

Update on Cancer Issues and Performance for the East Sussex Health and Overview Scrutiny Committee

High Weald Lewes Havens CCG – November 2017

1. Background

- 1.1 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, the [Clinical Commissioning Group Improvement and Assessment Framework](#) provide an initial baseline rating for six clinical priority areas, including 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, but also highlight areas of best practice.
- 1.4 The headline rating for High Weald Lewes Havens for 2016/17 is 'Requires Improvement' with the following associated figures:
- 1.5 The table below shows 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)
HWLH	51.1%	77.5%	69.9%	8.7
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

- 1.6 The performance rating for other Sussex CCGs which require improvement include: Crawley; Coastal West Sussex; and Brighton and Hove. Horsham and Mid Sussex CCG was rated good. Eastbourne, Hailsham and Seaford and Hastings and Rother were inadequate.



1.7 The CCG has patient flow into 3 Trusts for suspected cancer referrals; Brighton and Sussex University Hospital NHS Trust (BSUH) [host commissioner Brighton and Hove CCG], Maidstone and Tunbridge Wells NHS Trust (MTW) [host commissioner West Kent CCG] and East Sussex Healthcare NHS Trust (ESHT) [host commissioner Eastbourne, Hailsham and Seaford CCG]. In this report, details of BSUH and MTW performance are included. The accompanying EHS/HR report will include details of performance for ESHT.

2. Cancer diagnosed at an early stage

2.1 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. Also the national Be Clear on Cancer programme: this summer there were both respiratory and skin campaigns

2.2 In addition to national campaigns, the CCG also has a Cancer Research UK Primary Care Facilitator working to enhance primary care cancer related performance. GP practices are supporting to review their data and develop practice action plans. Practices are also encouraged to attend local education events and to encourage their patients to attend local awareness events.

2.3 The CCG is pursuing funding for a Macmillan GP to support primary care, if secured, it is envisaged that the Macmillan GP will work in partnership with our Cancer Research UK Primary Care Facilitator to reduce the CCGs incidence of cancer diagnosis on emergency presentation. National trends for diagnosis on emergency presentation are downwards and the data for HWLH CCG follows this and in Q4 2016 16% of first admissions were for emergency presentation (England value was 17.9%)

2.4 The CCG is implementing the June 2015 NICE Guidance for Suspected Cancer: Recognition and Referral (NG12). The (previous) 2005 guidance used a range of percentage risks of cancer with few corresponding with a positive predictive value of lower than 5%. The evidence base has developed since then and the 2015 guidance uses a threshold of 3%. This does mean an increase in referrals in some tumour sites to secondary care and should help to improve the number of patients diagnosed earlier – at stages 1 or 2 rather than 3 or 4.

2.5 At BSUH the implementation of NG12 has been divided into two phases. Phase 1 (tumour site groups (TSG's) include breast, brain/CNS, children and young people, cancer of unknown primary, haematology, head and neck, lung, sarcoma – soft tissue, sarcoma – bone, skin and urology) was launched on the 6th November by BSUH. There continue to be discussions between BSUH and CCGs on the implementation of phase 2 which includes gynaecological, lower gastrointestinal (GI) and upper GI. These TSG's form phase 2 implementation because of problems with ongoing ultrasound capacity at the Trust for gynaecological, and lower and upper GI are a speciality that has continued to be challenged in constitutional standards and patients exceeding 52 weeks due to endoscopy capacity and surgery lists. The joint CCG and BSUH Planned Care and Cancer Board have been asked to agree a date for phase 2 implementation across the BSUH system at their November meeting. It has been recommended to the Board that this be no later than 31st December.

2.6 Post all phases of NG12 going live, there will be another phase of work monitoring the impacts and outcomes for patients and ongoing development to improve pathways particularly in light of the



forthcoming 28 day standard which aims to speed up route to diagnosis and treatment by shortening the length of timed pathways.

2.7 At MTW the implementation of NG12 is ongoing. Direct access radiology for suspected cancer as per NG12 is being provided by the Trust and a separate referral form provided to practices so it is clear that this is a 2 week response not a routine timeline. The Trust is also intending to provide direct access for oesophago-gastro-duodenoscopy (OGD) for upper GI cancer pathways and for occult blood tests for colorectal cancer pathway for 2018/19. West Kent CCG is working closely with the Trust to agree the pathways. Revised referral forms for all pathways are due to go live at the end of November.

3.Cancer waiting times

3.1 At BSUH there have been considerable improvements over the last year with performance on the NHS constitutional cancer waiting times targets with the targets now sustainably being met with the exception of the 62 days from urgent referral to treatment, although this has been showing an improving trend. This target continues to be a challenge and in September 2017 the compliance was 75.3% against the 85% target. It is expected the Trust will be compliant by December 2017. High Weald Lewes Havens CCG supports this through weekly patient tracking list (PTL) attendance.

3.2 The table below shows performance for the NHS constitutional standards for BSUH

Target	Oct'16	Nov'16	Dec'16	Jan'17	Feb'17	Mar'17	Apr'17	May'17	Jun'17	Jul'17	Aug'17	Sept'17
2WW*	95.11%	94.04%	93.93%	90.68%	93.25%	93.41%	93.41%	94.08%	94.65%	94.82%	93.82%	95.06%
31D**	97.22%	96.36%	95.83%	95.9%	94.02%	97.30%	98.04%	98.84%	100%	98.32%	98.76%	97.22%
62D***	78.4%	78.23%	68.42%	82.09%	64.46%	79.29%	74.29%	82.89%	69.42%	67.52%	76.30%	75.32%

* 2 week wait from urgent GP referral to first appointment; target 93%

** 31 days from diagnosis (date of decision to treat) to first treatment (start date); target 96%

*** 62 days from urgent GP referral to first treatment (start date); target 85%

3.3 The BSUH Recovery Plan is reviewed at quarterly meetings and the Brighton and Hove CCG Macmillan Primary Care Nurse and Macmillan GP are working together with BSUH in partnership to continue to develop this further. A recent update on work as part of recovery package includes the following:

- Treatment summaries for GPs and patients have been developed with guidance from Macmillan began being piloted from October and following this they will be rolled out to oncology
- Formal holistic needs assessments (HNAs) have been developed for use at the beginning and end of treatment. Current work with CNS and support workers is ongoing to develop the HNA process. There will be an emphasis on self-care but also making sure patients know where / who to contact if an issue arises
- Generic health and wellbeing packs are being created to be handed out at HNAs
- Cancer Health and Wellbeing Event held at the Amex on the 21st November – the event is open to all people living locally who are living with or after cancer. It's a chance to find out about the wide range of support services available to those affected and their friends, family and carers. It is



suitable for people at all stages throughout cancer treatment. Macmillan, BSUH and Martlets hospice have been closely involved with developing the content for the event

3.4 The 62 day target continues to be a challenge and in October 2017 BSUH secured £210K from NHS England to support delivery of 62 day compliance. The planned spend of this money is spread across the following:

- Pathology (£65K) – money is being used to drive turnaround process improvements. The impact of money spent to date is reduced PTL numbers and better management of patients through pathology i.e. swifter turnaround times. There will be continued streamlining and monitoring of pathology process and reporting time i.e. not an increase in numbers of treatments but a process improvement as part of the 62 day pathway
- Radiology (£49K) – money to be spent to drive turnaround process improvements. The expected improvement in turnaround times for the imaging stage of the pathway (targeting lower GI and head and neck). Not a specific increase in number of treatments but an expected positive impact on performance
- Endoscopy (96K) – money to be spent to treat additional endoscopy patients between January and March. It is expected that an additional 286 endoscopy patients will be seen which equates to 17 additional sessions per month (11 patients per session)

3.5 BSUH have also been involved in developing the Surrey and Sussex Cancer Alliance Cancer Awareness and Earlier Diagnosis (AEDI) bid submitted in October 2017 for Cancer Transformation Funding from NHS England which outlines 2 key programmes for funding; implementation of recovery package (a series of intervention which when delivered can greatly improve outcomes for people living with and beyond cancer) and stratified follow-up (an approach involving steering individuals onto the best pathway to address their specific needs). Unfortunately, the bid was not successful because as a system the 62 day constitutional target has not been achieved; this was not a pre-requisite for the bid. The Surrey and Sussex Cancer Alliance have been informed that the bid can be reconsidered when the system achieves the 62 day standard.

3.6 At MTW performance across the NHS constitutional standards has been variable over the past 12 months. The 2 week wait standard has been achieved in 9 of the past 12 months, the 31 day standard in 6 of the past 12 months and the 62 day standard has not been achieved at all in the past 12 months. All targets continue to be a challenge, particularly the 62 day standard, this target continues to be a challenge and NHS Improvement have asked MTW (as they have done with all Trusts falling short on this standard) to put together a trajectory to meet the target by the end of December. Failure to meet the 62 day target at present is largely attributable to diagnostic capacity, particularly radiology and endoscopy. In relation to pathways, urology is currently posing the greatest challenge because the surgical treatment element is commissioned by NHS England from Medway NHS Foundation Trust for all of Kent and Medway. This issue has now been escalated via the West Kent CCG quality team to NHS England as a concern and to request help in supporting an action plan for urology.

3.7 The table below shows performance for the NHS constitutional standards for MTW



Target	Oct'16	Nov'16	Dec'16	Jan'17	Feb'17	Mar'17	Apr'17	May'17	Jun'17	Jul'17	Aug'17	Sept'17
2WW	93.42%	95.05%	95.33%	95.32%	95.32%	94.94%	90.98%	93.13%	93.04%	96.61%	91.49%	90.46%
31D	99.19%	93.44%	96.12%	90.55%	92.8%	98.56%	88.12%	92.80%	92.50%	93.69%	96.83%	97.37%
62D	72.73%	63.30%	71.53%	63.55%	61.48%	73.08%	59.29%	68.70%	73.58%	70.49%	82.73%	76.40%

* 2 week wait from urgent GP referral to first appointment; target 93%

** 31 days from diagnosis (date of decision to treat) to first treatment (start date); target 96%

*** 62 days from urgent GP referral to first treatment (start date); target 85%

3.8 The MTW recovery package has been developed in partnership with West Kent CCG, the lead commissioner for this Trust. A recent update on work as part of recovery package includes the following:

- Increased 2 week wait capacity in breast and urology
- 'Straight to test' pathway introduced for colorectal referrals resulting in 80% of patients having their colonoscopy within 2 weeks
- Consultant upgrade for lung patients who have positive findings on chest x-ray
- Daily 'huddles' to track patients which has resulted in improved engagement with clinical teams
- Weekly PTLs with referring Trusts to support patient pathways between the two providers and help with achieving the 38 day transfer target
- MTW submitted a successful bid to the NHS England Radiotherapy Linear Accelerator Replacement Programme for £1.8M. The monies are being spent replacing 2 linear accelerators (LINACs) for radiotherapy, the first of which is due to go live in November 2017
- New fixed-site PET Scan facility with additional capacity opened 31st August 2017
- Detailed demand and capacity work for all tumour sites
- Detailed action plans developed by whole teams, clinically led
- Strengthened MDT coordinator team
- Successful bids for Cancer Transformation Funding to support additional capacity for radiology reporting, admin support for breast follow-ups, nurse capacity for "straight to test" in upper GI

3.9 MTW as part of the Kent and Medway Cancer Alliance have also been involved in developing a bid for the 'Living With and Beyond' (LWAB) element of the Cancer Transformation Funding from NHS England which was submitted in October 2017. Unfortunately, the bid was not successful because as a system the 62 day constitutional target has not been achieved; this was not a pre-requisite for the bid. The Kent and Medway Cancer Alliance have been informed that the bid can be reconsidered when the system achieves the 62 day standard.

4. One year survival from all cancers





4.1 The England average for one year survival rates from all cancers is 70.4% (2014). This is an increase from 60.9% in 1999. The 2016/17 CCG IAF shows that for HWLH CCG one year survival is 69.9%; up from 60.3% in 1999.

4.2 Other Sussex CCGs have the following one year survival rates: Eastbourne, Hailsham and Seaford 68.8%, Hastings and Rother 67.1%, 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 Despite the challenges faced by our Trusts, the outcome of the patient satisfaction survey is relatively positive, with HWLH CCG achieving 8.7 out of 10.

6. Conclusion

6.1 HWLH CCG continues to monitor cancer performance and at BSUH and MTW to ensure improvements across all targets. HWLH CCG will continue to work with the lead commissioners at each Trust including ESHT to achieve this as well as with the Trust directly where appropriate.

6.2 HWLH CCG will focus on CCG IAF targets as well as each of the NHS Constitutional targets.

6.3 HWLH CCG will work with the new Surrey and Sussex Cancer Alliance to continue to work towards implementing 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. The CCG will also engage with MTW to support their involvement as part of the Kent and Medway Cancer Alliance.

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