**Joint North West Genomics Laboratory Hub (GLH) & North West Genomics Service Alliance (NWGMSA) Regional Partnership Board**

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| **Report of:** | Rachel Hart, NWGMSA Deputy Clinical Director & Cancer Lead | |
| **Paper prepared by:** | Beccy Cummings, NWGMSA QI Lead | |
| **Date of paper:** | 25th March 2025 | |
| **Subject:** | Cancer Genomics Improvement Programme progress report | |
| **Purpose of Report:** | Indicate which by ü (tick as applicable-please do not remove text) | |
| Information to note | ü |
| Support |  |
| Resolution |  |
| Approval |  |
| Ratify |  |

**Purpose**

1. This paper provides a progress report to Board members of NWGMSA actions, risks and issues for the Cancer Genomics Improvement Programme (CGIP).
2. This paper provides Board members with assurance of the NWGMSAs progress.

**Background of Cancer Genomics Improvement Programme**

1. In July 2024 NHSE’s Genomics Unit (GU) commissioned GMSAs delivery of regionally based Cancer Genomics Improvement Programmes over a six-month period, September 2024 to March 2025. The programme’s aim is to support improvements to end-to-end turnaround times for solid tumours and haemato-oncology pathways, to meet turnaround times standards approved by the National Cancer Programme in 2023.

**CGIP Programme Update**

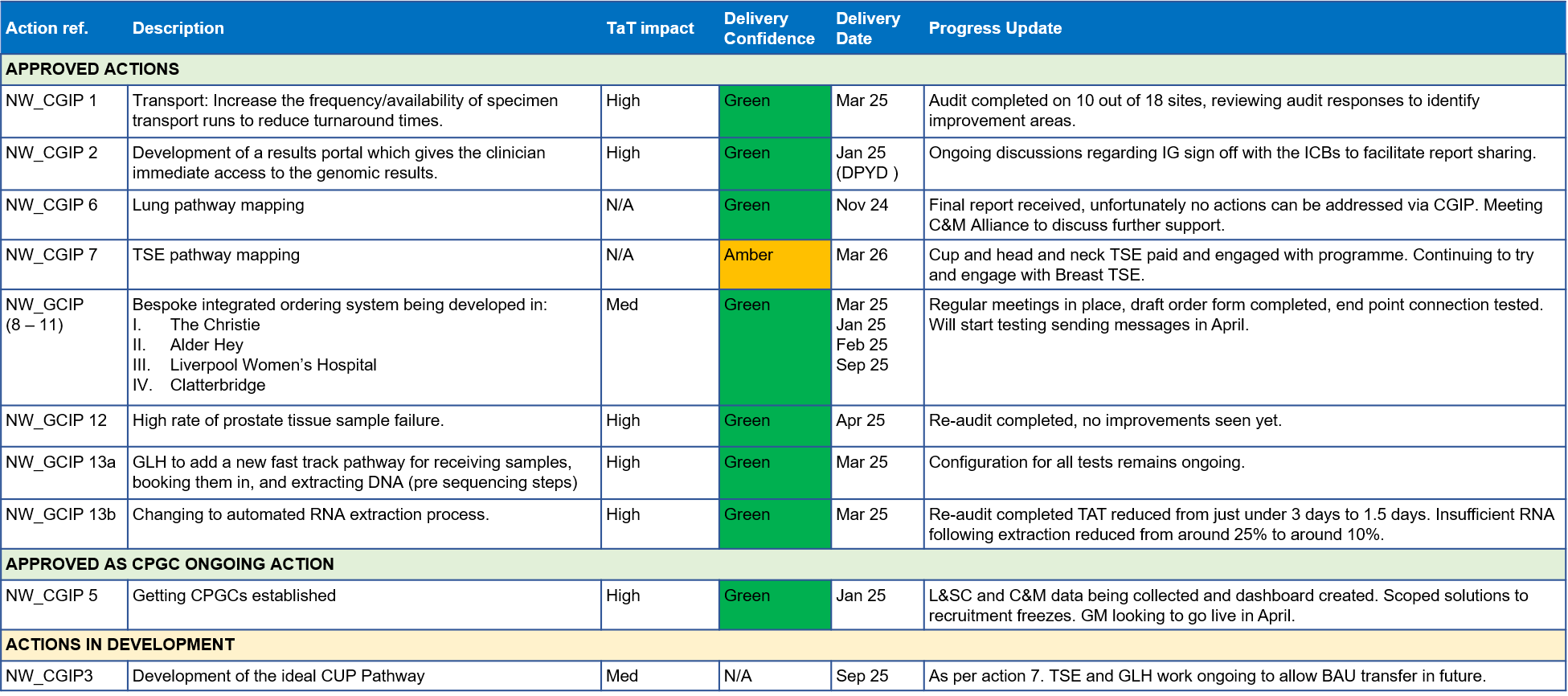
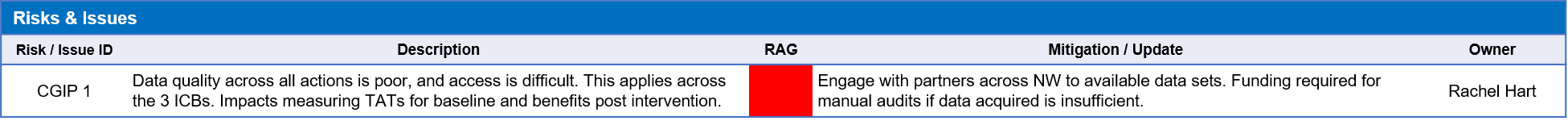
1. Milestone achievements to date:
   1. Monthly highlight reports being returned to the NHS England GU and monthly meetings with Rachel Butler underway.
   2. Actions are being progressed and monitored in a timely fashion.
2. The programme is developing strategies to address the issues raised by the GLH, CPGC and cancer Alliance teams.
3. The programme has access to CPGC data and the analytical lead is discussing supporting the CPGCs with local dashboards.
4. Programme activity to identify further problems continues and will be the basis on an ongoing set of actions in development.
5. The programme team is continuing to liaise with C&M Cancer Alliance’s lung cancer mapping project which has been completed by C&MCA and the NHS Transformation Unit.
6. Unfortunately the GU have confirmed there will be no funding for pilot projects in 2024/25 so although we had worked up proposals we cant fund these at the moment. The GU are attempting to identify funding for 2025/26 so we can enact the plans if funding becomes available.

**Risks and Issues**

1. The major project issue is a lack of comprehensive end-to-end pathway data. Without this data the programme is relying on anecdotal reports, isolated incidents and clinical audit. This leads to an inability to identify and prioritise systematic issues and to identify where best practise exists.
   1. Real progress is being made with data collection. L&SC and CM data from the CPGC is now flowing and data from the GLH is now accessible. Still have issues with linking patients in datasets but we have been able to create dashboards to start looking at data patterns.
2. There are no project risks to escalate to board.

**Request for support**

1. The programme asks board members to support the programme by
   1. Sharing issues in genomic cancer pathways they are aware of
   2. Linking the programme team to projects and planning
   3. Identifying future projects for improved pathway timings which can be delivered in partnership with the NWGMSA during 25/26



**Project Report: *Cancer Genomics Improvement Programme***

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