

# Cancer Programme Update

## Health Scrutiny Committee

### 13.09.23

# Agenda

- Background
- Impact of COVID -19
- Recovery
- System Performance
- Improvements – NLAG / NWAFT/ ULHT
- Future work
- Risk and opportunities
- Living with Cancer Programme

# Background

- NHS operates under the NHS Constitutional framework- the NHS Constitution
- The NHS Constitution outlines what patients can expect and their rights when they are referred on a cancer diagnosis and treatment pathway.
- Cancer waiting times measure NHS performance against these national NHS Constitution Standards
- The NHS has made significant efforts to address cancer care and treatments through various initiatives and guidelines
- The National Institute for Health and Care Excellence (NICE) develops guidelines and recommendations for referral, diagnosis, treatment, and management of various cancers.
- NICE guidelines are evidence-based and help inform but do not dictate clinical practice. They play a significant role in shaping the standards of care provided by the NHS.

# Constitutional standards

- Currently we are measured against 9 standards
- In October 2023 this is changing to 3 standards
- The most notable impact is the removal of the Two week wait standard (2WW)
- The new standards will include
  - 28 day faster diagnosis standard (FDS)
  - 31 day standard
  - 62 day standard

# Impact of COVID

- Screening services were suspended nationally then restarted for high risk patients.
- Symptomatic patients were deterred from coming forward during the pandemic.
- Delayed diagnoses due to urgent care pressures created by the volume of COVID 19 patients, diagnostics like colonoscopies were suspended and have ultimately led to a backlog of patients, the long terms consequences are still being assessed and managed.
- Treatment was disrupted due to the need to utilise theatres and theatre staff for patients requiring intensive care.
- The risk of COVID 19 transmission to cancer patients was also a factor.
- Psychological and emotional impact has meant that some patients are anxious and often disengaged with the process.
- At its worst the number of patients waiting over 62 days in the backlog caused by COVID19 reached 622.

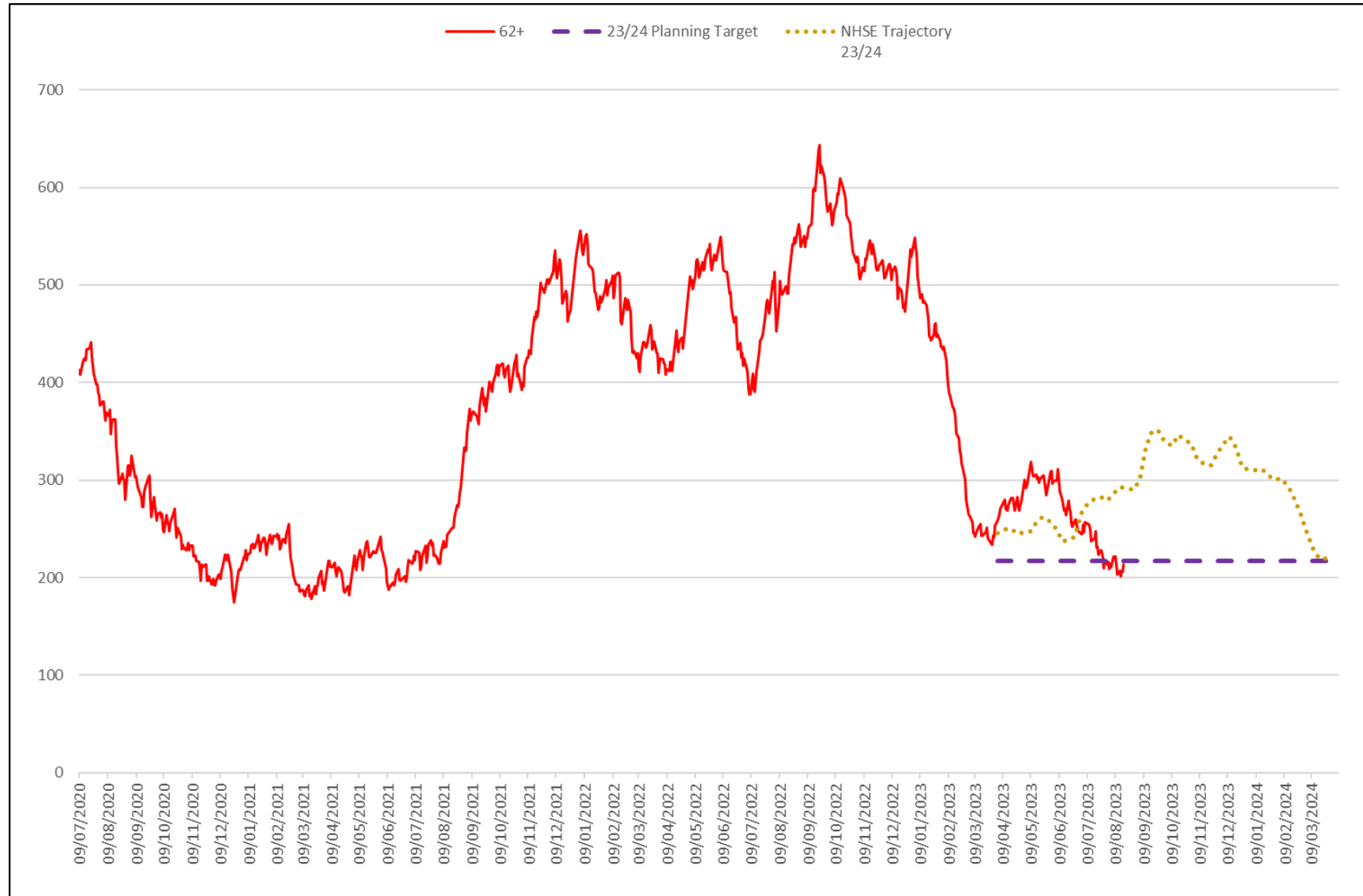
# Recovery

- The NHS has continued to prioritise cancer treatment throughout the pandemic against a background of increasing emergency demand, workforce challenges, and we have consistently seen record levels of urgent suspected cancer referrals since March 2021.

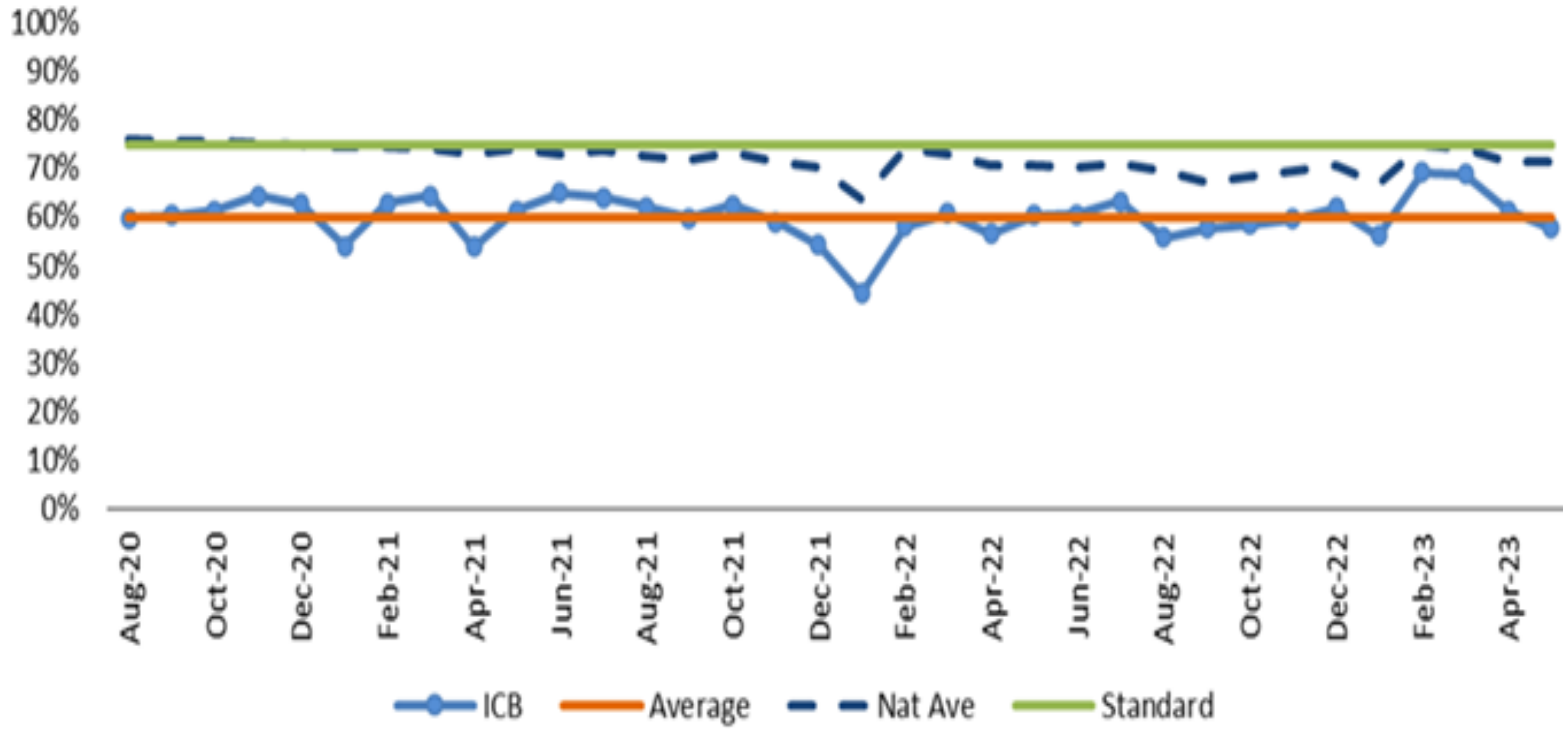
## National Targets set out in 23/24 planning

- Reduce 62 day backlog to 217 by the end of March 2024.
- Reach 28 faster Diagnosis Standard (FDS) of 75% by the end of March 2024.

# ULHT Backlog Position August 2023

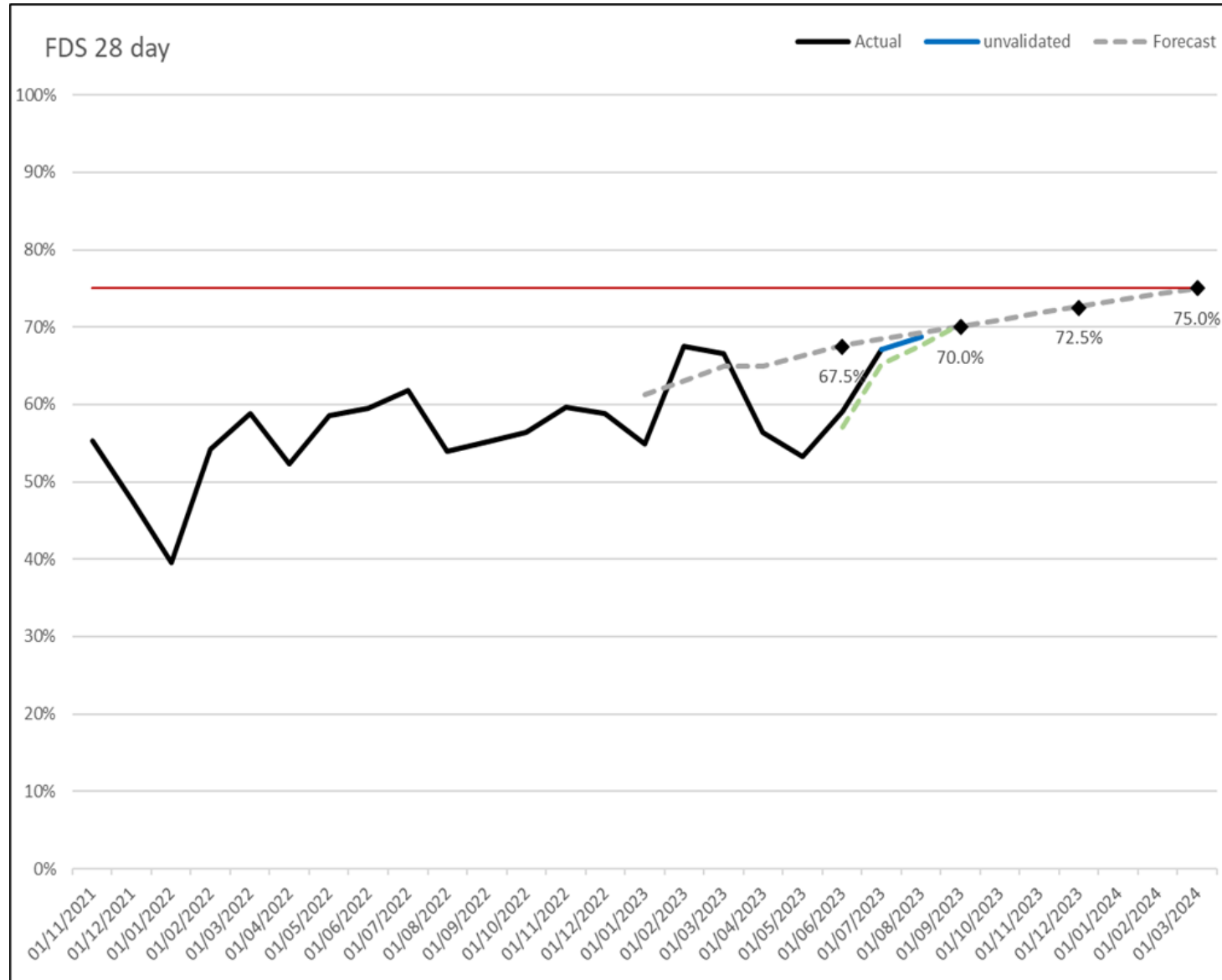


# 28 Day Faster diagnosis standard- % of patients told cancer diagnosis outcome within 28 days (validated position)





# 28 Day Faster diagnosis standard- August 2023



## 62+ & 104+ Backlog – June 2023 \*\*

	ULHT	NWAFT	NLAG
Patients waiting over 104 days	95	94	31
Patients waiting over 62 days	273	330	100

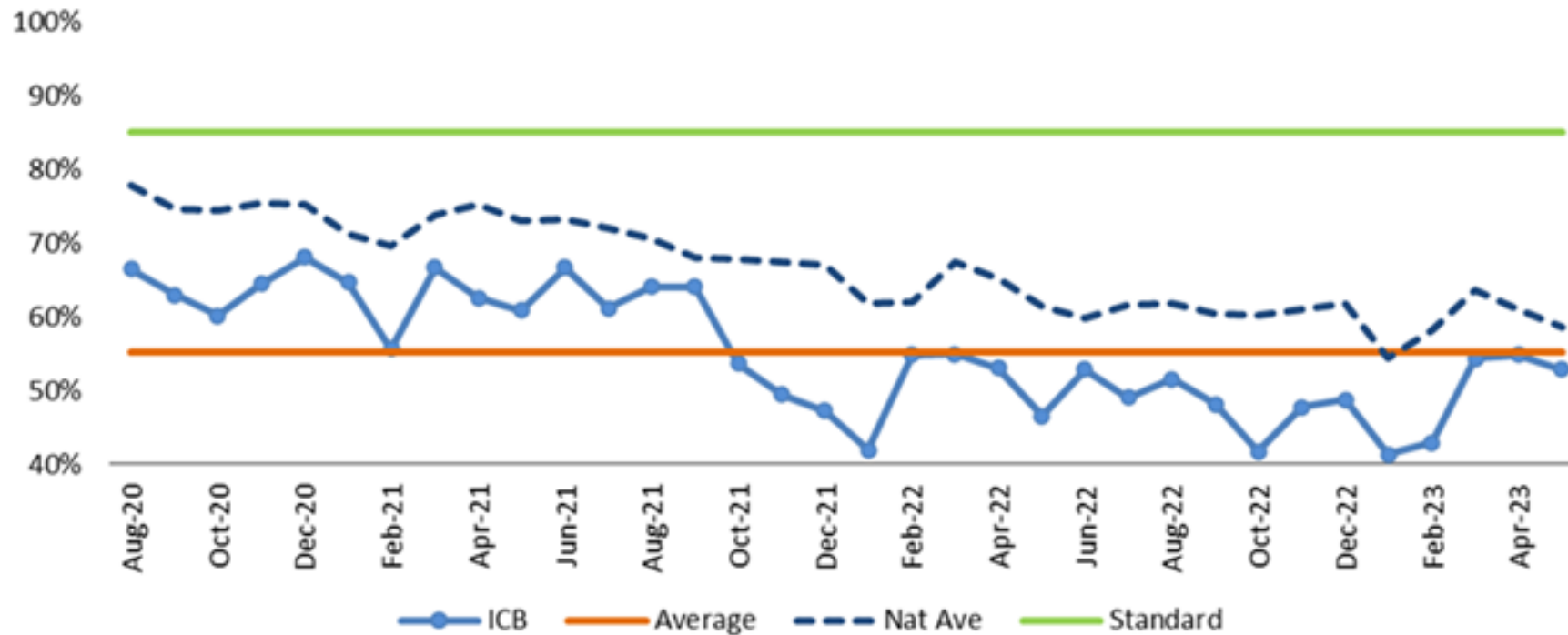
ULHT – United Lincolnshire Hospital Trust

NWAFT – North West Anglia Foundation Trust

NLAG – North Lincolnshire and Goole Foundation Trust.

\*\*June performance- unvalidated position

# Patients receiving treatment for cancer within 62 days of an urgent GP referral – Lincolnshire ICB



# Improvements - NWAFT

- Implementation of new colorectal pathway
- Implementation of new breast pain clinic
- Staging CT same day following endoscopy
- mpMRI commenced for prostate patients
- Targeted Lung Health Check commenced in a GP practice in Peterborough
- Phase 2 of the Galleri Trial (new blood test to see if it can help the NHS to detect cancer early)
- Increase in capacity for one stop neck lump clinics

# Improvements - NLAG

- Upper GI 2ww pathway moved to Straight to test pathway – June 23
- Protected slots for navigational bronchoscopy (Lung) being worked on with HUTH (should reduce the Lung pathway by at least 7 days). Plan to be in place from Sept.
- Pathology – business case to bring biomarker testing in house (HER2/PDL1). Joint working with Lincs ICB. Will have a positive impact on Breast & Lung pathways – reducing turnaround times from 19 days to 3-4 days, reducing the pathway by at least 14 days.
- Urology – 2-stop clinic in place with protected mpMRI slots. Working on increasing capacity for biopsies – biopsy turnaround time.
- Best Practice Timed Pathways – implemented and monitored for all pathways.
- Joint transformation plan with HUTH for pathways that cross organisational boundaries (e.g. UGI, Head & Neck, Gynae, Urology)

# Improvements - ULHT

- Implementation of the Rapid Access Colorectal Pathway Nov 2022
- Lung pathway redesigned to support BPTP and planned implementation Sept 2023
- Gynae PMB pathway implementation August 2023
- Galleri Trial Phase 2 – completed with a 92%
- Intensive support programme focussed on delivery of reducing backlog and Faster Diagnosis standard
- Pathology Pathlincs – business case to bring biomarker testing in house (HER2/PDL1). Joint working with Lincs ICB. Will have a positive impact on Breast & Lung pathways – reducing turnaround times from 19 days to 3-4 days, reducing the pathway by at least 14 days.

# Future work

- Right sizing of colorectal services at ULHT
- Reconfiguration of gynaecology services to ensure future sustainability through nurse led clinics at ULHT
- Implementation of Best Practice Timed Pathways across all tumour sites
- Supporting GPs with education on cancer signs and symptoms
- Work locally and regionally to roll out initiatives to support early diagnosis to improve survival rates
- Galleri Trial Phase 3
- Roll out TLHCs trial (Targeted Lung Health Checks)
- MDT Rose projects to reduce variation & increase efficiency and quality
- Bowel screening Health inequalities project focussing on the Core20+5 using coproduction and community development approaches

# Challenges & Opportunities

## Challenges

- Ongoing impact from Industrial action
- Urgent and Emergency Care pressures
- Planned care 78 / 65 week priority
- Workforce challenges to recruit nationally and locally (lung example – unable to recruit NHS consultant in 10 years)
- Rurality, hospitals were built to serve the needs of a smaller and younger population, not efficient to use small staff numbers we have to travel across county.
- Diagnostics and treatments out of county with further impact of deprivation
- Ageing NHS estate

## Opportunities

- The impact of COVID has highlighted existing inequalities which has acted as a further catalyst for change
- Flexible & remote working allows us the opportunity to recruit into certain roles from outside Lincolnshire
- Remote consultations where suitable for individual patient needs.
- Deeper look into innovative roles and growing our own workforce through apprenticeships
- Working with partners across the system to improve the appeal of Lincolnshire to potential candidates
- Increase the links between Primary and Secondary Care Networks
- Patient education to encourage self management



# Lincolnshire Living with Cancer Programme

Aim of programme is to implement personalised follow up pathways and personalised care for people living with cancer in Lincolnshire.

- In October 2022 recurrent funding was secured from Lincolnshire ICB for 7 roles which ensures the continuation of the programme.
- Programme has 3 sub programmes: acute, personalisation and community development.
- Supporting people who are treated in Lincolnshire.
- Also supporting Lincolnshire patients treated out of county.
- Working with NWAFT, UHL, NUH, NLAG.

Recent improvements:

Whole programme:

- Patient and Public and Stakeholder engagement for Living with Cancer Strategy 2023-25.
- Integrated Cancer Workforce Development Strategy 2023 - 25 and Cancer Digital Strategy 2023 – 25.
- National Cancer Patient Experience Survey increased overall satisfaction score rose from 8.6 to 8.8/10.
- Living with Cancer Dashboard to measure impact, interest regionally and nationally.
- November 2022 awarded Macmillan Excellence Award in Integration category.
- Sharing work nationally and internationally.
- 2 Cancer Co-Production groups and Cancer Expert Reference Group.

Recent improvements:

Acute programme:

- Increase in numbers of people having needs identified by HNA.
- Working with divisions in ULHT to implement standardised EOTs.

**Personalisation programme:**

- Patients in breast prostate colorectal and endometrial - working with divisions to ensure patients are stratified at Multi Disciplinary Team meetings and placed on consultant or supported self management follow up pathways, with supported self managing patients monitored remotely.

## Recent improvements:

### Community Development Programme

- 1400+ community assets mapped available on LCC Connect2Support website.
- Fighting Fit in Lincoln (2 sessions) Mablethorpe Gainsborough Boston Grantham. Next Bourne (Sept 23) & Market Rasen. 5KYW in Lincoln and Boston. Working with National Trust parkrun and other activities at Belton House.
- secured funding for 3.2WTE Clinical Psychologists - now in post.
- Secured funding for 2 year project to develop model for Information, Advice and support and eHolistic Needs Assessment in the community – to balance support available in and out of hospital.

## Future work:

- Support for people with cancer and co-morbidities.
- Models of working for other long term conditions.
- Addressing support in hospital, localities, communities, home. Now scoping Pharmacies and Workplaces.
- Volunteers and community champions.
- Out of County work.
- Next health and wellbeing elements – fatigue, pain.
- Consequences of treatment.

# Questions and Discussion

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