

**Report to:** East Sussex Health Overview and Scrutiny Committee (HOSC)

**Date of meeting:** 26 September 2019

**By:** Assistant Chief Executive

**Title:** Cancer Performance in East Sussex

**Purpose:** To update HOSC on developments in improving cancer care in East Sussex.

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## **RECOMMENDATIONS**

**1) To consider and comment on the report.**

**2) To consider what further scrutiny of this issue is required.**

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## **1 Background**

1.1. HOSC considered a report in November 2017 on cancer care services in East Sussex after the annual NHS England Improvement and Assessment Framework, rated two of the three Clinical Commissioning Groups (CCGs) in East Sussex as inadequate in relation to the metrics used for measuring cancer care performance, and the other CCG as requiring improvement. Since then, the Committee has considered two update reports via email.

1.2. The NHS Long Term Plan, published in January 2019, included improvement in cancer survival rates as a key priority and earlier diagnosis as one of the key methods of achieving it. In June 2019, a BBC report based on analysis of cancer performance data indicated that 94 of the 131 NHS hospital trusts were missing the target of 85% of patients receiving treatment within 62-days of an urgent GP referral, and that Maidstone and Tunbridge Wells NHS Trust (MTW), which provides cancer care services to residents in the north of East Sussex, at the time had the lowest percentage of timely referrals out of all hospital trusts. The Committee therefore agreed that it was an appropriate time to scrutinise what is being done to improve cancer services in East Sussex.

## **2. Supporting information**

2.1. The CCGs are rated by NHS England via the NHS Improvement and Assessment Framework on a number of metrics on an annual basis, including four related to cancer:

- Cancers diagnosed at an early stage
- People with urgent GP referral having first definitive treatment for cancer within 62 days of referral
- One-year survival from all cancers
- Cancer patient experience.

2.2. [The latest ratings from NHS England](#), published in August 2019, for the cancer metrics are 'requires improvement' for Eastbourne, Hailsham and Seaford (EHS) and High Weald Lewes Havens (HWLH) CCG and 'inadequate' for Hastings and Rother (HR) CCG.

2.3. The report attached at **appendix 1** sets out the performance of the three East Sussex CCGs against these four metrics along with actions being taken to improve them. The results show an improvement since last year in one-year survival rates from all cancers and an improved cancer patient experience, with performance in relation to cancers diagnosed at an early stage and treatment within 62 days more variable. Paragraph 2.1-2.9 of appendix 1 sets out the work of the CCGs to improve early diagnosis, which is one of the key aims of the NHS Long Term Plan.

2.4. Whilst NHS England publishes cancer performance based on CCG area, cancer services are provided by NHS hospital trusts and achievement of this target is the joint responsibility of

CCGs and trusts. The 62 day target is one of a number of targets published in the NHS Constitution around waiting times for cancer care that trusts are required to meet. NHS acute trusts' performance is measured against these targets on a monthly basis; they include:

- two week wait from urgent GP referral to see consultant – target: 93%
- 31 days from diagnosis (date of decision to treat) to first definitive treatment – target: 96%
- 62 days from urgent GP referral to first definitive cancer treatment – target: 85%
- 28 days from suspected cancer referral to diagnosis (shadow monitoring from April 2019 mandated April 2020).

2.5. The local trusts report that they face challenges in complying with these targets, as do most trusts in England. Partly this is due to a shortage of specialist staff, limited diagnostic capacity, and complex pathways, but there has also been an increase in the number of referrals to consultants as a consequence of the implementation of National Institute for Health and Care Excellence (NICE) guidance. This guidance recommends lowering the threshold for referrals to see a consultant for suspected cancer in order to improve early diagnosis rates, and has resulted in a growth in demand between 2017/18 and 2018/19 of between 5.88-17.47% across the three trusts. Further details are included in paragraphs 3.1-3.5 of appendix 1.

#### East Sussex Healthcare NHS Trust (ESHT)

2.6. The main provider of cancer care diagnosis and treatment for the Eastbourne and Hastings area is East Sussex Healthcare NHS Trust (ESHT).

2.7. ESHT is now predominantly meeting the NHS constitutional cancer waiting times targets with the exception of the 62 days from urgent referral to treatment. There are plans in place to improve performance. Further details are set out in paragraph 4.1-4.7 of appendix 1.

#### Brighton & Sussex University Hospitals NHS Trust (BSUH)

2.8. Brighton and Sussex University Hospitals NHS Trust (BSUH) provides cancer care to residents in the west of the county including Lewes and the Havens, as well as specialist cancer care across the .

2.9. Performance by BSUH against the NHS constitutional standards is set out in paragraph 5.1 of Appendix 1. The Trust is meeting the 31 days target, but not the 2 week wait and 62 day referral to treatment targets. Details of the BSUH improvement plan are set out in paragraph 5.3 to 5.6 of Appendix 1.

#### Maidstone and Tunbridge Wells NHS Trust (MTW)

2.10. MTW provides services to residents in the north of the HWLH area of the county including the High Weald and towns such as Crowborough.

2.11. Performance by MTW against the NHS constitutional standards is set out in paragraph 6.1 of Appendix 1. The Trust is also meeting the 31 days target, but not the 2 week wait and 62 day referral to treatment targets. Details of its improvement plan are set out in paragraph 6.2 of Appendix 1.

### **3. Conclusion and reasons for recommendations**

3.1 This report provides HOSC with an update on the performance of NHS commissioner and provider organisations in relation to cancer care targets. HOSC is recommended to consider and comment on the report and to determine what further scrutiny is required.

**PHILIP BAKER**  
**Assistant Chief Executive**

Contact Officer: Harvey Winder, Democratic Services Officer

Tel. No. 01273 481796

Email: [Harvey.winder@eastsussex.gov.uk](mailto:Harvey.winder@eastsussex.gov.uk)