DRAFT Northumberland Cancer Action Plan

Version control	Version 4; Jim Brown; 29 November 2017

Timescales: 5 Year Plan 2018 – 2023
Short Term = 2018 – 2019 Medium Term = 2018 – 2021 Long Term = 2018 – 2023

A) Spearhead a radical upgrade in prevention and public health

Ambitions / outcome metrics	**Actions**	**Intermediate measures / reporting**	**Leads; timeline**
Reduce adult smoking prevalence to 13% by 2020 and 10% by 2023 (and ideally meet the Making Smoking History in the North East target of 10% by 2020 and 5% by 2025) Reduce smoking prevalence in adults in routine and manual occupations to 21% by 2020 and 17% by 2023 Reduce smoking prevalence in adults with serious mental illness to 32% by 2020 and 25% by 2023 Reduce the incidence rate of alcohol-related cancer from 38.4 per 100,000 population in	1. Optimise tobacco control in Northumberland and stop smoking pathways for Northumberland residents by: • Developing a whole-system approach to tobacco control. • Reviewing and maximising the effectiveness, equity and efficiency of current services (in terms of numbers accessing, quit rates, impact on health inequalities, and capacity building/training of frontline staff) • Increasing opportunities for healthcare professionals to offer support to people who smoke to stop smoking, including access to structured support, smoking cessation medication and follow up, targeting areas with highest smoking prevalence. • Continuing to implement smoke-free NHS policies within trusts including Northumbria Healthcare NHS Foundation Trust and Northumberland Tyne and Wear NHS Foundation Trust. • Continuing to resource and support Fresh, the regional tobacco control programme.	Annual report on: membership, attendance and development/ implementation of action plan of network/alliance Service review Increased stop smoking attempts or referrals to stop smoking service from target areas (or practices) Evidence of implemented smoke-free policies	Leads: Kerry Lynch / Judith Stonebridge Timeline: **2018-2023**
	2. Develop a whole-system approach to reducing harm from alcohol that includes: • Focusing on availability, affordability and promotion.	Annual report on: membership, attendance and development/	Leads: Liz Robinson Timeline: **2018-**

2013-15 to 35 per 100,000 in 2021-23 Reduce the proportion of children aged 4/5 years who are overweight or obese from 23% in 2015/16 to 21% in 2023 Reduce the proportion of children aged 10/11 years who are overweight or obese from 33% in 2015/16 to 31% in 2023 Reduce the proportion of adults who are overweight or obese from 69.8% in 2013-15 to 65% in 2021-23 Reduce the proportion of adults who are physically inactive from 24.3% in 2015/16 to 20% by 2022/23	• Continuing to resource and support Balance, the regional alcohol prevention programme. • Implementing alcohol screening and brief interventions into clinical pathways.	implementation of action plan of networks/groups Evidence of ongoing funding	**2023**
	3. Develop whole-system approaches to promoting healthy weight, healthy diet and physical activity.	Annual report on: membership, attendance and development/ implementation of action plan of networks/groups	Lead: Northumberland Sport Partnership / Jim Brown Timeline: **2018-2023**
	4. Continue to promote 'making every contact count' (MECC) and embed into all clinical pathways including: ● Undertaking an exploration of the barriers and facilitators to implementing MECC. ● Evaluating MECC in existing pilot sites/pathways in order to inform future expansion. ● Expanding MECC champions to cover all sites/pathways. ● Embedding MECC training in existing mandatory workforce training programmes. ● Providing information about cancer symptoms and prevention to people found not to have cancer following Two Week Wait referral. ● Developing plans to implement, monitor and evaluate activity in other setting / pathways, for example fire and rescue service home safety visits.	Annual report on progress	Lead: Judith Stonebridge / Jim Brown Timeline: **2018-2023**

B) Drive a national ambition to achieve earlier diagnosis

Ambitions	Actions	Intermediate measures / reporting	Leads; timeline
Increase the proportion of all those diagnosed with cancer at any stage or unknown stage in Northumberland who had their cancer diagnosed at an early stage (stage 1 or 2) from 55.42% in 2014 (quarter 4) to 60% in 2023 Increase the one-year survival for people with lung cancer from 31.7% if diagnosed in 2014 to 40% for those diagnosed in 2022 Increase uptake of cervical screening to the national target (currently 80%) Reduce socioeconomic and other inequalities in cancer screening uptake	5. Identify target communities, wards, localities and GP practice populations for risk reduction.	Report early in 2018	Lead: Jim Brown Timeline: **2018**
	6. Develop a coordinated approach to cancer awareness and screening media campaigns that: ● Includes all partners and their collective resources. ● Links to national campaigns. ● Adopts a social marketing approach that targets messages for key groups using existing data (e.g. on screening inequalities) ● Uses National Cancer Diagnosis Audit and other data to identify specific cancers where there is a delay in seeking help. ● Liaises with diagnostic services to prepare for increased demand (where necessary). ● Prioritises awareness of the symptoms of lung cancer and when to present to primary care.	Action plan and 6-monthly report	Leads: Cancer Awareness Coordinator / Integrated Wellbeing Service Timeline: **2018-2021**
	7. Support general practices to reduce variation in early diagnosis by: ● Encouraging general practices to take part in the National Cancer Diagnosis Audit (supported by the RCGP) and to implement actions with support from Cancer Research UK. ● Using existing cancer referral and patient experience data sets to identify practices with low two-week wait referral rates, low TWW conversion rates, low TWW detection rates, and poorer perceived access to make a GP appointment. ● Comparing cancer screening uptake between practices. ● Developing a plan of practice engagement to support those GP practices with factors associated with later diagnosis or	Plan of practice engagement Number of practices engaging Report 6-monthly on progress	Lead: Stephen Doherty / Fiona McQuiston Timeline: **2018-2021**

	poor survival due to practice characteristics. The plan may include: offers of training (around referral practices, audit and safety netting; sharing best practice; using cancer type 'routes to diagnosis' data; and quality improvement tools. ● Explore the use of decision support tools to ensure earlier access to GP appointments for people with symptoms and signs of cancer, in particular for cancer sites with known longer 'patient interval'. ● Monitor the impact of 'Doctor First' telephone triage on stage at diagnosis.		
	8. Support or develop interventions to improve access and uptake of cervical screening, including: ● Evaluating the impact of the 'Pink letters' initiative and continuing initiatives involving GP endorsement where possible and impact demonstrated. ● Working with primary care to support women with specific needs or with disabilities. ● Offering pre-test appointments to discuss the procedure and raise any questions or concerns.	Annual 6-monthly on progress	Leads: Su Boyd / NHS England SIT lead Timeline: **2018-2020**
	9. Develop further opportunities to include early diagnosis of lung cancer in the continuing professional development of primary healthcare professionals.	Report on attendance at CPD events arranged, or other measure	Leads: Stephen Doherty / Mark Weatherhead Timeline: **2018-19**
	10. Develop systems, job roles and specific interventions to decrease inequalities in screening uptake, including working with the Cancer in the Community group, Macmillan, CRUK, the regional Learning Disabilities network and the Northern Cancer Alliance, and including an explicit function in job descriptions for roles funded by NHS England Cancer Transformation programme.	Annual report on progress	Leads: Su Boyd / NHS England SIT lead Timeline: **2018-2020**

C) Establish patient experience on a par with clinical effectiveness and safety

Ambitions	Actions	Intermediate measures / reporting	Leads; timeline
Maintain the current high levels of overall experience of cancer care (National Cancer Patient Experience Survey) Increase the proportion of National Cancer Patient Experience Survey respondents who report being given information about entitlement to benefits and free prescriptions to the national averages Increase the proportion of deaths with an underlying cause of cancer that occur in the person's usual place of residence from 45.3% in 2015 to 50% by 2022. Improve the experience of people with learning disabilities, or learning difficulties, who are diagnosed with cancer.	11. Ensure that patients with cancer are consistently offered information about entitlement to benefits and free prescriptions, and how to access them.	Report on actions undertaken National Cancer Patient Experience Survey	Lead: Amanda Walshe / Su Boyd Timeline: **2018-2020**
	12. Work with the North East & Cumbria Learning Disabilities Network, the 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.	Report on experiences and agreed measure Action plan Annual report against agreed measure	Leads: Su Boyd Timeline: **2018-2020**
	13. Working across sectors (including NHS commissioners and providers, local authority and the voluntary and community sector), 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.	Directory developed and maintained	Leads: Su Boyd / Amanda Walshe Timeline: **2018-2020**
	14. 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.	Audit against standards in 2018 and re-audit in 2020	Lead: Hilary Brown Timeline: **2018-2020**

D) Transform our approach to support people living with and beyond cancer

Ambition	Actions	Intermediate measures / reporting	Leads; timeline
Improve the quality of life of people living with or beyond cancer	15. Continue to implement the Recovery Package for low-risk patients who have had breast cancer and continue to develop similar appropriate programmes for people who have had other cancers (including colorectal and urological cancers).	Annual report on progress	Lead: Amanda Walshe Timeline: **2018-2020**

E) Modern high quality service (investment, commissioning, accountability and provision)

Ambitions	Actions	Intermediate measures / reporting	Leads; timeline
Increase one-year survival for people with lung cancer from 31.7% if diagnosed in 2014 to 40% for those diagnosed in 2022	16. 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).	Pathway agreed and disseminated Report on progress To monitor % diagnosed stage 1 or 2 and NCLA measures	Lead: Mark Weatherhead / Amanda Walshe Timeline: **2018-2020**
Consistently achieve Cancer Waiting Time targets, in particular the 62-day target	17. Ensure that there is regular liaison between NHCFT and Northumberland CCG to monitor Cancer Waiting Times (CWTs), including breaches, and to develop and monitor implementation of action plans for breaches.	Evidence of meetings and specific action plans	Leads: David Lea / Amanda Walshe Timeline: **2018-2023**
	18. 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.	Offer agreed and implemented	Leads: Amanda Walshe / David Lea. Timeline: **2018-2020**