

Our Ref: 2016.10.25 SJM-SW  
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Councillor Mrs Susan Woolley  
Lincolnshire County Council  
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Date: 25 October 2016

Dear Councillor Woolley,

I am responding on behalf of the 4 CCGs in Lincolnshire to the letter sent by you on the 11<sup>th</sup> October 2016, in relation to the New Cancer Ratings published recently. I hope that the following is of assistance:

As you will be aware early diagnosis influences the prognosis for patients with Cancer. When a Doctor first diagnoses a cancer, he/she will carry out tests to check how big the cancer is and whether it has spread to surrounding tissues or other parts of the body. This information is referred to as the stage of the cancer. The following provides a summary of what the stages mean for most types of cancer.

**Stage 1:** usually means that a cancer is relatively small and contained within the organ it started in.

**Stage 2:** usually means the cancer has not started to spread into surrounding tissue but the tumor is larger than in stage 1. Sometimes stage 2 means that cancer cells have spread into lymph nodes close to the tumor. This depends on the particular type of cancer.

**Stage 3:** usually means the cancer is larger. It may have started to spread into surrounding tissues and there are cancer cells in the lymph nodes in the area.

**Stage 4:** means the cancer has spread from where it started, to another body organ. This is also called secondary or metastatic cancer.

The report you referred to used data regarding the number of cancers diagnosed as stage 1 & 2 of all the cancers diagnosed. Unfortunately there is a significant problem with the capture of information regarding stage at diagnosis by ULHT, this has resulted in an under reporting of the number of cancers diagnosed as stage 1 & 2. We have been working with the Trust to ensure that going forward this information is routinely collected. A new cancer management system has recently been installed, I am confident that when their new cancer management system is fully implemented the data quality will significantly improve.

Staging information is not the only data we consider when seeking assurance that patients in Lincolnshire are receiving appropriate cancer treatment. An alternative metric is the 1 and 5 year survival rates. I have included for your information the recent data with regards 1 year survival rates.

**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
<b>England</b>	<b>70.2</b>	<b>96.7</b>	<b>35.4</b>	<b>77.7</b>

Additional analysis from colleagues in Public Health indicates:

- 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%.

Improving cancer services for the people of Lincolnshire remains a top priority and we are committed to driving the continued improvement of cancer services. A network of key stakeholders has been established, co-ordinated by Lincolnshire West CCG, to focus on the development of services for local people. The 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 Lincolnshire Cancer Improvement Plan considers the main areas of intervention to reduce premature deaths from cancer, support people living with and beyond cancer and ensuring patients have a positive care experience. The key programmes of work include:

- Prevention, raising awareness and promoting screening.
- Acute treatment – including referral, diagnosis and treatment.
- Holistic support for patients from referral to recovery / transfer to palliative care.
- End of life care.

The programme of work is specifically focused on 4 main tumour sites; namely Lung, Lower and Upper GI, Urology and Breast.

The key projects that are currently being managed by the Cancer Improvement Group include:

- Direct access to diagnostic investigations.

ULHT have piloted the development of a Clinical Nurse Specialist led telephone triage for patients with suspected Lower 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 work stream 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

Lay Chair: Richard Childs  
Clinical Chief Officer: Dr Sunil Hindocha  
Chief Operating Officer: Sarah Newton

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.
- 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 aren't 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.

- Develop frameworks to support utilisation of 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**.

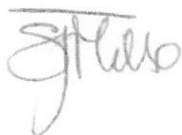
The Find out Faster project aims to offer rapid access to diagnostic testing for patients who present to their GP with vague symptoms of cancer. GPs currently have two options for patients where there is a suspicion of cancer - refer on a two week wait pathway or send for routine diagnostics (this can 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 (stages 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 two week wait referrals.
- Improved access to diagnostics for patients classed as medium risk.

In addition to the whole system improvement plan, individual Clinical Commissioning Groups have programmes to tackle variation in their specific locality and there are projects to support improvement of services that are under pressure, for example Breast services at ULHT.

I hope that the above provides assurance that the Lincolnshire Health Community has robust plans to drive improvement of cancer services for people living in the county. Should you have any further information about any of the initiatives or any queries please do not hesitate to contact me.

Yours sincerely,



Sarah-Jane Mills  
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NHS Lincolnshire West Clinical Commissioning Group  
Programme Lead for Cancer

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