

Local Members' Interest
n/a

Healthy Staffordshire Select Committee – 19 March 2019

Staffordshire and Stoke-on-Trent Sustainability and Transformation Programme (STP)

Progress Update on Cancer Services and the STP Cancer Transformation Plan for 2019/2020

Recommendation

1. Members are asked to consider and comment on the content and to have an understanding of the current key issues with cancer services and the STP approach to improving cancer services.

Summary

2. This report provides an outline of the key priorities for improving cancer services across the Staffordshire and Stoke –on-Trent STP during 2019/2020. To provide context the report has some summary information covering current cancer performance. It also includes the specific objectives and measurable outcomes set out within our transformation plan.
3. Our 2019/2020 transformation plan demonstrates that across the STP we have taken a proactive approach to improving cancer services and although we absolutely must focus on delivering cancer performance and national cancer targets, as the committee will see our plan includes ensuring that the residents of our STP will benefit from implementation of national best practice as well as significant local innovations.

Transformation and Improvement of Cancer Services across Staffordshire and Stoke-on-Trent Sustainability and Transformation Programme.

Background

4. In 2017 The Staffordshire Transforming Cancer and End of Life Service (TCEOL) programme came to an end. The cancer service programme was halted, when at the end of the bid evaluation stage, no bidder was able to meet the minimum criteria set by the programme. The details of the programme and decision to close is without awarding a contract has previously been reported to the Scrutiny Committee.
5. Following this, the Staffordshire and Stoke-on-Trent CCGs governing bodies agreed that STP wide ambitions to improve cancer services should be taken forward through the Staffordshire and Stoke-on-Trent Sustainability and Transformation Programme (STP).
6. Transformation of Cancer Services is now part of our STP Planned Care work stream and falls under a unified Planned Care and Cancer Board.
7. On a wider footprint, the Staffordshire and Stoke-on-Trent STP is part of the West Midlands Cancer Alliance (WMCA). Our STP has been fortunate enough to benefit from over £1m of transformation funding and in addition significant funding from Macmillan to be used to support people living with and beyond cancer.
8. The purpose of this report is to provide an update on recent developments and improvements in cancer services across our STP, our plans and ambitions for making best use of the transformation funding and other support we have received. We will also outline some of the challenges cancer services are likely to face in the next few years and how we plan to address these challenges.

Changes to Cancer Service Providers during 2018/2019.

9. In 2017/2018 the four largest cancer service providers for residents of Staffordshire and Stoke-on-Trent were University Hospitals North Midlands (UHNM), Royal Wolverhampton Hospitals Trust, Heart of England Foundation Trust and Burton Hospitals Foundation Trust. During 2018 / 2019 there have been changes to two of those organisations. Heart of England Foundation Trust is now part of University Hospitals Birmingham and Burton Hospitals Foundation Trust is now part of University of Derby and Burton Hospitals NHS Foundation Trust.
10. Although these changes have taken place, GPs continue to refer patients they suspect may have cancer in exactly the same way, and the vast majority of patients are being seen in the same unit. All four of the main NHS Trusts seeing patients from Staffordshire with cancer now offer specialist cancer services which mean fewer of our residents will need onward referrals after initial tests are complete. For example a patient seen in

Burton who formerly might have had to be referred onward into Derby are now already under the care of the larger UHDB team and that extra referral step with the potential delay is no longer required. In addition the cancer services for Staffordshire patients can be more resilient and the larger Trusts and large specialist teams are less vulnerable to either sudden surges in demand or loss of critical staff. Our GPs are not reporting any concerns since this organisation change took place.

Cancer Commissioning

11. The arrangements for commissioning cancer services are multi-layered.
12. Where patients are suspected of having cancer, outpatient appointments and initial diagnostic tests are commissioned by clinical commissioning groups.
13. Most elements of chemotherapy (including the selection of and payment for the anticancer drugs) is commissioned as part of the specialised services commissioning.
14. Radiotherapy for cancer patients is commissioned by NHS England in line with a national policy.
15. Surgery and post treatment follow up for common types of cancer such as breast cancer is commissioned by CCGs.
16. For rarer types of cancer, the whole cancer pathway is commissioned by NHS England.
17. This can seem complex however it ensures that the more specialist services are planned at a larger scale and that CCGs are protected from natural fluctuations in number so very high cost treatments. At the same time the CCGs are fully involved in commissioning the services for the more common cancer types where local consideration can be crucial to ensuring excellent patient experience.
18. The Staffordshire and Stoke-on-Trent STP cancer and Planned Care Board is able to maintain an overview of the cancer services for the whole population.

Cancer Performance

Current Targets

19. Cancer service performance is monitored against a series of targets. These have been in place nationally for several years and they are used to identify potential deteriorations and drive improvements.
20. The key national targets are:

21. Two week wait – The time between referral by a GP and patient first being seen Recent performance is shown below (Figure 1)

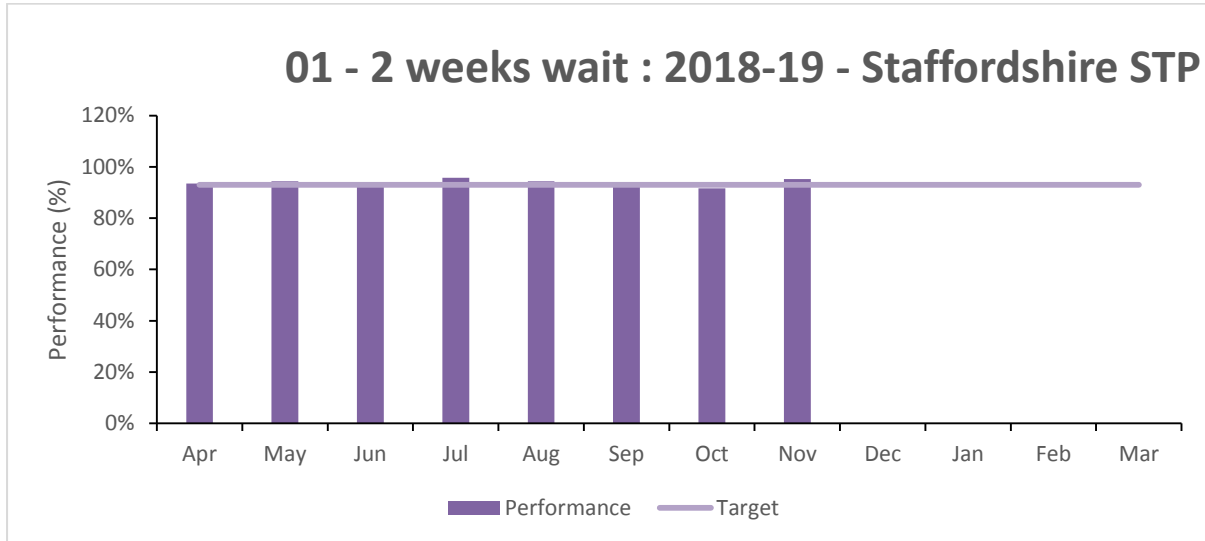


Figure 1 Two Week Wait Performance as an STP.

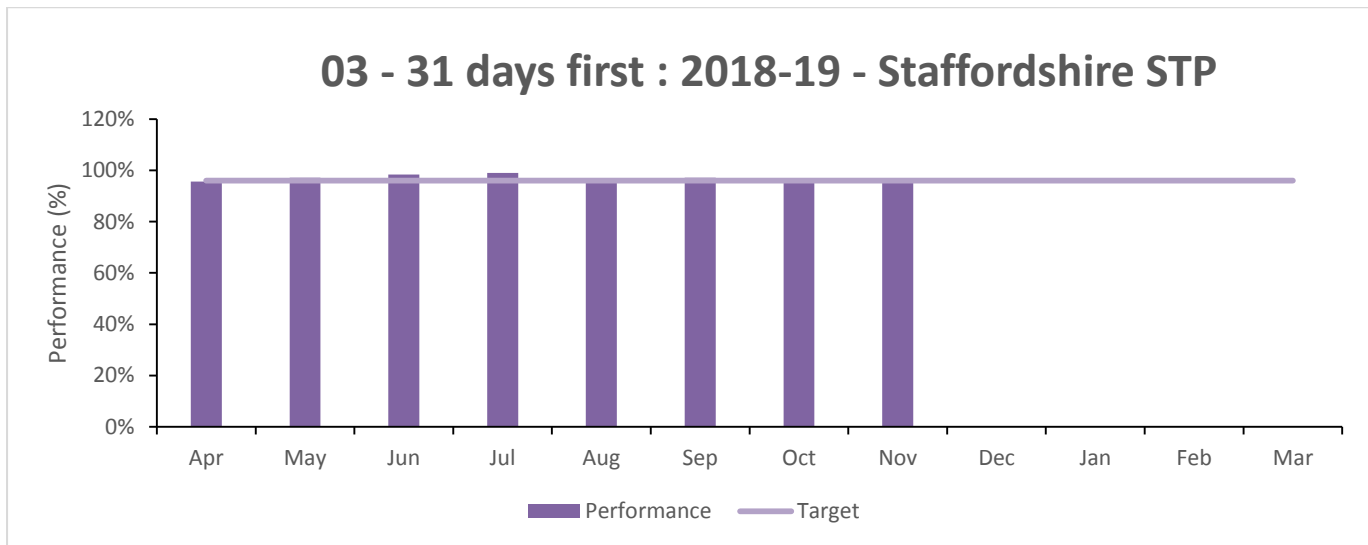
22. In previous years this target has been problematic to deliver, however our provider have taken decisive action to deliver and sustain improvements.

23. For example UHNM cancer bureau aims to offer as many patients as possible a first appointment 7 days after referral. This is not always possible but it gives sufficient resilience to the system to ensure the minority of patients who choose to delay their first appointment will not lead to breaches.

24. There are still blips in achieving this target but providers are able to recognise deteriorating performance and address rapidly.

25. **31 day** – The time between decisions that patient needs cancer treatment and the treatment starting. This target is monitored for each type of cancer treatment, surgery, chemotherapy and radiotherapy.

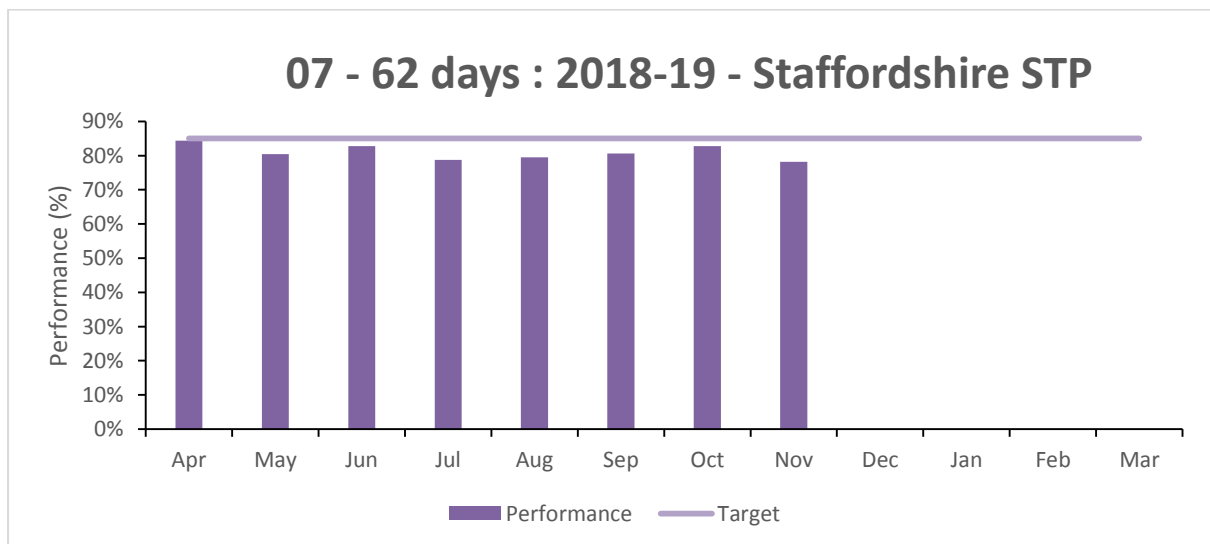
26. Recent performance for first treatment is shown below (Figure 2)



27. Figure 2 - 31 day performance (From decision to treat to treatment starting with 31 days) as an STP.

28. This target has also seen a reasonable level of achievement across Staffordshire in 18/19, deteriorations are rapidly resolved.

29. **62 day** – The time between referral into cancer services and the treatment starting. Recent performance for first treatment is shown below (Figure 3)



30. Figure 3 – 62 day performance (Time from referral to treatment starting within 62 days) as an STP.

31. Across the whole of Staffordshire but also regionally and nationally, the 62 day target have proved the most problematic to achieve and maintain.

32. All of our main providers have identified detailed improvement plans and taken robust action to deliver improvements. Although Staffordshire is not yet able to deliver sustained achievement, Our STP and in particular University Hospital North Midlands has for the last 12 months performed better than forecast. This is important because the 62 day performance was nationally linked to some of the transformation funding available and in part thanks to the Staffordshire performance the West Midlands Cancer Alliance (WMCA) and Staffordshire STP managed to secure additional transformation funding. The funding allocated to us and how it will be used is detailed later in this report.

Key Actions taken to support improvement of 62 day performance across the STP

33. Regular performance review conference calls involving providers, commissioners, NHS England and WMCA at which provider improvement plans are reviewed in detail.
34. Increasing numbers of pathway coordinators or trackers employed by Trusts, helping support patients along the pathway, eliminating delays and prioritising access to services.
35. Putting target pathway timings in place to ensure patients are able to progress through the cancer pathways as quickly as possible.
36. For example at UNHM, the Trust is aiming to increase the numbers of patients offered a first appointment within 7 days of referral and is aiming to get the results of tests back within 7 days at the latest.
37. Across Staffordshire increasing numbers of patients are benefitting from a “one stop shop service”, so for example people referred with symptoms of breast cancer will receive multiple tests and see more than one professional in one appointment and will know whether they have breast cancer much sooner.
38. People referred for Chest X-Rays where lung cancer is a possibility are often being offered a CT scan date in no more than 3 days if cancer remains a possibility after the chest x. Over the next 12 months increasing numbers will hopefully be able to have the CT scan on the same day.

The biggest challenge's to achieving the 62 day performance across 62 day performance across the STP

39. The single biggest challenge is increasing demand. Across our STP, the numbers of referrals of people suspected of having cancer is at an all-time high. In January one local Trust reported its weekly referrals as being highest ever recorded in January 2019

but this was then exceeded again in 2 of the following 3 weeks. Across the STP all providers are reporting a 20 – 30% increase in year on year referral numbers.

40. A further challenge is that as improvements are made to diagnostic pathways, services are increasing reliant upon staff with specialist skills. Locally we are addressing this by looking at how we best used clinical professionals and ensuring people have the right training. For example across Staffordshire we have more non-medical staff in post trained to carry out endoscopy which is one of the diagnostics tests relevant to cancer under most pressure. We also have increase numbers of radiographers trained to report on X-Rays.
41. As we aim to improve services however pressure on staff groups will increase. For example although we have more radiographers able to report on x-rays, only those staff specifically trained in recognising possible lung cancer report on chest x-rays where such cancer is suspected.
42. This means that cancer services across Staffordshire remain vulnerable to loss of critical staff.

Stage at Diagnosis.

43. How advanced a cancer is when it is detected has a great deal of impact on how treatable it is a what the prognosis will be for the patient. Cancers are typically reported as being stage 1 – 4 at diagnosis with stage 4 being the most advanced disease where the cancer has spreads to other organs. Nationally this is monitored by using the proportion of cancer diagnosed at stage 1 and stage 2.
44. Across Staffordshire our stage at diagnosis for the last two years is as follows:

	% of cancers diagnosed at stages 1 and 2 in 2016	% of cancers diagnosed at stages 1 and 2 in 2017
NHS Cannock Chase CCG	53.0%	54.2%
NHS East Staffordshire CCG	46.5%	47.7%
NHS North Staffordshire CCG	50.4%	50.7%
NHS South East Staffs and Seisdon Peninsular CCG	59.7%	49.9%
NHS Stafford and Surrounds CCG	54.8%	54.7%
NHS Stoke on Trent CCG	51.2%	47.7%

45. As readers will note, the latest data relates to 2017 because unfortunately there is a very long delay in validating the data for this indicator at a national level. This means

that the actions we are taking at the moment to increase the proportion of patients diagnosed at stage 1 and 2 will not start to show in the results until early 2021.

Changes required to improve Stage at Diagnosis.

The following actions are seen as key in driving improvements.

46. Increasing uptake of national screening programmes
47. There are 3 national cancer screening programmes. Breast cancer, Bowel Cancer and Cervical Cancer. These programmes are designed to identify cancer before symptoms arise and over many years have ensured that large numbers of people across Staffordshire have been able to access cancer effective treatment at an early stage.
48. Unfortunately across the UK and nationally we have not been seeing as many people attend for screening as we would hope. Locally we have looked at possible reasons for this,
49. There is some evidence that there are cultural or local community issues. For example in Burton a small number of areas in the town centre have a particularly low rate of screening uptake. There is an ongoing piece of work, involving communities in Burton looking at how we can address these issues. For example one suggestion being explored is that holding cervical screening sessions in child friendly locations might make it easier for people with young children to attend.
50. Low participation in cervical screening triggered has particular concerns. Women are enrolled in cervical screening in their 20s and evidence suggests that women who attend their first appointment are more likely to stay in the programme.
51. Recently the CCGs have participated in a campaign to promote cervical screening, targeted at younger women and involving social media. This includes a really informative interview with a local GP.
52. Awareness of cancer symptoms in the community.
53. In order to make improvements to stage at diagnosis on a large scale across the whole population, we will need to ensure that a greater proportion of patients experiencing symptoms go to see their GP. Unfortunately cancer at an early stage can cause very mild symptoms are even no symptoms at all and many people will be reluctant to go to their GP with what seem to be trivial complaints either because they don't want to bother the GP or because they have very busy lives and don't see the symptoms as being important, or both.

54. As a set of CCGs we participate in national and regional campaigns to raise awareness of cancer warning signs. We also work with public health colleagues to support the work they do in this area.
55. Regular updates for GPs on signs and symptoms that should trigger early referral.
56. Over the last few years and through 2019/202 some of the GP protected learning time has been dedicated to increasing awareness the clinical signs that might indicate cancer and require immediate referral.

Signs that actions are making a difference.

57. 4 years ago, the conversion rate for cancer referrals was between 8 and 10% across Staffordshire. The conversion rate is the proportion of patient referred who are found to have cancer. It was suggested nationally that the aspiration should be to reach an optimum conversion rate of about 3% by 2021.
58. Conversion rate data like stage at diagnosis takes a long time to validate however invalidated data suggests a conversion rate at present across our STP is close to 5%. This is a helpful early indicator that we will see meaningful improvements in stage at diagnosis over the next few years.

New national targets

59. As we better understand the what makes the greatest difference in improving cancer services, targets are changing and evolving. Over 2019 and 2020, new targets are being developed.

28 Day target

60. This target will be in shadow form from April 2019 and is expected to be fully embedded from April 2020.
61. It specifies that 95% of people referred with suspected cancer will be given a confirmation either that they don't have cancer or that there is cancer present within 28 days. It will complement but not replace the 2week to first appointment target.
62. This target has been introduced in response to overwhelming evidence that for patients, finding out whether or not they have cancer quickly is at least as important as having that first appointment quickly and then waiting for results.

Benefits

63. This target will support Trusts in improving the way in which they communicate with patients about the results of their tests. It recognises that even for people who do not

have cancer, by making sure they get that good news quickly, providers can allay anxiety and give reassurance to patients.

Long Term Stage at Diagnosis.

64. Nationally the NHS has been set a challenge to ensure that by 2028, 75% of cancer will be diagnosed at stage 1 or 2.

65. This is part of the NHS long term plans and will be extremely challenging. We know that a significant number of patients with some types of cancer won't experience any symptoms when their cancer is at an early stage. It is likely that in order to meet this long term challenge there will need to be a whole series of national and local initiatives, potentially including:

- Cancer diagnostic centres
- More national screening programmes
- Changing (lowering) the criteria for referral into diagnostic services
- Health Checks for well people
- Continuing and expanding the community symptom awareness programmes
- Planning for large increases in diagnostic activity.

66. Work nationally and regionally on planning for how this target will be addressed is underway now.

Our Cancer Transformation Programme for 2019 / 2020

67. Staffordshire and Stoke-on-Trent STP has a detailed cancer improvement programme in place running through to March 2020 and in some case longer, underpinned by regional transformation funding from the West Midlands Cancer Alliance and recently approved by the Alliance. As well as WMCA funded transformation, the programme includes some Staffordshire developed initiatives.

68. This report summarises the priorities, actions, anticipated benefits and risks of this programme.

Priorities

69. Our priorities for transformation of cancer services through to March 2020 are as follows:

70. Increasing early detection of cancer, reducing level of cancer not detected until the patient is seen in A&E and increasing number of patients with cancer detected at stage one and two.

71. This work stream will aim to increase community awareness, improve screening uptake and ensure the most appropriate patients are referred promptly by GPs.
72. Participate in the roll out of a revised national bowel screening test (FIT) which is easier for people to carry out and will have higher uptake rate and better accuracy than the current test.
73. Implementing and embedding national best practice pathways for lung cancer, prostate cancer, colorectal cancer and upper GI cancer (stomach and oesophagus; [gullet]).
74. The best practiced pathways will ensure that patients receive consistently the most clinically appropriate evidence based diagnostic tests and treatment *at the optimum time* maximising the number of patients who get their diagnosis with 28 days and minimising the number of patients who treatment starts within 62 days.
75. Developing a pathway to enable people who are frail or unwell but who are suspected of having bowel cancer, to be referred by their GP directly for scans instead of having an outpatient appointment that will almost certainly determine that the patient is not fit enough to have an endoscopy and be referred for the scan in any case.
76. Developing a pathway for people who have unexplained weight loss but who don't meet the criteria for any particular cancer type, to be referred by their GP directly for scans that are able to detect more than one cancer type without needing an outpatient appointment first.
77. The two initiatives above will include service specification being developed and will require commissioner and provider agreement in line with other CCG commissioning priorities.
78. Ensuring people with women at risk of inherited breast cancer are automatically recalled for annual mammograms across the whole STP.
79. Patients whose family history and genetic testing shows they are greater risk of breast cancer are offered annual mammograms. In some parts of Staffordshire this relied on manual referrals made by GPs. This programme which is 75% complete will ensure that patients will be automatically invited by the screening centre every year without the GP needing to make a referral.
80. Piloting a programme to identify and offer CT scans to patients at highest risk of lung cancer before they experience any symptoms.
81. Nationally there have been a number of programmes where patients at highest risk of lung cancer have an opportunity to be assessed and if appropriate offered a CT scan. Internationally evidence shows that programmes like this have the potential to make the biggest possible difference to lung cancer survival. Staffordshire and Stoke-on-Trent

STP is set to be the first site to pilot this type of screening in the West Midlands and the first patients will be seen in April 2019.

82. Participating in the West Midlands Wide roll out of digitisation and networking of pathology services.
83. This programme will ensure that test results will be available all across the network and that doctors in one hospital can be confident that they will have access to the necessary pathology information at the point they see patients who have been referred from other or had tests at other hospitals. It will speed up pathways and reduce need for repeat tests.
84. Implementing risk stratified follow ups for patients with breast cancer, prostate cancer and colorectal cancer.
85. This work stream will identify those patients who following successful cancer treatment have extremely low risk of developing cancer again. Instead of such patient attending for regular face to face follow up with limited clinical value, the patients will be offered the chance to participate in supported self-management which ensures that they do need to attend hospital unnecessarily but have easy and rapid access to services if they do experience any worrying symptoms. It will also allow providers to make best use of clinical resources.
86. Implement best practice programmes and holistic services for people living with or beyond cancer in the community.
87. This work stream will ensure that a high proportion of cancer patients benefit from a holistic needs assessment whilst still under the care of the hospital and that GP will receive a detailed treatment summary in line with best practice. This will ensure that the patients are able to access recovery plans in the community and will help address the isolation and lack of support that some patient report, once their treatment is finished.

Transformation Investment

88. Many of these work streams are supported by investment of over one million pounds into the Staffordshire and Stoke-on-Trent STP by the West Midlands Cancer Alliance. Transformation Funding for 2019 / 2020 has not yet been agreed nationally but our STP is hoping that its achievements in 2018/2019 will ensure a similar level of investment next year.

Transformation Objectives.

89. The table below sets out our objectives and deliverable outcomes.

Objectives	Outcomes
Increasing the proportion of cancers diagnosed at an earlier stage (Stage 1 or 2) and reducing the number of people whose cancer is diagnosed in an emergency health care setting such as A&E	4% increase in proportion of cancer diagnosed at stage 1 or 2 by Q4 2020/2021 (Compared with 2016 benchmark)
	3% fewer cancer diagnosed following emergency presentation by Q4 2020/2021 (Compared with 2016 benchmark).
Increasing the number of people with the most common cancers (lung, prostate, lower GI, upper GI) whose diagnosis and treatment is in line with evidence based best practice pathways.	Best Practice pathways developed and agreed by 31 March 2019
	Best practice pathways fully implemented by 31 March 2020
	95% of patients within each of these pathways receive confirmation of diagnosis within 28 days of referral by Q1 2020/2021
	85% of patients within each of these pathways commence treatment within 62 days sustainably by Q4 2019/2020.
Increasing the proportion of cancer patients whose follow up is through supported self-management, reducing routine follow ups that are clinically unnecessary. (breast, prostate, lower GI).	Risk Stratified Follow Up pathway for patients with breast cancer developed and starting to be implemented by 31 March 2019
	40% of breast cancer patients benefit from self-managed follow up pathway by 31 March 2020
	70% of breast cancer patients benefit from self-managed follow up pathway by 31 March 2021
	Risk Stratified Follow Up pathway for patients with prostate and colorectal cancer implemented From July 2019 (prostate) and December 2019 (colorectal)
	40% of prostate cancer and 30% of colorectal cancer patients benefit from self-managed follow up pathway by 31 March 2021
Increasing the proportion of cancer patients who benefit from holistic needs assessments and are able to access recovery plans.	Participation in Burton Active Recovery Programme. This will be offered to all cancer patients in East Staffordshire during Q3 and Q4 18/19
	Completion of Holistic Needs Assessment for 80% of cancer patients diagnosed with cancer in Q4 18/19
	40% of cancer patients will receive a treatment summary. (Treatment completed in Q4 20/21)
	Cancer Care Reviews completed within 12 months of diagnosis for 20% of patients diagnosed with cancer in Q4 19/20
Develop Pilot Scale implementation of respiratory health checks and low dose CT scanning for people in selected practices in Stoke-on-Trent at high risk of developing lung cancer.	Test of concept and evaluation of delivery models for lung cancer screening. Evaluation complete by 31 March 2020.
	Networking and shared learning from other lung cancer screening pilot sites in England.
	Increase proportion of people participating in pilot with lung cancer whose cancer is diagnosed at stage 1 and 2 and whose cancer is treatable at time

	of diagnosis.
	Develop options for roll out of lung cancer screening across Staffordshire.
Patient Experience will be monitored, through provider patient experience surveys and also the annual national cancer patient experience survey.	Year on year improvement in patient key experience ratings in national cancer patient experience survey. (Note that due to reporting lag, improvements will be 12 – 18 months after improvement initiatives are in place.
	Patient experience results at provider level as well as other patient feedback will be fed into the STP cancer transformation steering group.
Radiotherapy Networks	Staffordshire and Stoke-on-Trent STP recognises the importance of the development of the radio therapy networks. The STP will request periodic updates from the network oversight group and will offer the group the opportunity to request support from the STP.
Embedding the Digitisation of Pathology Networks initiative, with UHNM becoming a designated hub.	Staffordshire and Stoke-on-Trent STP will closely monitor the implementation of this initiative. The steering will reach out to the “spoke” organisations working with UHNM to verify that suitable and arrangements are in place and working effectively during roll out / mobilisation period and beyond.

Key Risks and Mitigation – Balancing Priorities

90. It is very clear from all the data that there is one key risk we need to consider. The risk is that competing priorities may adversely affect the ability to deliver the desired outcomes. need to be balanced.
91. Diagnosing cancer at an earlier stage can be improved through initiatives like increasing screening uptake and GP support and education but to deliver improvements on the scale envisaged in the national NHS long term plan will require a very significant increase in the number of people referred into service, and a reduction in conversion rate to below the current optimum of 3%. This will require an increase in the clinical resource required particularly in the diagnostic part of the pathway.
92. This in turn will put pressure on the service to sustainably start cancer treatment with 62 days and to deliver the other outcomes listed above in a timely way.
93. The key mitigation is that at all parts of the cancer pathway provider have robust operational oversight and control., They will be supported in this by CCGs and by regulators and the West Midlands cancer Alliance.
94. It will be necessary to balance improvement initiatives and ensure improvements that impact on resources are implemented incrementally.

Conclusions

95. Across the Staffordshire and Stoke-on-Trent STP 2019 /2020 may well be a milestone year for cancer services. Numerous improvement actions have been implemented in the last few years have been embedded but many of these have been driven in a reactive way, aiming to address deterioration in performance.
96. Performance will remain critical in 2019/2020 and beyond but the improvement programme outlined in this paper includes a coherent and proactive approach to improving cancer services across our STP.
97. The priorities for 2019/2020 inevitably mean other parts of the overall cancer service pathway are not being supported by inward investment. Clearly in the currently financial climate it is not possible to address everything at once and the STP is confident that the priorities within our current plan and the right ones for our population at this point in time. The way in which Cancer Alliance investment is allocated is to some extent based on past performance and as a STP we can hope that successful delivery of our 2019/2020 programme will bring support and funding into Staffordshire and enable us to address other priority areas in future years.

Link to Trust's or Shared Strategic Objectives

98. *This paper links to the Staffordshire and Stoke on Trent STP priorities and to the work streams within the STP Planned Care and Cancer Programme.*

Link to Other Overview and Scrutiny Activity

N/A – This is an update report from the STP

Community Impact

N/A