our genomics work as part of our growing early diagnosis and detection programme. The successful individuals will also be expected to link with cancer leads in East Genomics Medicines Service Alliance who are due to become a Network of Excellence for Cancer.

Interested? Please find details and how to apply via this link, alternatively please email england.emca@nhs.net for a copy.

Please submit your expressions of interest and CV to england.emca@nhs.net by **5pm on Friday 17th November 2023**. Interviews will be held **Weds 29th November**.

Personalised Care

Get ready for COSD version 10 (for personalised care data)

The National Disease Registration Services (NDRS) is responsible for COSD so we advise that you sign up to both the [NDRS and COSD newsletters](#). Their October newsletters are here: [NDRS](#) and [COSD](#).

Trusts and Cancer Alliances will be sent invitations to the COSD v10 roadshows taking place Jan-Feb 2024 (see COSD newsletter above for detail). Please enquire within your trust or Alliance about places at the roadshow – the LWBC team is not managing this.

Apologies that the following is a repeat of the September newsletter information, but we are keen to ensure the message is shared widely.

All trust Cancer and IT/informatics teams will be aware that COSD will change from version 9 to version 10 in April 2024. The [downloads](#) including the [User Guide](#) have now been published. Trusts must start submission of v10 of the dataset from April 2024 and full conformance is required by July 2024. Cancer managers should arrange as soon as possible for cancer system software upgrades to be provided in time to ensure systems are fully ready and staff are trained in the changes when COSD v10 goes live.

The ways that HNA and PCSP data needs to be submitted for COSD are changing slightly, so the LWBC team will be providing full comms before Christmas 2023 to complement the NDRS formal COSD v10 user guide. Please be ready to cascade that information. This switch to COSD v10 is a great opportunity to promote and embed complete and accurate data capture for personalised care, and to expand the use of the data locally to improve patient care.

Summary of LWBC in COSD v10:

- Physical activity assessment - see pages 88 - 89 of the User Guide. No change from v9 – still a 'Required' data item.
- End of Treatment Summary - see pages 128 - 29 of the User Guide. Changing from an 'optional' data item to 'Required' in v10.
- HNA and PCSP – see pages 90 - 98 of the User Guide. Changing from 2 separate data items (HNA and PCSP are unconnected data items in v9) to a flow-through of recording HNA into PCSP as a single process in v10. Remains a 'Required' data item. The data item structure will still allow for measurement of numbers of HNAs and PCSPs offered/received, and the split by staff member and point in pathway.

2024/2025 Planning Process

The 24/25 planning process is upon us, and national planning guidance is expected within the next six weeks subject to governmental approval. National planning guidance and national cancer transformation deliverables often are not published at the same time unfortunately, and therefore please ensure cancer transformation remains at the forefront in local discussions and developments.

EMCA has provided a short brief to planning colleagues to help inform discussions, and we do not anticipate significant change to current areas of focus in 24/25 in maintaining the overarching categories for transformation impact:

1. early diagnosis
2. faster diagnosis
3. operational performance improvement
4. personalised care and treatment
5. innovations

Current national profiling has confirmed that nationally 58% of patients in England are diagnosed at cancer stages 1 and 2 versus the 2022 position of 53% versus the 2028 ambition of 75%. There is clearly some way to go with two/three years remaining to make the level of impact necessary for current and future cancer patients under the NHS Long Term Plan, and with the East Midlands below the national average for average 1 year survivorship and outcomes (2021 data) there remains a need to do more at pace than the national planning guidance enlists to affect the type of improvement we all want to see.

We anticipate the following tumour sites will be national priority, and will require distinct project management and smart focus on:

- LGI/colorectal
- Urology
- Gynae
- Lung
- Alongside Breast (Breast Pain) and Skin (teledermatology)

EMCA will have similar funding for 24/25 as per this year 23/24, and as a result existing plans traversing fiscal years support where pre-commitments have been made. Funding is expected to be the same as this year, with split funding mechanism between place-based/service development funding and targeted funding (TLHC, lynch, liver, and specific project funding). We have made pre-commitments this year to support multi-year planning, and will ensure the latest position is shared as soon as possible to inform discussions.

Operational Performance Improvement

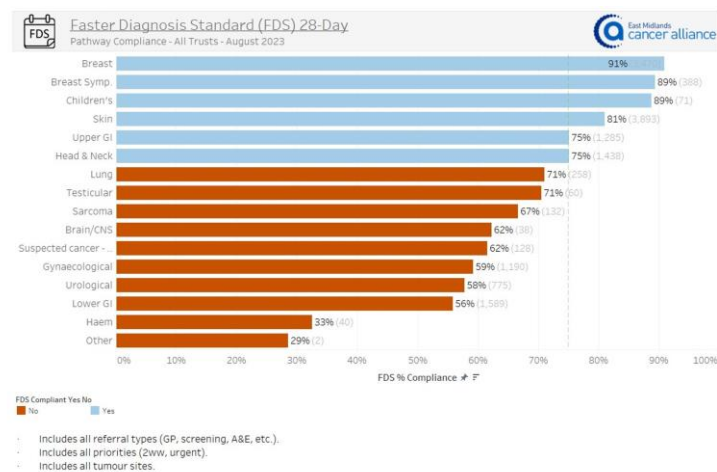
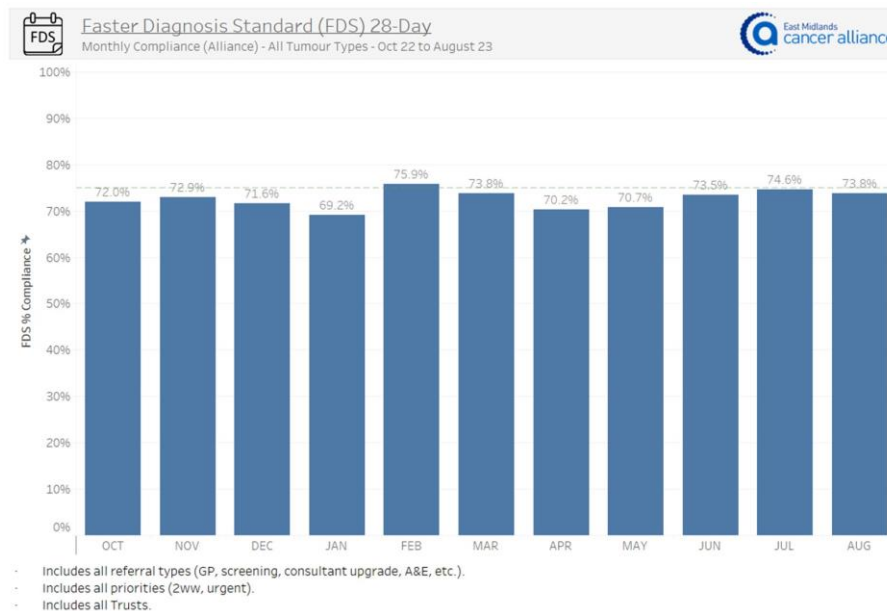
Sustainable improvements to 62-day performance is not achievable without improving performance to the Faster Diagnosis Standard (FDS).

EMCA continues to maintain a stable FDS whilst absorbing a 126% increase in referrals this year 23/24.

EMCA achieved 74% minimum standard for the month of August 2023, whereby 74% of patients referred receiving communication of a diagnosis or not within 28days.

With the investment into community diagnostic centre (CDC) capacity, the national 2024/25 FDS aim will most likely move to 85%. As a result, coordination of improvement initiatives and relevant metrics are critical to ensure actions are undertaken once, and so they can be consistently impact assessed and evaluated to build on progress and inform future investment.

The following highlights monthly trend across the East Midlands, achievement by tumour site for August 2023, as well as benchmarked position by cancer alliances nationally:



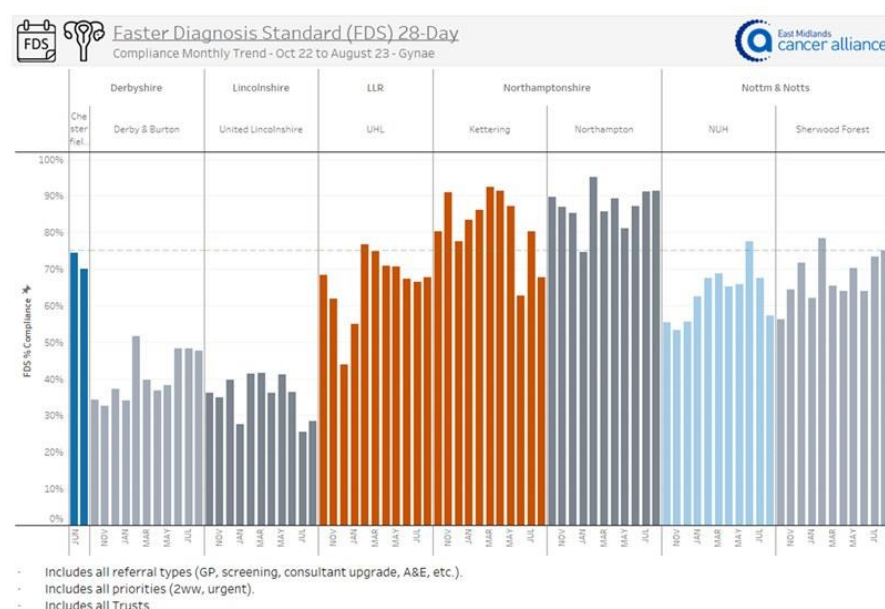
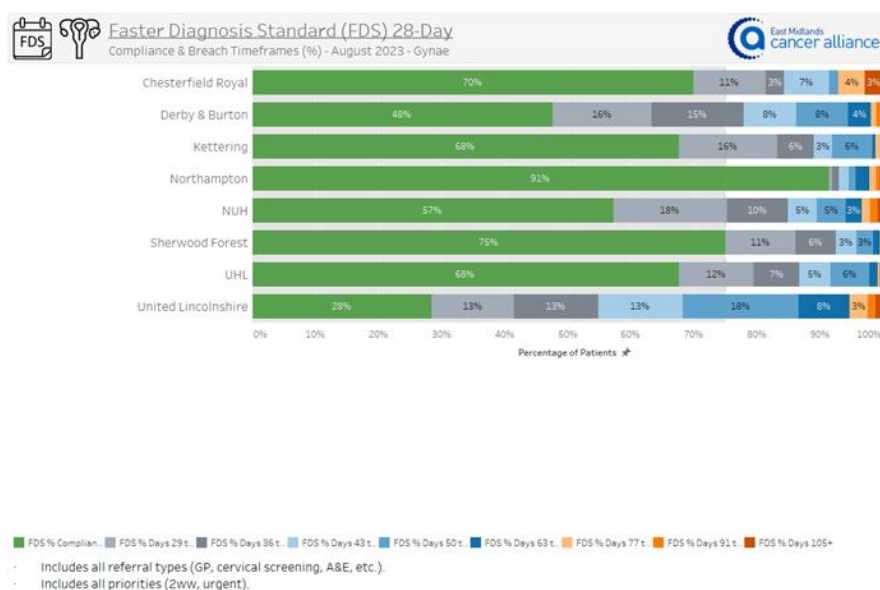
Region	Jun-23	Jul-23	Aug-23			
	% in target (Total)	% in target (Total)	Cases	Breaches	% in target (Total)	Change since last month
NORTHERN	80.0%	81.1%	12,360	2,701	78.1%	-3.0%
THAMES VALLEY	77.1%	78.3%	7,487	1,790	76.1%	-2.2%
SOUTH YORKSHIRE	73.6%	78.0%	5,608	1,343	76.1%	-2.0%
NORTH WEST AND SOUTH WEST LONDON	78.6%	80.1%	16,443	3,991	75.7%	-4.4%
SOUTH EAST LONDON	77.4%	77.7%	8,809	2,178	75.3%	-2.4%
LANCASHIRE AND SOUTH CUMBRIA	76.1%	77.7%	8,891	2,238	74.8%	-2.8%
EAST MIDLANDS	73.6%	75.3%	20,801	5,361	74.2%	-1.1%
NORTH EAST LONDON	73.0%	75.8%	7,055	1,819	74.2%	-1.6%
WEST YORKSHIRE	77.6%	76.1%	11,360	2,981	73.8%	-2.3%
WESSEX	75.6%	74.4%	12,383	3,416	72.4%	-2.0%
GREATER MANCHESTER	72.9%	72.6%	14,526	4,086	71.9%	-0.7%
SURREY AND SUSSEX	75.9%	75.2%	18,160	5,198	71.4%	-3.9%
WEST MIDLANDS	71.2%	73.2%	27,011	7,853	70.9%	-2.3%
HUMBER & NORTH YORKSHIRE	71.1%	73.3%	7,050	2,062	70.8%	-2.6%
PENINSULA	76.2%	73.5%	11,003	3,271	70.3%	-3.2%
NORTH CENTRAL LONDON	68.5%	71.6%	6,684	2,037	69.5%	-2.0%
CHESHIRE & MERSEYSIDE	69.9%	70.3%	13,840	4,224	69.5%	-0.8%
EAST OF ENGLAND (SOUTH)	70.6%	70.8%	16,648	5,137	69.1%	-1.7%
KENT & MEDWAY	70.8%	70.1%	9,913	3,142	68.3%	-1.8%
SOMERSET, WILTSHIRE, AVON AND GLOUCESTERSHIRE	69.7%	70.1%	12,849	4,216	67.2%	-2.9%
EAST OF ENGLAND (NORTH)	66.5%	67.1%	14,516	5,688	60.8%	-6.3%
Total	73.5%	74.1%	264,533	75,090	71.6%	-2.5%

EMCA has established monthly FDS segmentation reports, with FDS segmented by week which to inform interface inefficiencies at Trust and tumour site levels. This gives a picture of both progress and performance to reflect investments to date, as well as to identify where variation across the East Midlands by tumour site can be supported. The segmentation also provides the opportunity to layer diagnostic turnaround times for both radiology and histopathology, and EMCA will apply the same methodology for 31day and 62day performance metrics to aid targeted actions. The main aim of the segmentation exercise is to enable the smartest approach to identifying and ‘fixing’ points in logistical operations as part of patient pathways in a very challenging operational environment, and enable the data to be shared at local service level for local decision making.



Focus on: Gynaecology represents the tumour site with the largest variation seen across the East Midlands. Referral demand has increased Share and Learn sessions have been undertaken over the past 12 months for Post Menopausal Bleeding (PMB) Clinic and One Stop Clinics, with further development ongoing. It should be noted the reasons for variation and performance reflect the differing conditions and infrastructure in place across individual systems and Trusts.

ICB	Patients	Breaches	% in target	Lower Confidence Interval	Upper Confidence Interval	Rest of England	Change in last month (Jul 23)	Change in last 3 months	Change in last 12 months
NORTHAMPTONSHIRE	359	72	79.9%	75.8%	84.1%	58.2%	-5.5%	-2.2%	-0.1%
CUMBRIA AND NORTH EAST	1,421	320	77.5%	75.3%	79.7%	57.3%	0.1%	3.0%	4.8%
SURREY HEARTLANDS HEALTH & CARE PARTNERSHIP	524	142	72.9%	69.1%	76.7%	58.2%	9.3%	10.6%	13.2%
NORTH WEST LONDON HEALTH & CARE PARTNERSHIP	1,018	304	70.1%	67.3%	72.9%	58.0%	2.6%	5.5%	15.3%
HAMPSHIRE AND THE ISLE OF WIGHT	667	200	70.0%	66.5%	73.5%	58.2%	3.2%	2.4%	-0.8%
SUFFOLK AND NORTH EAST ESSEX	580	176	69.7%	65.9%	73.4%	58.2%	-2.3%	9.5%	12.1%
WEST YORKSHIRE AND HARROGATE (HEALTH & CARE PARTNERSHIP)	1,150	351	69.5%	66.8%	72.1%	57.9%	3.4%	3.1%	-3.0%
HERTFORDSHIRE AND WEST ESSEX	611	188	69.2%	65.6%	72.9%	58.2%	2.2%	6.4%	7.3%
SOUTH YORKSHIRE AND BASSETLAW	670	210	68.7%	65.1%	72.2%	58.2%	-6.0%	-4.5%	-1.4%
LEICESTER, LEICESTERSHIRE AND RUTLAND	422	140	66.8%	62.3%	71.3%	58.3%	-0.5%	-1.8%	1.1%
THE BLACK COUNTRY AND WEST BIRMINGHAM	706	238	66.3%	62.8%	69.8%	58.2%	2.6%	11.5%	3.2%
BIRMINGHAM AND SOLIHULL	639	220	65.6%	61.9%	69.3%	58.3%	-15.1%	13.9%	3.9%
NOTTINGHAM AND NOTTINGHAMSHIRE HEALTH AND CARE	411	142	65.5%	60.9%	70.0%	58.3%	-5.2%	-4.7%	-0.4%
EAST LONDON HEALTH & CARE PARTNERSHIP	576	206	64.2%	60.3%	68.2%	58.3%	5.0%	5.4%	-7.4%
OUR HEALTHIER SOUTH EAST LONDON	750	272	63.7%	60.3%	67.2%	58.3%	-2.1%	5.2%	2.4%
GLOUCESTERSHIRE	204	74	63.7%	57.1%	70.3%	58.4%	3.9%	-9.3%	10.3%
SOUTH WEST LONDON HEALTH & CARE PARTNERSHIP	723	263	63.6%	60.1%	67.1%	58.3%	-4.5%	2.0%	-8.5%
DEVON	665	259	61.1%	57.3%	64.8%	58.4%	-7.4%	1.5%	0.0%
KENT AND MEDWAY	918	358	61.0%	57.8%	64.2%	58.4%	2.8%	9.3%	0.2%
BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE	480	196	59.2%	54.8%	63.6%	58.5%	-4.2%	-6.3%	-12.7%
CORNWALL AND THE ISLES OF SCILLY HEALTH & SOCIAL CARE PARTNERSHIP	271	112	58.7%	52.8%	64.5%	58.5%	-7.0%	-1.8%	-17.4%
BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	688	289	58.0%	54.3%	61.7%	58.5%	-1.1%	9.4%	5.2%
CAMBRIDGESHIRE AND PETERBOROUGH	513	216	57.9%	53.6%	62.2%	58.5%	-6.0%	15.9%	-18.8%
FRIMLEY HEALTH & CARE ICS	231	100	56.7%	50.3%	63.1%	58.5%	1.6%	-5.3%	-0.9%
MID AND SOUTH ESSEX	505	220	56.4%	52.1%	60.8%	58.5%	-6.0%	3.7%	-3.9%
GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP	1,377	611	55.6%	53.0%	58.3%	58.6%	-1.4%	3.2%	-6.1%
HEALTHIER LANCASHIRE AND SOUTH CUMBRIA	680	304	55.3%	51.6%	59.0%	58.6%	-1.2%	-2.3%	0.1%
COVENTRY AND WARWICKSHIRE	512	229	55.3%	51.0%	59.6%	58.5%	1.2%	9.5%	4.7%
HEREFORDSHIRE AND WORCESTERSHIRE	313	147	53.0%	47.5%	58.6%	58.5%	-4.3%	-3.9%	3.8%
CHESHIRE AND MERSEYSIDE	1,213	570	53.0%	50.2%	55.8%	58.7%	-6.1%	-4.3%	-10.8%
JOINED UP CARE DERBYSHIRE	414	198	52.2%	47.4%	57.0%	58.6%	-1.0%	9.9%	14.5%
HUMBER AND NORTH YORKSHIRE	548	272	50.4%	46.2%	54.6%	58.6%	-7.3%	-7.0%	-12.5%
NORTH LONDON PARTNERS IN HEALTH & CARE	692	351	49.3%	45.6%	53.0%	58.7%	-0.9%	8.7%	-7.7%
BEDFORDSHIRE, LUTON AND MILTON KEYNES	436	259	40.6%	36.0%	45.2%	58.8%	-1.0%	14.8%	-11.9%
SOMERSET	260	160	38.5%	32.5%	44.4%	58.7%	-4.9%	9.5%	-17.6%
STAFFORDSHIRE AND STOKE ON TRENT	363	225	38.0%	33.0%	43.0%	58.8%	-19.9%	-1.2%	-10.9%
SHROPSHIRE AND TELFORD AND WREKIN	383	248	35.2%	30.5%	40.0%	58.8%	2.7%	21.5%	19.8%
SUSSEX	624	405	35.1%	31.4%	38.8%	59.1%	-14.0%	-22.5%	-11.9%
NORFOLK AND WAVENEY HEALTH & CARE PARTNERSHIP	644	444	31.1%	27.5%	34.6%	59.2%	-2.0%	9.7%	-10.1%
DORSET	287	201	30.0%	24.7%	35.3%	58.8%	6.7%	-3.2%	-18.5%
LINCOLNSHIRE	309	233	24.6%	19.8%	29.4%	58.9%	3.8%	-13.4%	-4.6%
BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE	412	329	20.1%	16.3%	24.0%	59.1%	-16.1%	-18.1%	-0.7%
Grand Total	25,169	10,454	58.5%	57.9%	59.1%		-1.6%	3.2%	-1.8%



Awards

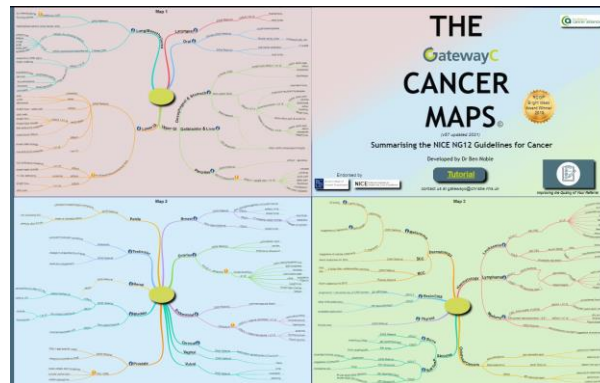
GP Dr Ben Noble, EMCA primary care lead, has been awarded the [John Perry Award](#) for innovation by the British Computer Society for his work, supported by EMCA, in creating The Cancer Maps.

The John Perry Prize recognises innovation and excellence in primary care computing or informatics and is awarded to those who have made an outstanding contribution to the subject.

The [Cancer Maps](#) is freely available on the [GatewayC website](#), and is an interactive tool which supports symptom recognition and referral for suspected cancer. It follows the [NICE NG12 guidance](#) for suspected cancer and is the only cancer decision support tool endorsed by NICE and RCGP.

If you are interested in using Cancer Maps in your area Ben and EMCA are happy to support you, please contact ben.noble@nhs.net or england.emca@nhs.net in the first instance

Congratulations to Ben, who will be collecting the award at the British Computing Society annual conference on 9th November and presenting on 10th November



Events

Shine Night Walk Leicester - 21st October.

Sally Picken (2nd left) and Aisha Minhas (3rd left), members of the EMCA core team walked with family and friends through Leicester on Saturday night 21st Oct as part of the annual Cancer Research Time to Shine Annual 10k walk.

They dressed the part and enjoyed the company of 100's of walkers in a carnival atmosphere. Who will join them next year?



1 - Sally Picken (2nd left) and Aisha Minhas (3rd left)

Cancer Genomics 'lunch and learn'

Cancer Genomics 'lunch and learn'

NHS East Genomics continue with their popular *Genomics BITE* series of education and engagement webinars with a session on Cancer Genomics and their United Against Prostate Cancer project.

Taking place on **Wednesday 15th November at 12.30pm**, the session is aimed at anyone working in cancer care and urology.

It will cover Cancer genomics / genetics (including common inherited cancer predisposition syndromes, who are Clinical Genetics and what do they do?) and their [United Against Prostate Cancer Project](#) (including improving patient care pathways and outcomes, and living with prostate cancer).

Find out more and [register your free place here](#).

The poster is for a session titled "Cancer Genomics and United Against Prostate Cancer". It features the "GENOMICS BITE" logo at the top left, which includes the text "A bite-sized education and training session from East Genomics". The NHS East Genomics logo is at the top right. The session is scheduled for "Wednesday 15 November, 12.30pm - 1.45pm, MS Teams". The target audience is "For those working in cancer care and urology and anyone who interested in finding out more...". The topics to be covered are "Cancer genomics / genetics" (common inherited cancer predisposition syndromes, who are Clinical Genetics and what do they do?) and the "United Against Prostate Cancer Project" (improving patient care pathways and outcomes, living with prostate cancer). Three speakers are featured: Maria Echevarria Gutiérrez (Genetic Counsellor - United Against Prostate Cancer, University Hospitals of Leicester), Jo Lowry (Regional Programme Manager, East Genomic Medicine Service Alliance), and Eddie Blair (Entrepreneurial scientist, cyclist, walker, golfer, gym goer and more, Living with prostate cancer). The poster also includes the text "Ask Us Anything!" and the Twitter handle "@East_Genomics".

SACT Board Annual Conference 2023

The UK SACT Board Annual Conference will take place on Tuesday 28th November at the Pullman London St Pancras Hotel.

We will be joined by key expert speakers including hot topics for discussion.

[For the DRAFT Agenda Click Here \(updated 22nd June 23\)](#)

[REGISTER HERE](#)

Bus-ting Cancer Tour coming to Nottingham

The hugely successful NHS Bus-ting cancer tour held earlier this year is going to be repeated this Autumn and the bus will be visiting Nottingham on Wednesday 29th November 2023 at ASDA in Hyson Green.

The tour previously stopped in Leicester in the Spring and was positively received by NHS colleagues and the public.



Clinical Oncology Academic Day - 5th December

Royal College of Radiologists

The Clinical Oncology Academic Day is an essential event for those interested in research. This is a fantastic opportunity for trainees to learn about the opportunities in clinical trials. Experienced clinical trialists including clinicians, statisticians and methodologists and patient representatives will share their expertise. Attendees will have the opportunity to meet with the faculty and discuss their ideas and learn from those who have pursued academic careers as clinical oncologists.

The sessions will cover the UK Clinical trials landscape, getting started and integrating clinical trials into your current training. This event will consist of lectures interspersed with networking opportunities alongside other attendees and experts in the field. Follow the link below for further details: <https://www.rcr.ac.uk/clinical-oncology/event/clinical-oncology-academic-day>

Register now for the 2023 NHS Genomics Healthcare Summit

Registration for the 2023 NHS Genomic Healthcare Summit is open. This free national conference takes place on December 12 at the Kia Oval in London.

Interested? Please do [register your place here](#) as soon as you can. Places are filling up fast!

The programme will include plenaries covering what has been achieved since last year's inaugural summit which featured the launch of the [Accelerating genomic medicine in the NHS strategy](#); ongoing work to mainstream genomic medicine in the NHS; how alignment with research is driving improvements in care and a look towards the future with genomics firmly embedded in the NHS.

The NHS Genomics Healthcare Summit is designed for NHS multi-professional and system leaders, patients and patient groups, policymakers, industry, professional bodies and charity partners, NHS providers and other stakeholders within the genomics field. This includes colleagues in the NHS Genomic Laboratory Hubs, NHS Genomic Medicine Service Alliances, NHS Clinical Genomics Services, as well as wider NHS regional colleagues and clinical leaders across ICBs and ICSs.

Training/Development

National FIT webinar for clinicians - 8th November

FREE FIT webinar for clinicians

Join leading cancer specialists as they discuss the clinical guidelines for FIT and how primary care professionals can best support patients.

Tune in live or on-demand. Includes an optional live Q&A.

Register: <https://bit.ly/3PTi67b>

Supported by NHS England and the Greater Manchester Cancer Alliance Early Diagnosis Team.

Transforming dermatology services to deliver elective recovery webinar

Tuesday 21 November, 16:00 – 17:30

Microsoft Teams

Delegates will hear from Julia Schofield, OPRT's Dermatology Clinical Lead, who will highlight some of the current challenges facing dermatology departments and how a pan-system approach is needed

to address them. Julia will describe the opportunities teledermatology provides, particularly in the suspected skin cancer pathway, to help free up capacity to see long waiting patients.

You will also hear from Mark Goodfield, Dermatology Clinical Lead for HBS UK, who will set out Virtual Lucy's approach to digitising the patient pathway in dermatology. Virtual Lucy is one of many private suppliers offering technology to help deliver teledermatology.

There will also be the opportunity to hear from Dr Carolyn Charman Consultant Dermatologist, Royal Devon University Healthcare NHS Foundation Trust about developing a teledermatology service with top tips on how to implement this in day to day practice. Members of the Community Diagnostic Centre Team will be present to talk about the rollout of image taking in CDCs.

[REGISTER HERE.](#)

Please note that **a link to join the webinar will be circulated to all attendees after registrations have closed on Monday 20 November.**

Best practice for palliative and end of life care from Macmillan Cancer Support

This new compilation of resources is for healthcare professionals involved in palliative and end of life care. It highlights best practice when caring for patients in the last years of life. The sections will direct you to information, contacts and ideas that you can explore and share.

The resource can be found here - [Best practice for palliative and end of life care | Macmillan Cancer Support](#)

Level 1 Acute Oncology e-learning with competence passport

This online resource has been created in collaboration with Macmillan, UKONS and the UK Acute Oncology Society to promote the development of a knowledgeable, skilled, and competent workforce. learners will receive a certificate on completion.

Access the module via the [Macmillan Learning Hub](#) (search 'Acute Oncology Passport')



The UK Acute Oncology Competence Assessment Passports aim to promote the development of a knowledgeable, skilled, and competent workforce that treats and cares for people with an acute oncology indication.

The Passports cover four levels of Acute Oncology knowledge and skills competence, aligning with the UKONS Acute Oncology Knowledge and Skills Guidance.



Working with the CASCADE (Co-design of Acute Oncology Standardised Competence Assessment Documents and their Evaluation) project team, Macmillan Cancer Support have developed and launched the Level 1 Acute Oncology e-learning Passport, which supports learners with core level competencies.

To support the pilot of the Acute Oncology Passport at Level 1, complete the pre-course survey, the e-learning module and the post-course survey.

To begin the e-learning module, select the green button to access the Learning Hub or register for an account:

Access the Learning Hub

Once logged in, select this button to access the Level 1 Acute Oncology Passport:

Acute Oncology Passport community

For queries regarding Learning Hub access please contact LearningSupportHub@macmillan.org.uk

If you have questions regarding the Level 1 pilot please contact NationalAOPilot@macmillan.org.uk

Fundamentals of Cancer - Enhancing the Patient Experience

Please see attached a flyer detailing further training dates for cancer support workers. This training is free as it has been funded by EMCA.

The course will be held over 3 days and will cover a variety of topics including:

Basics of cancer

Learn how to support patients with cancer

Patients care pathway & holistic needs assessments

SAGE and THYME course

Dates include October course, November Course, December Course, March and February course.

To register or for more information please contact siobhan.shallow@uhl-tr.nhs.uk



UHL Fundamentals Of Cancer Enhancing the Patient Experience

Do you want to learn more about Cancer?
Do you want to know more about the national agenda and
local initiatives?
Are you ready to make changes in your clinical area to
enhance the patients experience?

If the answer to the above is yes then this programme is for
you

This is a 8 day programme delivered over 5 months
4th & 5th October, 21st and 22nd November, 5th & 6th December
and 12th & 13th February 2024

You must be able to attend all 8 days

The programme follows the patients pathway and it is aimed at all
Registered Nurses, Nursing Associates and Allied Health
Professionals caring for patients with cancer anywhere
within East Midlands Cancer Alliance

Please email siobhan.shallow@uhl-tr.nhs.uk to book your free place



Chemotherapy Nurse and CNS funding

EMCA have worked with the Lead Nurses from across the Alliance to develop a business case for available funding from HEE for Cancer Nurse Specialist and Chemo Nurse Training. We are delighted to say that the funding proposal has been accepted and we can now move forward with the identification and booking of relevant training and education for this group of staff.

The funding will

- To support the training and development of new Clinical Nurse Specialists and Chemo Nurses into role and to provide the opportunity to existing Clinical Nurse Specialists and Chemo Nurses to further develop and refresh their training
- Support CNS's and Chemo Nurses in new roles to acquire specialist training at advanced level in their specialist area
- Support existing CNS's and Chemo Nurses within their roles to acquire specialist training to further develop within their roles

This training will allow development of staff along with allowing improved patient care and experience. It is also hoped that the funding will encourage staff retention as it shows a commitment to the training and development of the workforce.

Some of the training and educational needs/courses that have been identified are:

- Advanced communication skills training
- Fundamentals of Cancer for Registered Nurses
- Compassion Fatigue Training
- Nurse Prescribing Training

- Diplomas/degree modules
- Objectives to be added.
- APACS – Sheffield University
- Royal Marsden Secondary Breast Course
- CNS Conference
- Immunotherapy Updates
- Principles of systemic anti cancer therapy
- Having a voice in MDT

Elective IST Cancer Pathway Management Training

- An online course developed by the Elective Improvement Support team (IST) NHS England is set to run from 13th November 2023 to 8th January 2024, with further cohorts planned in 2024.
- The Cancer Pathway Management course focuses on development of the core skills required for cancer pathway management. It introduces resources and tools through a practical, structured learning-in-action approach.
- Includes four one-hour content modules at their own pace and interact with peers and experienced tutors from the Elective Care Improvement Support team (IST) through the learning platform.
- To participate in the course, you will need to be registered with your official NHS email on our QI Learning Platform and enrolled on the course. Registration should be sought as soon as possible if of interest.

Elective Care Improvement Support Team
Practical Support, Reducing Waits

CANCER PATHWAY MANAGEMENT

Coming Soon !!
13th November 2023
Elective Care Fundamentals:
New Cancer Pathway Management On-line Course

NHS England

IMPROVE YOUR SKILLS IN CANCER PATHWAY MANAGEMENT

Enrol here:
[Elective Care Fundamentals: Cancer Pathway Management](#)

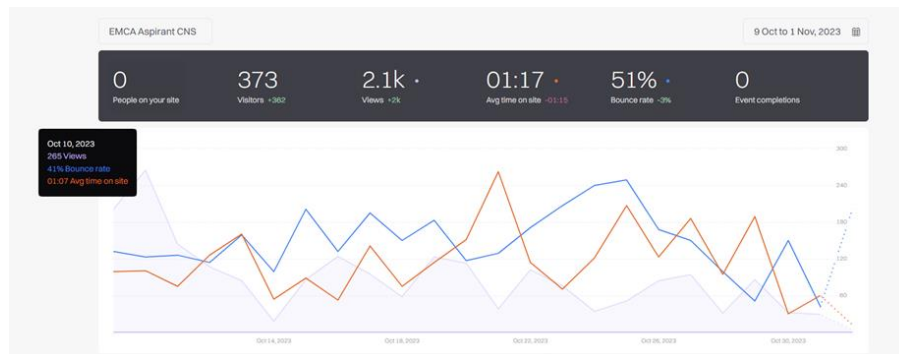
[Click here For more information](#)

2 - Scan the QR code to register or follow this link [New Cancer Pathway Management Mass Open Online Course \(MOOC\) - Elective Care IST Network - FutureNHS Collaboration Platform](#)

EMCA Aspirant Cancer Nurse Specialist Development Programme

EMCA Aspirant Cancer Nurse Specialist Development Programme

In just over three weeks since it launched on 9th October 23, **more than 70 people** have signed up and created a personal learning account. With **2.1K views** and **373 visitors** spending an **average time of 1.17hrs on the site**, the initial numbers are positive.



Designed to give an introduction to the role of the Cancer Nurse Specialist, the programme offers an insight into the many elements of compassionate care, essential in supporting people affected by cancer.

Participants ('Aspirants') complete short education modules comprising prevention, screening, diagnosis, and different treatments for cancer.

Completing quizzes as they progress, this specially designed learning management system, records completed sections and encourages reflective accounts to complement their professional and Revalidation portfolios.

Having completed the programme, Aspirants will have an enhanced understanding of the roles within cancer care, the pathways a patient and their care network may experience and be better equipped to offer support.

Aspirants can access the Programme via the QR code on the Poster, the Workforce page on the EMCA Website: www.eastmidlandscanceralliance.nhs.uk or directly at www.emcaaspirantCNS.nhs.uk.

For more information please contact:

Rebecca Isaac, EMCA Aspirant CNS Development Programme Lead

Mobile: 07795 109952, Email: rebeccaisaac@nhs.net



GSTT's Virtual Cancer Genetics Course 2024

13 May – 9 July 2024 (6 half day sessions) | Online course

Registration is now open for [Guy's and St Thomas' Virtual Cancer Genetics Course 2024](#).

The course will equip you with the basics of cancer genetic counselling, approaches to genetic testing, management of hereditary cancers and consent taking.

Early bird discounts end on 11 December, so [secure your place here today](#) to avoid disappointment.

Here's what just some of our past delegates said about this popular course:

"The lectures were excellent"

"I enjoyed the course and have found the content useful for my current role"

"Great sessions, really informative"

"Really clear and concise information which was delivered at a good pace"

"All relevant and interesting"

"Well-paced, good interaction with speakers"

"Excellent course. Good pace and relevant information for clinical practice"

"Lots of useful information in all and well presented"


"Really relevant to my work"

"Great course! And so well organised"


To find out more, [visit the website here](#)

Guy's and St Thomas' Education and Events team

www.guysandstthomasevents.co.uk



Early bird discount ends 11 December



Virtual Cancer Genetics Course

13 May – 9 July 2024*
*six half day sessions


This virtual course will teach the core concepts of risk stratification using family history as a tool to enable patients to access appropriate management strategies. The course is designed for all healthcare professionals working in primary care and specialist settings including oncology, breast care, gynae-oncology, gastroenterology and screening services.

Participants will be equipped with the basics of cancer genetic counselling and sessions will include approaches to genetic testing, management of hereditary cancers and consent taking.


If you are looking to start mainstream genetic testing or learn about family history assessment you will benefit from our step by step approach to learning and application to practice.

Please note: The course fee includes access to our Nucleus online module 'Cancer Genomics: The Essentials' and membership of our online SLACK community.

"Excellent course. Good pace and relevant information for clinical practice."
2023 course delegate



Book now



Innovation

In June the national team confirmed successful awards for funding through the national Innovation Open Call Round 2:

- Cytel – awarded £3,352,261 – Project CYTOPRIME2: Earlier Oesophageal Cancer Detection in Primary Care
- Institute of Cancer Research – awarded £1,902,636 – BRCA-DIRECT: A digital pathway for germline genetic testing in women with breast cancer
- iPLATO Healthcare – awarded £1,669,274 – Democratising Cancer Screening Uptake
- Modality LLP – awarded £2,034,350 – Using a Novel Biomarker Approach to Transform Ovarian Cancer Diagnostic Pathways
- Skin Analytics – awarded £2,157,038 – Streamlining Early Diagnostic Skin Cancer Assessments in the Community using a Class II UKCA-Certified Artificial Intelligence Medical Device
- The University of Manchester / Roche Diagnostics Limited – awarded £1,006,075 – Implementation of Elecsys® GAAD clinical algorithm for the early detection of Hepatocellular Carcinoma (HCC) in routine practice

You can read more about the projects [here](#).

EMCA Board

The next EMCA Board is scheduled for 27th November, with the following presentations planned:

- Operational Performance Improvement
- Focus on: Lung Operational Delivery Network (ODN)
- EMCA Advancing Health Equalities (ACE) Programme
- Less Survivable Cancers Profiling (Brain, Liver, Lung, Pancreatic, Oesophageal, Stomach)
- Quality Outcomes Data: COSD and Staging Data

Board Briefings - East Midlands Cancer Alliance





































The Board remains committed to ensuring good governance, delivery of programmes of work, consistent engagement with stakeholders, and patients

The next EMCA Board meeting is designated for 27th November 2023. Future Dates for the year include (all 1-3pm):

- 22nd January
- 25th March

Cancer Awareness Calendar

Cancer awareness calendar

January	February	March	April	May	June
 Cervical Cancer Prevention Week  Less Survivable Cancers Awareness Day (11 January)*	 Kidney Cancer Awareness Week  Oesophageal Cancer Awareness Month  World Cancer Day (4 February)	 Brain Tumour Awareness Month  Colorectal Cancer Awareness Month  International HPV Awareness Day (4 March)  Kidney Cancer Awareness Month  Ovarian Cancer Awareness Month  Prostate Cancer Awareness Month	 Bowel Cancer Awareness Month  Testicular Cancer Awareness Month	 Bladder Cancer Awareness Month  Melanoma Awareness Month  Skin Cancer Awareness Month  Sun Awareness Week  World Ovarian Cancer Day (8 May)	 Cervical Screening Awareness Week  Myeloma Awareness Week
July	August	September	October	November	December
 Sarcoma Awareness Month  World Head and Neck Cancer Day (27 July)		 Blood Cancer Awareness Month  Childhood Cancer Awareness Month  Gynaecological Cancer Awareness Month  Hereditary Cancer Awareness Week  Thyroid Cancer Awareness Month  Urological Cancer Awareness Month	 Breast Cancer Awareness Month  Liver Cancer Awareness Month  Myelodysplastic Syndromes (MDS) World Awareness Day (25 October)	 Gastric Cancer Awareness Month  Lung Cancer Awareness Month  Mouth Cancer Action Month  Movember**  Pancreatic Cancer Awareness Month	

*Less Survivable Cancers Awareness Day encompasses brain tumours, liver cancer, lung cancer, oesophageal cancer, pancreatic cancer and stomach cancer **Movember is often used to raise awareness for prostate cancer
cruk.org/healthprofessional Together we will beat cancer



Contact Us

Website: [Home - East Midlands Cancer Alliance](#)

Twitter: [@cancer_east](#)

Email: england.emca@nhs.net

For any feedback or contributions to the EMCA newsletter please contact the PMO team at
england.emcapmo@nhs.net
