

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

16 APRIL 2024

CANCER PATHWAY

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on the pathway for Cancer, including awareness raising, screening and diagnosis to start of treatment.
2. Representatives from Herefordshire and Worcestershire Integrated Care Board (HWICB), NHS England (NHSE) and Worcestershire Acute Hospitals NHS Trust (WAHT), have been invited to the meeting to respond to any questions the HOSC may have.

Background

3. Since the 1990s the incidence rate for all combined cancers has increased by 12% in the UK. This means that every 2 minutes someone in the UK is diagnosed with cancer, with almost half being diagnosed at stage 3 (cancer has grown large and may have spread to surround tissues and/or lymph nodes) and stage 4 (cancer has spread from where it started to at least one other body organ)¹. The incidence of all cancers combined is also expected to rise by 2% over the next 15 years, resulting in 506,000 new cancer diagnoses every year by 2038.
4. In Herefordshire and Worcestershire, there were 5,456 new cancer cases in 2021/22, equating to 669 per 100,000 population (75th percentile). The England average was 540 per 100,000 population.
5. During the five-year period between 2018/19 and 2022/23, 165,886 referrals were made to an Urgent Suspected Cancer (USC) pathway. This is in the lowest 25% percentile when compared with the England average.
6. The conversion rate (% of all USC referrals) over the same period was 8.3%, compared with the England average of 6.6%. The detection rate (% of all new cancer cases treated resulting from USC referral) was 60% compared with the England average of 54.1%. Both of these metrics were in the highest 75% percentile² in the period identified.
7. Preventing people from getting cancer, increasing opportunistic screening of patients to identify cancers earlier, supporting people to seek professional help earlier when they have possible cancer symptoms as well as providing timely diagnostic and treatment pathways for patients presenting on a USC pathway are all national and local priorities.

¹ Cancer Research UK <https://www.cancerresearchuk.org/>

² Fingertips | Public Health Data <https://fingertips.phe.org.uk/profile/cancerservices>

8. This report outlines the actions taken and being taken across the system to improve cancer outcomes for people across Worcestershire.

Preventing and Supporting Earlier Cancer Diagnosis

9. Around 38% of cancer cases are preventable³ and whilst not all cancers are preventable, there are things people can do to reduce their risk of developing cancer including not smoking, maintaining a healthy weight, reducing alcohol intake, being more active and having a healthy balanced diet.
10. The HWICB has also been working with key stakeholders to support earlier diagnosis of cancer and reduce the impact of health inequalities thereby improving cancer outcomes. This includes:
 - Engaging with GP practices and Primary Care Networks (PCN) through the Earlier Cancer Diagnosis Directly Enhanced Service (DES), focusing on improving uptake in cervical and bowel screening programmes, proactive and opportunistic assessment of patients with potential cancer (focus in 2023/24 has been prostate cancer)
 - Optimising the use of Faecal Immunochemical Test (FIT) in primary care to identify patients at risk of having colorectal cancer. Latest data available (up to October 2023) shows Herefordshire and Worcestershire achieving 78% of urgent suspected colorectal referrals accompanied by a FIT test. The HWICB is the highest performing ICB in the Midlands in this area
 - Piloting the use of Artificial Intelligence (AI) as part of a tele-dermatology pathway to identify potential cancerous skin lesions
 - Engagement in the Galleri Trial⁴, a research trial using a new blood test to detect cancers early. Year 2 (3rd year of the trial) has just been completed in Herefordshire and Worcestershire with the trial evaluation expected by May 2024
 - Commissioning of Joy App in 2024/25 to link people with local cancer prevention services and to provide detailed information of service gaps experienced by people as a result of health inequalities
 - Promotion of national cancer awareness campaigns locally.
11. There is a continued focus on supporting earlier diagnosis as part of the HWICB's Joint Forward Plan and Operational Plans, with plans to further this by delivering the following in 2024/25:
 - Rollout of Non-Specific Symptoms pathway across Herefordshire and Worcestershire to provide access to rapid clinical assessment and diagnostics for patients with a range of vague symptoms associated with potential cancer
 - Targeted Lung Health Checks to screen patients at risk of developing lung cancer but who may not be exhibiting symptoms leading to earlier diagnosis, less invasive treatments and improved outcomes

³ Cancer Research UK <https://www.cancerresearchuk.org/>

⁴ [NHS-Galleri Trial | Detecting cancer early](#)

- Mainstreaming Lynch Services to proactively identify patients with Lynch Syndrome, who are at higher risk of developing bowel, ovarian and pancreatic cancers
- Promoting engagement in the EUROPAC Trial⁵ to identify people at risk of developing pancreatic cancer
- Reducing variation at practice / PCN level around use of FIT in primary care to ensure delivery of 80% target and equitable access for patients
- Roll out of tele-dermatology for assessment of suspicious skin lesions
- Implementation of liver surveillance for patients with cirrhosis / advanced fibrosis / Hepatitis B to support earlier identification of liver cancer.

Screening

12. The three national cancer screening programmes are summarised in the table below:

Programme	Eligible population	Worcestershire provider	Worcestershire screening coverage (national) ⁶
Cervical screening programme	Women and people with a cervix aged 25 to 64	Screening provided by General Practice with opportunistic provision in sexual health cervical; screen positive managed at WAHT colposcopy. (25-49: 3-yearly; 50-64: 5-yearly)	25-49 years old. - 71.3% (65.8%) 50-64 years old. - 77.6% (74.4%)
Bowel cancer screening programme	People aged 54-70 (see below)	Home testing kits; screen positives managed for further assessment / treatment by WAHT (2 yearly)	74.9% (72.0%)
Breast screening programme	Anyone registered with a GP as female between the ages of 50 and 71	WAHT provide screening at mobile breast units and static sites; and assessment and treatment provided by WAHT The Very High Risk programme offers annual screening to those at genetic/ familial /or increased risk due to radiotherapy	70.3% (66.2%)

The Covid-19 pandemic and screening

13. All cancer screening programmes were affected by the pandemic, with all providers in the West Midlands pausing screening for a period of time. This led to screening backlogs, with people invited at longer intervals to the programme

⁵ [EUROPAC Researching Hereditary Pancreatic Diseases \(europactrial.com\)](http://europactrial.com)

⁶ [Public health profiles - OHID \(phe.org.uk\)](http://phe.org.uk)

requirements. The recovery from the pandemic has been different across each of the screening programmes. In Worcestershire, cervical screening 'recovered' in early 2021, with bowel screening later that year. Breast screening 'recovery' was not until 2023: this was due to a longer pause in the screening programme, as well as underlying workforce issues that made recovery harder for all services nationally. There are, however, currently no backlogs in any of the screening services in Worcestershire.

Screening programme changes

14. The bowel cancer screening programme is three years into an age extension, lowering the age of the programme from 60 to 50 years old. The 54 year old cohort were invited from 2023/24, with 50 and 52 years old being added in from 2024/25. The Herefordshire and Worcestershire service has been at the vanguard with its age extension cohorts regionally.
15. There is a wider digital transformation programme across screening, updating the databases that underpin the programmes and other digital changes.
16. The Targeted Lung Health Check is not yet a national screening programme but is undergoing a period of transition from pilot areas to national coverage. This roll out is overseen by the Cancer Alliances, not NHS England. The programme, where currently provided, is available for current and former smokers aged 55 to 74 years. After a risk assessment, some of these are offered a CT scan of the lungs. Plans are currently being developed that would potentially see Targeted Lung Health Checks rolled out in Worcestershire in 2024/25.
17. The National Screening Committee, the body who advise the Government on screening policy, has recommended other changes to the cancer screening programmes, including a change in the interval in cervical screening (in the younger cohort) and a reduction in the threshold at which people are said to have a positive screening test in the bowel screening programme. There is no time frame on delivery of these.

Screening programme risks and issues

18. Some of the current risks and issues in relation to the screening programme include:
 - The mammography workforce (and other breast radiography/ radiology) is limited nationally, which puts pressure on all services. The Worcestershire service does have sufficient capacity at present and maintains the screening intervals
 - There are some challenges in other screening programmes such as workforce constraints, with national histopathology shortages. The colposcopy workforce (in the cervical screening programme) is sufficient in Worcestershire but small.
 - At times, demand and capacity constraints on symptomatic cancer pathways can put pressure on screening services, such as breast screening assessment or colonoscopy
 - There is further work required, bringing in partners across the integrated care system, to further improve the coverage of the programmes and reduce inequity. Breast screening coverage fell following the pandemic, although this

has largely recovered in Worcestershire. There has been a long-term decline in cervical screening coverage nationally.

Cancer Diagnosis and Treatment

19. WAHT is the main centre for the diagnosis and treatment of cancer for the Worcestershire population.
20. WAHT works in partnership with specialist centres, where more specialist diagnostic tests and treatments are undertaken. These centres include Gloucestershire Hospitals NHS Foundation Trust, The Royal Wolverhampton NHS Trust, University Hospitals Coventry and Warwickshire NHS Trust and University Hospitals Birmingham NHS Foundation Trust.
21. WAHT receives an average of 2,700 urgent suspected cancer referrals per month across all specialties, though referrals in skin and urology in particular have been impacted by stories of national interest in recent months leading to increases in these areas. The focus for WAHT has been on improving the percentage of patients who are informed of their diagnosis within 28 days. In April 2023, 68% of patients received their diagnosis within 28 days and WAHT is forecasting to achieve this for 75% of patients in March 2024. It has also focused on reducing the number of patients waiting over 62-days for treatment. There are now 22% fewer patients waiting over 62-days than there was at the same time 12 months ago.
22. Whilst there is some variability in delivery between tumour site pathway, those of greatest concern, and therefore focus, in 2023/24 have been skin cancer pathway (dermatology) and urological cancer pathways.
23. Attached for the Committee's information at Appendix 1 is an example of a Simplified Pathway for Patient referred with suspected Prostate Cancer.
24. The challenges faced by the Dermatology Service, which are having an impact on maintaining services and waiting times, were the subject of a recent report to HOSC (15 March 2024). WAHT has put in place several short-term mitigations to keep services running wherever possible - through partnership working with neighbouring trusts, the use of private sector insourcing providers and appointing its own locum consultant dermatologists – and waiting times in this service are recovering well.
25. Options to restore the longer-term stability of services, which would ensure that provision remains in Worcestershire, continue to be actively explored, and the WAHT Board's current preferred option is for the running of the service to be taken on by the Herefordshire Wye Valley Trust (WVT) as the lead provider.
26. The Urological Cancer Service has been particularly impacted by stories of national interest and has not had sufficient capacity to meet increasing demand. During 2023/24 the service has been heavily reliant on additional capacity including the use of insourcing, mutual aid from Foundation Group partners and additional capacity sessions for its own team as well as locum medical staff. A new business case has been approved to further develop the Urology Intervention Unit on the Alexandra Hospital site, that will increase the diagnostic capacity of the service. The Urology team is working with partners from across the Foundation Group to explore longer term sustainability options that can build on the positive partnership approach.

27. WAHT priorities to improve cancer performance in 2024/25 include:

- Increasing the percentage of patients with a positive cancer diagnosis whose diagnosis is confirmed within 28 days to at least 77%
- Increasing the percentage of patient who commence their first treatment within 62-days from the start of their cancer journey to at least 70%
- Developing diagnostic and oncology strategies for the future to ensure we continue to be able to offer timely access to the most up to date diagnostic and treatment options
- Developing the relationships with specialist centres to ensure that patients are able to access consistent, high quality, timely care for those specialist treatments not offered locally.

Purpose of the Meeting

28. The HOSC is asked to:

- Consider and comment on the information provided on the cancer pathway from prevention/earlier diagnosis, screening and diagnosis to treatment; and
- Determine whether any further information or scrutiny on this particular topic is required.

Supporting Information

Appendix 1 – Example of a Simplified Pathway for Patient referred with suspected Prostate Cancer

Contact Points

Prevention and Earlier Diagnosis:

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HOSC

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Background Papers

In the opinion of the proper officer (in this case the Assistant Director Legal and Governance) 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 12 January 2022 and 15 March 2024

All agendas and minutes are available on the Council's website here.