

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

17 OCTOBER 2017

CANCER SERVICES UPDATE

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an update on Cancer Services in Worcestershire, in terms of the new changes made in cancer pathways, performance against the national cancer standards and developments both nationally and locally.
2. Representatives have been invited from service commissioners the Worcestershire Clinical Commissioning Groups (CCGs), and from service providers at Worcestershire Acute Hospitals NHS Trust (WAHT).
3. The update will inform HOSC members of progress since the previous discussion in November 2015, and also inform the Committee's new members, following the County Council elections.

Background

4. Approximately 350,000 individuals are diagnosed with cancer each year in the UK. By 2020 it is expected that 47% of people will get cancer at some point in their lives and around half of these diagnoses will be linked to the most common cancers, breast, lung, prostate, and colorectal.
5. Cancer survival is at its highest ever with more than half of people receiving a cancer diagnosis now living ten years or more, the total number of people living with cancer in the UK is around 2.5 million. Survival has improved significantly for some cancers e.g. breast and prostate cancers but not for all cancers, with lung and pancreatic cancer survival rates still being low.
6. More people are living longer after being diagnosed with cancer, due to better diagnosis and treatment and the NHS needs to consider how best to support those patients surviving cancer. The CCGs are working with WAHT to look at new ways of providing services to patients.
7. Improving patient outcomes for cancer has been the subject of an Independent Cancer Taskforce, which published its report 'Achieving world class cancer outcomes; a strategy for England 2015-2020'.
8. That document set out a range of objectives that the NHS would be required to meet including the Government has pledged that by 2020, 95% of people with suspected cancer will be diagnosed within 28 days of being referred by a GP.

9. The other main policy driver with regard to cancer is “*Delivering the Forward View*” which contains nine must do objectives were set for the NHS, with regard to cancer those must does were defined as:

“Deliver the NHS Constitution 62 day cancer waiting standard, including by securing adequate diagnostic capacity; two week and 31 day cancer standards...”

10. These objectives in the Cancer Taskforce Report and the Forward View documents have been incorporated into the local Sustainability and Transformation Plan.

11. The Commissioning and provision of cancer services is a complex area of NHS activity. In terms of Commissioning, some aspects of the service are commissioned locally by Clinical Commissioning Groups, whilst other aspects like radiotherapy are commissioned by NHS England.

Cancer Services in Worcestershire

12. In terms of the provision of services, the large proportion of services, such as surgery, chemotherapy, radiotherapy, palliative care and supportive services are delivered locally in Worcestershire by a number of organisations such as Worcestershire Acute Hospitals NHS Trust (WAHT), Worcestershire Health and Care Trust (WHACT), the three Hospices in the County and by primary care.

13. Worcestershire Acute Hospitals NHS Trust provides cancer services from a range of locations; the Worcestershire Oncology Centre on the Worcestershire Royal Hospital site provides radiotherapy services for patients in Worcestershire, some aspects of specialised radiotherapy are provided at regional centres such as University Hospital Birmingham.

14. Since its opening in January 2015, it is estimated that Worcestershire Oncology Centre has started more than 2,800 patients on radiotherapy treatment and now has an eleven strong team of oncologists in place. The Centre provides radiotherapy treatments to cancer patients covering the majority of tumour sites.

15. In April 2016, the Centre started treating Head & Neck cancer patients with radiotherapy alone, and in July 2017 introduced concurrent chemo-radiotherapy treatments, with a full Multi-Disciplinary Team (MDT) approach.

16. The Acute Trust provides chemotherapy services at each of its three hospital sites in Worcester, Redditch and Kidderminster. The services are delivered from dedicated chemotherapy suites at each location. The service continues to see an increase in patient activity in 2017 (comparison to same period 2015-16).

Site	Patient Numbers Oct 2015 – Oct 2016 (Mosaicq)	Patient Numbers Oct 2016 – Oct 2017 (Mosaicq)	Increase
Rowan Suite WRH	9180	9754	574 = 6.2%
Garden Suite ALX	5253	5885	632 = 12%
Millbrook Suite KTC	5919	6550	631 = 10.6%

* Figures provided include supportive therapies (scheduled appointments)

17. Surgical oncology services are also provided by Worcestershire Acute Hospitals NHS Trust. A range of palliative care services are provided across the County by the three local Hospices, St Richards, Kemp and Primrose as well as by WAHT and there are some services provided by Worcestershire Health and Care Trust.

18. All the Cancer Multi-Disciplinary Teams are now well embedded as countywide MDTs.

Cancer Services - Performance and Patient Experience

Performance

19. Set in the context of increasing incidence of cancer and a national focus on the achievement of the cancer standards there has been concern across all organisations in Worcestershire with regard to the performance against waiting time standards that are being achieved at Worcestershire Acute Hospitals NHS Trust.

20. The CCGs have worked closely with WAHT to develop actions to improve performance and have conducted Deep Dive exercises for Colorectal, Breast and Urology cancers, to better understand the challenges with regard to delivering better access times for patients.

21. There are a range of cancer standards (see below) and whilst some of those standards are being achieved on a consistent basis some of the standards are not. Where there has been underperformance, such as in two week waits, two week symptomatic breast and 62 day waits, we are now seeing some indications of improvement.

22. WAHT current waiting times' performance and reporting for 2017-18 is set out below. Performance against two week waits has improved from 64.9% in April to 78.6% in August and two week symptomatic breast that has gone 34.38% in April to 89.3% in August.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17
Two Week Referral Service - 93%	64.90%	66.03%	72.81%	79.14%	78.61%
Two Week Referral Service - Breast Symptomatic - 93%	34.38%	27.37%	76.19%	84.38%	89.31%
Time from decision to treat to treatment (31 day first treatment) - 96%	97.67%	96.40%	98.14%	98.05%	97.83%
31 day subsequent treatment - Surgery - 94%	92.00%	89.13%	94.00%	100.00%	94.00%
31 day subsequent treatment - Radiotherapy - 94%	100.00%	100.00%	100.00%	100.00%	100.00%
31 day subsequent treatment - Drug Treatment 98%	96.43%	100.00%	100.00%	100.00%	100.00%
Time from urgent GP referral to treatment (62 day standard) - 85%	70.66%	61.78%	70.88%	75.52%	76.58%
Time from referral from screening to treatment (62 day standard) - 90%	90.91%	95.00%	92.68%	94.12%	85.71%

23. The overall picture is broadly an improving one but the CCGs and WAHT recognise that there is still progress to be made, we have agreed trajectories for improvement and have an agreed action plan for improvement, that has been shared with NHS England and that is monitored on a monthly basis.

24. Diagnostics is inextricably linked to cancer pathways; therefore, poor diagnostic performance affects cancer performance at WAHT and there has been a significant and long term issue with Endoscopy waiting times; which is a significant concern to the CCGs. This has shown recent improvement with the current insourcing project. Radiology capacity and reporting continues to be monitored through the appropriate channels and action plan developed.

Patient Experience

25. Whilst cancer waiting times are clearly a crucial aspect for consideration, so too is the patient experience and all providers in the country participate in an annual Cancer Patient Experience Survey.

The main headlines to note from that patient survey are:

- When asked to rate their care on a scale of 0 (very poor) to 10 (very good), respondents gave an average rating of 8.7
- 78% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment
- 84% of respondents said that it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist
- 85% of respondents said that, overall, they were always treated with dignity and respect while they were in hospital
- 93% of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital
- 84% of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment.

26. The patient survey is extensive the CCG and WAHT will be reviewing all aspects of the report to both acknowledge those areas that are positive and indicate a high level of patient satisfaction, as well as any areas where the percentages are lower than the national average.

27. Whilst there are already plans in place to address some of the issues, as part of the regular workings of the cancer team and operational teams within Worcestershire Acute Hospitals NHS Trust, these plans are now going to be refreshed in the light of this year's findings.

28. Cancer Services are doing a tour of the MDT meetings to present bespoke results of the survey for individual specialities.

29. The patient comments from the survey are currently being analysed into themes.

30. The patients' experience of their journey enables us to further shape our services and ultimately to improve the lives of everyone living with cancer.

Developments since 2015

Sustainability and Transformation Programme (STP)

31. In recent months, organisations across Herefordshire and Worcestershire have worked together and continue to work together to develop a robust cancer plan aimed at delivering the requirements set out in to the Cancer Taskforce Report and the Five Year Forward View.

Governance

32. In terms of governance and oversight of cancer service and waiting times, since 2015 this has been strengthened significantly, the CCGs review all aspects of performance at their monthly Elective Care Executive, there is also a Worcestershire Cancer Board as well as WAHT's performance monitoring by their Board.

33. On a quarterly basis a detailed report on cancer services is sent to the Governing Body of each CCG.

34. The CCG and WAHT have a joint Clinical Quality Review Group, attended by clinicians and any issues with regard to the quality of cancer services are reviewed and addressed by that group.

Plans to improve performance

35. In addition to the STP cancer plan there is also a local, agreed action plan to address the areas where the required performance standards are not being met.

In summary the main areas of focus of the plan are around:

1. **Workforce** – ability to recruit to existing vacancies as well as avoiding further vacancies, in critical areas such as Radiology, Dermatology and Respiratory
2. **Diagnostics** – lack of internal capacity and available external capacity impacting a number of performance standards, specifically endoscopy.
3. **Over reliance on Waiting List Initiative clinics and locums** – need substantive capacity in place to cope with the demand
4. **Day to day management** – patient tracking, planning and matching capacity to demand.
5. **Investment requirements** – investment required to clear backlogs and deliver trajectories.
6. **A need to redesign cancer pathways and consideration of new service models** – the Trust need to work with the CCGs and NHSI to develop innovative models for service delivery.

Purpose of the Meeting

36. HOSC members are invited to consider and comment on the information provided on Cancer Services.

37. Following the discussion, the HOSC is asked to agree whether any further information or scrutiny is required at this time.

38. In doing so, HOSC members may want to reflect on:

- Worcestershire's service performance since the previous update to HOSC
- the need to find effective ways to support people surviving cancer
- how to mitigate the impact of on-going pressures on Acute Hospital Services in Worcestershire
- The need for effective links between all providers of cancer services and the need to ensure that patients have a key role in shaping and informing how cancer services are developed.

Contact Points

Worcestershire County Council; 01905 763763
Worcestershire Hub: 01905 765765

Specific Contact Points for this Report

Emma James / Jo Weston, Overview and Scrutiny Officers: 01905 844964 / 844965

Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 4 November 2015 – available on the County Council's website [here](#)