

**NAME OF MEETING**  
**AGENDA ITEM NO**

**Item for Decision/Assurance/Information** (Please underline and bold)

**DATE OF MEETING 12 JUNE 2019**

<b>Report of:</b>	Assistant Director of Commissioning
<b>Date of Paper:</b>	3 <sup>rd</sup> June 2019
<b>Subject:</b>	Cancer Plan Update
<b>In case of query Please contact:</b>	Ian Pattison, Acting Senior Service Improvement Manager, <a href="mailto:ian.pattison1@nhs.net">ian.pattison1@nhs.net</a>
<b>Purpose of Paper:</b>	
<p>The purpose of the paper is to provide the committee with an outline of local work to improve cancer services and early diagnosis of cancer.</p> <p>Salford's Cancer work programme is based on the Greater Manchester Cancer Outcomes Plan and overseen by the Cancer &amp; Scheduled Care Delivery Board.</p> <p>The committee is asked to note the contents of the report.</p>	

### Further explanatory information required

<p><b>HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?</b></p>	<p>Improve prevention and early diagnosis of cancer for people living in Salford. Improve services for people in Salford living with cancer.</p>
<p><b>WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?</b></p>	<p>None identified as a result of this update paper – risks would be mitigated at an individual project level.</p>
<p><b>WHAT EQUALITY-RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?</b></p>	<p>None identified as a result of this paper – equality related risks would be mitigated at an individual project level.</p>
<p><b>DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH OR EXTREME RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?</b></p>	<p>Yes – the cancer waiting time performance standards referred to in the paper form part of the NHS constitution standards. Failure to achieve these standards is currently rated as a high impact/very likely to occur risk. The paper describes how these targets are performance managed.</p>
<p><b>PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.</b></p>	<p>N/A</p>
<p><b>PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:</b></p>	<p>N/A</p>

Footnote:

Members of – Adults' Commissioning Committee will read all papers thoroughly. Once papers are distributed no amendments are possible.

<b>Document Development</b>
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Process	Yes	No	Not Applicable	Comments and Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (Please detail the method i.e. survey, event, consultation)	X			Public engagement is embedded into the programme as a whole	
Clinical Engagement (Please detail the method i.e. survey, event, consultation)	X			Via programme as a whole and at individual project level	
Has 'due regard' been given to Equality Analysis (EA) of any adverse impacts?	X			Via programme as a whole and at individual project level	
Legal Advice Sought			X		
Presented to the Cancer & Scheduled Care Delivery Board	X			Highlight report (Appendix A) has been discussed by board on 24 May 2019	Report was noted

**Note:** Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

## CCG Cancer Plan Update

### 1. Executive Summary

*The purpose of the paper is to provide the committee with an outline of local work to improve cancer services and early diagnosis of cancer.*

*Salford's Cancer work programme is based on the Greater Manchester Cancer Outcomes Plan and overseen by the Cancer & Scheduled Care Delivery Board. The domains of the GM plan are:*

- *Prevention*
- *Early Diagnosis*
- *Improved and Standardised Care and Education*
- *Commissioning*
- *Patient Experience*
- *Living With and Beyond Cancer*

*The committee is asked to note the contents of the report.*

### 2. Overview

- 2.1 Since 1 April 2019 the Adults Commissioning Committee has had responsibility for overseeing Salford's cancer plan. This paper is the first report the committee has received on this topic (historically responsibility sat with the CCG's Commissioning Committee). The plan is overseen by the Cancer & Scheduled Care Delivery Board.
- 2.2 Cancer is now the main cause of death in Salford. There are almost 1,000 new cases of cancer per year in Salford. The number of people dying from the four most common cancers (lung, colorectal, prostate and breast) is higher than the national average.
- 2.3 Most Salford patients are referred to cancer services by their GP, although increasing numbers are identified through national screening programmes.
- 2.4 For Salford patients the majority of treatment and diagnosis is carried out at Salford Royal, but significant proportions receive care at Manchester Foundation Trust (i.e. Manchester Royal Infirmary & Wythenshawe Hospital), Christie Hospital or other providers (e.g. breast surgery at Bolton Hospital). Cancer care is improving. Nationally and locally the rate of survival one year after diagnosis with cancer is rising; Greater Manchester has an ambition to reach 75% by 2020 – this is highly dependent on detecting cancers at an earlier stage. Salford patients report good (9/10) experience of cancer services.

- 2.5 Some of the specific local challenges in Salford include high rates of smoking, high rates of emergency presentations and late diagnosis of cancers. There are significant inequalities in terms of cancer outcomes, not all of which can be fully explained by deprivation.
- 2.6 Patients' experience of, and outcomes from, cancer and the care they receive is highly individual. Aggregate figures mask significant variation which depends on the individual circumstances of the patient, the type of cancer they have and the detail of the care they receive.

### **3. Salford's Cancer Plan**

- 3.1 Salford CCG's Cancer Plan (Appendix A) focuses on the entire pathway for Salford patients accessing cancer services across Greater Manchester. Key themes of the plan include

- 3.2 Improving Early Diagnosis

The CCG is working with Salford Royal Foundation Trust on implementation of the Lung Health Check for Salford patients. The Lung Health Check will deliver tests for eligible members of the local population to diagnose COPD and lung cancer at an early stage. The project will also work to improve lung cancer survival rates and support an increase the number of people who quit smoking in Salford. The aim is to have the service in place in quarter 2 of 2019/20.

- 3.3 Improved Education for Salford Clinicians

The CCG has been working with Salford GPs to improve their knowledge of early signs and symptoms of cancer in patients attending their surgery. Salford CCG's performance for cancers diagnosed at an early stage has dropped in recent years. Cancers diagnosed locally at stage 1 and 2 in 2016 was 52.0% and reduced to 46.8% in 2017.

With the aim to improve performance, the CCG held an educational workshop with GPs in May 2019, which was part of the CCG's drive to reduce the number of patients diagnosed with cancer at stage 3 and 4. The CCG will continue to improve knowledge of cancer symptoms by encouraging GPs to undertake further training. The CCG will also continue to work with Cancer Research UK on improving awareness of cancer symptoms and training for other clinicians in primary care. This work also includes the Cancer Champion training, which supports non-clinical GP practice staff with information and knowledge to help them get patients with cancer symptoms into GP appointments quicker.

- 3.4 Commissioning (Performance)

Appendix B shows the 2018/19 year end performance for the 9 key national cancer standards. These are all measures of waiting times once the patient is in the cancer pathway – either the wait to be seen or the wait for treatment to be commenced. In 2018/19 Salford achieved 7 of the 9 national standards. The standard for 2 Week

Wait (Breast Symptoms) to be seen and 62 Days wait for treatment to commence (Urgent GP Referral) were not achieved.

The CCG works closely with providers across Greater Manchester and managers at Salford Royal with the aim to improve performance around these targets. Plans are in place with providers in relation to breast services to improve capacity. Salford CCG is working to analyse breaches on the 62 Day pathway and will work with providers to improve access to services for Salford patients.

The clinical significance of these standards varies. Reduced waiting times contributes to improving outcomes for patients. However for those patients who present with late stage cancer a reduction in waiting time will have little impact on outcome compared to the benefit of earlier presentation when the signs and symptoms of cancer are first noticeable. Some cancers, for example some skin cancers, grow and spread slowly but are still subject to the national waiting time standards. The conversion rate of referral to cancer diagnosis is relatively low, so for many people reduced waiting times can help reduce the period of anxiety before they receive a negative diagnosis.

### 3.5 Living With and Beyond Cancer

The CCG is working closely with the charity Macmillan and Salford Royal to support patients recovering from cancer. The CCG is working to reduce variation in GP practices in relation to the care patients receive when living with cancer. The CCG are also working to improve joined up working between primary care and secondary care to ensure patients get consistent support when recovering from cancer.

## 4. Recommendations

### 4.1 The committee is asked to note the contents of the report.

**Ian Pattison**  
**Acting Senior Service Improvement Manager**  
**June 2019**

## Salford CCG Cancer Programme Highlight Report

<b>Report Author</b>	<b>Ian Pattison</b>
<b>Workstream</b>	<b>Cancer Plan</b>
<b>Work-stream Executive Sponsors</b>	<b>Harry Golby</b>
<b>Reporting Period</b>	<b>May 2019</b>
<b>Clinical Lead</b>	<b>Dr. Steven Elliot</b>

### Summary of Workstreams

Workstream	Owner	Due	Comments	Measure
<b>Prevention</b>				
1	Joint Communication Campaigns	Public Health/CCG	October 2019	Joint communications between the CCG and Public Health Communications Teams. Messaging on quitting smoking, dermatology, obesity, lung health check and uptake of HPV vaccine. The communications plan will continue throughout the year alongside national campaigns.
2	GP practice based cancer champions	CCG/CRUK	March 2020	Training for non-clinical staff by Cancer Research UK will continue throughout 2019.
<b>Early Diagnosis</b>				
3	Lung Health Check	CCG/SRFT	July 2019	CCG is working with SRFT on implementation of the Lung Health Check for Salford patients. The aim is to have the service in place by quarter 2 2019.
4	Rapid Diagnostic Clinics	CCG/Northern Care Alliance	June 2019	Following the piloting of two Rapid Diagnostics Clinics in Greater Manchester the CCG is working to understand if a local service can be established. Initial meetings have taken place with GM Cancer and the North Care Alliance.
5	Screening Improvement	CCG/Public Health	June 2019	A project group between the CCG and Public Health Salford has reviewed national evidence on the outcomes in relation to Screening Volunteers. This evidence is now being reviewed by Public Health to assess if the project can be led by the Health Improvement Service at Salford

				Council.
6	Suspected Cancer Referral Communications	CCG	June 2019	Suspected Cancer Referral best practice document is in the process of being produced. This will support the letter produced for GPs to give to patients referred on a suspected cancer referral. The letter has been on the GP system since December 2018 and has been promoted through the GP newsletter and added to the Salford Standard.
7	Salford Standard	CCG	June 2019	The CCG has written the GP National Cancer Diagnosis Audit into the Salford Standard. The CCG is promoting the audit to Salford GPs to get a greater insight into a patient's pathway in receiving a cancer diagnosis. 44% of practices have already signed up to the audit.
<b>Improved and Standardised Care and Education</b>				
8	GP Upskilling	CCG	June 2019	The CCG has been engaging with practices via the GP newsletter in order to promote Gateway C Training (Training for GPs on cancer signs, symptoms and pathways). Specific training modules have also been added to the Salford Standard. The CCG has organised training for practice nurses on 'Early Signs and Symptoms of Cancer'. This training took place in April 2019 with 20 practice nurses attending. The Service Improvement Team co-ordinated a workshop at the May GP Members Event. This was used to inform and educate GPs around the Lung Health Check, referrals for colorectal clinics and symptoms of myeloma.
9	GM Cancer Commissioners	GM/CCG	July 2019	Working with Greater Manchester (GM) Cancer Commissioners to support the development and update of the GM Cancer Plan. The group will be reviewing the current GM Cancer Plan and setting actions to improve cancer services across the system. Salford CCG represents the GM Cancer Commissioners and the Children's Pathway Board.
10	Paediatric Cancer Referrals	CCG	July 2019	A standardised referral system for GPs to refer paediatric patients to specialist care has being developed by Greater Manchester. The CCG are involved in a Task and Finish Group with the Paediatric Cancer Pathway Board to get a GM wide referral process for suspected cancer in a child.
<b>Commissioning</b>				
11	Reduction of Diagnostic Waiting Times and Breaches	SRFT/CCG	June 2019	The CCG will be working to improve performance for the national targets in 2WW (Breast Symptoms) and 62 Day. The CCG's Clinical Cancer Lead is producing a breach analysis report on 62 day wait breaches.



12	Quality Surveillance Monitoring	NHS England/SRFT/CCG	June 2019	Following the self-assessment by SRFT on NHS England's Quality Surveillance an action plan has been produced. The CCG are monitoring the action plan with SRFT via the Cancer Governance Board.
<b>Patient Experience</b>				
13	Experience of cancer patients	CCG	August 2019	CCG to monitor and work towards the minimum target of 9/10 rating.
<b>Living With and Beyond Cancer</b>				
14	Recovery Package	MacMillan/CCG	June 2019	Joint work with Macmillan/SRFT and CCG to support patients recovering from cancer. Working to reduce variation in Primary Care and improve uptake of Electronic Holistic Needs Assessments (eHNA) in Secondary Care.
15	Macmillan Practice Educators	Macmillan/CCG	March 2020	The CCG are supporting the newly established Macmillan Practice Educators in their work with Salford GP practices. The Educators are visiting all Salford practices to introduce new education and training programmes to enhance patient-centred care for patients living with cancer.
16	Cancer Care Review	CCG	June 2019	The CCG is now working to support practices in taking up the new best practice Cancer Care Review (CCR) approved by the CCG. A CCR should be undertaken by the GP within 6 months of diagnosis. The CCG aims to improve uptake and quality of the review with the best practice document.
17	Health and Wellbeing Events	CCG	March 2020	The CCG commissioned the Health and Wellbeing Co-ordinator on a recurrent basis.

## Appendix B

Salford CCG Cancer Dashboard		Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	2018-19 Year End
Cancer Patients - 2 Week Waits (Urgent GP Referral)	Seen within 14 days		713	823	693	797	808	687	846	787	703	709	800	896	9262
	Total number of referrals seen during the period	93%	757	880	727	834	864	737	900	834	729	762	828	919	9771
	% seen within 14 days		94.2%	93.5%	95.3%	95.6%	93.5%	93.2%	94.0%	94.4%	96.4%	93.0%	96.6%	97.5%	94.8%
Cancer Patients - 2 Week Waits (Breast Symptoms)	Seen within 14 days		73	76	109	111	100	79	94	111	92	97	103	110	1155
	Total number of referrals seen during the period	93%	90	98	127	122	107	84	102	118	109	117	115	131	1320
	% seen within 14 days		81.1%	77.6%	85.8%	91.0%	93.5%	94.0%	92.2%	94.1%	84.4%	82.9%	89.6%	84.0%	87.5%
Cancer Waits - 31 Days (All Cancers)	Treated within 31 days		116	113	89	119	125	115	131	99	88	111	107	109	1322
	Total number of 1 <sup>st</sup> treatments during the period	96%	117	115	90	122	129	121	133	101	89	113	110	110	1350
	% treated within 31 days		99.1%	98.3%	98.9%	97.5%	96.9%	95.0%	98.5%	98.0%	98.9%	98.2%	97.3%	99.1%	97.9%
Cancer Waits - 31 Days (Surgery)	Treated within 31 days (second or subsequent treatment)		22	16	15	20	23	20	32	29	18	22	14	23	254
	Total number of second or subsequent treatments during the period	94%	23	16	15	21	25	21	32	29	18	25	15	23	263
	% treated within 31 days (second or subsequent treatment)		95.7%	100.0%	100.0%	95.2%	92.0%	95.2%	100.0%	100.0%	100.0%	88.0%	93.3%	100.0%	96.6%
Cancer Waits - 31 Days (Drugs)	Treated within 31 days (second or subsequent treatment)		16	21	16	18	22	20	28	28	15	12	16	18	230
	Total number of second or subsequent treatments during the period	98%	16	21	16	18	22	20	28	28	15	12	16	18	230
	% treated within 31 days (second or subsequent treatment)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cancer Waits - 31 Days (Radiotherapy)	Treated within 31 days (second or subsequent treatment)		31	30	32	29	26	36	42	29	25	34	46	41	401
	Total number of second or subsequent treatments during the period	94%	31	30	33	29	26	36	42	29	25	34	46	41	402
	% treated within 31 days (second or subsequent treatment)		100.0%	100.0%	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%

Cancer Waits - 62 Days (Urgent GP Referral)	Treated within 62 days	85%	43	40	39	48	44	49	59	37	30	38	41	44	512
	Total number of first treatments during the period		54	51	44	58	51	56	70	44	42	51	52	51	624
	% treated within 62 days		79.6%	78.4%	88.6%	82.8%	86.3%	87.5%	84.3%	84.1%	71.4%	74.5%	78.8%	86.3%	82.1%
Cancer Waits - 62 Days (Screening Service)	Treated within 62 days	90%	4	7	3	11	14	12	8	6	2	6	6	6	85
	Total number of first treatments during the period		5	8	4	12	14	14	8	6	2	6	7	7	93
	% treated within 62 days (Screening Service)		80.0%	87.5%	75.0%	91.7%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	85.7%	85.7%	91.4%
Cancer Waits - 62 Days (Decision to Upgrade)	Treated within 62 days	85%	21	26	23	32	25	29	27	27	16	26	22	16	290
	Total number of first treatments during the period		22	31	25	34	27	31	28	33	19	30	24	21	325
	% treated within 62 days (Decision to upgrade)		95.5%	83.9%	92.0%	94.1%	92.6%	93.5%	96.4%	81.8%	84.2%	86.7%	91.7%	76.2%	89.2%