

Health Overview and Scrutiny Committee

Summary of Cancer Services in Worcestershire

Introduction

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

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.

There are some areas of provision that are very specialised and because of the small numbers of patients involve and the need for clinical specialisation, then these specialist services are provided at regional centres.

The vast majority of paediatric oncology services is provided at specialist units in Birmingham and is not provided locally.

This report seeks to provide HOSC members with an update with regard to the local arrangement of cancer services in Worcestershire, current performance against the national cancer standards and local developments in services in the county.

Local Arrangement of Services

Worcestershire Acute Hospitals NHS Trust provides cancer services from a range of locations, the Worcestershire Oncology Centre on the Worcester 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.



*Redditch and Bromsgrove
Clinical Commissioning Group*



*South Worcestershire
Clinical Commissioning Group*



*Wyre Forest
Clinical Commissioning Group*

The Acute Trust provide 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.

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.

Current Performance Against National Standards

There are eight main national cancer standards against which providers of cancer services are measured, these standards are listed in Table One below, and the table also shows the performance of WAHT for the year to date for 2015-16.

It is noted that the delivery against the standards is mixed with some standards being achieved and others not.

The greatest areas of concern for Worcestershire, in terms of underperformance, relate to the two week wait standard, the two week symptomatic breast standard and the 62 day urgent referral to treatment standard. With regard to both of the two week wait standards, WAHT have not delivered the required standards during 2015-16, only achieving one of the standards, in one month during the year. In terms of the 62 day standard, performance has met the required standard for two of the five months in 2015-16.

As a consequence of this underperformance against these standards the CCGs have issued a Contract Performance Notice to WAHT, which means the provider has to produce Remedial Action Plans that set out exactly how the provider will improve performance and by when.

There has been extensive dialogue between the Commissioners and WAHT with regard to understanding the reasons for these areas of underperformance and it is a complex, multifactorial issue, across a range of specialties within the Acute Trust and the national Cancer Intensive Support Team have worked with WAHT to identify areas that need to be improved in order to deliver consistently against these cancer standards. Some of the issues that need to be addressed are increasing demand, internal process issues with regard to how referrals are managed, along with capacity pressures caused by Consultant vacancies.



One issue the Acute Trust has raised with the CCGs is the large number of patients who decline an appointment for a two week wait for suspected cancer, the CCGs are working with Primary Care to ensure that all patients are fully informed about the two week wait process and the importance of attending their appointments.

The Trust is achieving the standards for 31 days first treatment for all cancers, 31 day subsequent surgery and 31 day subsequent chemotherapy. The numbers of patients who are referred to 62 days as Consultant Upgrades are very small, consequently, very small numbers of patients breaching the standard can produce a very large change in the percentage performance.

In Tables Two and Three below you will see the performance of WAHT, for two week waits, two week symptomatic breast and 62 day urgent referrals, set against the average performance in England. It is to be noted that whilst the performance against these standards is below the English average, the context provided is that a lot of providers in England are struggling to deliver the 62 day standard and the two week symptomatic breast standard, however, a lot of providers are delivering the two week suspected cancer standard. The Commissioners have shared this benchmarking data with WAHT, along with the names of providers who achieve the two week suspected cancer standard and who receive similar numbers of referrals to those that WAHT receive. The Commissioners have recommended that WAHT engage with these providers to see if there are any areas of good practice they could share.

Table One- Current Performance against the eight main national cancer standards.

Cancer	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Expected Sep-15	YTD
31 Days: Wait For First Treatment: All Cancers	98.2%	95.7%	95.5%	98.5%	100.0%	97.7%	97.6%
31 Days: Wait For Second Or Subsequent Treatment: Surgery	93.4%	88.9%	90.6%	95.9%	95.4%	95.8%	93.9%
31 Days: Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
62 Days: Wait For First Treatment From Urgent GP Referral: All Cancers	80.7%	85.1%	75.4%	78.1%	86.6%	73.8%	79.5%
62 Days: Wait For First Treatment From National Screening Service Referral: All Cancers	94.7%	100.0%	95.8%	100.0%	100.0%	92.6%	96.8%
62 Days: Wait For First Treatment From Consultant Upgrades: All Cancers *	100.0%	#N/A	60.0%	18.2%	66.7%	54.6%	56.8%
2WW: All Cancer Two Week Wait (Suspected cancer)	91.5%	90.3%	86.8%	83.1%	81.8%	81.5%	85.7%
2WW: Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	85.3%	98.2%	84.2%	63.5%	83.1%	66.9%	78.6%

Table Two- Benchmarking data- WAHT performance for 62 day urgent referrals against the average performance in England

			2015/16					
			Apr-15	May-15	Jun-15	Jul-15	Aug-15	
CB_B6	Cancer 2 week waits - 2 week referred urgently (6.1)	93%	1,337	1,327	1,436	1,425	1,402	6,927
			1,223	1,198	1,247	1,184	1,147	5,999
		Eng	91.47%	90.28%	86.84%	83.09%	81.81%	86.60%
CB_B7	Cancer 2 week waits - 2 week Breast symptoms (6.2)	93%	163	108	171	200	177	819
			139	106	144	127	147	663
		Eng	92.70%	94.30%	94.10%	93.91%	93.18%	93.64%
			85.28%	98.15%	84.21%	63.50%	83.05%	80.95%
			92.70%	94.50%	93.00%	92.44%	91.72%	92.87%

Benchmarking data- WAHT performance for 62 day urgent referrals against the average performance in England

			April	May	June	July	Aug	
CB_B12	Cancer 62 day waits - 62 day urgent GP referral to treatment (8.1+ 8.8)	85%	109.0	107.5	136.0	151.5	120.0	624
			88.0	91.5	102.5	119.0	104.0	505
		Eng	80.73%	85.12%	75.37%	78.55%	86.67%	80.93%
			83.00%	81.10%	81.20%	81.87%	82.66%	81.97%

Developments nationally and in county.

In June 2015, NICE produced their new guidelines “ Suspected cancer referral and recognition ” the guidance will have significant impacts for primary care as there will now be a lower risk threshold for referrals and so more referrals made and a requirement for more tests to be carried out in primary care. There will also be a need to redesign the two week wait forms. There is also an emphasis, in the guidance, to improve patient education and support so that they understand why they have been sent on a two week wait. The CCG is very aware that there can sometimes be issues with two week wait appointments, from the provider side and we are dealing with those issues with the providers.

On July 14th, 2015 there was a national letter advising all Clinical Commissioning Groups and all provider organisations that achievement of the 62 day standard for cancer treatment has become one of five key standards that the NHS in England must achieve.

With regard to two week waits, there is a move towards all these referrals being completed by E-referral in future and not by fax. This will be quite a challenge locally and some significant work will be required to get the CCG to a position where we could, with confidence move to electronic referral.

The Commissioners are currently working with all stakeholders to deliver against these national agenda items.

At a local level there have been a number of local developments, the most significant of which is the opening, in January 2015, of the Worcestershire Oncology Centre at Worcester Royal Hospital. This unit which was officially opened by HRH Princess Anne was the culmination of efforts from the whole health economy in Worcestershire and it has enabled people of Worcestershire to have locally provided radiotherapy treatment and removed the need to travel large distances to radiotherapy centres outside of the county.

It is to be noted that another benefit of the changes put in place to develop the Oncology Centre was that WAHT now have their own cohort of Oncology Consultants, prior to the development of the Oncology Centre, WAHT had to rely on Oncologists from other hospitals, outside of Worcestershire. The Oncology development made it possible for WAT to recruit and employ its own Oncologists.



**Redditch and Bromsgrove
Clinical Commissioning Group**



**South Worcestershire
Clinical Commissioning Group**



**Wyre Forest
Clinical Commissioning Group**

The CCG have worked in collaboration with Macmillan Cancer Care to recruit a Macmillan Cancer GP Facilitator, the post is funded by Macmillan and the post –holder Dr Elizabeth Seakins has a lead role in providing the link between primary and secondary care and to talk to clinicians in both areas about the cancer agenda.

The Acute Trust has established a Cancer Board that meets monthly to discuss all matters related to cancer, the Commissioners attend that meeting, as does Dr Seakins, there is also a patient representative on the Board. Going forward there will be a renewed emphasis, as captured by the new NICE guidance, on primary care and the need to improve early detection. There will also be an increasing role across the health economy to support patients who survive cancer, the number of people now surviving cancer is growing and these people need on going, holistic support to help them as they progress with their lives.

The Commissioners have also recently established a Worcestershire County-wide Cancer Group. The aim of this group is to bring together the wide range of stakeholder organisations involved in cancer services to review and consider the strategic agenda for cancer services. This group is in its early stages having only met once.

Going forward Commissioners will be working closely with WAHT to ensure that delivery against the key cancer standards mentioned in this briefing paper are achieved, on a consistent basis, as soon as possible.