

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

Date of meeting: 30 November 2017

By: Assistant Chief Executive

Title: Cancer Performance in East Sussex

Purpose: To update HOSC on cancer performance in East Sussex.

RECOMMENDATIONS

1) To consider and comment on the report.

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

1 Background

1.1 In early 2017, NHS England published ratings providing a snapshot of how well different areas of the country were diagnosing and treating cancer and supporting patients. Cancer performance was assessed across all Clinical Commissioning Groups (CCGs) in England, with each CCG being given one of four headline ratings based on their performance across four cancer targets. The results were [published on MyNHS](#). The four targets are:

- Cancer diagnosed at early stage (within stage 1 or stage 2);
- People with urgent GP referral having first definitive treatment for cancer within 62 days of referral;
- One-year survival from all cancers; and
- Cancer patient experience.

1.2 The headline rating for both Eastbourne, Hailsham and Seaford (EHS) and Hastings and Rother (HR) CCGs was *Inadequate*. High Weald Lewes Havens (HWLH) CCG received a rating of *Requires Improvement*.

1.3 In response to these assessments, HOSC requested an initial briefing, which was circulated to the committee by email in May, on what was being done to improve cancer care in the two CCG areas rated as inadequate. In September the committee requested a follow up report be provided for this meeting's agenda, and that it include an update on cancer performance across the whole of East Sussex.

2 Supporting information

2.1. Two reports covering the ESBT (EHS and HAR) and Connecting 4 You (C4Y – HWLH CCG) areas of East Sussex are attached as appendices 1 and 2. Paragraph 2.1-2.7 of the report attached as appendix 1 sets out how EHS and HR CCGs are improving their performance against the key targets, including by supporting and raising awareness amongst GPs about cancer diagnosis and referrals, and raising community awareness.

2.2. Appendix 2 sets out how HWLH CCG is improving its performance against these targets.

Cancer waiting time targets

2.3. The NHS Constitution includes maximum referral time targets for patients with suspected (and diagnosed) cancer. NHS acute trusts' performance is measured against these targets on a monthly basis; they include:

- Two week wait from urgent GP referral to first appointment.
- 31 days from diagnosis (date of decision to treat) to first treatment (start date)
- 62 days from urgent GP referral to first treatment (start date).

East Sussex Healthcare NHS Trust (ESHT)

2.4. The main provider of cancer care diagnosis and treatment for the ESBT area is East Sussex Healthcare NHS Trust (ESHT). The report attached as appendix 1 shows that ESHT is meeting the two week waiting time and 31 days from diagnosis targets. It is not, however, currently meeting the 62 days from urgent referral to treatment target of 85% (see appendix 1 paragraph 3.2). The 62 day target is the same target that CCGs were measured against as part of the national assessment.

2.5. A Cancer Improvement Plan is in place for ESHT containing a number of recommendations for the Trust to take forward during the next year. These are set out in paragraph 3.3 of appendix 1.

Brighton & Sussex University Hospital NHS Trust (BSUH)

2.6. There are three NHS Trusts that receive suspected cancer referrals for residents in the HWLH area; Brighton and Sussex University Hospital NHS Trust (BSUH), Maidstone and Tunbridge Wells NHS Trust (MTW), and ESHT.

2.7. Performance by BSUH against the NHS constitutional standards is set out in paragraph 3.2 of appendix 2. The Trust is meeting the two week and 31 days target, but not the 62 day referral to treatment target.

2.8. Details of the BSUH recovery plan are set out in paragraph 3.3 and 3.4 of Appendix 2.

Maidstone and Tunbridge Wells NHS Trust (MTW)

2.9. 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.

2.10. NHS Improvement has asked MTW to put together a trajectory to meet the 62 day standard by December and MTW has developed a recovery package in partnership with West Kent CCG. This is set out in paragraph 3.8 of appendix 2.

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.

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