

Northumberland Health & Wellbeing Overview & Scrutiny Committee

1 October 2019

Agenda Item: X

Report Title *Cancer Performance and Outcomes*

Sponsor: *CCG Clinical Lead for Quality & Transformation/ Macmillan GP Cancer Lead*

Members of the Health & Wellbeing OSC are asked to:

1. Consider the current delivery and performance of cancer services for the population of Northumberland
2. Support the CCG and key partners to continue to address the areas of focus

The purpose of this report is to update the Northumberland H&WB OSC on the current performance for cancer in Northumberland and to provide an overview of the collaborative actions implemented to improve outcomes for the population.

Background

The Northumberland Cancer Strategy and Action Plan 2018-23 were presented to the Northumberland Health and Wellbeing Group in December 2017, with an update presented in December 2018. An annual action plan has been developed which is implemented and monitored by the Northumberland Strategic Cancer Locality group that has system-wide membership (including patient representatives). Cancer performance is also monitored and actions initiated by the CCG Clinical Management Board on behalf of the CCG Governing Body.

Although cancer incidence has increased in Northumberland between 2001 and 2016, the increase is due to increasing age and Northumberland still has lower cancer incidence than the North East, England or 10 most similar CCGs. Nevertheless, cancer incidence, and lung cancer incidence in particular, are significantly higher in Blyth Valley and Central localities than the England average after adjusting for age (see appendix 1).

Although mortality from cancer in 2016 was higher in Northumberland than the England average and 10 similar CCGs, it is lower than the regional average. Furthermore, premature mortality (under 75 years) from cancer has been decreasing in Northumberland between 2001-3 and 2013-15 and is similar to the England average.

The 3 most common sites of cancer for females are breast, lung and colon, accounting for approximately 51% of all case which is line with both the England and regional averages. For males, the 3 most common sites are prostate, lung and colon, accounting for 41% of cases which is lower than the England and regional averages (47.3% and 45.6% respectively). Lung cancer is the most common site to account for cancer deaths in both males and females.

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There are a number of challenges regarding performance against the national waiting time targets that are currently being experienced both regionally and across the country; however the CCG continues to work closely with key partners to mitigate these issues locally where possible.

Through the National Cancer Patient Experience Survey 2018, Northumberland patients gave an average rating of nine on a scale of zero (very poor) to ten (very good).

Update

Prevention

38% of cancers in Northumberland are considered attributable to lifestyle (therefore preventable), accounting for approximately 800 cases per year. The largest lifestyle factor is smoking followed closely by obesity, inactivity, poor diet and alcohol consumption.

In Northumberland:

- The prevalence of smoking among adults has decreased considerably over recent years and is now 12.1% (in 2018), which is lower than the North East (16%) or England (14.4%) averages.
- However, smoking prevalence in adults in routine and manual occupations (16-64 years) is 23.2%; this is lower than in England and reducing, but not as fast as the prevalence in all Northumberland adults.
- The proportion of adults who were overweight or obese was 62.2% in 2017/18 compared to 66.5% in the North east and 62% in England.
- A total of 55.8% of adults consume the recommended 'five a day' of fruit and vegetables compared to 52.9% in the North east and 54.8% in England (2017/18).
- A total of 23.8% of adults are physically inactive compared to 26.6% in the North East and 22.2% in England (2017/18).
- The incidence rate of alcohol-related cancer in 2015-17 was 39.19 per 100,000 persons compared to 39.85 in the North East and 37.82 per 100,000; this has been increased steadily since 2004-6.

In 2018-19 in Northumberland;

- Northumbria Healthcare NHS Foundation Trust (NHCFT) went totally smoke free. Smoking status of all adult patients being recorded and support offered.
- A refreshed Tobacco Control Action Plan has been agreed.
- NCC continues to resource and support Fresh, the regional tobacco control programme, and Balance, the regional alcohol prevention programme.
- An action plan for reducing harm from alcohol and drugs has been agreed and is being implemented by the Drug and Alcohol Steering Group.
- The Balance *Can't See It* campaign and *Alcohol Units Challenge* evaluated extremely well; for example, there were 82,000 website visits over the two phases of the *Can't See It* campaign.
- 400 NHCFT staff have been trained in alcohol identification and brief advice, which is now embedded in electronic nursing admission documentation.

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- A multi-agency approach to dependent drinkers not accessing community substance misuse services (Blue Light) has been developed and the group is reviewing its first cases.
- A physical activity strategy has been presented to the Health and Wellbeing Board.
- A system-wide Making Every Contact Count action plan has been developed which sees numerous groups of frontline staff across all sectors in Northumberland receiving training.

For 2019-20:

- General practices in Northumberland are being incentivised to train in and implemented alcohol identification and brief advice and developed action plans for promoting healthy weight as part of the Primary Care Commissioned Services programme.
- A whole system approach to healthy weight is being developed, which will lead to the development of a system-wide healthy weight strategy.
- We will be working on a new 'Stop Smoking Plus' model in primary care.

Early diagnosis

The overall screening rates for Northumberland CCG are higher compared to both England and the region for cervical, bowel and breast screening however there is variation across the county by practice. Northumberland has seen a decrease in cervical screening in line with a trend seen nationally.

Screening	CCG (range)	Region	England
Cervical (Q4 18/19)	25-49yo 78.7% (65.8- 88.4)	74.9 (17/18)	71.7 (17/18)
	50-64yo 79% (66.7- 87.7)		
Bowel (17/18)	66.3%	61.6	59.6
Breast (17/18)	77.9%	75.3	72.1

One of our key priorities is to deliver a year on year improvement in the proportion of Stage 1 or 2 diagnoses. Northumberland has seen a fluctuation in diagnosis of cancer cases at stage one or two, currently at 56%. Although this is higher than the England average, this is below the 2020 ambition of 62%.

The CCG has employed a Community Cancer Awareness Coordinator since 2018 who has engaged with the public across Northumberland to raise awareness of cancer symptoms, screening programmes and public health campaigns such as Dry January. Important aspects of engaging the public are to remove barriers to accessing information, explaining the importance not delaying to see the doctor, signposting to services but also to target the areas of higher social deprivation and hard to reach groups in order to tackle health inequalities.

There is variation in cancer prevalence across Northumberland practices, currently ranging from 2.41 per 1,000 patients to 4.87 per 1,000 patients. In collaboration with a number of partners, the CCG has implemented a number of initiatives to address this-

- All Northumberland practices have signed up to the National Cancer Diagnosis Audit which enables GPs to determine the length of time taken from patient presentation to

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diagnosis, use of investigations prior to referral and comparison of the referral pathways against those that are recorded by the cancer registry.

- All practices have been offered a visit from our local Cancer Research UK Facilitator Manager who supports them to understand their data trends and make practical changes such as ensuring they are using the correct referral forms or identify target patient groups.
- Locality-based education sessions were implemented for GPs focusing on diagnosis of urology and respiratory-related cancer supported by Northumbria Healthcare Trust Consultants.

Performance against national standards

Historically, Northumberland has consistently achieved national cancer waiting targets; however in early 2018/19 performance began to decrease for a number of reasons.

Comparing 2017/18 with 2018/19 activity, the CCG cancer 2 week referral activity increased by 13% (1,660 patients), in line with the increases seen across the North East region. The CCG also experienced a 23% increase (239 patients) in the volume of patients who went on to receive cancer treatment in 2018/19 compared to the previous year. This compares with an 11% increase across the North East region. 146 more patients however were treated within 62 days in 2018/19 compared to the previous year.

The 2018/19 annual performance was reported at 79.9% against the 85% target for Northumberland CCG. Across the North East, five out of eight CCGs and seven out of nine acute providers failed to achieve the annual 62 day target.

Whilst there has been a general increase in activity across many of the specialties, urology has seen one of the most significant increases. There was a 17% increase (215 patients) in 2 week wait referrals and a 33% increase (84 patients) in 62 day referral to treatment. The change was initially seen in March 2018 following a high profile media cases and activity continued to exceed the previous year's activity throughout 2018/19.

Appendix 2 shows the most recent performance of the local system and local acute providers against the overall 62 day referral to treatment target. The underperformance during the last year and the year to date highlights the pressures that cancer services have been under. It is encouraging however to report that the performance in July has improved significantly to enable Northumberland to achieve the target overall. Northumbria narrowly missed achieving the target however the trust's provisional data has indicated its achievement in August. The impact of the revised pathways and the reduced time to diagnosis have been the main contributors to the improvement in performance.

The CCG and local providers continue to work on a wide range of actions. The actions outlined below are based upon information provided by the local providers through sharing their action plans or from the wide range of meetings held with the providers to discuss performance. Detailed action plans have been received from NHCFT whilst NUTH is currently revising its

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plans for both the short and long term. The recent and proposed actions include improvements relating to:

- The tracking of patients
- Revision of pathways – colorectal and urology
- Reviewing radiology procedures
- Local trust working across a wider health economy supported by the Northern Cancer Alliance/ NHSI

Revision to the tracking of patients-

Both local acute trusts have increased their staffing to provide an improved tracking process for patients on cancer pathways. NHCFT has increased its tracking team by six to a total of 18. There are at least two coordinators tracking each tumour site excluding skin and haematology. Improved patient tracking enables the operational and clinical teams to clearly identify the main problem that impacted on the patient's pathway; supports the teams in creating clearly defined key pathway milestones; and provides a clear understanding of current breach trends.

A new computer system has been introduced that provides an easier method of identifying delays in treatment. Through the introduction of milestones for each stage in the pathway it is easier to track the patients who are at a specific milestone outside of the target time. The system has also enabled improved communication between the tumour site teams and the multi-disciplinary team cancer coordinators to ensure information on the patient pathway status is accurate and up to date.

The Somerset Cancer Registry now interfaces with the radiology system and will soon have connectivity with ICE, Endosoft and PAS. Through the integration of systems it will ensure that all patient information is pulled into one centralised location, supporting the effectiveness of tracking patients in real time.

An area of increased focus for the CCG will be upon ensuring that patients with suspected cancer identified in hospital via a route other than the 2 week GP referral pathway, are escalated consistently into a fast track cancer pathway to meet the proposed 28 day target for 2020.

NHCFT has focused on revision of two pathways in particular, colorectal and urology-

Colorectal

The trust is working on the 28 day faster diagnosis pathway for colorectal patients in shadow form. This is a new cancer diagnosis standard designed to ensure that patients find out within 28 days whether or not they have cancer. The standard becomes into full operation across all cancer sites in 2020. Data collection started from April 2019.

The key milestone mapping, described above, was first introduced within colorectal as this pathway has a high volume of patients. Reduction in waiting times therefore could influence the overall cancer performance for both the trust and the CCG.

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There are however substantial capacity issues with Endoscopy that are impacting colorectal and Upper Gastrointestinal tumour sites. Endoscopy staff members have recently vacated their posts that are impacting on the capacity the service can deliver. Agreement has been reached to increase staff capacity and purchase more equipment. Posts are currently out to advert.

Follow up procedures and routine monitoring is also being out sourced to alternative providers to enable the trust staff to focus on newly referred or diagnosed patients.

Urology

The trust has recently revised its biopsy procedure to be carried out by local as opposed to general anaesthetic. This will enable more procedures to be carried out in a theatre session as well as reducing the clinical risk to patients.

The trust has also secured funding to start work on a Urology Unit at Wansbeck Hospital that will improve the capacity available to be delivered. It will be where the TP biopsies will be performed and potentially allow a one stop shop to be introduced. This will enable patients to have an MRI and a biopsy on the same day.

Reviewing radiology and pathology procedures-

The radiology appointment process has been revised so that patients can now leave their outpatient appointment with their radiology appointment booked. This reduces the amount of calls the appointment team make and ensures patients on a 2 week pathway have a clear understanding of the next step on their pathway. It also enables demand on radiology slots to be managed more effectively.

To improve the awareness of delays within radiology and pathology milestones, an escalation standard operating procedure has been developed to ensure that all investigations and reports are completed within agreed timescales. Computerised Tomography (CT) turn arounds and TP Biopsy reporting times have been reduced by in excess of three days since the revised procedures were introduced.

Collaboration with NHSI and Northern Cancer Alliance-

The trust has now developed a new trust cancer training strategy outlining an approach that provides assurance that a robust training infrastructure is in place. It outlines how the organisation will assure itself that staff are appropriately trained, competent and compliant in the understanding and application of the national cancer care agenda, standards, rules and guidance.

A new trust governance and meeting infrastructure has been developed providing clear guidance on accountability. It allows assurance to be provided and remedial actions to be monitored at all levels of the organisation.

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Collaboration at a regional level-

In response to the pressures that have been seen across the wider system, Northumberland CCG has begun a new approach to joint working with North Tyneside CCG, Newcastle/Gateshead CCG, Northumbria Healthcare NHS Foundation Trust and Newcastle Hospitals NHS Foundation Trust.

The three CCGs have constituted a new cancer pressures forum to discuss the cancer performance issues and align our understanding and responses to the actions being undertaken by the foundation trusts and the CCGs. In addition to this, an early diagnosis and performance meeting has also been established with the foundation trusts in order to address these system challenges at an Integrated Care Partnership level. It is hoped that these new forums will bring greater collaboration and scrutiny to the system as a whole.

An early result of this approach has been to approval of a new urology cancer access policy across the relevant CCGs and a review of a two week referral audit which was undertaken by NHCT. This audit revealed a significant number of inaccuracies in the completion of forms by GPs who are referring patients into the trust with suspected cancer. The effect of this has been to delay the progress of patients in the cancer pathway by an average of 8 days. The CCG has agreed to approach practices to inform them of this issue and highlighting to them the impact upon patient care which may result.

Living with and beyond cancer

- Cancer Survival is the highest it's ever been and thousands more people now survival cancer every year. For patients diagnosed in 2015, 1 year survival was 72% - over 11% points higher than in 2000.
- People are now living an estimated 10 to 15 years longer
- People affected by cancer are therefore dealing with the impact on their lives for longer and demand on resources is increasing
- Whilst people are living longer we must try and ensure that they also live well to maintain the best quality of life possible.

The table below shows the stimated number of people living with Cancer-

	2010	2015	2020	2030
England	1,700,000	2,000,000	2,400,000	3,400,000

There is a national Living with and Beyond Cancer (LWBC) agenda outlined in the Achieving World-Class Cancer Outcomes A Strategy For England 2015-2020 – the Recovery Package. This is being implemented locally by a Project Team which was set up in May 2018. The team is managed by Northumbria with temporary Northern Cancer Alliance funding, the key areas of work are:-

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Holistic Needs Assessments (HNA)/Care Plan-

The national target is that everyone with cancer should be offered an HNA within 31 days of diagnosis. A care plan can be produced from the HNA and can be shared with other health professionals and summaries the outcomes in the HNA. The HNA and care plan look at people's physical, emotional and social needs and aim to address them. The offer of HNA's was relatively low at the start of the project however the uptake figures have increased – see table below. The roll out is continuing throughout 2019/20.

2018/19	Q1	Q2	Q3	Q4
HNA's Offered	52	59	59	76
HNA's Completed	28	22	41	23

Treatment Summary-

Treatment Summaries are produced by Secondary Care to inform Primary Care and developed to support improved communication. They are sent at the end of primary treatment (the end of first treatment or treatments given) and sent to the patient's GP to inform them of any actions they need to take and who to contact with any questions or concerns. The Northumbria LWBC team are currently working to improve the quality and relevance of Treatment Summaries.

Cancer Care Reviews (CCR)-

CCRs have been part of the Quality Outcomes Framework (QOF) in Primary Care for a number of years. This indicator requires Primary Care to undertake a CCR review within 6 months of diagnosis. A CCR should cover post-treatment support, financial impact of cancer, patient awareness of prescription exemptions, possible late effects of cancer and cancer treatment and information needs to enable self-management. In 2017/18 all but 2 Practices in Northumberland achieved full QOF points for CCR's. Although this is very positive there is no evaluation of the quality of these and if they ultimately benefit the patient.

Health and Wellbeing Events-

Health and wellbeing events provide an opportunity to inform and educate cancer patients about the clinical and holistic aspects and ongoing management of their health. Every individual with cancer should be offered the opportunity to attend a health and wellbeing event at the end of treatment to support them to self-manage their condition. Events have been organised by Northumbria Trust with 6 events being held in 2018/19 with attendance from 63 patients. Evaluation of these has been undertaken and a different approach for 2019/20 is being discussed to increase attendance.

Risk Stratification for Low Risk Cancers-

Northumbria is working towards the recommendation in the National Cancer Strategy that by 2020 every person with cancer will have access to stratified pathways. Stratified follow-up pathways comprise needs assessment, support for patients to self-manage, remote monitoring and re-entry pathways. This can offer a more effective approach to after-care than traditional medical models of follow-up.

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All cancer pathways are suitable for stratification but the strategy suggests a primary focus on breast, colorectal and prostate. In Northumbria the low risk breast cancer pathway was successfully implemented April 2018.

The colorectal pathway was intended to be implemented in April 2019 however the impact on Primary Care, mainly due to concerns over safety as well as unsustainable workloads had not been fully considered by Northumbria. Therefore this pathway has not been actioned and discussions are ongoing with the Colorectal Consultant.

Plans to implement other cancer stratified pathways are ongoing and the CCG has asked that the impact on Primary Care be considered at the beginning of the process. This will be done through a number of meetings that the CCG attends including the Northumbria Cancer Improvement Meeting and the LWBC Steering Group.

Conclusion

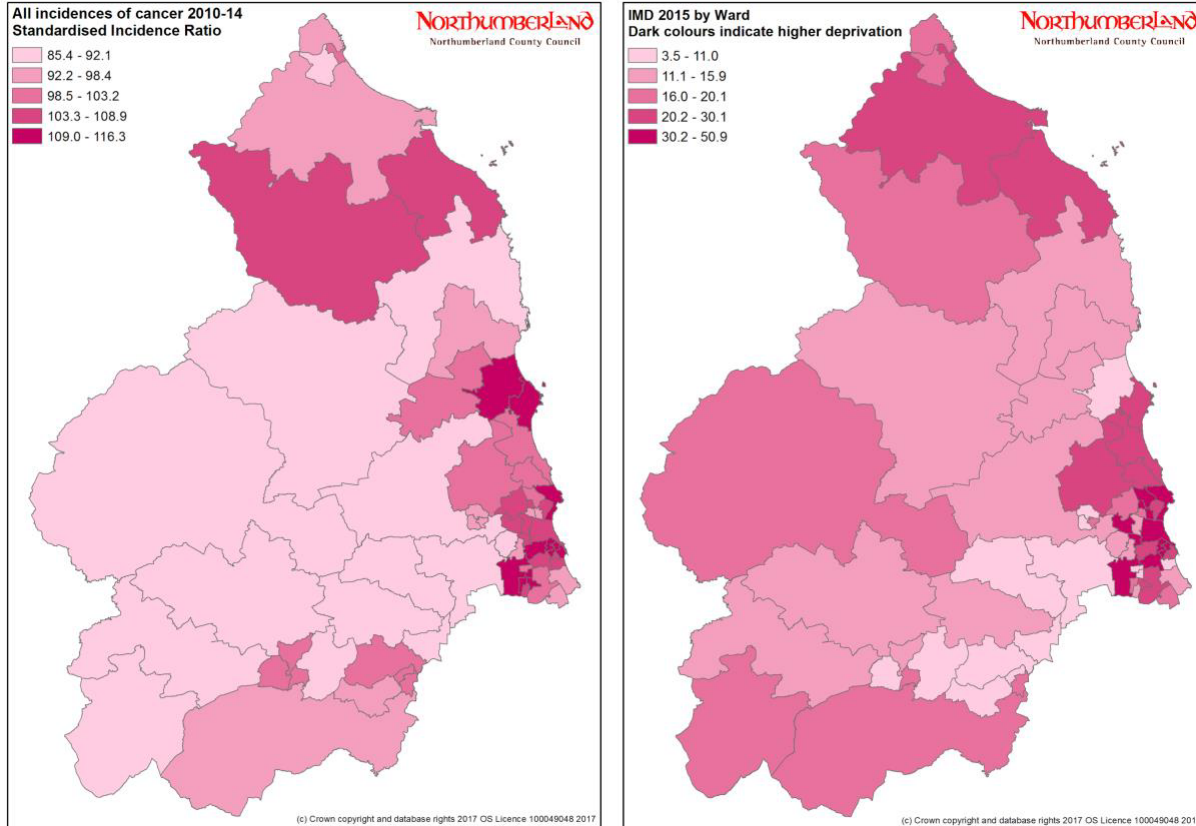
NHS Northumberland CCG is implementing a broad ranging and comprehensive programme to address the health inequalities seen in the county and to improve the prevention and detection of cancer. The pressures seen within the health system continue to cause concern with respect to early cancer diagnosis and treatment however the drive towards the new 28 day target in 2020 has facilitated greater collaboration between secondary care providers and the CCGs at a regional level which is reassuring and will support further improvements

Recommendation

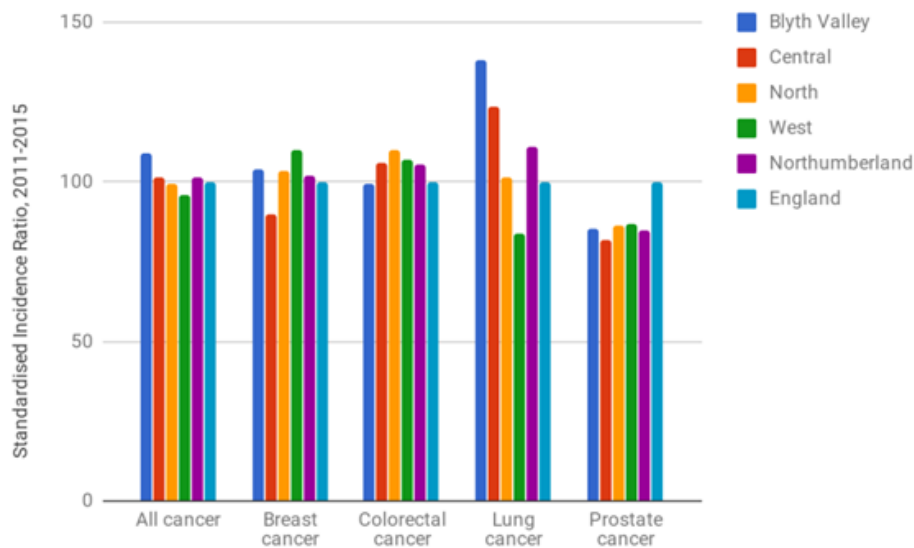
That OSC receives this report and agrees with the actions being undertaken.

Appendix 1

Index of multiple deprivation (IMD) in 2015 and incidence of all cancers (standardised incidence ratio, SIR) in 2010-14 by electoral ward in Northumberland



Cancer incidence by cancer site and CCG locality



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Appendix 2

Most recent performance data for 62 day performance

