

Cancer Overview

**Northumberland Health and Well-being
Overview and Scrutiny Committee
October 2019**

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Background

Vision of the Northumberland Cancer Strategy 2018-2023:

- 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
- Modern high quality services



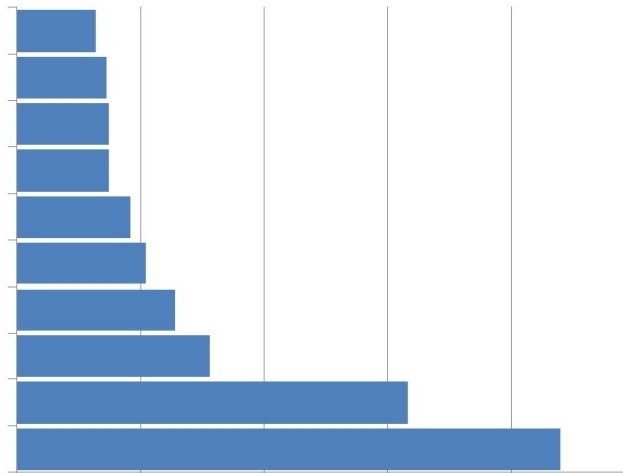
Current incidence of cancer

- 2,128 new diagnoses in 2016
- Rate (ASR) 593.64 – Ranked 131 nationally
- Lower than England
 - 27 fewer cases
- Lower than Alliance
 - 106 fewer cases
- 6-60 less than 10 Similar CCGs (RightCare)
- Equates to 1-2 fewer cases per GP Practice

(Data from Northern Cancer Alliance)



10 most common sites 2016

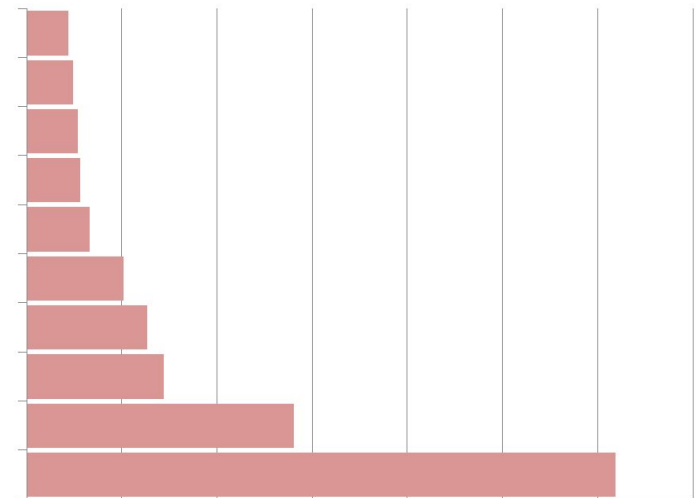


Males – 2016 Incidence

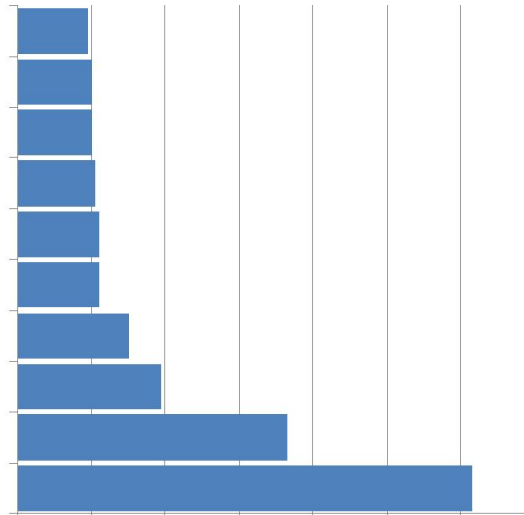
Top 3 most common sites – **Prostate, Lung and Colon** account for over **41%** of CCG cases. This lower than for England and NCA with 47.3% and 45.6% respectively. Together these 10 sites = 68.9% of total
List generally coincides with England and NCA

Females – 2016 Incidence

Top 3 most common sites – **Breast, Lung and Colon** account for almost **51%** of all cases – in line with England and NCA. These 10 sites account for 75% of total cases.
Order is very similar to England and NCA.



Mortality – Most common sites

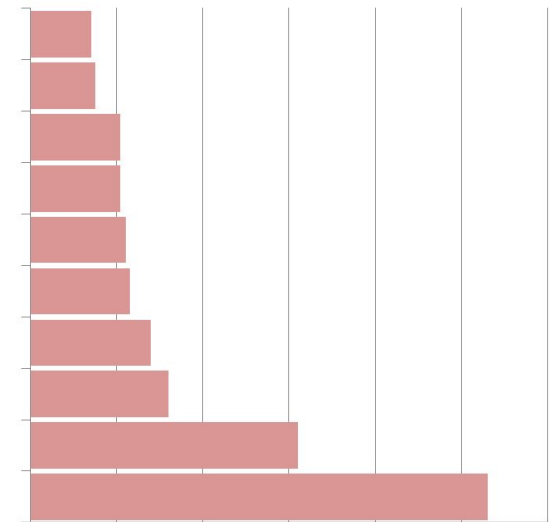


Males – 2016 Mortality

- Most common sites account for almost **70%** of CCG cancer deaths in males (71%/72% for Alliance/ England).
- Generally the same sites appear for England and NCA.

Females – 2016 Mortality

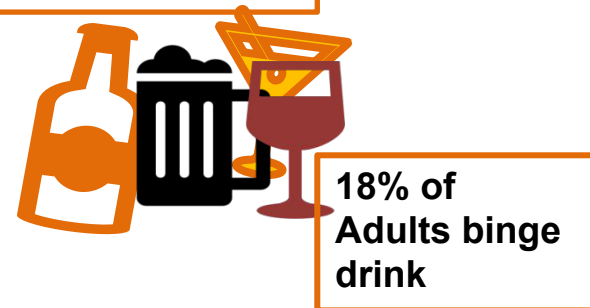
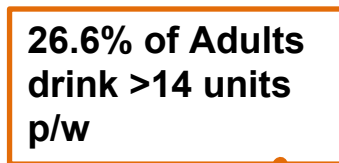
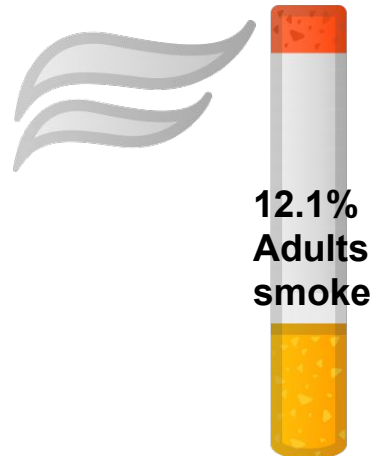
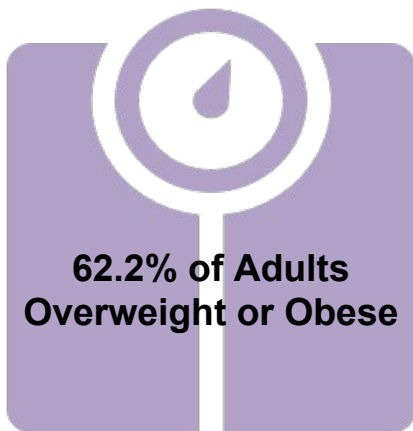
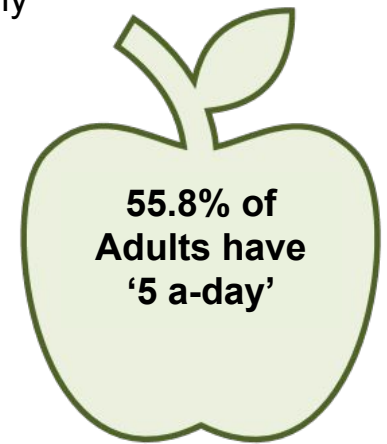
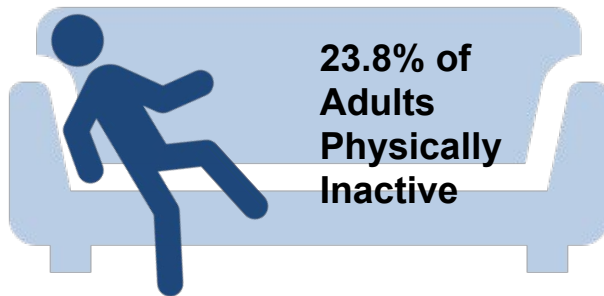
- Most common sites account for almost **73%** of CCG cancer deaths in females. (70%/71%)
- Generally the same sites appear for England and NCA



Contributing factors

Deprivation

- 20.53 (practice range = 8.98 – 38.84)
- Ranked 108 (207 CCGs)
- Quintile 3
- 17.1% of LSOAs in Northumberland are in the most deprived Quintile nationally



Prevention- progress in 2018-19

38% of cancers are considered preventable, for Northumberland this equates to 800 cases.

In 2018-19 in Northumberland;

- Northumbria Healthcare NHS Foundation Trust (NHCFT) went totally smoke free
- Refreshed Tobacco Control Action Plan
- Fresh (regional tobacco control programme) and Balance (regional alcohol prevention programme)
- Reducing harm from alcohol and drugs action plan
- The Balance *Can't See It* campaign and *Alcohol Units Challenge* evaluated extremely well
- 400 NHCFT staff have been trained in alcohol identification and brief advice
- A multi-agency approach to dependent drinkers not accessing community substance misuse services (Blue Light)
- Physical activity strategy presented to the Health and Wellbeing Board.
- System-wide Making Every Contact Count action plan



Prevention- progress in 2019-20

2019-20:

- General practices in Northumberland are being incentivised to train in and implement alcohol identification and brief advice and also to develop 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.



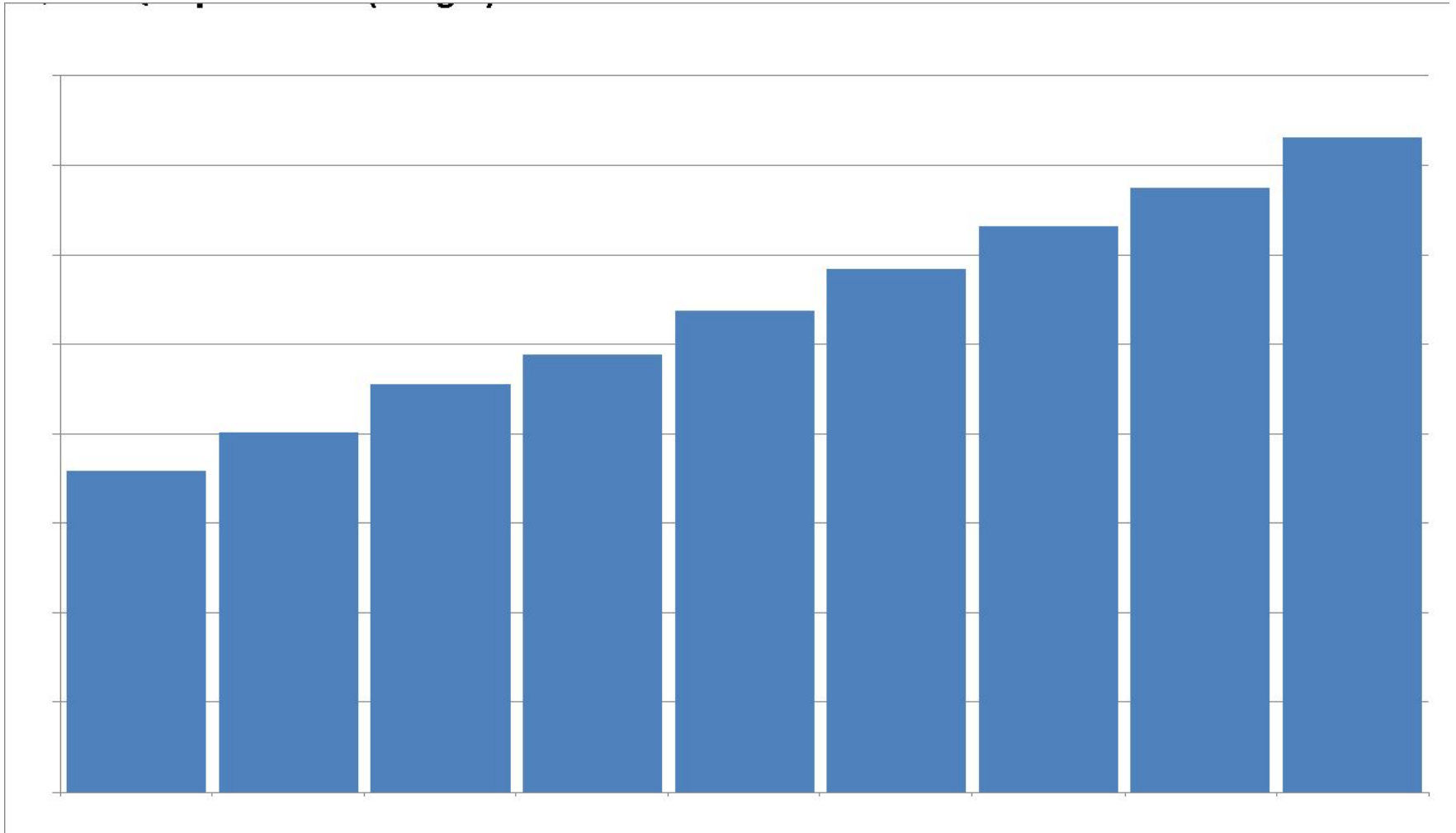
Early Diagnosis

- Key priority- to deliver a year on year improvement in the proportion of Stage 1 or 2 diagnoses
- 56% of cancers are diagnosed at stage 1 or 2- higher than England average but lower than 2020 ambition of 62%
- Overall screening rates for Northumberland CCG are higher compared to both England and the region for cervical, bowel and breast screening
- Variation in screening rates 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



Variation in prevalence across practices



Steady increase in QOF prevalence over time



Early diagnosis- progress to date

- **National Cancer Diagnosis Audit-** 100% sign up from Northumberland practices
- **Community Cancer Awareness Coordinator-** employed by CCG, funded by Northern Cancer Alliance to engage with the public to raise awareness of cancer symptoms, screening programmes and public health campaigns
- **Cancer Research UK** working closely with practices to support their understanding of their data trends and to make practical changes
- **GP education sessions-** supported by NHCFT consultants to focus on early diagnosis of key tumour sites such as urology and respiratory-related cancer



CCG performance against national targets

- Historically, Northumberland has consistently achieved national cancer waiting targets
- Performance began to decrease In early 2018/19
- 13% increase in 2 week referral activity (1,660 patients)- in line with regional increase
- 23% increase in volume of patients who received cancer treatment (239 patients)- 12% higher than the regional increase
- 146 more patients however were treated within 62 days in 2018/19 compared to the previous year.
- 2018/19 annual performance for Northumberland CCG was reported at 79.9% against the 85% target.
- Across the North East, five out of eight CCGs and seven out of nine acute providers failed to achieve the annual 62 day target.
- Urology has seen the most significant increase of all the tumour sites.





Northumbria Healthcare
NHS Foundation Trust

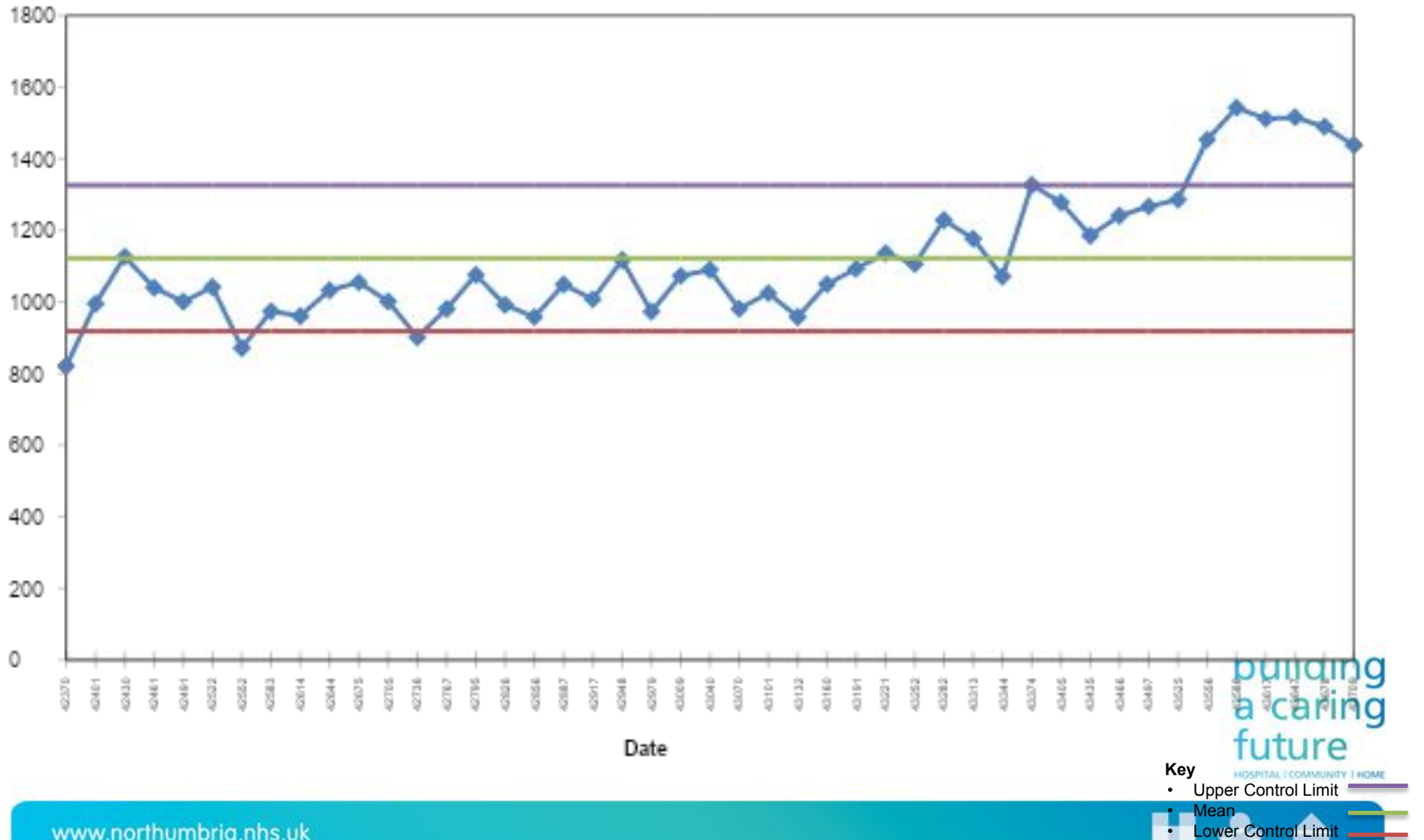
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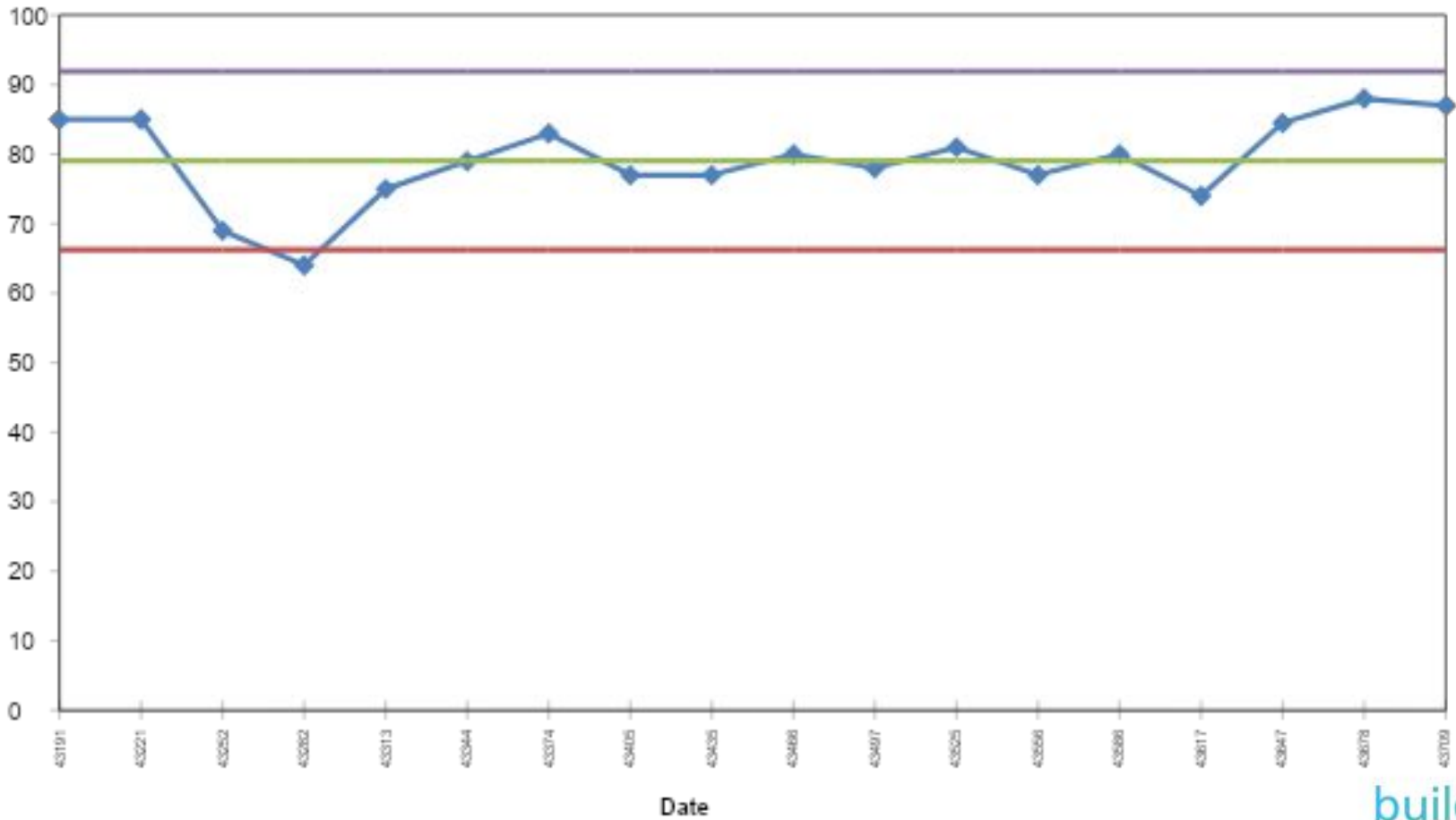
Project Update: Cancer



Cancer Referrals – 2ww



Cancer Performance – 62 day GP Referral



- Key**
- Upper Control Limit
 - Mean
 - Lower Control Limit

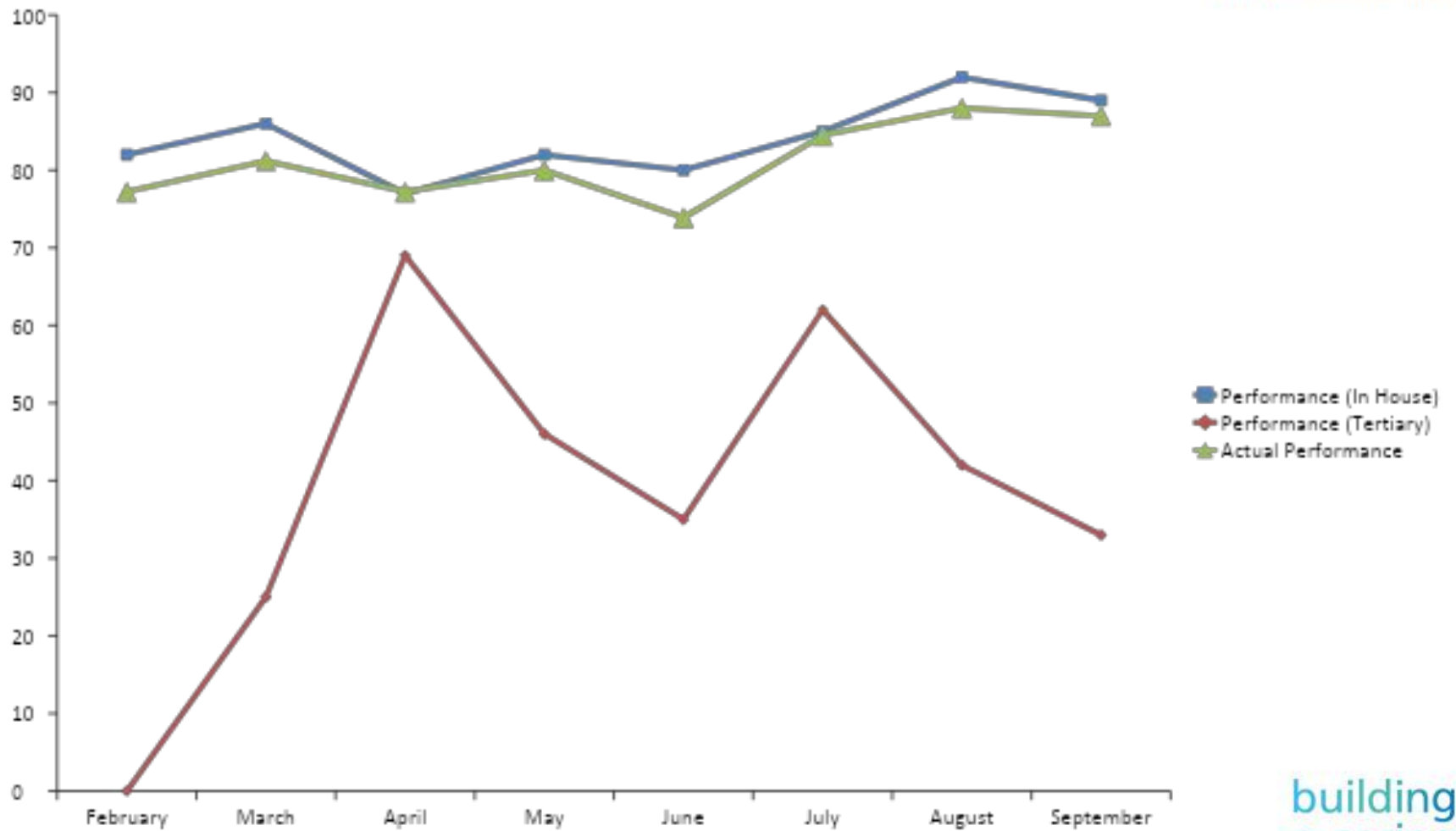
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6 Month Performance 62 Day GP Referral

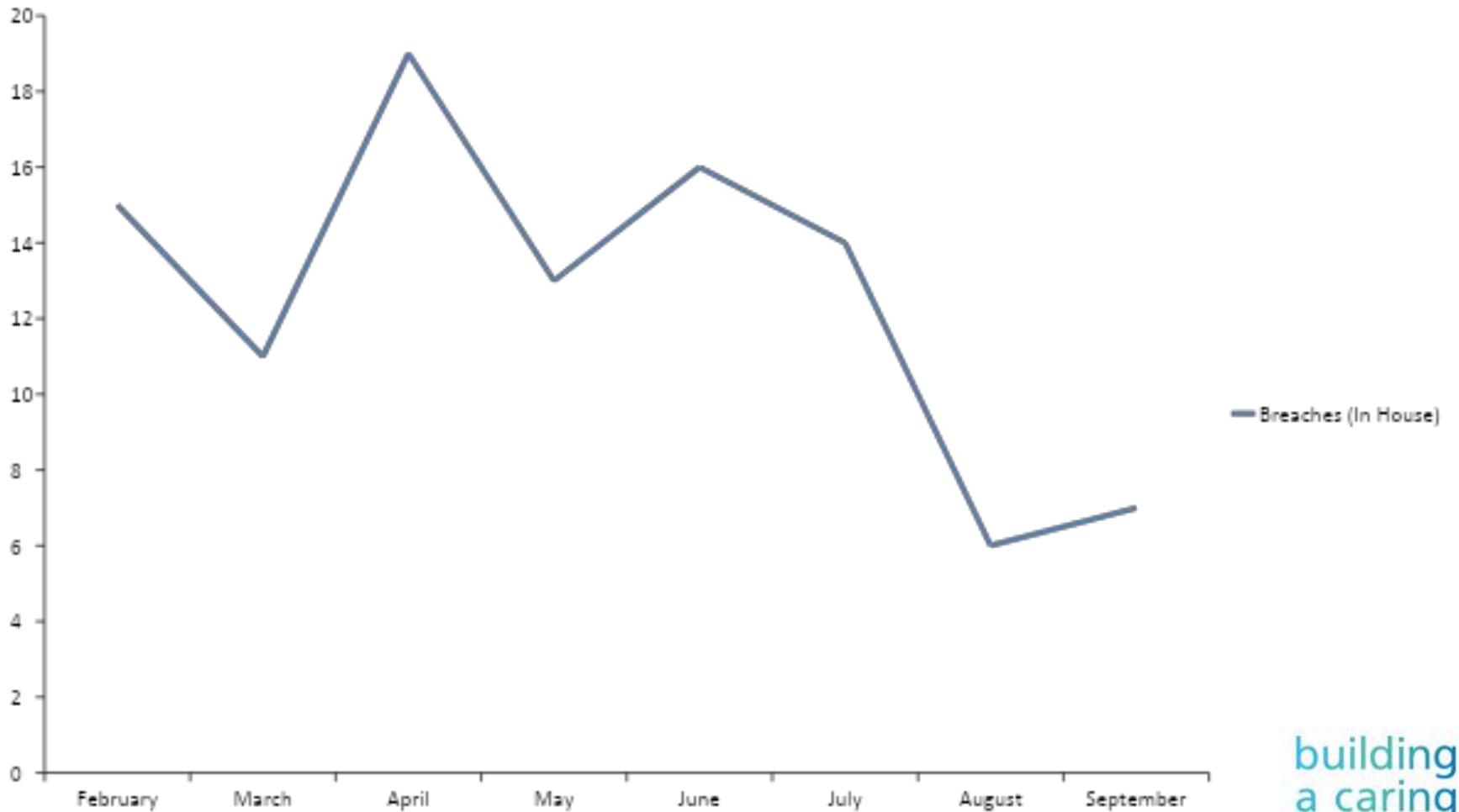
Month	Performance
April	78.5%
May	80%
June	74%
July	84.5%
August	88%*
September	87%*

*To be confirmed

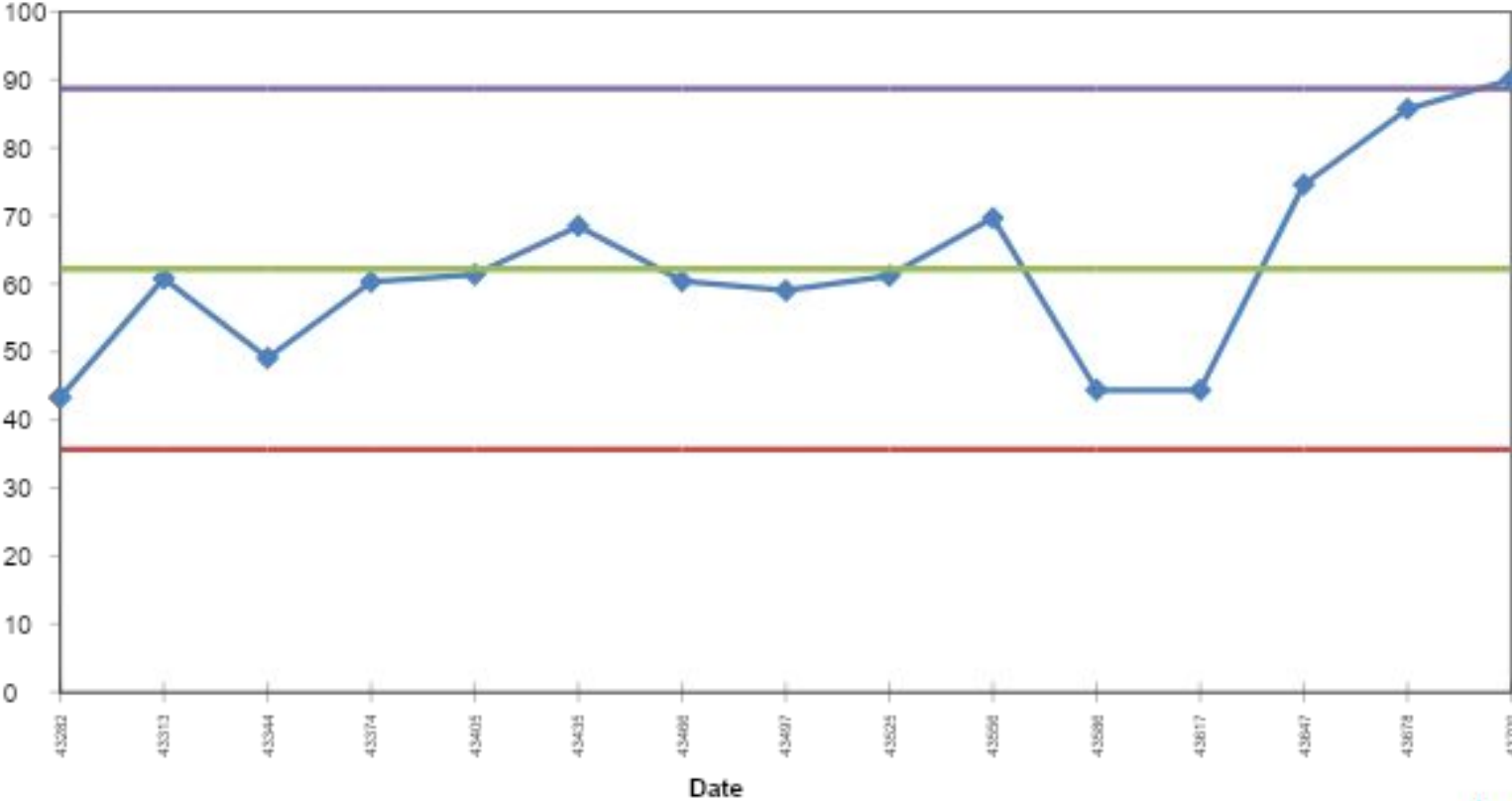
Cancer Performance



Number of Full Breaches



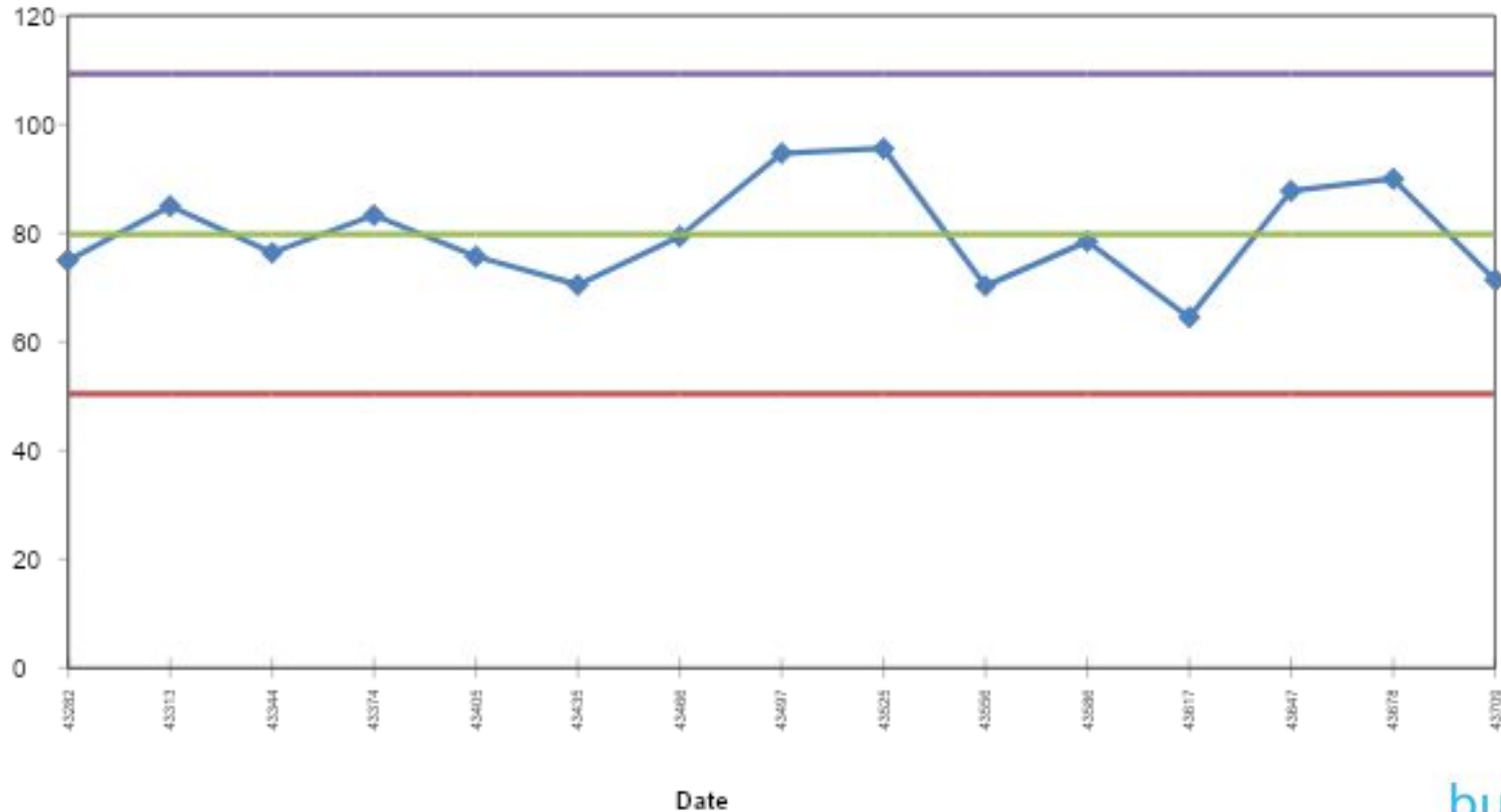
Urology Performance 62 Day GP Referral



Colorectal



Colorectal Performance 62 Day GP Referral



Clinical Support Improvements – Diagnostics

CTC Turnaround Time

Pre-implementation: **36 days**

Post-implementation:
16 days

Difference: **- 20 days**

CT Turnaround Time

Pre-implementation: **11.51 days**

Post-implementation:
8 days

Difference: **- 3.51 days**

TP Biopsy Reporting Time

Pre-implementation: **9.37 days**

Post-implementation:
6 days

Difference: **- 3.37 days**

MRI Turnaround Time

Pre-implementation: **12 days**

Post-implementation:
5 days

Difference: **- 7 days**

Bone Scan Turnaround

Pre-implementation: **16 days**

Post-implementation:
9 days

Difference: **- 7 days**

Future Developments

- Work with Newcastle to improve Inter Provider Transfers
- Training roll out for Somerset System
- Interface Development
- Local access policy agreement – CCG's
- Increased staffing – Radiology appointments & MDT tracking team

Summary

- Cancer performance continues to be a challenge due to a variety of complex factors
- Many opportunities exist and are still being uncovered to improve the efficiency of each of the 8 tumour sites we manage
- Work is underway across all tumour sites to un-pick each pathway with an overall aim of improving the current systems and process
- All on-going work is detailed and comprehensive to ensure that any patient referred into Northumbria Healthcare on a cancer pathway receives the best care and experience possible

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
- Living with and Beyond Cancer (LWBC) agenda outlined in the Achieving World-Class Cancer Outcomes A Strategy For England 2015-2020 – the Recovery Package.
- Lead by NHCFT with Northern Cancer Alliance Funding

Key areas:

- Holistic Needs Assessments
- Treatment Summaries
- Cancer Care Reviews
- Health & wellbeing Events
- Risk stratified follow up for low risk cancers



Summary

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).

Cross- system working to address underperformance against national targets and the underlying causes

Significant amount of work being undertaken in secondary care to reduce the days within the pathway for diagnosis and treatment

CCG focus on population health and health inequalities

Continue to focus on improving the rate of diagnosis at stage 1 or 2

Continue to address variation across practices

