



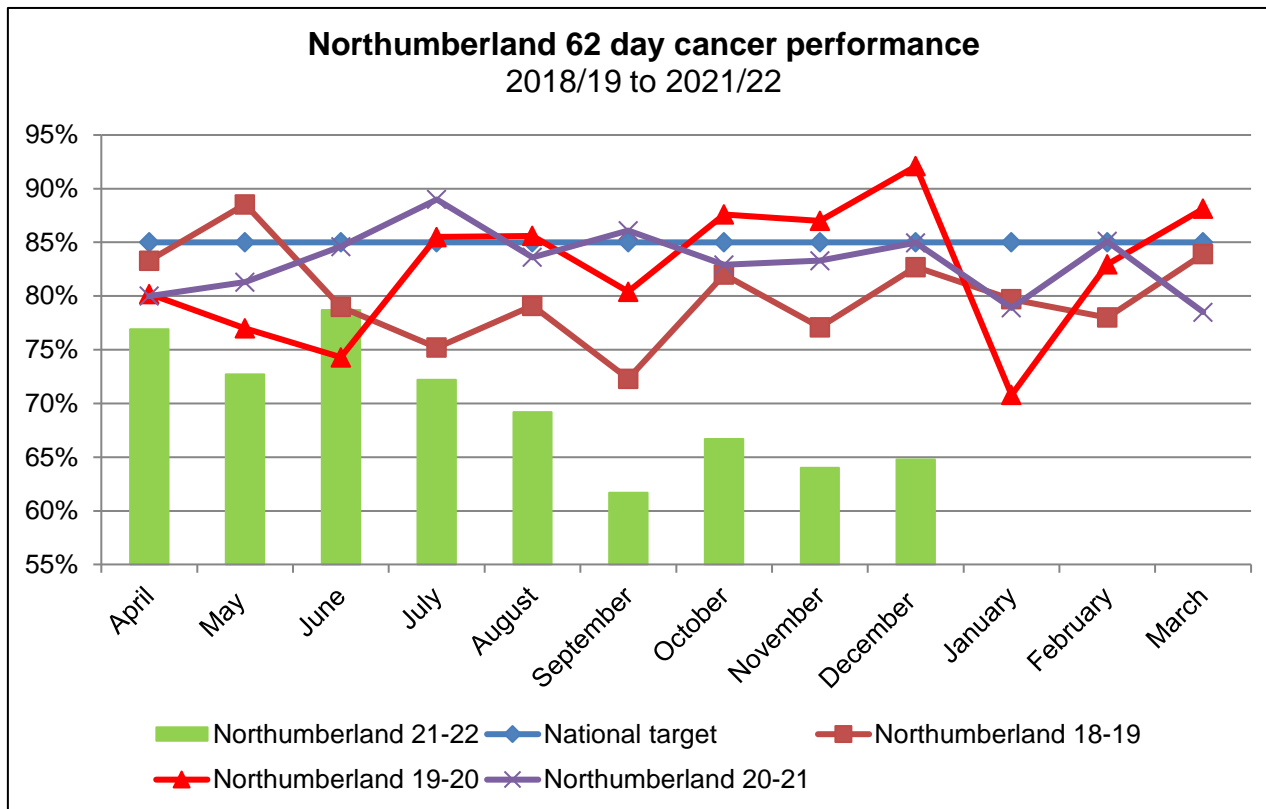
Northumberland
Clinical Commissioning Group

Northumberland Cancer Recovery

Northumberland Health and Wellbeing Board
March 2022



Northumberland CCG overall cancer performance



The impact of Covid19 has had a major impact performance recently however a lot of new pathways have been introduced to improve both waiting times and the patient experience – major challenges have been within the breast and dermatology (skin) pathways due to the high volumes of patients breaching these pathways



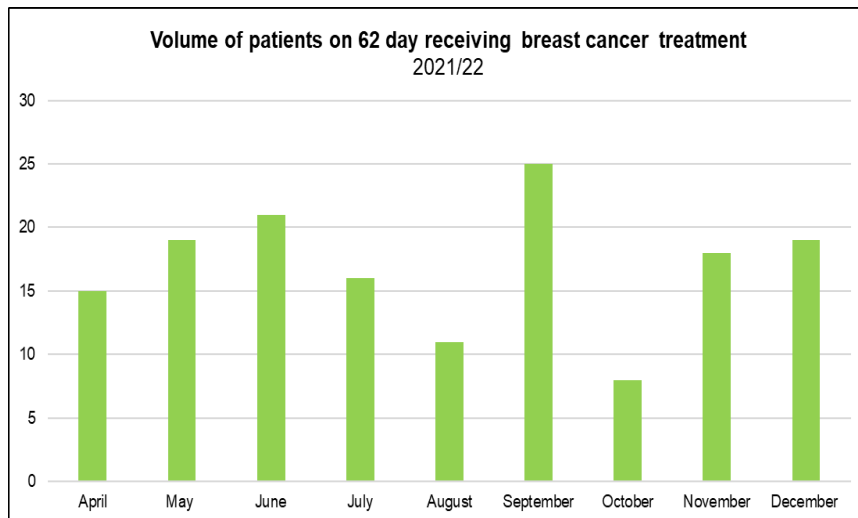
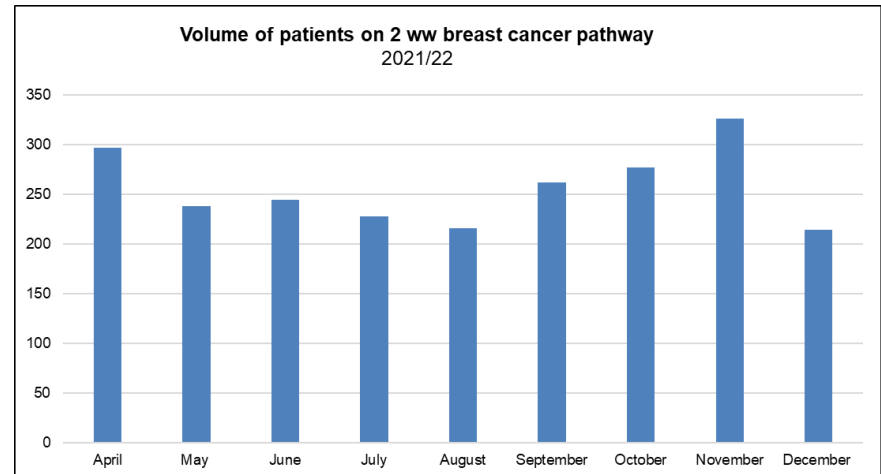
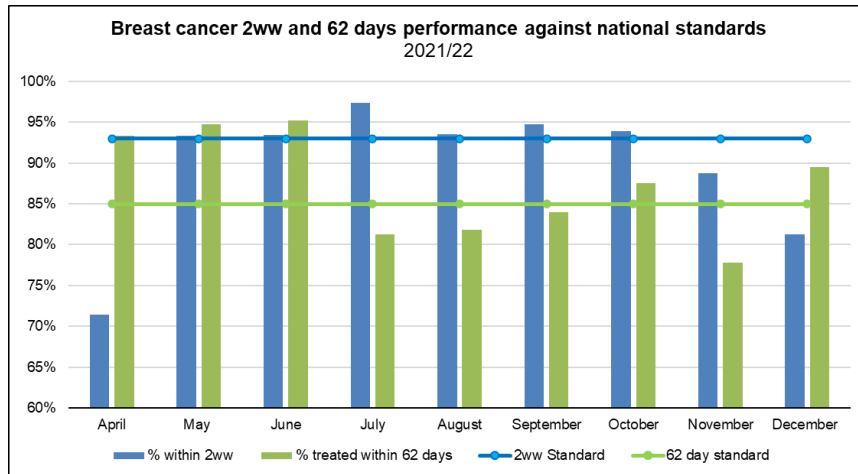
Northumberland summary of performance by specialty

2 week wait referrals by tumour type year to date (December 2021)	Target	Treated in Time	Total Treated	Breaches	% Meeting Standard
Breast	93%	2057	2302	245	89.4%
Lung	93%	202	205	3	98.5%
Gynaecological	93%	1211	1322	111	91.6%
Upper Gastrointestinal	93%	1074	1117	43	96.2%
Lower Gastrointestinal	93%	2518	2672	154	94.2%
Urological (Excluding Testicular)	93%	1110	1134	24	97.9%
Testicular	93%	35	35	0	100%
Haematological (Excluding Acute Leukaemia)	93%	119	124	5	96.0%
Acute leukaemia	93%	1	1	0	100%
Head and Neck	93%	648	689	41	94.0%
Skin	93%	1238	2878	1640	43.0%
Sarcoma	93%	8	8	0	100%
Brain/Central Nervous System	93%	1	1	0	100%
Childrens	93%	6	12	6	50.0%
Other	93%	3	3	0	100%
Total	93%	10231	12503	2272	81.8%

62 day treatment by tumour type year to date (December 2021)	Target	Treated in Time	Total Treated	Breaches	% Meeting Standard
Breast	85%	133	152	19	87.5%
Lung	85%	23	49	26	46.9%
Gynaecological	85%	25	57	32	43.9%
Upper Gastrointestinal	85%	32	52	20	61.5%
Lower Gastrointestinal	85%	73	124	51	58.9%
Urological (Excluding Testicular)	85%	171	249	78	68.7%
Testicular	85%	3	3	0	100%
Haematological (Excluding Acute Leukaemia)	85%	35	43	8	81.4%
Acute leukaemia	85%	1	1	0	100%
Head and Neck	85%	25	31	6	80.6%
Skin	85%	160	213	53	75.1%
Sarcoma	85%	3	6	3	50.0%
Other	85%	5	6	1	83.3%
Total	85%	689	986	297	69.9%



Area of current focus- breast

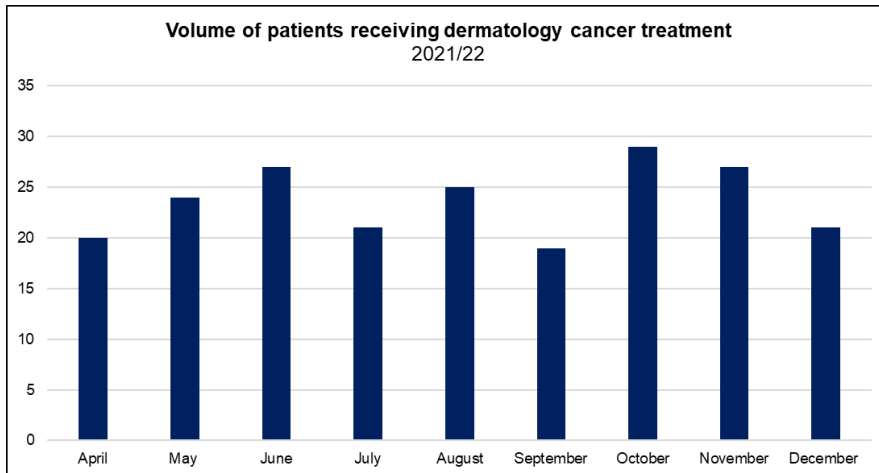
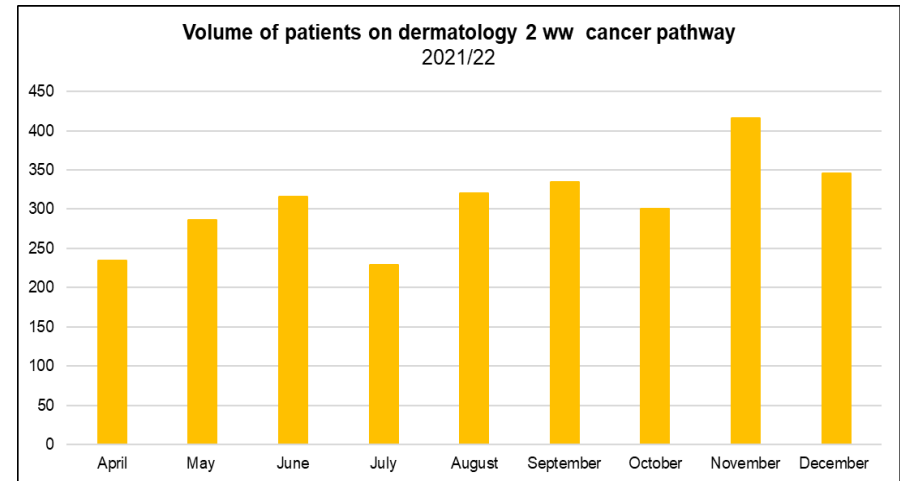
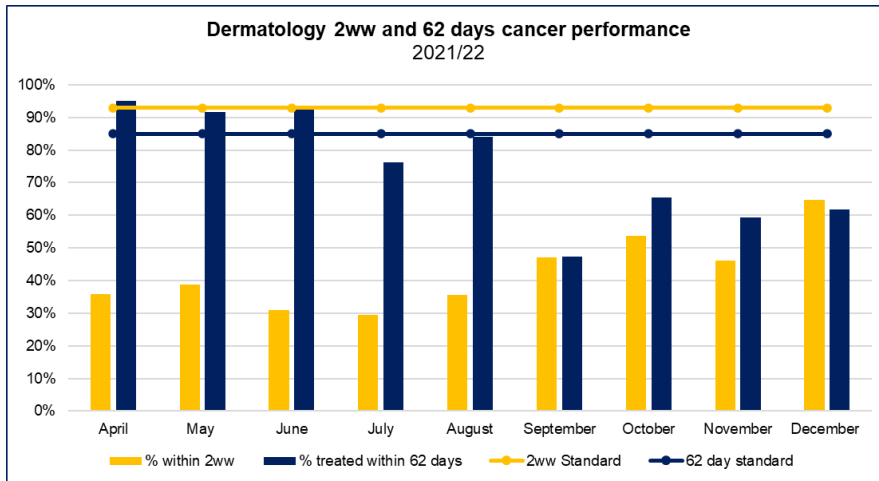


The demand on the service has increased partially due to the recent media focus on the celebrity who died with breast cancer increasing the profile of breast awareness. Earlier during the pandemic people were reluctant coming into hospital for fear of catching Covid.

Local providers have recruited additional staff to cope with increased demand including the appointment of Radiologists



Area of current focus- dermatology



Despite the deterioration in performance against the 2 week wait threshold during the year, most patients start treatment within the 62 days of referral into the service.

Extensive revisions to pathway have been introduced including the introduction of the tele- derm app which enables remote referral including a photograph of skin issue to consultant



Primary care

Continued focus on cancer from previous 12 months:

- Utilisation of Northern Cancer Alliance and NHSE funding combined to restore access to cervical cancer screening services and addressing inequalities in coverage
- Building public confidence in returning to and using NHS Services
- Ensuring effective safety netting systems are in place to prevent patients falling through the net



Cancer Recovery Plan

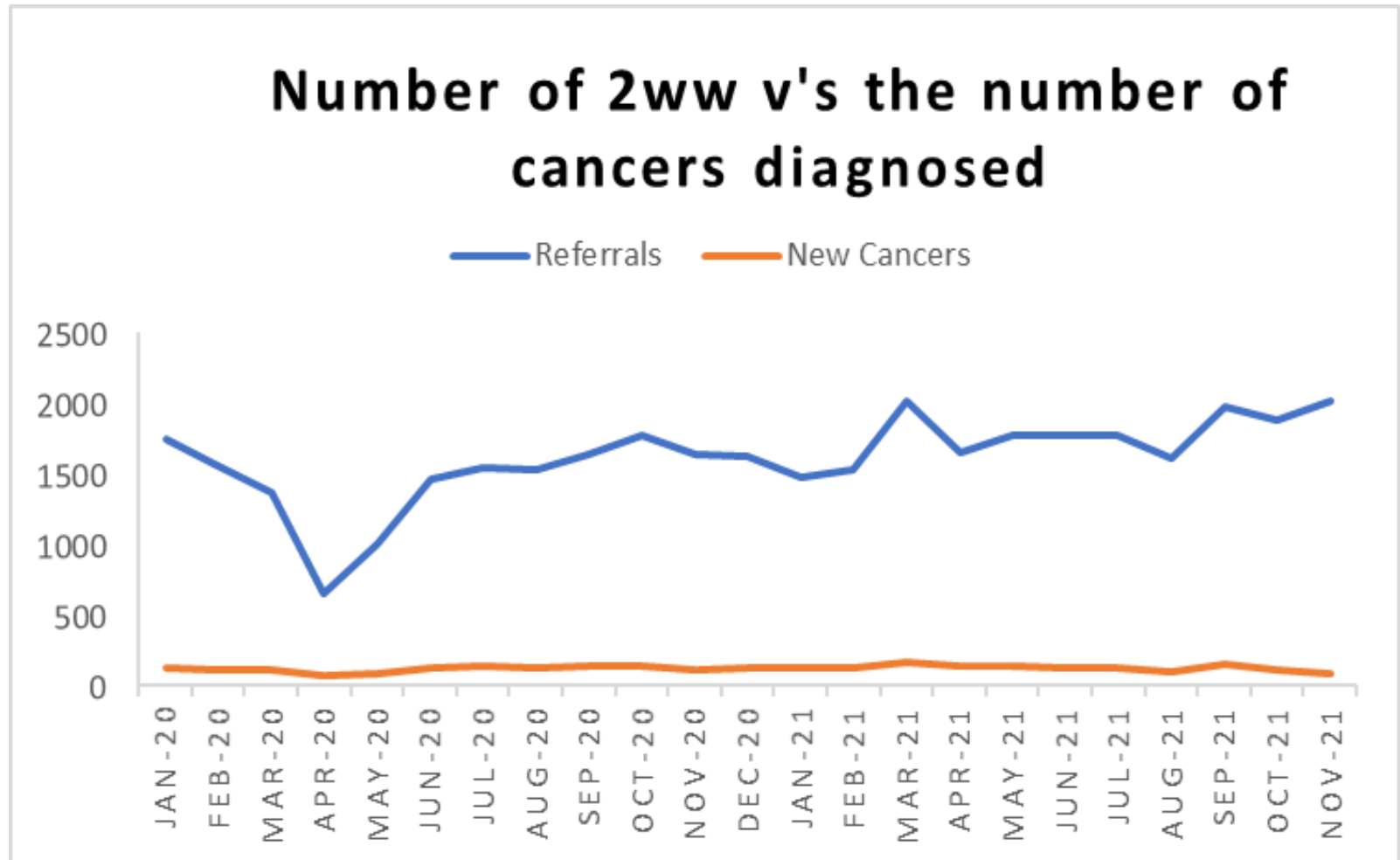
NHS Planning Guidance Oct 2021-March 2022:

Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services

- **Maximise elective activity and eliminate waits of over 104 weeks**-including clinical prioritisation of patients on waiting lists.
- **Aim to return to,or exceed,pre-pandemic levels of activity in H2 to reduce long waits and prevent further lengthening of waiting lists by:**
 - eliminating waits of over 104 weeks by March 2022 except where patients choose to wait longer
 - holding or where possible reducing the number of patients waiting over 52 weeks - NHSEI will work with systems and providers to agree individual trajectories through the planning process
 - stabilising waiting lists around the level seen at the end of September 2021.



Number of 2 week referrals



Numbers told cancer diagnosis outcome within 28 days (target)

October 21



Northumbria Healthcare
NHS Foundation Trust

	Newcastle Gateshead	Northumberland	South Tyneside	Sunderland	North Cumbria	North Tyneside	NCA
Breast	93.93 (433/461)	97.7 (255/261)	98.44 (189/192)	97.05 (296/305)	86.89 (232/267)	95.79 (182/190)	95.86 (2521/2630)
Lung	80 (60/75)	43.75 (7/16)	78.95 (15/19)	81.82 (27/33)	72.73 (8/11)	64.29 (9/14)	72.38 (228/315)
Gynae	71.13 (138/194)	75.19 (100/133)	86.21 (50/58)	86.79 (92/106)	51.43 (72/140)	80.41 (78/97)	71.79 (766/1067)
Upper GI	60.53 (115/190)	78.86 (97/123)	55.56 (35/63)	65.22 (45/69)	79.21 (80/101)	80.36 (45/56)	74.9 (758/1012)
Lower GI	40.89 (101/247)	70.82 (182/257)	62.71 (74/118)	66.18 (135/204)	66.34 (136/205)	62.33 (91/146)	65.24 (1237/1896)
Urological	54.95 (61/111)	47.71 (52/109)	74.29 (26/35)	63.33 (38/60)	35.63 (31/87)	52.54 (31/59)	53.47 (401/750)
Testicular	100 (11/11)	100 (4/4)	100 (3/3)	100 (5/5)	80 (4/5)	100 (5/5)	94.74 (36/38)
Haem	73.33 (11/15)	58.33 (7/12)	25 (1/4)	83.33 (5/6)	50 (4/8)	60 (3/5)	66.67 (50/75)
Leukaemia	0 (0/0)	100 (1/1)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	100 (1/1)
Head & Neck	93.07 (94/101)	89.16 (74/83)	71.11 (32/45)	72.22 (91/126)	60.55 (66/109)	94.12 (48/51)	80.34 (654/814)
Skin	59.02 (242/410)	55.17 (160/290)	63.06 (70/111)	96.91 (188/194)	90.71 (205/226)	56.36 (124/220)	76.11 (1676/2202)
Sarcoma	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	100 (2/2)	100 (1/1)	100 (4/4)
Brain/CNS	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	100 (2/2)	0 (0/0)	100 (2/2)
Children's	100 (1/1)	0 (0/0)	100 (2/2)	100 (1/1)	100 (1/1)	0 (0/0)	94.12 (16/17)
Other	0 (0/1)	0 (0/1)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/1)	0 (0/3)
All Cancers	69.73 (1267/1817)	72.79 (939/1290)	76.46 (497/650)	83.23 (923/1109)	72.42 (843/1164)	73.02 (617/845)	77.13 (8350/10826)

Current challenges

Increase in referrals in pathways from 2020 - 2021:

Breast – 19% increase in referrals

Skin – 20% increase in referrals

Lung – 8% increase in referrals

72% (51 patients) increase in diagnosis rate

Colorectal Services

– New pathway developments

100% increase in Colorectal referrals over 3 years

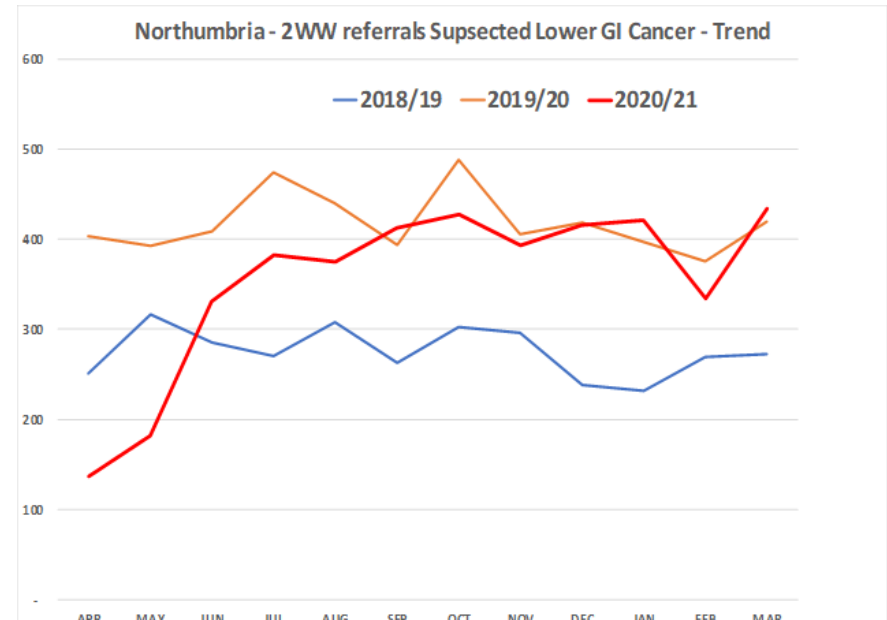
100-120 referrals pw, 35% of a trust 2ww (Week Wait)

Colonoscopy (diagnostic test) waits 5-6 weeks

‘Front end’ re-design - Dec/Jan 2021

Consisted of:

- Senior triage
- Embedding FIT (Faecal Immunochemical Test)
- Increase use CTC (Computed tomographic colonography) on low-risk patients
- **85% of all 2ww now seen within 7 days**



Covid recovery

19/20 – 38% increase

Regional share 16.3 -18.9% - 19/20

Regional share 18.9 – 21.0% - 2021

1/3 of regional increase in Northumbria

Addressing Inequalities #1

New Cancer Diagnostic Pathway

Development of a new pathway – Vague Symptoms
(New/unexplained symptoms eg weight loss, abdominal pain)

Diagnose early to improve outcomes

Conversion rates 8-10% cancers

Go live date Spring 2022 – part of new Rapid Diagnostic
Cancer Pathways work stream

Work ongoing on a combined Gastro pathway

Addressing Inequalities#2

NHS Galleri Research Trial

Aimed at 50-77years – with no cancer symptoms

Early detection of 22 cancers by a blood test – taken at a mobile unit

Blood test is a next-generation sequencing (NGS)-based screening test for the detection of DNA methylation signals

The trial offers two arms:

1. Returns a positive signal on two possible cancer locations and patient is referred for investigation
2. Control arm - NHS standard of care (blood is stored and may be subsequently tested)

Addressing Inequalities #3

Lung Case Findings

Shared learning from North Tyneside - pilot with 5 practices

Patients invited aged 55-75 on GPs COPD register for low dose CT (Computerised Tomography)

If lung cancer diagnosed on CT – patient automatically upgraded onto cancer waiting target

In 12 months -

300 patients scanned

10 lung cancers (3% pick-up, in keeping with larger studies)

9 of those have had curative treatment

Further Northern Cancer Alliance Funding to expand pilot

Personalised Care

Prehabilitation, Health & Wellbeing Information/Advice -
signposting, empowering and improving patient outcomes

Review health and well-being advice right time, right place eg
MECC, smoke free, diet, alcohol – use of digital platforms

Patient Stratified Follow up:– Go live Digital Monitoring
System in Jan 22

Breast, Low risk Colorectal & Prostate (2021/22)

Gynae (low risk) – 2022 and Haematology by 2024

Patient Engagement Portal – Trusts digital plan 2022

Joined up approach with Northern Cancer Voices

Challenges

Staffing impact – Covid has had an impact on all services, leading to slight increases in diagnostic times due to staff self isolating and in turn a reduction in capacity

Social distancing – reductions in capacity across all services due to social distancing impact

Oncology Services – increases to treatment length due to advances in new personalised targeted therapies, patients living longer (which is a huge positive) but impacting on capacity to deliver chemotherapy

Highlights

Increased staffing establishment in Oncology to support improved time to treatment and additional capacity

New Cancer Navigator posts introduced to support new pathways. Focus of role on supporting patients and acting as a central contact whilst enabling a patients care through pathway

Second CT scanner to be installed in 2022, with an aim to be operational by March. This will double the capacity and support improved time to diagnostics across all the tumour sites

Summary

- Work ongoing to monitor all cancer pathways and embed new developments eg skin – digital tele-dermatology platform
- 28 Day Faster Diagnostic target – live in October 2021
- Strong health awareness /Media message – focus on patients to come forward
- Northern Cancer Alliance – funding for Covid Recovery and Rapid Diagnostic pathways (Vague Symptoms /combined Gastro pathways)
- Community Diagnostic hubs

Raising Cancer Awareness



Continuing to raise cancer awareness

- Importance of an early diagnosis
- Symptom awareness
- Risk reduction
- Raising awareness of cancer screening campaigns
- Reassuring public that it is safe to return to Primary and Secondary care settings
- Raising awareness of methods to access primary care if concerned about symptoms

Supporting regional and national campaigns

- National and regional campaign encouraging people worried about potential cancer symptoms to see their GP or nurse
- Messages shared via social media and GP practices
- Printed resources distributed to pub and clubs across Ashington as targeted campaign



