

HEALTH AND WELLBEING BOARD

Date: 11 January 2018

NORTHUMBERLAND CANCER STRATEGY AND ACTION PLAN

Report of: Accountable Officer NHS Northumberland Clinical Commissioning Group

Cabinet Member: Councillor Veronica Jones - Adult Wellbeing and Health

Purpose of the report:

This report informs the Health and Wellbeing Board of the Northumberland Cancer Strategy and associated Cancer Action Plan.

Recommendations

It is recommended that the Health and Wellbeing Board:

- 1) Note the contents of the report and endorse the strategy's recommendations and the implementation of the action plan.
- 2) Agree to receive an annual report on progress.

Key issues

Overseen and agreed by the Northumberland Cancer Strategic Locality Group, the Northumberland Cancer Strategy (2018-2023) provides an overarching framework for agreeing and delivering actions over the next 5 years, setting out the governance and priorities of partners across the system. Delivery will be monitored against the associated Northumberland Cancer Action Plan.

The vision of the strategy is for Northumberland to have:

- Fewer people getting preventable cancers;
- More people surviving for longer after a diagnosis of cancer;
- Reduced inequalities in survival from cancer in Northumberland;
- More people with cancer having a positive experience of care and support; and
- More people with cancer having a better long-term quality of life.

Key issues that the action plan will help to address include:

- An estimated 42% of cancer cases each year in the UK are preventable, linked to a combination of 14 major lifestyle and other risk factors. Smoking alone accounts for 19% of all cancer cases.
- Despite similar levels of overall socioeconomic deprivation, lung cancer incidence,

survival and mortality in Northumberland compare unfavourably with the England average.

- There are marked socioeconomic inequalities in cancer screening uptake.
- Adults with learning disabilities have lower uptake of cancer screening than adults without learning disabilities.
- There is marked variation between general practices in factors associated with early diagnosis.
- After several years of high performance in meeting Cancer Waiting Times targets, the target of 85% of patients being treated within 62 days of GP referral has not been met during five out of the first six months of 2017/18.

Background

National and regional context

The national cancer strategy, *Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020*, was published in May 2016.¹ The strategy set out several strategic priorities:

- Spearhead a radical upgrade in prevention and public health.
- Drive a national ambition to achieve earlier diagnosis.
- Establish patient experience as being on a par with clinical effectiveness and safety.
- Transform our approach to support people living with and beyond cancer.
- Make the necessary investments required to deliver a modern high quality service.
- Overhaul processes for commissioning, accountability and provision.

The strategy indicated that delivery of these priorities would be through regional Cancer Alliances. A key action of the Northern Cancer Alliance (NCA) is to ensure that all cancer locality groups have a delivery plan to achieve the cancer taskforce outcomes.

Cancer in Northumberland

Over 2000 people who live in Northumberland are diagnosed with and treated for cancer each year, and more than 13,000 people are living with cancer (around 4% of the population registered with a Northumberland GP).

For some cancer indicators, Northumberland is better than or similar to the England average:

- **Incidence:** Whilst there has been an upward trend in England in the number of people diagnosed with cancer each year by 0.8% per year since 2001 (after adjusting for age –‘age-standardised incidence rate’), there has been no such increase in Northumberland.
- **Screening:** Uptake of cancer screening is higher in Northumberland relative to England or the North East.
- **Early diagnosis:**

- As a proportion of all those diagnosed with cancer at any stage or unknown stage, in Northumberland 55.4% had cancer diagnosed at stage 1 or 2, compared to 50.7% in England.
- Northumberland has a *lower* proportion of people diagnosed with cancer via emergency presentation than the England average (18% compared to 20.3% in quarter 4 2015). Survival rates for people diagnosed via emergency routes are considerably lower than for people diagnosed via other routes.
- **Patient experience:**
 - Overall experience of cancer care by Northumberland patients was 89%, which compares favourably with the national average of 87% and is the highest for any CCG in the Cumbria and North East region. Similar positive survey results were found for Northumbria Health Care NHS Foundation Trust and Newcastle upon Tyne Hospitals NHS Foundation Trust.
 - Place of death is used as a proxy measure for the quality of end of life care. In 2015, 45.3% of deaths with an underlying cause of cancer occurred in the person's usual place of residence; this was similar to the percentage for England (44.4%).
- **Cancer waiting times:** Performance in Northumberland has been above target and better than the England average for each of the Cancer Waiting Times standards in each of the three years from 2014/15 to 2016/17, apart from a single year in 2015/16 when the 2-week urgent referral target was not met for breast symptoms.

For some other cancer indicators, there are ongoing challenges:

- **Incidence:**
 - The age-standardised incidence rate of lung cancer is significantly higher in Northumberland than England, particularly in Blyth Valley and Central localities; incidence has plateaued since 2001 despite decreases in smoking prevalence.
 - The age-standardised incidence rate of breast cancer is significantly higher in Northumberland than England and is increasing.
- **Survival:**
 - Since 1999, one-year survival from all cancers has gone from being significantly better in Northumberland than the England average to similar.
 - One-year survival from lung cancer has been significantly worse than the England average since 2010, and is currently 31.7% (compared to 36.8%).
- **Prevention:** An estimated 42% of cancer cases each year in the UK are preventable, linked to a combination of 14 major lifestyle and other risk factors. Smoking accounts for 19% (64,500 new cases) of all cancer cases in the UK each year. Although smoking prevalence in Northumberland is the lowest in the North East, 30% of adults in routine and manual occupations (25.5% in England) and 37.1% of adults with serious mental illness (40.5% in England) are current smokers.
- **Screening:** Although cancer screening uptake is high in Northumberland relative to England and our North East neighbours:
 - People from general practices in the most deprived quintiles are significantly less likely to take up screening than those from practices in the least deprived quintiles.
 - There is also evidence to suggest that people with learning disabilities are less likely to undergo breast or bowel screening.
 - Bowel screening uptake is well below the target of 75%.

- Uptake of cervical screening is decreasing (albeit less than in England).
- **Early diagnosis:**
 - The proportion of people diagnosed with upper gastrointestinal cancer via emergency presentation is high (33.1%).
 - The proportion of people treated for cancer who were diagnosed via Two Week Wait referral ('detection rate') is significantly lower in Northumberland (44.8%) than England (49.7%). A high detection rate is associated with earlier diagnosis.
 - Although overall performance in other factors associated with earlier diagnosis is good, there is considerable variation between general practices in: proportion of people referred by Two Week Wait who were diagnosed with and treated for cancer ('conversion rate'); Two Week Wait referral rate (for breast cancer and lung cancer); and the ability to get an appointment to see or speak to a GP.
- **Patient experience:** In the National Cancer Patient Experience Survey 2015, Northumberland patients scored at the lower end of the expected range or significantly lower for: '*Q22 Hospital staff gave information on getting financial help*' and '*Q23 Hospital staff told patient they could get free prescriptions*'.
- **Health care utilisation:** After adjusting for age and sex, Northumberland has higher rates than England of:
 - Bed days per 100,000 age-sex weighted population for cancer.
 - Total spend on non-elective admissions for cancer.
 - Total spend on elective admissions for cancer.
 - Total spend on non-elective admissions, and similar spend on elective admissions, for lung cancer.
- **Cancer waiting times:** The target of 85% of patients being treated within 62 days of GP referral has not been met during five out of the first six months of 2017/18

Strategy recommendations

The Northumberland strategy sets out five priorities, each with several recommendations that will be implemented by partners reporting to the Northumberland Strategic Cancer Locality Group against the associated action plan:

- **Priority 1: Spearhead a radical upgrade in prevention and public health**
 - Optimise tobacco control and stop smoking pathways.
 - Continuing to resource and support Fresh, the regional tobacco control programme, and Balance, the regional alcohol prevention programme.
 - Develop whole-system approaches to tobacco control, promoting healthy weight, healthy diet and physical activity, and reducing harm from alcohol.
 - Continue to promote 'making every contact count' (MECC) and embed into all clinical pathways including for people found not to have cancer following Two Week Wait referral.
- **Priority 2: Drive a national ambition to achieve earlier diagnosis**
 - Identify target communities, wards, localities and GP practice populations for risk reduction.

- Develop a coordinated approach to cancer awareness and screening media campaigns.
 - Support general practices in Northumberland to reduce variation in early diagnosis.
 - Explore opportunities to include early diagnosis of lung cancer in the continuing professional development of primary healthcare professionals.
 - Support or develop interventions to improve access and uptake of cervical screening.
 - Develop systems, job roles and specific interventions to decrease inequalities in screening uptake.
- **Priority 3: Establish patient experience as being on a par with clinical effectiveness and safety**
 - Ensure that patients are consistently offered information about entitlement to benefits and free prescriptions, and how to access them.
 - Work with the North East & Cumbria Learning Disabilities Network, Northern Cancer Alliance and the Northumberland Community Learning Disabilities Team to understand experiences of cancer care for people with learning disabilities (or difficulties), develop a specific action plan to address any issues and explore how to assess access to and experience of services for people with learning disabilities.
 - Develop and promote a directory of local services to facilitate local cancer support groups and health and social care professionals to provide peer and signposting support to cancer patients.
 - Ensure appropriate integrated services for palliative and end of life care, in line with NICE quality standards, the Choice Review, the Ambitions for End of Life Care Framework and the Gold Standards Framework.
- **Priority 4: Transform our approach to support people living with and beyond cancer**
 - Continue to implement the Recovery Package for low-risk patients who have had breast cancer and continue to develop similar appropriate programmes for other cancers (including colorectal and urological cancers).
 - Redesign pathways for, and improve management of, patients with lymphoedema.
- **Priority 5: Modern high quality services**
 - Implement a standardised lung cancer pathway aimed at optimising diagnostic, referral and treatment pathways, incorporating recommendations from the 2016 National Lung Cancer Audit and the National Lung Cancer Strategy, and the Accelerate, Coordinate, Evaluate (ACE) programme (when the evaluation is published).
 - Ensure that there is regular liaison between Northumbria Healthcare NHS Foundation Trust (NHCFT) and Northumberland CCG to monitor Cancer Waiting Times (CWTs), including breaches, and to develop and monitor implementation of action plans for breaches.

- For Two Week Wait suspected cancer referrals, agree a patient choice offer of a minimum of one appointment in the first week and two appointments in the second week.

Implications

Policy	The Northumberland Cancer Strategy will help to address the vision of the current Northumberland Health and Wellbeing Strategy, in particular these three priority areas: <ul style="list-style-type: none"> ● Focusing on tackling some of the main causes of health problems in the county. ● Making sure that all public services support the independence and social inclusion of disable people and people with long term health conditions. ● Making sure that all partners work well together and are clear about what they themselves need to do to help improve the health and wellbeing of local people.
Finance and value for money	N/A
Legal	N/A
Procurement	N/A
Human Resources	N/A
Property	N/A
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No x N/A x <input type="checkbox"/>	The strategy and action plan include specific recommendations and action to reduce inequalities.
Risk Assessment	N/A
Crime & Disorder	N/A
Customer Consideration	N/A
Carbon reduction	N/A
Wards	N/A

Background Papers

None

Appendices

1. Northumberland Cancer Strategy 2018-2023
2. Northumberland Cancer Action Plan

Report sign off.

Authors must ensure that officers and members have agreed the content of the report:

	Initials
Finance Officer	N/A
Monitoring Officer/Legal	N/A
Human Resources	N/A
Procurement	N/A
I.T.	N/A
Executive Director	VB
Portfolio Holder(s)	VJ

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