


Agenda Item 7

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report by Sarah-Jane Mills, Director of Development and Service Delivery, NHS Lincolnshire West Clinical Commissioning Group

Report to	Health Scrutiny Committee for Lincolnshire
Date:	20 January 2016
Subject:	Cancer Services in Lincolnshire

Summary

The provision of a comprehensive range of service to promote improved outcomes for people affected by Cancer remains a priority for Lincolnshire. The prevalence and outcomes for local residents are in line with the national average. The development of local services is co-ordinated by Lincolnshire West Clinical Commissioning Group.

The strategic framework for the development of local services reflects the recommendations of the National Cancer Strategy and has been developed to reflect local priorities, challenges and the outcomes of the Cancer Summit in February 2015.

All key stakeholders and partners are fully engaged in a comprehensive programme of work that aims to raise awareness, facilitate early referral, improve outcomes and provide holistic care for those living with or beyond cancer.

New ways of working within United Lincolnshire Hospitals NHS Trust (ULHT) have supported significant improvement in local performance. The work undertaken has been actively facilitated by strong clinical engagement both from ULHT and Primary Care. This provides a strong foundation for the continued development of services and design of new ways of working that will facilitate improved outcomes.

Actions Required

To consider and comment on the progress with regards the development of Cancer Services throughout Lincolnshire.

1. Background

Cancer remains one of the national priorities for the NHS. In 2015 an updated Cancer Strategy *Achieving World Class Cancer Outcomes* was published by the Independent Cancer Taskforce. The Strategy sets out a vision for what cancer patients should expect from the health service. The six overarching objectives of the national strategy are:

- 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 Lincolnshire Health and Care System remains committed to driving the continued improvement of cancer services and has established a network with key stakeholders, co-ordinated by Lincolnshire West CCG, to further promote the development of services for local people.

This report provides an overview of progress during the last twelve months and sets out the priorities for the coming year.

2. Local Data

The prevalence of cancer locally and outcomes are broadly in line with the national average. Details for each of the four Lincolnshire CCGs are given in Table One below.

Table One Local Cancer Data

CCG	Prevalence (Number of people living with and beyond cancer up to 20 years after diagnosis)	Incidence (new cancer diagnosis per 100,000 each year)	Mortality (number of cancer deaths per 100,000 each year)	1 year survival rates	Overall patient experience (National average 88%)
Lincolnshire East	8,200 (estimated to rise to 15,900 by 2030)	626 (similar to national average)	293 (similar to national average)	69% (similar to national average)	83%
Lincolnshire West	6,900 (estimated to rise to 13,400 by 2030)	612 (similar to national average)	297 (similar to national average)	68% (similar to national average)	80%

CCG	Prevalence (Number of people living with and beyond cancer up to 20 years after diagnosis)	Incidence (new cancer diagnosis per 100,000 each year)	Mortality (number of cancer deaths per 100,000 each year)	1 year survival rates	Overall patient experience (National average 88%)
South Lincolnshire	4,600 (estimated to rise to 8,900 by 2030)	591 (similar to national average)	264 (similar to national average)	71% (similar to national average)	89%
South West Lincolnshire	3,700 (estimated to rise to 7,200 by 2030)	629 (similar to national average)	267 (similar to national average)	68% (similar to national average)	82%

(Source: Data extract from Cancer Commissioning Tool Kit)

United Lincolnshire Hospitals NHS Trust (ULHT) is the primary provider of Cancer Services for Lincolnshire and, on the basis of the number of patients treated, is in the top ten list of cancer treatment providers in England, as shown in Table 2 below.

Table 2 shows the top ten (out of 155) Trusts for the number of patients treated on the 62 Day pathway.

Trust	Total Patients Treated
Leeds Teaching Hospital NHS Trust	1990
University Hospitals of Leicester NHS Trust	1944
East Kent Hospitals University NHS Foundation Trust	1897
Oxford University Hospitals NHS Trust	1878
Nottingham University Hospitals NHS Trust	1822
The Newcastle Upon Tyne Hospitals NHS Trust	1799
Heart of England NHS Foundation Trust	1742
Sheffield Teaching Hospitals NHS Foundation Trust	1706
United Lincolnshire Hospitals Trust	1691
Gloucestershire Hospitals NHS Foundation Trust	1680

(Source: Open Exeter, Jan – Dec 2014)

3. Progress against the key priorities for the Lincolnshire Cancer Improvement Plan

3.1 Screening

Bowel Screening

Bowel screening in Lincolnshire works well. The proportion of people aged 60-74 attending bowel cancer screening in Lincolnshire is 61.2%. This is higher than the East Midlands average 60.3% and higher than the national average of 58.3%.

(Source - Cancer Research UK)

The minimum standard for uptake is 52% and the target is 60%.

Bowel scope screening began in the Louth area and will be phased in across Lincolnshire during the next 3 years (men & women will attend for bowel screening aged 60 years); NHS bowel scope screening is a relatively new test to help prevent bowel cancer. Bowel scope screening is a one-off test offered to men and women at the age of 55. Bowel scope screening or flexible sigmoidoscopy is used to find and remove small growths called polyps from the bowel. Polyps do not usually cause symptoms, but some might turn into cancer if they are not removed.

The Screening & Immunisation Team are working with both Lincolnshire & Leicestershire Screening Teams and both Learning Disability Teams to produce a DVD on bowel scope for people with Learning Disabilities to access the Bowel Scope Screening programme. This will be launched at the end of April 2016.

Cervical Screening

The provision of cervical screening is a complex pathway as it involves a number of different teams / organisations. Women are invited by age band: 25-49 are automatically invited every 3 years. The first invites are sent out at 24 years 6 months. Women aged 50-64 are automatically invited every 5 years.

The Cervical Screening Programme, England Statistics for 2014-15 (published November 2015) reported the following coverage data:

The national standard is 80% coverage.

	25-49 years	50-64 years	25-64 years
England	71.2%	78.4%	73.5%
East Midlands region	74.3%	80.4%	76.3%
Lincolnshire	74.7%	79.7%	76.5%

Overall Lincolnshire for this reporting period is above the national average for 25-49 year olds and overall for 25-64 years. However, uptake amongst younger women between the ages of (25-34) is better than the national average. This is believed to be linked to the *Pink Pants* campaign facilitated by Early Prevention of Cancer (EPOC).

Finally a key standard for cervical screening is the two week turnaround for all result letters. The national standard is 98 \geq %, being sent out within 14 days of the cervical screening sample being taken. There was a significant issue with this standard during the summer due to the conversion the laboratory from SurePath Technology to Thin prep technology including sample takers.

This standard is now on track and the latest data from Screening Quality Assurance Service Midlands and East reported that for November 2015; one CCG is at 99%, two are at 97% and one at 95% out of the four.

The Screening & Immunisation Team are supporting key partners to encourage ladies to attend this screening.

Breast Screening

The provision of breast screening is provided by UHL across 3 sites: Lincoln County, Pilgrims (Boston) and Grantham.

Women are invited every 3 years between the ages of 50-71 and importantly women are encouraged to self-refer after the age of 71 by the breast screening unit. There is also a nation breast screening age extension trial for women aged 47-49 and 71-73 which has been rolled out across Lincolnshire. The outcome of this trial will be available in 2020.

The national breast screening annual report from April 2014 – March 2015 will not be available until February 2016. The national standard for coverage is: Minimum standard 70%, target is 80% (for age range 53-70 years). Local unit data for the unit uptake rate for April 2015 – September 2015 (50 – 70 years) is 71% and for October it is 76%.

Finally Higher Risk screening for Lincolnshire women was implemented in September 2015 and women are screened and assessed at Nottingham Breast Screening Unit.

3.2 Access

The NHS Constitution indicates that Patients have the right to access services within maximum waiting times. The standards for cancer services are:

- 14 days – From urgent GP referral for suspected cancer to first appointment
- 31 days – From the decision to treat to the start of treatment
- 62 days – From urgent GP referral for suspected cancer to the first treatment

National Performance

In the 2014/15 Annual report published by NHS England, national performance was reported as follows:

Two week waits (14 days) Target 93%

The percentage of patients who were seen by a specialist within 14 days of being urgently referred for suspected cancer by their GP was 94.2%

The percentage of patients who were seen by a specialist within 14 days of being urgently referred by their GP with exhibited breast symptoms (where cancer was not initially suspected) was 93.3%.

31-day waits for first treatment for all cancers Target 96%

The percentage of patients receiving a first definitive treatment for cancer who began that treatment within 31 days was 97.7%

62-day waits for all cancers Target 85%

The percentage of patients who received a first treatment for cancer within 62 days following an urgent GP referral for suspected cancer was 83.4%.

Local Performance

Whilst the primary provider for Lincolnshire residents is United Lincolnshire Hospitals NHS Trust (ULHT), patients also access services provided by Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT), Nottingham University Hospitals NHS Trust (NUH), Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) and Queen Elizabeth Hospital, King's Lynn (QEH). Patients with complex needs requiring specialist treatments will be referred to specialist tertiary centres although they may access some of their treatments in local communities.

The average performance from January 2015 – October 2015 for these hospital trusts is as follows. The percentage quoted is for all patients not just for Lincolnshire residents.

	2 week wait	2 week wait – breast symptomatic	31 day – first treatment	62 day
Standard	93%	93%	96%	85%
National Average	93.6%	92.9%	97.3%	81.9%
ULHT	90.2%	79.7%	97.1%	73%
NUH	90.9%	91.1%	96.9%	80.1%
NLAG	97.9%	96.2%	99.7%	85.1%
PSHFT	95.6%	95.8%	99.7%	87.8%
QEH	97.4%	96.3%	98.1%	80.9%

A national improvement programme to support delivery of the 62 day standard was introduced by NHS England in July 2015. Lincolnshire West CCG, as the federated lead for Lincolnshire, has worked closely with ULHT to co-ordinate and facilitate the

local Improvement Plan. The local Plan reflects the discussions at the Cancer Summit in February 2015 and focuses on improvement of services for four main tumours, namely, Lung, Urology, Lower Gastrointestinal and Breast.

To further support the Improvement Plan, ULHT invited the National Intensive Support Team and secured additional service improvement capacity from the East Midlands Strategic Clinical Network.

The key themes of the Improvement Plan are:

- Improve access within 14 days
 - Arrangements for booking patients in Lung, Head & Neck & Lower Gastrointestinal clinics have all been refreshed. Since introducing these new arrangements the standard has not been failed due to lack of capacity.
 - Staff within Urology, Lung and Colorectal teams contact patients directly if the patient is unable to attend the appointment they have been offered and another within target cannot be identified.
 - Additional capacity has been provided to support the breast services.

- Improve access to diagnostic tests:
 - One stop diagnostic clinics have been introduced for patients referred with suspected Lung cancer.
 - Triaged 'Straight to Test' pathways are being introduced for patients suspected of having Lower and Upper Gastrointestinal tumours.

- Review and refresh systems and processes to facilitate efficient management of patients on a cancer pathway:
 - Clinical case management meetings have been established to support patients referred to Urology, Lower GI and Head & Neck.
 - Internal Patient Treatment List (PTL) management arrangements have been reviewed and updated.
 - Operating policies have been updated and relaunched.
 - Multi-disciplinary teams are reviewing their working practises to support timely access to treatment.
 - Strategic Clinical Network Clinical pathways are being implemented both with local teams and colleagues in tertiary centres.

- Recruit to the Lead Cancer Nurse post
 - Lead Cancer Nurse joined the Trust in November 2015.

The impact of the Improvement Plan on performance at ULHT is as follows:

	2 week wait	2 week wait – breast symptomatic	31 day – first treatment	62 day
Standard	93%	93%	96%	85%
National average	93.6%	92.9%	97.3%	81.9%
Year to Date Average	90.2%	79.7%	97.1%	73%
September	88.9%	81.8%	98.4%	70.3%
October	91.8%	87.8%	99.1%	74.1%
November (forecast)	95.7%	93.8%	98.6%	82%

3.3 Support for People Affected by Cancer

The impact for patients and their families will vary from person to person. As such the support available in the community is varied and has been largely influenced by the development of self-help groups or through independent initiatives pump primed by Macmillan. An application has been made to Macmillan to fund a Project Manager to work with the patients, their families, cancer specialists, neighbourhood teams, GPs and local communities to develop an integrated menu of services to support recovery.

3.4 Palliative and End of Life Care Services

In July 2008 the Department of Health published a national End of Life Care Strategy. This strategy built on the recommendations outlined in NICE guidance for Supportive and Palliative care but emphasised that effective palliative and end of life care services should be available to all people regardless of location or diagnosis. Given this, a dedicated Palliative and end of life care strategic development group has been established to support the continued improvement of services for people in Lincolnshire.

The work programme has included:

- Re-design of community service provision to provide 24 hour access to specialist support.
- Introduction of EPaCCS [Electronic Palliative Care Coordination Systems] – an IT solution to support access to patients' advanced care plan in all settings.
- Continued provision of education to staff in all settings.
- Contributed to the development of a county wide / cross organisational Do Not Attempt Resuscitation Policy.
- Developing arrangements to facilitate improved access to palliative care medicines in the community.
- Continued development of supportive palliative care services in the community.

3.5 Investment in Modern High Quality Services

In the last year the following new investments have been commissioned:

- A Chemotherapy Bus - The development of Chemotherapy Closer to Home Services in Lincolnshire is being delivered and developed via a Chemotherapy Bus, with the potential to improve patient experience and choice by reducing travel and waiting times for chemo delivery. The bus is equipped with 4 chairs, refrigerated storage for drugs, a toilet and a quiet seating area for patients and carers.

Medical, nursing and pharmacy services are provided by ULHT. Two chemotherapy trained nurses are required to staff the unit per day, working on a rotational basis from the chemo suite teams.

29 treatment regimes have been identified that are suitable for delivery in a community setting, risk stratified as 11 low and 18 medium, with initial assessment and first cycle of treatment being made at the main centres.

The mobile unit is currently utilised at Grantham Hospital (and on the Lincoln Hospital site for additional capacity) and a roll out plan is in place now that Louth and Skegness sites have established the electrical coupling required. This plan has been somewhat delayed due to chemotherapy trained staffing shortages.

- A new LINAC machine (to provide radiotherapy treatment) at ULHT, (a second machine is due to become operational in 2016).

4. Continued development of local Cancer services.

The development of Cancer Services is both a local and national priority. The Lincolnshire improvement framework aim to promote and facilitate the development of cancer services in line with the strategy for England “Achieving World Class Cancer Outcomes” which sets out a vision for what patients should expect from the health service.

Our approach will be to build on the improvements that we have made in the last twelve months. The focus will on developing and implementing a work programme that will deliver real and sustainable improvements that are centred on the needs of patients and informed by active engagement of clinicians and other key stakeholders. Our continued success will require us to develop services that are built on strong evidence, promote new ways of working, embrace innovation and recognise the ambition of local clinicians to deliver excellence.

The objectives of our improvement plan will be:

- To work with local communities to increase the number of people who attend the screening programme.
- To develop community services to support people affected by cancer so that they may be partners in their care and treatment, both during and beyond treatment.
- To improve access to diagnostic services in order to support referral to diagnosis in 4 weeks.
- To work with the East Midlands Clinical Network and other partners to support the development and implementation of best practise clinical pathways.
- To continually improve the systems, processes and policies so as to facilitate the proactive management of patients on their cancer pathway.
- To support the continued development of palliative and end of life care services.

During the next six months our key actions are:

- Support continued improved performance against the national waiting time standards.
- Where appropriate support direct access to diagnostic investigations.

- Work with colleagues in public health to gather information that will further support our understanding of issues for the local population.
- Secure funding to support the appointment of a Project Manager to lead the development of community based cancer support services.
- Develop links with tertiary centres to facilitate the review of clinical pathways and where appropriate explore the development of formal alliances.
- Review & consider the Danish model with respect to utilising different diagnostic strategies to facilitate access for patients at high risk of cancer.
- To work with key stakeholders to develop sustained improved access to breast services.

5. Conclusion

Improving cancer services for the people of Lincolnshire remains a top priority. Local plans have been developed to reflect local challenges and the National Cancer Strategy. The key areas of focus include:

- Raising awareness.
- Encouraging people to take up the opportunity of screening.
- Improving access to local services.
- Supporting the continuous improvement of acute cancer treatments, at ULHT, other hospitals used by Lincolnshire people and tertiary centres.
- Promoting the development of services to support people living with and beyond cancer.
- Reinforcing and enabling the continued development of palliative and end of life care services.

6. Background Papers

The following background papers were used in the preparation of this report:

http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_executive_summary.pdf

Data extracts from the Cancer Commissioning Toolkit.

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