

The Northern Cancer Network

Cancer Services

The main purpose of the Northern Cancer Network (NCN) is to improve the quality of cancer treatment and care. During the past year there have been several important developments.



Patient Partnership Panel

Who is best able to ensure that care is patient focused than patients themselves? The NCN Partnership Panel had its first meeting in February. It has 18 members (chaired by Mr Angus Griffin of Cleadon) who have already had a beneficial effect on the work of the Cancer Network. Patients are now members of the Strategy Board and an increasing number of the important working groups.

Investment in Cancer

The Government's National Cancer Plan came with a promise of £570 million of extra investment over three years but there has been growing concern that money intended for cancer has been spent on other things. Across the NCN we now know that this did not happen. As part of a national review we have been able to show that our Network was well above the national average and was third best in the country, spending considerably more than the national target for cancer. This has included new radiotherapy treatment machines, CT and MRI scanners, cancer nurse specialists and new anti-cancer drugs. During 2002-03 over £3 million was spent on improved chemotherapy – an increase of more than 50% compared with the previous year.

National Cancer Research Networks (NCRN)

If patients are to have confidence in the treatment they receive it needs to have a sound evidence base. If improved treatments are to be introduced in the future we need to compare new treatments with the best available now. As the most reliable "evidence" comes from randomised clinical trials the NCRN has been funded to improve the number of patients participating in clinical trials. In 2002 the Network appointed nine specially trained Clinical Trials Officers who help patients to learn about, understand and join a variety of national trials. They support patients through their treatment, maintain

contact afterwards and collect all the necessary information. In 2001-02 3.9% of patients were treated in trials. As a result of the work of our Clinical Trials Officers the number has risen in 2002-03 to 6.2% and the NCN is currently third in England and Wales for recruitment to national cancer trials. We are grateful to those patients who have helped in this way and hope that even more patients will feel able to participate in clinical trials in the future.

Patient Information and Support

The Cancer Information Centre at the Northern Centre for Cancer Treatment (NCCT) has proved increasingly popular with cancer patients, carers, the general public and hospital staff seeking information. This increased demand has emphasised the need for volunteers to support the work of the Information Manager, Ms Victoria Lockey. Following recent publicity by Macmillan Cancer Relief, 25 volunteers are undergoing training.

In 2002 the fourth NCN Information Centre opened at South Tyneside General Hospital. The manager, Ms Alison East, also provides help to patients in clinics and wards, a combination that is proving very valuable. Further Information Centres are due to open during 2003 at the University Hospital Durham, Shotley Bridge and Queen Elizabeth Hospital, Gateshead.

Cancer Services Improvement Partnership

"Modernising" healthcare means looking at GP and hospital services from the patient's point of view and, where necessary, changing the way that appointments are made, investigations are planned and performed, and treatment is given. The aim is to streamline care, reduce waiting times and try to ensure that the care provided meets the needs of the individual cancer patient's journey.

Over the past four years staff of the Cancer Services Collaborative have tested the "process redesign"



methodology and identified those changes that have had the greatest patient benefit for selected cancers. From April 2003 the Service Improvement Programme has appointed seven Service Improvement Facilitators – one per Hospital Trust – who will assist hospital staff to introduce improved ways of working for the care of all cancer patients, over the next three years.

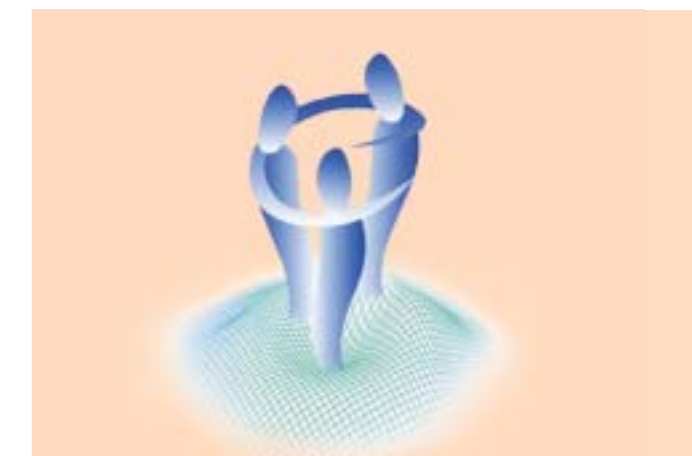
Developments for 2003-04

The Newcastle Hospitals are responsible for providing much of the highly specialised treatment needed by many of the cancer patients across the Northern Cancer Network. National guidance recommends that patients with the less common cancers such as stomach, oesophagus, pancreas, liver, bladder, prostate be treated by specialist teams covering populations of 1-4 million people. Following the success of the urology "hub and spoke service" centered on Freeman Hospital and the specialist NCN gynaecological cancer team at Queen Elizabeth Hospital Gateshead, facilities for hepatobiliary and pancreatic cancer are to be expanded at Freeman Hospital and for oesophagus and gastric cancer at the Royal Victoria Infirmary. These plans have been approved by the National Cancer Director and supported financially by the Primary Care Organisations of the Network.

An in depth review of chemotherapy day care across the Network, completed by Sister Susan Campbell of NCCT, has highlighted an urgent need to enhance chemotherapy facilities to keep up with rapid growth in demand. This, and the installation of three new radiotherapy machines at NCCT to complete the linear accelerator replacement programme, are other priorities for 2003.

The end of the year should see another very important event for Newcastle and the Cancer Network – the start of work to build the long-awaited new cancer treatment centre at Freeman Hospital.

Professor R R Hall
July 2003



Cancer check breakthrough

Women will no longer face the agony of false test results and weeks of waiting thanks to a life-saving cervical cancer test pioneered in the North-East.

Health service watchdog the National Institute for Clinical Excellence (Nice) last night backed the use of liquid-based cytology (LBC) over the current Pap test for the diagnosis of cervical cancer.

The Journal revealed in November 2000 how Newcastle's Royal Victoria Infirmary was one of three pilot sites chosen to carry out detailed research into the effectiveness and accuracy of the test.

Now, thanks to their efforts, it is likely this safer procedure will be rolled out across the UK, potentially saving the lives of thousands of women a year. Professor Alistair Burt, clinical lead for pathology at the RVI, said introducing the new test would impact on patients in three major ways.

"In the past we were looking at a recall rate of 10pc but with this new test the number of unsatisfactory results is negligible," he said.

"That takes away all the unnecessary stress which women go through when they have to go back for a second test. Secondly, the slide is much easier to read for the cytologist which means

Agony of false test results set to end

there is less chance of early-stage cancers slipping through the net.

"Finally, with less recalls and the whole process being speeded up it means the results can be turned around in days rather than weeks, again taking away some of the stress and worry for patients."

Dr Judith Woodruff, chief executive of North-East support charity Coping With Cancer, said last night it was "excellent news".

Anything that helps to detect cancer earlier and improves people's chance of longer term survival is good news and I think Nice have made the right choice," she said.

"For cervical cancer in particular, which can affect very young women, this is an important breakthrough."

Nice's appraisal committee has now prepared its recommendations for the use of LBC and interested parties have until September to appeal against the decision.

The traditional Pap smear is usually carried out by a nurse or GP and involves cells being taken from the cervix using a spatula and placed on a glass slide. It is examined under a microscope for abnormalities but these can be missed because slides can be obscured by healthy cells.

By Louella Houldcroft Investigative Reporter

