Agenda Item 8

Better care together
Leicester, Leicestershire & Rutland health and social care

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

WEDNESDAY, 13 MARCH 2019

LLR CANCER PERFORMANCE UPDATE

Purpose of report

1. The purpose of this report is to provide an update as to Cancer Performance for Leicestershire and highlight work currently being undertaken to improve cancer services for patients.

Background

2. The Leicester, Leicestershire and Rutland (LLR) Cancer Programme is the responsibility of Leicester City CCG on behalf of East Leicestershire and Rutland and West Leicestershire CCGs.

3. The LLR Cancer Programme is working towards achieving the standards within the Achieving World Class Cancer Commissioning Outcomes 2015-2020" strategy. These include targets such as:

- Proportion of cancers diagnosed at stage 1 or 2;
- 1 year survival (Aged 15-99);
- 5 year survival (Aged 15-99);
- Emergency Presentation;
- Cancer Screening uptake (Breast, Bowel and Cervical).

4. There are a number of key cancer performance standards which CCGs have to meet to support patients in receiving care and treatment in a timely manner. Achievement of the national cancer waiting times (CWT) standards is considered by patients and the public to be an indicator of the quality of cancer diagnosis, treatment and care NHS organisations deliver.

Cancer Standard	**Target**
Percentage of patients seen within two weeks of an urgent GP referral for suspected Cancer	93%
Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected	93%

Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer	85%
Percentage of patients receiving first definitive treatment for cancer within 62 days of a referral from an NHS Cancer Screening Service	90%
Percentage of patients receiving first definitive treatment for cancer within 62 days of a referral from a consultant decision to upgrade their priority status	Not applicable.
Percentage of patients receiving first definitive treatment for cancer within 31 days of a cancer diagnosis	96%
Percentage of patients receiving subsequent treatment for cancer within 31 days where that treatment is surgery	94%
Percentage of patients receiving subsequent treatment for cancer within 31 days where that treatment is anti-cancer drug regime	98%
Percentage of patients receiving subsequent treatment for cancer within 31 days where that treatment is radiotherapy treatment course	94%

Current performance

5. As per Table 1 the 62 day standard shows there were improvements still to be made.

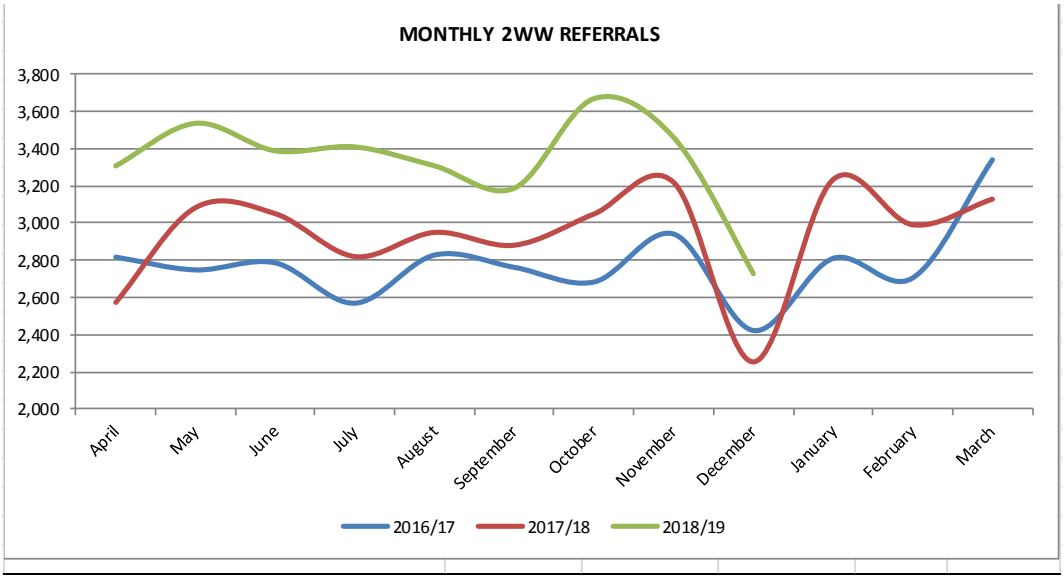
Table 1: Cancer Standards and achievement at UHL

Indicator	National Target 18/19		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	85%	LC CCG	78.85%	78.69%	67.24%	70.15%	74.07%	73.02%	68.25%	71.19%
		ELR CCG	76.00%	83.00%	83.13%	80.39%	68.89%	69.44%	81.90%	80.00%
		WL CCG	82.29%	72.92%	73.53%	77.98%	77.19%	78.89%	77.78%	73.39%

6 There are a number of reasons which contribute to difficulties in achieving the national standard for cancer services. As awareness and the need to detect cancer early increase so do the number of referrals. There has been an increase of 15.9% for 2 week wait (2WW) referrals from GPs for suspected cancers between 2017/18 and 2018/19. The increase can be seen in Table 2.

Table 2: 2 week wait referrals from primary care for cancer investigations

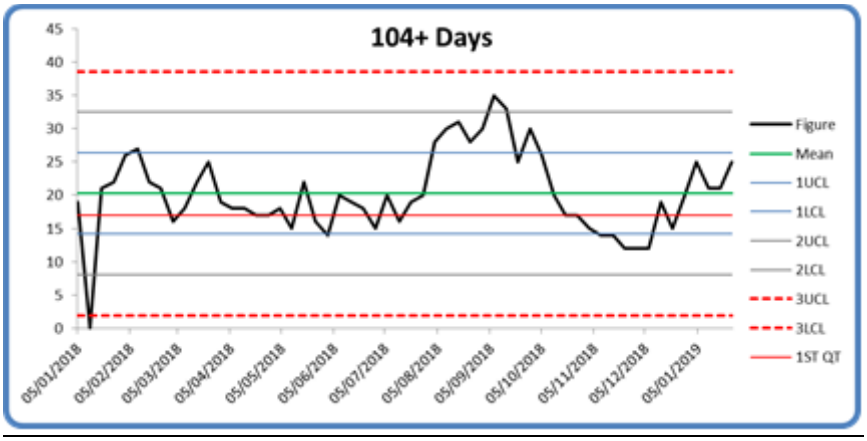
MONTHLY 2WW REFERRALS *(no of referrals received)*					
Month	**2016/17**	**2017/18**	**2018/19**	**Variance**	**Variance %**
April	2,817	2,573	3,308	735	28.6%
May	2,748	3,083	3,537	454	14.7%
June	2,786	3,051	3,389	338	11.1%
July	2,569	2,820	3,410	590	18.4%
August	2,828	2,950	3,308	358	17.1%
September	2,762	2,881	3,188	307	16.0%
October	2,683	3,049	3,670	621	16.7%
November	2,941	3,219	3,461	242	15.4%
December	2,422	2,253	2,728	475	15.9%
January	2,810	3,234			
February	2,705	2,991			
March	3,341	3,129			
YTD	**24,556**	**25,879**	**29,999**	**4,120**	**15.9%**
TOTAL	**33,412**	**35,233**			



7 In East Leicestershire and Rutland CCG in November 2018 there were 1150 patients referred for a 2WW referral. The average is normally around 1118 per month. During 2018, 85% of all 2WW referrals made each month went to UHL. In West Leicestershire CCG in November 2018 there were 1170 patients referred for a 2WW referral. The average is normally around 1205 per month. During 2018 85% of all 2WW referrals made each month went to UHL.

8 There have been a number of patients waiting for cancer treatment for over 104 days. 28 patients were waiting 104+ days

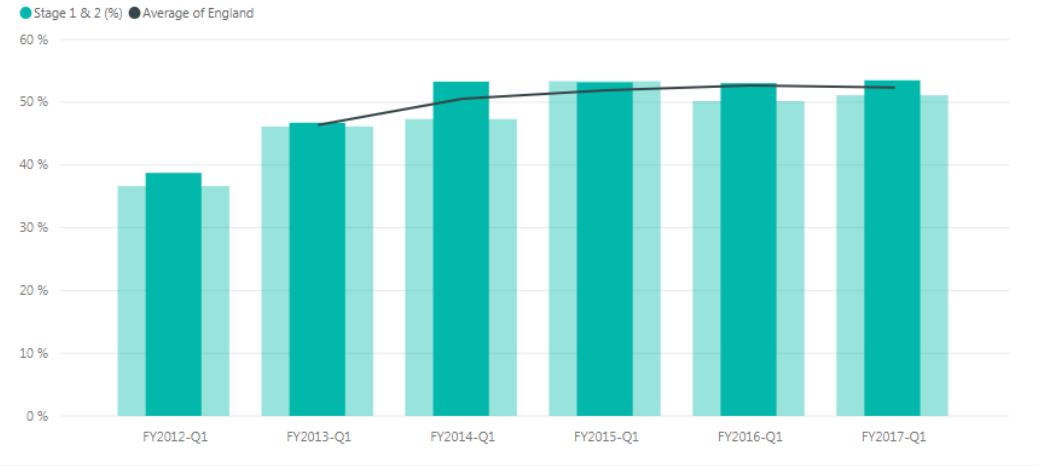
Table 3– 104+ days as at 5th January 2019



9 Harm reviews are undertaken for all patients who have waited for over 104 days. Breach reasons are received and reviewed regularly by commissioners. Complexity is one of the main reasons for patients waiting >104 days. Each patient waiting >104 days is managed by the relevant Service to ensure that the patient's next step is booked to ensure they are treated as quickly as possible.

10 East Leicestershire and Rutland CCG are performing well and above the national average in some areas for cancer. One of these areas is early diagnosis. There is a national standard which states that CCGs need to achieve 62% of all cancers being diagnosed at stage 1 or 2 by 2020. East Leicestershire and Rutland CCG in 2017 (the most recent published data) were already above the national average at 53% (national average was 52%). West Leicestershire CCG is below the average with 48% of patients being staged at 1 and 2.

Table 4 – East Leicestershire and Rutland and West Leicestershire Staging Data 2012-2017 (dark green is ELRCCG and light green are West Leicestershire and Leicester City).



11 Due to early diagnosis East Leicestershire and Rutland CCG has an excellent one year survival rate for cancer with West Leicestershire CCG not being far behind:

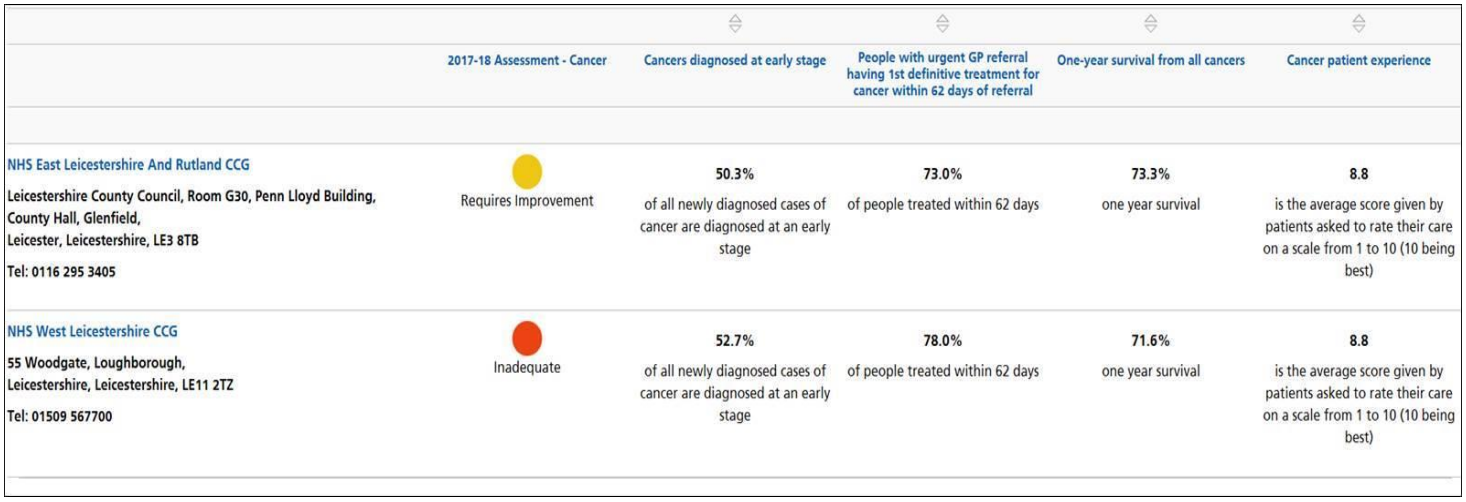
Indicator	National Target		2013	2014	2015
1-year survival *% of one-year net survival from all cancers for adults diagnosed with cancer (aged 15-99)*	75% by 2020	LC CCG	66.4%	66.8%	67.3%
		ELR CCG	72.2%	72.5%	73.3%
		WL CCG	70.4%	70.9%	71.6%

12 East Leicestershire and Rutland CCG and West Leicestershire CCGS are performing well against the national cervical cancer screening programmes which both achieved 79.5% against a target of 80% by 2020. Bowel cancer screening is the area where most improvement is required with current achievement of 63% against a target of 75% for bowel cancer by 2020.

13 In addition there are metrics which are collected for cancer to give CCGs a rating called “Improvement and Assessment Framework” (IAF) which measures four indicators:

- Cancers diagnosed at early stage;
- People with urgent GP referral having definitive treatment for cancer within 62 days of treatment;
- One-year survival from all cancers;
- Cancer patient experience.

14 Based on the IAF rating received in August 2018 for the year 2017/18 East Leicestershire and Rutland CCG were rated as “requires improvement” and West Leicestershire CCG were rated as inadequate.



	2017-18 Assessment - Cancer	Cancers diagnosed at early stage	People with urgent GP referral having 1st definitive treatment for cancer within 62 days of referral	One-year survival from all cancers	Cancer patient experience
NHS East Leicestershire And Rutland CCG Leicestershire County Council, Room G30, Penn Lloyd Building, County Hall, Glenfield, Leicester, Leicestershire, LE3 8TB Tel: 0116 295 3405	Requires Improvement	50.3% of all newly diagnosed cases of cancer are diagnosed at an early stage	73.0% of people treated within 62 days	73.3% one year survival	8.8 is the average score given by patients asked to rate their care on a scale from 1 to 10 (10 being best)
NHS West Leicestershire CCG 55 Woodgate, Loughborough, Leicestershire, Leicestershire, LE11 2TZ Tel: 01509 567700	Inadequate	52.7% of all newly diagnosed cases of cancer are diagnosed at an early stage	78.0% of people treated within 62 days	71.6% one year survival	8.8 is the average score given by patients asked to rate their care on a scale from 1 to 10 (10 being best)

15 The data is taken from national sources between 2015-2017 and work is being undertaken constantly to improve the position. The targets for the four IAF criteria were as follows:

- Cancers diagnosed at early stage: 53.5% (national average);

- Treatment within 62 days: 85% (target);
- One year survival from cancers: 72.4%;
- Cancer patient experience survey: 8.74%.

What is being done to improve the cancer care and ratings?

16 There has been a programme of interventions throughout 2018 to improve the cancer performance outcomes for patients including:

- The CCG has issued a Contract Performance Notice to the Trust so they have developed a remedial action plan to highlight what actions they can take in each tumour group area to improve performance.
- Development of a Cancer Strategy with the working group having already met in December 2018.
- Development of a 90 day plan to highlight where key areas of improvement can be made.
- A 2019/20 cancer operational Plan to highlight where work needs to be undertaken to meet the national standards.
- Redesign of the 2 week wait leaflet co-produced with patients, clinicians and acute trust colleagues in January 2018 to ensure patients attended their 2WW appointments. It was also translated in eight languages.
- All GPs have to refer into the acute trust using a NICE accredited electronic referral template called PRISM.
- £336,000 of NHSE funding during 2017/18 to support areas of pressure within UHL including additional Oncology clinicians, and updates to Infoflex (UHL Cancer Information Management System).
- A redesign of GP referral forms including Gynaecology, Lower GI, Prostate and Colorectal to improve the quality of 2WW referrals into UHL.
- Change in leadership at UHL to give cancer a higher priority within the Trust.
- Visit from NHS Improvement Intensive Support Team for gynaecology services at UHL.
- Direct to test for patients in thyroid/neck lumps with a consultant providing a diagnosis on the day to the patient after the scan and biopsy have been completed.
- Working with hospitals across the East Midlands to support patients to be seen more quickly (e.g. patients from Leicestershire are being offered appointments in Peterborough for less complex cases).
- £1.17m funding from NHSE through the East Midlands Cancer Alliance (EMCA) during 2018/19 to support four key areas including:
- **Early Diagnosis**
  - Colorectal Cancer Pathway Redesign
  - Lung Cancer Pathway Redesign
  - Prostate Cancer Pathway Redesign
- **Living With Cancer (LWC)**
  - Recovery Package
  - Risk Stratified Follow Up

Pathways - *Colorectal:*

17 Bowel cancer is the fourth most common cancer in the UK with approximately 41,000 people per year diagnosed. It is the second most common cause of cancer death accounting for 10% of all cancer deaths in the UK (Cancer Research UK, 2014 data). Half of all bowel cancer cases are diagnosed at a late stage in England however when the disease is diagnosed earlier, more than 9 in 10 people will survive for five years (2014 data).

18 NICE guidance (NG12) published in 2015 provided guidance on the urgent referral of patients for possible colorectal cancer and guidance on the consideration of faecal occult blood testing. The use of FIT does not affect the GP referral process for patients who need to be referred immediately on a two-week wait (2ww) pathway for suspected colorectal cancer in line with the referral criteria. FIT offers primary care a triage test for symptomatic patients in the lower GI pathway who only have a change in bowel habit +/_ abdominal pain. Only on a positive result would a 2WW Lower GI referral be made.

19 Achieving World-Class Cancer Outcomes: Taking the Strategy Forward states: 'Earlier diagnosis makes it more likely that patients will receive treatments which can cure cancer. It saves lives. Creating the transformational shift to faster and earlier diagnosis is dependent on people being aware of and understanding the early signs and symptoms of cancer, approaching healthcare services if they have concerns, and on healthcare services acting swiftly to diagnose them.'

20 The number of GP urgent referrals made for suspected cancer has risen by 50% in the last four years. Recent research carried out by University College London Hospitals (UCLH) suggests that using FIT as a diagnostic tool for symptomatic patients could help to reduce the current number of colonoscopies carried out by 40%, which given our local agreed pathway should have a similar impact on the local CT colonography demand.

21 FIT as a precursor to the requirement for a 2WW bowel cancer referral was rolled out across LLR in February 2018.

- 3338 patients have gone through the pathway between February and the end of December 2018.
- 2366 (71%) of these had a negative FIT test so there was a 99.7% chance they do not have bowel cancer.

22 Using FIT as a primary care triage tool supports GPs to identify low-risk symptomatic patients at risk of colorectal cancer but also has other benefits including:

- Safer for patients as they do not need to be radiated as with a CT Colon or have an invasive procedure with risk of complications e.g. bleeding / perforations as with a colonoscopy.
- Speeds up cancer diagnosis or the absence of cancer helping to achieve the target of patients given definitive cancer diagnosis, or all clear, within 28 days of being referred by a GP.
- Allows consultant resources to focus on high risk patients.
- It is evidence based, NICE DG30: Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care.

- It is part of the East Midlands Cancer Alliance Early Diagnosis programme.
- Improving patient experience and early reassurance by simpler testing within primary care.
- Financial savings related to the reduction in unnecessary procedures being carried out.
- Improved diagnostic capacity that can be freed up for diagnosing patients with higher risk symptoms support the 62-day pathway which in turn is linked to access to the transformation funding.

Optimal Lung Cancer Pathway:

23 Lung cancer is the leading cause of cancer mortality in England and the world. This is because it is common and the majority of people with lung cancer present late when treatment has a limited effect on mortality. Although tobacco smoking causes around 85% of lung cancers, almost half of people are ex-smokers or never smokers at presentation with almost 7000 people who develop lung cancer unrelated to smoking each year in the UK (about the same number as for ovarian or stomach cancer). There is good evidence to show that late diagnosis of lung cancer is a cause of poor outcomes in England and the UK. In international comparisons, the UK lags behind other countries in lung cancer survival and this is mainly explained by differences in the early survival (0 to 1 year). Rates of diagnosis through the emergency route are also high in England in at around 35% with only 13% of these people surviving 1 year, in contrast to over 40% for those diagnosed following fast-track referral (2013 figures)[1].

24 Earlier recognition, chest x-ray and progress to CT scan and rapid further diagnosis, fitness assessment and staging is expected to:

- Increase the number of people with lung cancer who have better performance status and are therefore eligible for systemic treatment2.
- Increase the number of people with earlier stage so that more treatment with curative intent can be offered.
- Increase further, resection rates and rates of radiotherapy with curative intent.
- Improve overall and 1-year survival by a combination of increased resection rates.
- Decrease the number of emergency route diagnoses.

25 An abnormal chest x-ray which is referred straight to CT of the chest to be completed within 72 hours, without going back to the GP, went live at UHL on 21st January 2019 with a leaflet for health care professionals and patients to accompany the changes.

26 The key priorities concern three broad areas: early diagnosis, reducing variation and living with and beyond cancer. This is because poor patient experience, poor survival, unacceptable variation and high morbidity result from these.

27 Early diagnosis – this includes public awareness: working in partnership with

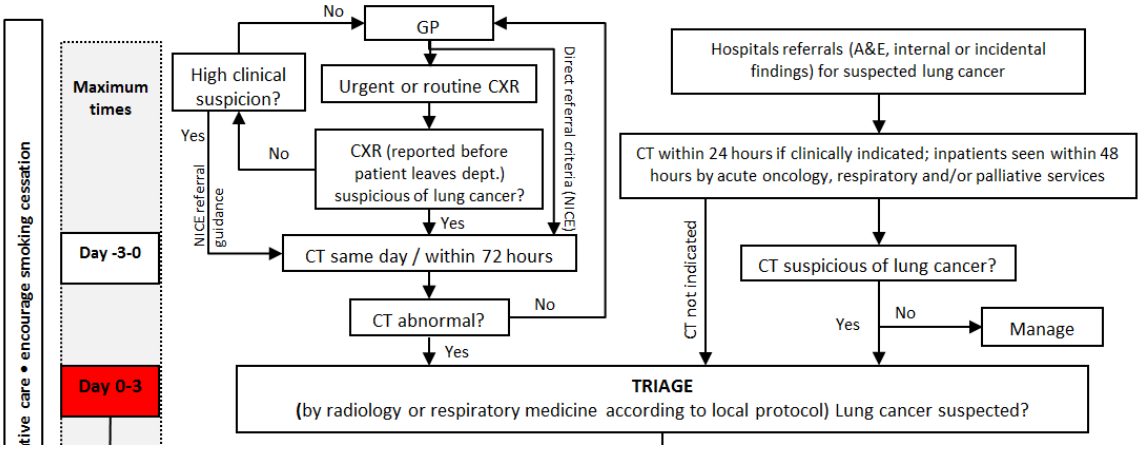
[1] NCIN: **Routes to diagnosis 2015 update: lung cancer.** PHE publications gateway number: 2015640; 2016.

[2] Sutradhar R, Seow H, Earle C, Dudgeon D, Atzema C, Husain A, Howell D, Liu Y, Sussman J, Barbera L: **Modeling the longitudinal transitions of performance status in cancer outpatients: time to discuss palliative care.** *J Pain Symptom Manage* 2013, **45:**726-734.

agencies to ensure that any local, coordinated campaigns increase public awareness of the symptoms and signs of lung cancer; and recognition and referral. This is through the use of primary care based assessment of the risk of lung cancer, such as Cancer Mind Maps and abnormal chest x-rays referred by primary care being sent immediately to UHL for a CT scan within 72 hours. This will not increase the number of patients who require a CT scan but reduce the time patients wait for the scan (in Manchester this was reduced by five days).

Table 3 - Pathway Prior to Day 1:

National Optimal Clinical Pathway for suspected and confirmed lung cancer: Referral to treatment



28 Ultimately the lung cancer pathway should decrease the waiting time for patients from the current 62 day (or longer) pathway to 42 days. In Manchester where this has been rolled out for longer the pathway is now 28 days.

RAPID Prostate Pathway:

29 Prostate cancer is the second most common diagnosed cancer in England, and the most common cancer diagnosed in men. For prostate cancer patients in England diagnosed 2011 to 2015, one-year survival was 96.3%. In 2016, 49.1% of all prostate cancers were diagnosed at an early stage. This varied by cancer alliance with a range of 39.7-54.5%. Prostate cancer is one of only two cancer types to have seen a fall in the rate of early diagnosis (and total number of patients diagnosed at stage 1 and 2) over the last 2 years. With relatively high survival of prostate cancer the impact of late diagnosis is less severe than for other cancers (almost 100% one-year survival for stage 3 diagnoses, over 80% for stage 4).

30 Conducting a multi-paramount (mp) MRI before first prostate biopsy improves the detection accuracy of clinically significant cancer (PROMIS trial). Approximately 25% of patients with suspected prostate cancer had a non-suspicious mp-MRI and avoided the need for immediate biopsy (PROMIS). This change in practice will lead to a reduction in biopsy-associated risks such as infection.

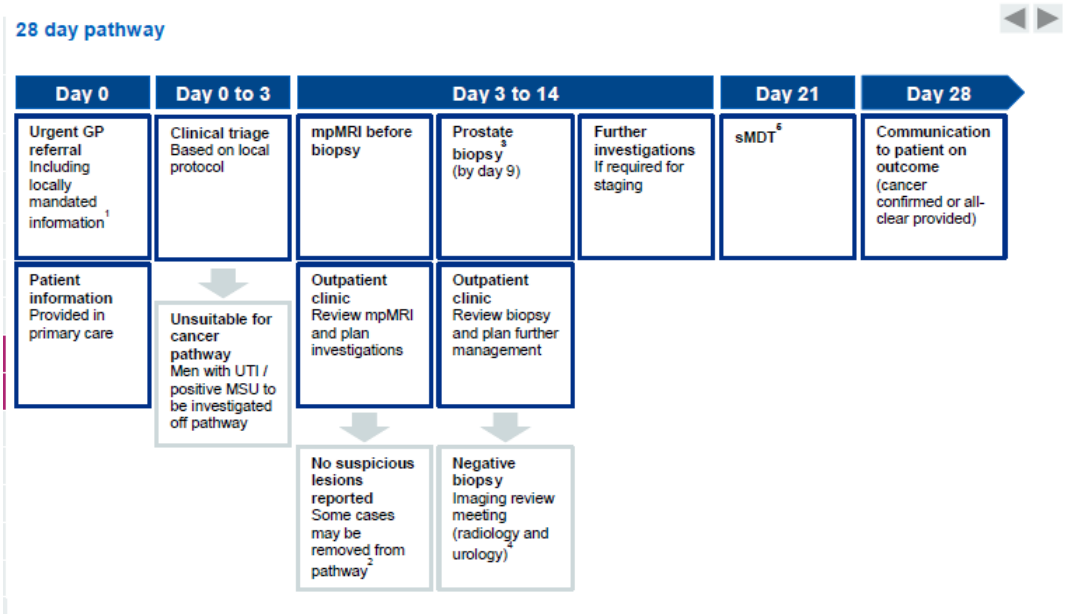
31 The benefits are as follows:

For patients:
• Empowerment from information about the diagnostic process provided at point of referral;
• Reduced anxiety and uncertainty of a possible cancer diagnosis, with less time between referral and hearing the outcome of diagnostic tests;
• Improved patient experience from fewer visits to the hospital, particularly with 'one stop' services;
• Potential to avoid invasive investigations and biopsy-associated risks such as infection;
• Potential for improved survival by using mpMRI for early detection of clinically significant cancers (and reduction in over-treatment of clinically insignificant cancers).

For clinicians:
• Using a nationally agreed and clinically endorsed pathway to support quality improvement and reconfiguration of prostate cancer diagnostic services;
• Working across primary and secondary care to ensure high quality referrals into a streamlined service that gets the patient to the right place, first time;
• Improved ability to meet increasing demand and ensure best utilisation of highly skilled workforce;
• Training and development opportunities for radiographers, radiologists, and urologists in performing, reporting, and interpreting mpMRI;

For systems:
• Reduce demand in outpatient clinics;
• Improved performance against national standards (particularly 62 day performance and the new 28 day faster diagnosis standard);
• Improved quality, safety, and effectiveness of care with reduced variation and improvement in outcomes.

32 The pathway will help to support early diagnosis and shortens the pathway to 28 days.



33 The clinical triage is due to go live in March 2019 with the mp-MRI before biopsy for

all patients with a PSA of 4 and above in 2019-20.

Living with Cancer:

34 The numbers of people living with and beyond a cancer diagnosis in the UK is set to double over the next 20 years. There are key reasons for these statistics: people are living longer and therefore more likely to develop cancer within their lifetime – cancer is predominantly a disease of older age; more effective treatments mean survival at 1 and 5 years are improving and more people are being diagnosed earlier.

35 In response to the NHS Five Year Forward View the independent Cancer Taskforce published the Achieving world-class cancer outcomes: a strategy for England 2015-2020 (July 2015). One of the six strategic priorities focuses on the need to transform approaches to support people living with and beyond a cancer diagnosis, which includes the development of integrated care pathways, stratified follow up and implementation of the recovery package by 2020.

36 As of the end of 2010:

- 6,000 people in LCCCG were living up to 20 years after a cancer diagnosis which could rise to 11,700 by 2030.
- 10,300 in WLCCG were living up to 20 years after a cancer diagnosis which could rise to 20,000 by 2030.
- 9,500 in ELRCCG were living up to 20 years after a cancer diagnosis which could rise to 18,500 by 2030.

37 The Living with and Beyond Cancer Project includes the Recovery Package and Risk Stratified Follow Up focusing on Lower GI, Breast, Prostate and Lung pathways over the next 2 years. Local stakeholder engagement has been established with clinical commitment and scoping of current pathways. Patient and carer engagement is also well established.

38 The Recovery Package consists of:

- **Health Needs Assessments**: UHL NHS Trust is aiming to implement the Macmillan electronic HNA system by March 2019. IM&T team have committed to support the delivery of this before the end of the financial year. Holistic Needs Assessments are now consistently offered at diagnosis to all Colorectal, Prostate and Breast patients. Lung patients are offered a HNA within 3 to 4 weeks of diagnosis.
- **Treatment Summaries**: Will be completed by secondary care at the end of every significant intervention and will improve communication between primary and secondary care.
- **Cancer Care Reviews**: these are to be completed in primary care six months after the completion of treatment to look at what further support the patient requires.

Current numbers are as follows:

	2017/2018	2016/2017
England - average	**69.3%**	**70.3%**
LCCCG	**56.2%**	**61.1%**
ELRCCG	**66.6%**	**67.3%**
WLCCG	**65.7%**	**64.9%**

- **Health and Wellbeing Events**: the Macmillan project manager is meeting with a broad range of stakeholders to discuss how the Recovery Package could be delivered in the community. Best Practice is being looked at and existing networks across LLR are being examined to find sustainable options to support events such as the HOPE course (currently being delivered by UHL HOPE facilitators) and cancer information clinics. Meetings are taking place with potential partners, third sector representatives. Meetings with organisations such as Voluntary Action Leicester, Age Concern and Combat Cancer have taken place so far. Charities, small self-help organisations and volunteer groups on social media are being approached to encourage engagement with the '*Let's Talk about Cancer*' events and the broader conversation of the future of the Recovery Package in LLR.

Conclusions

40. There is a vast programme of work surrounding cancer care across Leicester, Leicestershire and Rutland which is innovative and transformational. This will work help to both improve patient experience and the time in which care is received leading to improved cancer metric performance. The main areas of focus are:
    - Lung
    - Prostate
    - Colorectal
    - Living with Cancer

    Financial investment has been made to support these areas in improving outcomes for patients.

Recommendation

41. The Health Overview and Scrutiny Committee is asked to note the current cancer performance in Leicestershire and the work being done to improve the achievement of the national cancer metrics and cancer care commissioned.

Resource Implications

42. None.

Background papers

43. None

Circulation under the Local Issues Alert Procedure

Not applicable.

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List of Appendices

None.

Relevant Impact Assessments

Equality and Human Rights Implications

44. None.

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