



## OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 15<sup>TH</sup> OCTOBER 2019

**Subject Heading:**

Early Diagnosis Centre - Update

**Report Author and contact details:**

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**Policy context:**

The information presented gives  
details and updates on the  
development of the Early Diagnosis  
Centre for NEL

**Financial summary:**

No impact of presenting information  
itself.

### SUMMARY

This paper provides context, background and project progress for the development of an Early Diagnosis Centre for North East London on the Mile End Hospital site.

### RECOMMENDATIONS

That the Joint Committee considers the information presented and notes the development of the centre and the benefits it will bring to cancer diagnosis for residents of East London.

**REPORT DETAIL**



**Strategic context**

Evidence shows that north-east London has poor patient outcomes for both liver and upper/lower gastrointestinal (GI) cancers, with evidence of variation in practice. A reliance on premium rate activity out-of-hours in evenings and weekends demonstrates a need for additional capacity, and demand is expected to increase as a key goal is to increase the number of people tested for cancer to enable earlier diagnosis and therefore an improvement in survival.

Funding for the north-east London Early Diagnosis Centre (NEL EDC) is provided from NHS England's Cancer Transformation Fund (CTF), and is being developed by the North Central and East London Cancer Alliance (NCELCA). This funding was specifically awarded to develop an EDC to focus on providing high quality diagnostics for the local population. This is an innovative partnership approach between the three main trusts in east London with the Cancer Alliance to create additional capacity and become a centre of excellence in the diagnosis of lower GI cancers.

The EDC aligns to a number of the aims within the NHS Long Term Plan (LTP) for cancer service improvement, included increasing early diagnosis with a national aim of 75% of cancers being diagnosed at stage 1 and 2, personalised follow-up, and the development of rapid diagnosis centres (RDCs).

**Location of the facility, and population served**

The EDC will be located at Mile End Hospital, which is part of Barts Health NHS Trust, and will open in May 2020. The site was selected following an assessment of suitable sites in each of the three trusts (at Homerton University Hospital, King George Hospital, and Mile End Hospital) for their ability to provide the right estates location within the £5.106m capital allocation. The EDC Steering Group agreed in June 2018 to be guided by the outcome of an independent options appraisal which resulted in a recommendation of Mile End Hospital as the EDC site. This was subsequently approved by the JCC and STP Executive in September 2018.

**Vision and aims of the MDC**

The EDC in the current phase will have two endoscopy suites (with a decontamination unit), and two ultrasound rooms, co-located with an existing CT scanner. In a future phase, the ambition is to add other diagnostic facilities, such as an MRI scanner.

The centre is the first of its kind in the UK and is an example of effective genuine system working. The centre aims to:

- Reduce variation and enable standardisation of care across the system, meaning better outcomes for patients.
- Provide additional capacity for 2ww referrals in NEL by decanting pre-cancerous patients under surveillance for cancer out to the centre.
- Provide a lasting platform for improvement through a training centre of excellence
- Embed research in clinical practice and to link data to primary care records. This will lead to improved cancer detection and quality of life.

The guiding principles of the centre are that:

- It is a shared asset for NEL region: for patients, referrers, providers.
- It will be run collaboratively by the NEL providers, with commissioner support.
- It will only diagnose patients who are in surveillance or in follow-up.

## **Joint Health Overview and Scrutiny Committee, 15<sup>th</sup> October 2019**

- The centre will be accessible for patients from across NEL, with extended opening hours.
- It will be a resource for training staff across NEL: staff will rotate into the centre.
- Patients diagnosed at the centre will remain under the care of the referring team for ongoing management.

The EDC's aims are not simply to increase diagnostic capacity; it aims to offer a suite of provision that addresses the needs of its patient cohort in a holistic way—for instance, by offering health and wellbeing events to provide advice and support to patients to enable them to manage their condition post-diagnosis.

### **Patient cohorts**

The centre will cater for surveillance patients with GI and liver symptoms. This is the patient cohort of greatest need in NEL, with the exception of only of lung cancer, which is already benefitting from the SUMMIT study, which implements lung screening for NEL residents. Any additional capacity can be used for suspected cancer referrals from GPs with low procedural risk. As the centre becomes established the intention is to expand the number of patient groups.

### **Timeline and next steps**

What have we achieved so far, and where are we headed?

Commissioner case approved	January 2019
Full provider business case approved Contract award to successful tendering developer	September 2019
Building works commence	October 2019
Current go-live date	May 2020

### **Resources**

- Clinical model and pathways have been developed for each modality.
- A patient advisory group has been established, and this meets bi-monthly.
- COGS (Healthwatch Enfield) has been commissioned to undertake an external survey to gather intelligence on patient and citizen perceptions. This will be completed in Sept/Oct 2019.
- A workforce project lead is in place to ensure full staffing from go-live.

**IMPLICATIONS AND RISKS**

**Financial implications and risks:** None

**Legal implications and risks:** None

**Human Resources implications and risks:** None

**Equalities implications and risks:** None

**BACKGROUND PAPERS**

None.