


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 on behalf of Sarah-Jane Mills, Director of Development and service Delivery, Lincolnshire West Clinical Commissioning Group

Report to	Health Scrutiny Committee for Lincolnshire
Date:	21 September 2016
Subject:	Cancer Services in Lincolnshire

Summary

Improving cancer services for the people of Lincolnshire remains a top priority

There is a well-established Cancer Improvement Team, with representatives from all partner organisations. This team are responsible for leading the development of Cancer services across Lincolnshire and implementing local plans which reflect local challenges and the National Cancer Strategy.

During the last six months, performance has not sustained the level of improvement reported in January 2016. Key constraints are access to diagnostic services and workforce availability. Short terms priority plans are in place to mitigate these risks.

Significant progress has been made on the specific improvement projects described in January, with arrangements in place to support early detection and improvement, *Find Out Faster* and development of community support.

Actions Required:

To consider and comment on the progress in relation to 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 6 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 update on the Lincolnshire Cancer Improvement Plan

2. Cancer Profile for Lincolnshire (information source Public Health Intelligence Team)

2.1 Incidence summary

- New cases of cancer (all cancers) are highest in South and South West Lincolnshire CCG's, with rates greater than the national average.
- New diagnosis of breast cancer amongst women is greatest in South Lincolnshire.
- New cases of lung cancer are comparably low across Lincolnshire compared to England, and lowest in South Lincolnshire.
- Colorectal cancer incidence is higher across all CCG's compared to England, with South and South West Lincolnshire having the highest rates.
- Trends over time show that new diagnosis of all cancers has seen a steady increase nationally since 2009.
- A similar increase can be seen in South Lincolnshire while rates have fallen in other areas of Lincolnshire over the same period.

Table 1: All-age, cancer incidence rate in Lincolnshire, by type of disease and CCG, 2012-14 (Source: National Cancer Registration and Analysis Service, Public Health England)

CCG	Incidence rate per 100,000				
	All cancers	Prostate	Breast	Lung	Colorectal
Lincolnshire East	622.2	184.2	172.7	72.4	76.3
Lincolnshire West	595.5	172.6	170.0	67.1	73.2
South Lincolnshire	599.7	210.2	164.3	63.2	78.2
South West Lincolnshire	626.3	207.9	171.0	71.6	75.5
Lincolnshire	610.3	189.9	169.7	68.9	75.5
England	615.3	181.8	169.9	79.7	72.9

2.2. Early detection

Early detection of cancer greatly increases the chances for successful treatment. There are two major components of early detection of cancer: education to promote early diagnosis and screening. Screening refers to the use of simple tests across a healthy population in order to identify individuals who have disease, but do not yet have symptoms. Examples include breast cancer screening using mammography and cervical cancer screening using cytology screening methods, including Pap smears.

(Source: WHO, Early detection of cancer, 2016)

Screening summary

- Invitation and uptake for breast cancer screening for females aged 50-70 in Lincolnshire is higher than the national average. South and South West Lincolnshire have seen a noticeably higher uptake compared to East and West Lincolnshire CCG's.
- 3-year coverage of breast screening is also high in Lincolnshire, compared to England. Again coverage is highest in South Lincolnshire.
- Cervical screening covers around three quarters of all females aged 25-64 living in Lincolnshire, looking over a 3.5 to 5.5 year period.
- Invitation and uptake for bowel cancer screening for all persons aged 60-69 is higher than the national average. South Lincolnshire has the highest uptake across Lincolnshire.
- Rates of bowel cancer screening in the past 30 months are also high in Lincolnshire, with South Lincolnshire having the highest uptake.
- Early diagnosis of cancer across Lincolnshire is poor in comparison to national averages.
- In 2014, half of all new cases nationally were diagnosed at stage 1 or 2, while in Lincolnshire West only a third were diagnosed at the same stage.
- South Lincolnshire has the highest early diagnosis rate across Lincolnshire, at 48.3% and is statistically comparable with England.
- Although lower than the national equivalent, early diagnosis rates for Lincolnshire East, West and South West have improved since 2012.

2.3 Survival

Survival statistics for cancer are usually written as 1 year survival, 5 year survival or 10 year survival. They mean the percentage of all adults (aged 15 to 99) who are alive 1, or 5, or 10 years after their initial diagnosis. (Source: Cancer Research UK, Understanding cancer stats, 2016)

Survival summary

- One year survival rates for all cancers across Lincolnshire are comparable to the national average. South Lincolnshire is the only CCG area where survival rates exceed the national equivalent.
- Of the defined types of cancer, survival rates are highest for breast cancer, with rates comparable to England.
- Around three quarters of adults across Lincolnshire initially diagnosed with colorectal cancer survive at one year.

- One year survival rates for lung cancer are much lower across Lincolnshire, at between 30.5% and 39.4%.
- Over time, survival rates for all cancers have seen the greatest increase in South Lincolnshire of 13.4% between 2004 and 2013. South West Lincolnshire has the slowest increase of 10.8%.

Table 2: Cancer survival rates at one year in Lincolnshire, by type of disease and CCG, 2013

CCG	One year survival rate			
	All cancers	Breast	Lung	Colorectal
Lincolnshire East	68.8	95.8	30.5	74.5
Lincolnshire West	69.9	96.5	37.3	73.9
South Lincolnshire	71.1	96.1	39.4	76.6
South West Lincolnshire	69.3	96.9	33.9	75.9
England	70.2	96.7	35.4	77.7

3. The results of the National Cancer Patient Experience Survey, published in July 2016, are presented in the table below

Extract from National Cancer Patient Experience Survey 2015 Results:

	LINCOLNSHIRE CCGs				NHS TRUSTS providing treatment for Lincolnshire people			
	EAST	WEST	SOUTH WEST	SOUTH LINCS	ULHT	PSFHT	NLAG	NUH
Asked to rate their care on a scale of zero (very poor) to 10 (very good), respondents gave an average rating	8.5	8.4	8.6	8.9	8.5	8.9	8.7	8.7
% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment.	76	77	78	82	77	81	74	79
% of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment.	85	87	89	88	85	91	90	89
When asked how easy or difficult it had been to contact their Clinical Nurse Specialist % of respondents said that it had been 'quite easy' or 'very easy'.	86	82	86	89	86	86	87	89
% of respondents said that, overall, they were always treated with dignity and respect whilst they were in hospital.	87	86	91	92	88	91	90	86
% of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital.	92	92	92	95	92	96	93	92
% of respondents said that they thought the GPs and nurses at their general practice definitely did everything they could to support them while they were having cancer treatment.	58	63	66	71	63	67	60	62

4. Lincolnshire Cancer Improvement Plan - Progress

4.1. Support for Continued Improved Performance against the National Waiting Time Standards.

The following table shows the performance during Quarter 1 2016/17 (April – June)

	2 week wait – percentage of patients seen by a specialist within 14 days of referrals	62 days – percentage of patients receiving treatment within 62 days
United Lincolnshire Hospitals Trust	90.83%	71.4%
Peterborough & Stamford Foundation Trust	97.2%	83.12%
Norther Lincolnshire & Goole	96.73%	82.32%
Nottingham University Hospitals	92.75%	79.02%

Towards the end of 2015, the trajectory for cancer performance at ULHT was improving month on month. Whilst nationally performance is expected to dip slightly in January and February, ULHT performance did not recover to the pre-Christmas level. The ULHT team along with colleagues from the CCG, NHS Improvement, NHS England, Cancer Network and National Intensive Cancer Support Team have worked together to understand why recovery was not in line with forecast. This review noted that:

- The Lincolnshire Improvement Plan is comprehensive and actions are being progressed in accordance with the plan.
- The primary constraint is at the early part of the cancer pathway. Increased demand for diagnostic tests is largely due to a positive response to the *Be Clear on Cancer* Campaign and the change to NICE guidance to encourage GPs to refer promptly if there is a possibility that the symptoms a patient is describing may be as a result of a cancer.
- During this period the Trust, along with other acute providers, have joined together to enable images to be shared and as such reported across the East Midlands. Whilst ultimately this will reduce the reporting time, during the implementation of the new software there have been a number of problems which have resulted in a delay in reporting.
- Workforce availability has also resulted in reduced capacity in a number of areas including :
 - Vacancies within the Oncology team which led to delays in patients receiving their radiotherapy (performance during the period January 2016 – July 2016 was 88% compared with the normal average of 95.8%) – all posts are now filled.

- Staff vacancy and maternity leave in chemotherapy (performance during the period December 2015 to May 2016 was 92% compared with the normal average of 99.1%. During this period the Trust were unable to support the Chemotherapy bus) – Issues are now resolved.
 - Over the last 2 months, the 2 week wait performance deteriorated further as radiologist capacity in the breast service was drastically reduced following staff changes. – Issues are temporarily resolved but the service remains fragile and there is an urgent need to review the options with regards service configuration to ensure that these support a sustainable service model.
 - Workforce availability remains one of the high risks with regards to the provision of cancer services.
- Although the CCG and ULHT have a comprehensive Improvement Plan which is being progressed in accordance with the agreed time line additional actions have been agreed to mitigate the current problems that are directly impacting on the Trust's performance today. These include :
 - An operational risk summit was arranged to review the actions that could be taken to manage the reduced capacity in the breast team. At all times the team had full knowledge of the length of time a person was waiting for their first appointment. All patients were actively tracked and managed to ensure that treatment needed was not delayed, i.e. that if a person was diagnosed as having cancer their treatment was completed within the 62 days and as such there would be no adverse impact on the prognosis for the patient. The team have also provided additional weekend clinics and this week's waiting time is now reported at 10 days.
 - Implementing a rapid improvement programme to review and stream line access arrangements to diagnostics.
 - Planning a rapid improvement programme, to follow the access improvement initiative, to reduce the time taken from test to report.
 - Submitted an application for national funding to increase the capacity in CT and support straight to test for suspected Lower Gastro-intestinal cancers.
 - Reinstating the 7 day horizon for booking 2 week wait referrals for all tumour sites other than skin and breast.
 - Securing additional support from the IST to explore the opportunity to review systems and processes within teams to proactively manage patients through their cancer treatment pathway.
 - Progress of these priority actions are monitored by all parties through a weekly teleconference and reviewed every six weeks so that we are assured that the priority actions are aligned to the identified constraints at any point in time.

4.2 Progress against the improvement actions discussed in January 2016

- Direct access to diagnostic investigations

ULHT have piloted the development of a Clinical Nurse Specialist led telephone triage for patients with suspected Lower Gastrointestinal (Gi) cancer. The details of this project are outlined in appendix 1 and have led to a reduction in the time taken from GP referral to diagnostic test from 23 days to 10. The project has also improved

patient experience and costs less than the previous pathway. The plan is to roll out the new way of working to all sites.

- Work with colleagues in Public Health to gather information that will further support our understanding of issues for the local population.

Cancer prevention and early presentation interventions are essential for addressing the health and wellbeing gap in the Lincolnshire Sustainability and Transformation Plan (STP). As a key workstream in the Lincolnshire Cancer Improvement Plan, colleagues in Public Health are leading the development of an integrated plan to support the co-ordination of plans to facilitate early detection and prevention. This group includes representatives from Clinical Commissioning Groups, Public Health England, the Local Authority and Cancer Research UK.

The group will ensure that the Lincolnshire Improvement Plan considers the range of strategies and programmes that show the importance of cancer prevention and early presentation. Some of these include:

National

- The 5 Year Forward View includes how the NHS will take the lead for improving health and wellbeing and includes the need for incentivising and supporting healthier behaviours.
- Improving Outcomes: A Strategy for Cancer 2015-2020 sets out the approach that health and care services will take to improve outcomes for cancer patients which includes the role of prevention and public health.
- The NHS Mandate for 2016/17 includes actions on cancer to address poor outcomes and inequalities.
- Public Health England's plan 'From Evidence into Action: Opportunities to Protect and Improve the Nation's Health' identifies seven priorities, which includes risk factors for cancer, for example, tackling obesity, reducing smoking and reducing harmful drinking.
- There are a number of other national strategies that are relevant to cancer. For example, 'Healthy Lives, Healthy People: A Tobacco Control Plan for England' and 'Healthy Lives, Healthy People. A Call to Action on Obesity in England'.

Local

- Cancer is one of the topics in the Lincolnshire Joint Strategic Needs Assessment which relates to a number of core themes (for example, ill health and inequalities).
- A number of the themes of the Joint Health and Wellbeing Strategy for Lincolnshire, such as Promoting Healthier Lifestyles and Delivering Care for Major Causes of ill Health and Disability, are very relevant to cancer.
- There are a number of other local strategies that are relevant to cancer, for example, the Lincolnshire Tobacco Control Strategy 2013-2018 and the Lincolnshire Alcohol and Drug Strategy.

Actions plans are being developed to support continuous improvement in:

- Cancer prevention

- Cancer screening
- Promoting symptom awareness.
- Secure funding to support the appointment of a Project manager to lead the development of community based cancer support services.

A dedicated project manager has been appointed to lead the development of community based services. The key objectives of the programme include:

- Identifying patients who may need additional support prior to diagnosis and to ensure that this support is available
- Improve the management of patients transferring from acute treatment to a recovery programme
- Develop the network of services to support patients adjusting to the new norm of life after cancer treatment
- Ensuring that patients who have a palliative condition are connected with palliative care services
- Develop links with tertiary centres to facilitate the review of clinical pathways and where appropriate explore the development of formal alliances.

ULHT are working with colleagues to develop systems and processes that ensure that patients who need to go out of area for some aspects of their treatment are supported and are not lost to local clinical teams. Discussions with colleagues in Nottingham have supported the development of the 'Next steps' framework – which is aimed at ensuring that when a patient leaves an appointment they are clear about what will happen next, this joint management of patients is critical to both ensuring they are well supported but also in ensuring that there are no delays in their treatment.

- Review & consider the Danish model with respect to utilising different diagnostic strategies to facilitate access for patients at high risk of cancer.

A project manager has been appointed to lead the *Find Out Faster* initiative.

The *Find Out Faster* project aims to offer rapid access to diagnostic testing for patients who present to their GP with vague symptoms of cancer. GPs currently have two options for patients where there is a suspicion of cancer, refer on a two week wait pathway or send for routine diagnostics (this can take up to 6 weeks for results), the *Find Out Faster* pathway offers a third option, for patients who present with vague symptoms of cancer the GP will use a risk stratification tool (QCancer) to accurately predict the patients current risk of having a cancer, patients receiving a score of between 2% & 5% will be referred on the *Find Out Faster* pathway. It is hoped that the outcomes of the project will be:

- A shift to early stage diagnosis of cancer (Stage 1&2 rather than stages 3&4) where it is more treatable.
- A reduction in the number of emergency presentations of cancer
- A reduction in the number of 2 week wait referrals
- Improved access to diagnostics for patients classed as medium risk

- To work with key stakeholders to develop sustained improved access to breast services.

Although there is general agreement of the need to review the breast services for Lincolnshire the recent focus has been on managing the impact of the current workforce pressures within the team. These discussions have though generated a greater understanding of the short term improvements that would improve the current service arrangements prior to a more comprehensive review. These include :

- Review of the referral pathways to develop alternatives to provide advice / guidance / support to GPs
- Review of the Clinical Nurse Specialist role
- Collaboration with other breast teams.

A review meeting is scheduled for the end of September. At this meeting the team will review progress on the short term actions to mitigate current risks and agreed the Project brief for the wider service review.

4.3 Update on issues raised at the meeting in January

At the meeting in January colleagues raised concern about feedback they had received from a local resident. This feedback was followed up and a face to face meeting arranged. As a result of this & similar feedback from a local patient support group the Lead Cancer Nurse is working with the Clinical Nurse Specialists to review their role and the time they have available to support individual patients. Further feedback was provided to the team involved in the patient care who acknowledge that a lack of information and shared decision making had led to the patient experiencing an apparently chaotic system and feeling un-supported.

The issue raised by councillors with regards to supporting patients, who are no longer routinely called for screening, to make a note in the diary, was raised with the team. Currently the template for letters is generated centrally, but through the Early Detection / Prevention Group, the team agreed that they will consider how to address the issue raised. It is hope that the principles of the successful Pink Pants Programme, which was led by EPOC [Early Presentation of Cancer] programme, who worked closely with practices to send personalised letters on pink paper might be adapted to address the highlighted concern

5. **The objectives of our improvement plan are:**

- 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 practice 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.

6. During the next six months our key actions are:

- Support continued improved performance against the national waiting time standards.
- Roll out the Nurse Led triage of referrals for suspected Lower Gi cancers
- Agree the action plan to support early detection and prevention
- Agree the key priorities for the development of Community services and the action plan to progress these
- Continue to develop the links with tertiary centres to facilitate the review of clinical pathways and work with the East Midlands Network to develop the Cancer Alliance framework
- Implement the *Find Out Faster* programme
- Agree the service design for the future provision of breast services
- ULHT will implement a new data base that will enable them to improve visibility of individual patient treatment pathways and as such minimise delays and provide richer information to support ongoing improvement
- Review the detail of the Patient Experience Survey in order to ensure that we are addressing concerns as a core part of our Improvement Plan

7. Conclusion

Improving cancer services for the people of Lincolnshire remains a top priority

There is a well-established Cancer Improvement Team, with representatives from all partner organisations. This team are responsible for leading the development of Cancer services across Lincolnshire and implementing local plans which reflect local challenges and the National Cancer Strategy.

The key areas of focus are:

- Ensuring access to services is in accordance with the constitutional standards
- 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 and 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.

During the last six months, performance in ULHT has not sustained the level of improvement reported in January. Key constraints are access to diagnostic services and workforce availability. Short terms priority plans are in place to mitigate these risks.

Significant progress has been made on the specific improvement projects described in January with arrangements in place to support early detection and improvement, *Find Out Faster* and development of community support.

Individual initiatives such as the introduction of the Clinical Nurse Specialist led triage have dramatically reduced the time between referral and diagnostic test, improved patient experience and reduced costs. The team have agreed a robust framework for the next six months and look forward to providing a progress report to the Health Scrutiny Committee for Lincolnshire.

8. Appendices

Appendix A	Lower Gastrointestinal Cancer Pathway: Piloting Clinical Nurse Specialist-led telephone triage
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9. Background Papers

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

- Cancer Profile for Lincolnshire (information source Public Health Intelligence Team)

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