



## East Sussex Better Together: Cancer Performance

### A progress update for the East Sussex Health and Overview Scrutiny Committee November 2017

#### 1. Background

- 1.1 In July, NHS England published 2016/17 ratings providing a snapshot of how well different areas of the country are diagnosing and treating cancer, and supporting patients.
- 1.2 Based on data published over the course of the last two years, a [Clinical Commissioning Group Improvement and Assessment Framework](#) (IAF) has been published and this provides an initial baseline rating for six clinical priority areas; of which one is cancer.
- 1.3 The ratings, which are broken down by local Clinical Commissioning Groups (CCGs) and [published on MyNHS](#), show areas in need of improvement, and also highlight areas of best practice.
- 1.4 The headline ratings by CCG for cancer performance in 2016/17 showed that local improvement is needed to maximise outcomes for local people as Eastbourne, Hailsham and Seaford CCG (EHS and Hastings and Rother CCG (HR) were both rated as inadequate in this regard.
- 1.5 The table below shows 2016/17 performance by IAF cancer target:

CCG	Cancers diagnosed at an early stage	Suspected cancer urgent referral to having first definitive treatment with 62 days	One year survival from all cancer	Cancer Patient Experience – average score given by patients asked to rate their care on a scale of 1-10 (10 being best)
EHS	44.2%	75.3%	68.8%	8.8
HR	49.8%	69.5%	67.1%	8.5
England average	50.72%*	81.88%**	69.6%*	8.7*

\*Data taken from cancer dashboard <https://www.cancerdata.nhs.uk/dashboard/#?tab=Overview>

\*\*NHS England, September 2017 (month only) 62 day performance, England average

- 1.6 The data presented from 2016/17 showed that both CCGs require improvement in cancers diagnosed at an early stage, people with urgent (suspected cancer) GP referral having their first definitive treatment within 62 days of referral and one year cancer survival from all cancers.

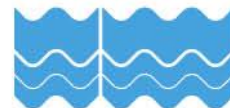
- 1.7 The following sections of this paper provide information on current performance and action being taken to ensure sustainable improvement locally. It should be noted that data on the 62 day target is available on a monthly reporting cycle. The latest 62 day target performance is for September 2017 and is:

September 2017, 62 day performance	Target 85%
HR CCG	85.42%
EHS CCG	75.3%
East Sussex Healthcare NHS Trust (ESHT)	80.8%
England average	81.88%

- 1.8 Around the country the 2016/17 CCG IAF performance varies. More locally, the performance rating for each of the Sussex CCGs, Crawley, Coastal West Sussex, Brighton and Hove and High Weald Lewes Havens, was requires improvement. For Horsham and Mid Sussex CCG the rating was good.
- 1.9 Secondary care diagnosis and treatment for the East Sussex Better Together area is predominantly provided by ESHT. However, patients may also be referred to other providers such as Brighton and Sussex University Hospitals NHS Trust (BSUH) and Maidstone and Tunbridge Wells NHS Trust (MTW). This report includes details of ESHT performance. High Weald Lewes Havens (HWLH) CCG will include BSUH and MTW performance in their report as part of this agenda item.

## 2. Cancer diagnosed at an early stage

- 2.1 When a patient is diagnosed with cancer, the extent of the cancer is determined by stage – 1, 2, 3 or 4 with 1 being at an early stage and 4 being advanced cancer. This staging is recorded by secondary care providers. Providers are working to improve the quality of their data and, at ESHT data completeness has increased from around 20% of all patient staging being recorded last year, to 40% this year. The CCGs are working with ESHT to ensure data completeness increases further.
- 2.2 There is a range of ways to increase awareness and improve early diagnosis of cancer. Nationally there are the screening programmes for bowel, cervical and breast cancers and these programmes are offered across both CCGs. Additionally, the national Be Clear on Cancer programme aims to improve early diagnosis of cancer by raising public awareness of signs and symptoms of cancer, and to encourage people to see their GP without delay: this summer there were both respiratory and skin cancer campaigns.
- 2.3 Both CCGs are implementing the June 2015 National Institute for Health and Care Excellence (NICE) guidance for Suspected Cancer: Recognition and Referral (NG12). This is part of delivering earlier diagnosis for cancer patients and hence



improved survival. This guideline includes recommendations on the symptoms and signs that warrant investigation and referral for suspected cancer. The (previous) 2005 guidance indicated around 5% of patients referred would actually have a cancer diagnosis. The evidence base has developed since then and the 2015 guidance uses a threshold of 3%. Lowering the threshold for referral does mean an increase in referrals into secondary care for some types of cancer and it should help to improve the number of patients diagnosed earlier – at stages 1 or 2 rather than 3 or 4.

- 2.4 GP education in cancer awareness and symptoms has also been a focus for both CCGs. There was an East Sussex wide cancer GP Update event in November 2015, an HR event in July 2016 and an EHS one in June 2017. The agenda for each of these events had a heavy focus on NG12 and generally raising awareness of signs and symptoms of cancer to support earlier diagnosis.
- 2.5 Further to this, in order to address significant health inequalities, the CCG has established the Healthy Hastings and Rother (HHR) Programme. The programme aims to address health inequalities by improving the health and wellbeing of people in the most disadvantaged communities in Hastings and Rother and reducing the life-expectancy gap between the most affluent and most deprived communities.
- 2.6 Cancer is one of the main causes of premature death and a key contributor to inequalities in life expectancy in Hastings and Rother. Cancer incidence and prevalence rates are both significantly higher than England, with colorectal and lung cancers in particular showing worse outcomes. As such, as part of the overall HHR programme, a Cancer Quality Improvement Programme has been established to focus resource and action where it is most needed and most likely to have a positive impact on people's lives. Initiatives include:
- **Cancer Quality Improvement Service (CQIS):** A Cancer Research UK (CR UK) Primary Care Facilitator is working to enhance primary care cancer-related performance. GP practices are supported to review their data and develop practice cancer action plans.
  - **Locally Commissioned Service (LCS):** GP practices have taken part in a scheme to increase uptake of national cancer screening programmes by identifying patients who did not attend screening and inviting them to do so.
  - **Cancer Awareness Roadshow:** The CR UK roadshow was held in Hastings and St Leonards (the more deprived locality of Hastings and Rother) in July 2016.
  - **“Speed dating” for GPs and consultants:** This event, led by CR UK, brought together GPs and secondary care clinicians to focus on improving diagnosis and referral. Further events have been planned.

- **Community Approaches to Promoting Early Awareness of Cancer:** Following a tender process, Unique Improvements, a not-for-profit organisation, working with disadvantaged communities to find local solutions to problems using a community asset-based approach, have been commissioned to promote public awareness of symptoms and the need for early presentation. They are building on community assets, recruiting, training and supporting teams of local volunteers to take action in their own communities.
- **Population survey of cancer awareness using the Cancer Awareness Measure (CAM):** Over 2000 people from a representative sample of residents aged 45-74 years completed face-to-face interviews. The results have informed the public awareness work of Unique Improvements.

2.7 Following the success of the focused work in Hastings and Rother, and in addition to the local roll out of national programmes, this learning will be shared across to the EHS CCG area in order to understand where to target additional work as appropriate.

### 3. Cancer Waiting Times

3.1 The NHS constitutional (maximum) waiting time targets for suspected (and diagnosed) cancer patients include:

- Two week wait from urgent GP referral to first appointment (2WW).
- Two week wait from general breast symptoms (where cancer is not initially suspected) GP referral to first appointment.
- 31 days from diagnosis (date of decision to treat) to first treatment (start date) (31 day).
- 31 days for subsequent treatments for new cases of primary and recurrent cancer where an anti-cancer drug regimen or surgery is the chosen treatment modality.
- 31 days for all subsequent treatments for new cases of primary and recurrent cancer where radiotherapy is the chosen treatment modality.
- 62 days from urgent GP referral to first treatment (start date) (62 day).
- 62 days from a cancer screening service to first treatment.
- 62 days from a consultant's decision to upgrade the urgency of a patient they suspect to have cancer to first treatment.

3.2 For the ESBT area, the main provider for suspected cancer referrals is ESHT. ESHT have made considerable improvements over the last year with performance against the NHS constitutional cancer waiting times targets. The targets are now





being met sustainably with the exception of the 62 days from urgent referral to treatment – see table below showing ESHT 2WW, 31 day and 62 day targets over the last year. Plans are in place to improve performance in this area and achieve the 62 day target.

### ESHT Cancer Waiting times performance

Target	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May17	Jun 17	Jul 17	Aug 17	Sept 17
2WW (93%)	97.2%	98.7%	98%	97.1%	98.4%	98.1%	96.8%	96%	96%	95.4%	94.7%	96.4%
31 day (96%)	98.7%	99.5%	98.3%	99.5%	98.8%	97.1%	98.1%	96.8%	98.9%	95.3%	97.7%	96.8%
62 day (85%)	82.5%	78.3%	84.1%	78.6%	69.9%	76.3%	76%	72.4%	73.4%	74.7%	81.6%	80.8%

3.3 The ESHT Cancer Improvement Plan is regularly reviewed and the CCGs continue to work proactively with ESHT to ensure the actions in the plan continue to secure improvement and ensure sustainability of cancer services delivery. Following the most recent review, there are a number of key actions that ESHT will address during the next year, including:

- Tumour site pathway reviews: urology; head and neck and lower gastrointestinal have taken place, with lung next.
- Strengthening links with tertiary centres via joint Patient Tracking List (PTL) weekly meetings: links with BSUH, MTW and Guy's and St. Thomas' Hospitals Trust (who are the tertiary centre for lung cancer patients) are all established. This will support patient pathways between ESHT and the respective tertiary provider and help with achieving the targets.
- Continued review of trigger points used on PTLs to ensure the patient pathway is proactively managed.
- Development of a strategy for radiology to ensure capacity can meet demand and enable direct access referrals (in line with NICE guidance for Suspected Cancer: Recognition and Referral NG12).
- Order Comms (an electronic requesting system) for radiology has now been rolled out to all GPs in both CCGs and should be rolled out in ESHT by the end of December 2017.

- Reviewing the breast cancer pathway to ensure full implementation of one-stop clinics and most appropriate follow up pathways.
- The CCG funded the purchase of endo-bronchial ultrasound (EBUS) equipment enabling ESHT to set up a local service for patients who previously had to go to Brighton or London. The local service commenced in June 2017.
- ESHT have been partially successful in two bids made to NHS Improvement: firstly (awarded £98k) to enable additional capacity in computerised tomography (CT), gynaecology and urology. Secondly (£85k) for improved patient tracking functions including improving data sharing between clinical IT systems.

3.4 As noted above, the 62 day target continues to be a challenge and a number of initiatives are in place to support improvement where this may relate to patient choice. For example, initiatives to help patients understand the importance of their appointments, such as the patient leaflet that GPs and ESHT give to patients who are referred on the suspected cancer 2WW pathway, and the recruitment of a nurse whose role is to contact patients who decline an appointment to talk through and help where possible. Examples of where this has helped include: talking more about the reason for the referral and what the patient can expect; understanding the patients personal issues so enabling arranging suitable appointments; liaising with care homes so that appointments are made when staff can be released to accompany patients; arranging transport; or simply a phone call the day before an appointment as a reminder.

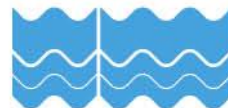
3.5 Some issues such as workforce are more complex to address and reflect a national picture. This includes a lack of histopathologists, oncologists and dermatologists to fully support improvement.

#### **4. One year survival from all cancers**

- 4.1 The England average for one year survival rates from all cancers is 69.6% (2013). This is an increase from 60.6% in 1999. The 2016/17 CCG IAF shows that EHS are at 68.8% and HR at 67.1%.
- 4.2 For comparison, other Sussex CCGs have the following one year survival rates: HWLH CCG 69.9%; Brighton and Hove 69.4%; Crawley 66.7%; Horsham and Mid Sussex 71.5% and Coastal West Sussex CCG 67.1%.

#### **5. Patient satisfaction Survey**

- 5.1 The National Cancer Patient Survey is carried out annually by Quality Health Ltd commissioned by the Department of Health (DoH). In 2016 the cohort of patients identified by the DoH was those with a primary cancer diagnosis admitted as an in-



patient or daycase during the period 1<sup>st</sup> April 2016 to 30<sup>th</sup> June 2016. For ESHT this represented an initial sample size of 914 of whom 613 patients returned surveys; a 73% response rate compared to the national average of 67%.

- 5.2 There have been considerable improvements in recent years and despite some continued challenges, the outcome of the 2016 patient satisfaction survey is relatively positive, with EHS achieving 8.8 and HR 8.5 out of 10. There is variation nationally and the average is 8.7.
- 5.3 ESHT cancer services team has reviewed the results of the survey and have identified a few areas that were below the national average and therefore have developed an action plan to improve these. For example, only 75% of ESHT patients recalled being told that they were entitled to free prescriptions compared with 80% of respondents nationally. Action will be taken forward by the Cancer Services team in conjunction with the Clinical Nurse Specialist teams.
- 5.4 It should be noted that there were many areas of the survey where ESHT compare similarly or favourably to the national average. For example, 93% of ESHT patients were given the name of their clinical nurse specialist; 77% were asked what name they wished to be known by (national average is 68%); and 97% felt that their GP had been given enough information about their condition and treatment compared to the national average of 97%.

## 6. Conclusion

- 6.1 There is much positive action in hand to continue to improve the experience and outcomes of people diagnosed with cancer and we will continue to implement action and monitor cancer performance to ensure improvements across all of the targets.
- 6.2 Our focus remains on improving the CCG IAF targets and ensuring we continue to meet the NHS Constitution targets as well as ensuring action to achieve the 62 day target.
- 6.3 As part of this we are working within the new Surrey and Sussex Cancer Alliance to support implementation of the cancer related recommendations in the NHS Five Year Forward View and the Department of Health Independent Cancer Taskforce Report: Achieving World-Class Cancer Outcomes 2015. These all support improvement in the four cancer targets in the CCG IAF.

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