

East London Health and Care Partnership

Cancer update INEL HOSC

Weds 28th February

ELHCP Our Challenges

- **ELCHP is the most deprived STP in London:** with 5 of the 6 most deprived CCGs across London
- **Population forecast increase above the London average** (6.1% in 5 years)
- **Significant financial pressures on providers** and drive to achieve a sustainable future position
- **Variation in patient ratio to GP** with Redbridge and Waltham Forest falling in the lowest 20% whilst City and Hackney and Tower Hamlets have the first and second best ratios across London
- **Workforce gaps and high turnover of staff** in Acute providers
- There is a variation in cancer outcomes across the STP with the STP having the lowest 1 year survival index in aggregate in England (2015)
- Too many people in ELCHP are diagnosed with cancer when it is more advanced
- Too many ELCHP residents present with new cancers as an emergency which reduces their 1 year survival prognosis
- Not enough of the population attend cancer screening programmes
- Services need to be put in place to support patients in ELCHP living with the consequences of their cancer treatment

Governance Structure – Third Tier, Workstream sub-structures

Cancer

Key:

Tier 1 Governance groups/boards

ELHCP Partnership organisations

Regulators

Systems or collaborative groups/ boards

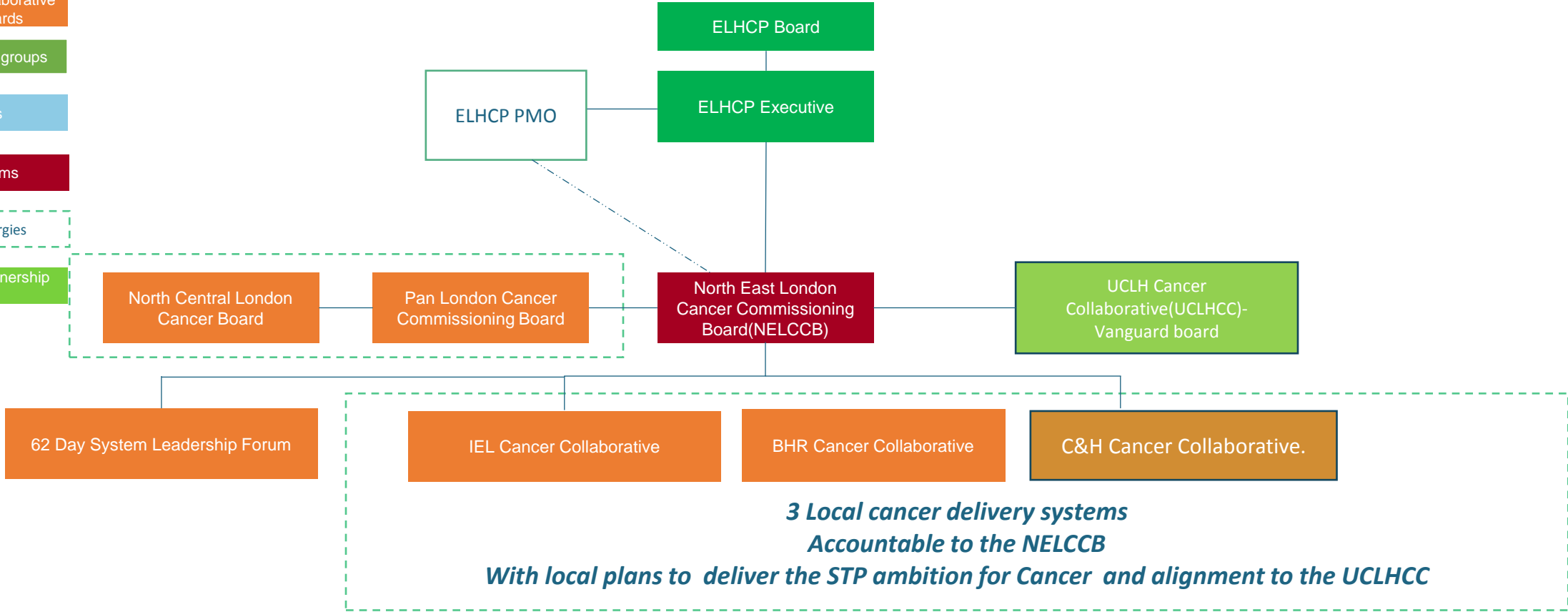
Tier 2 Steering groups

Enablers

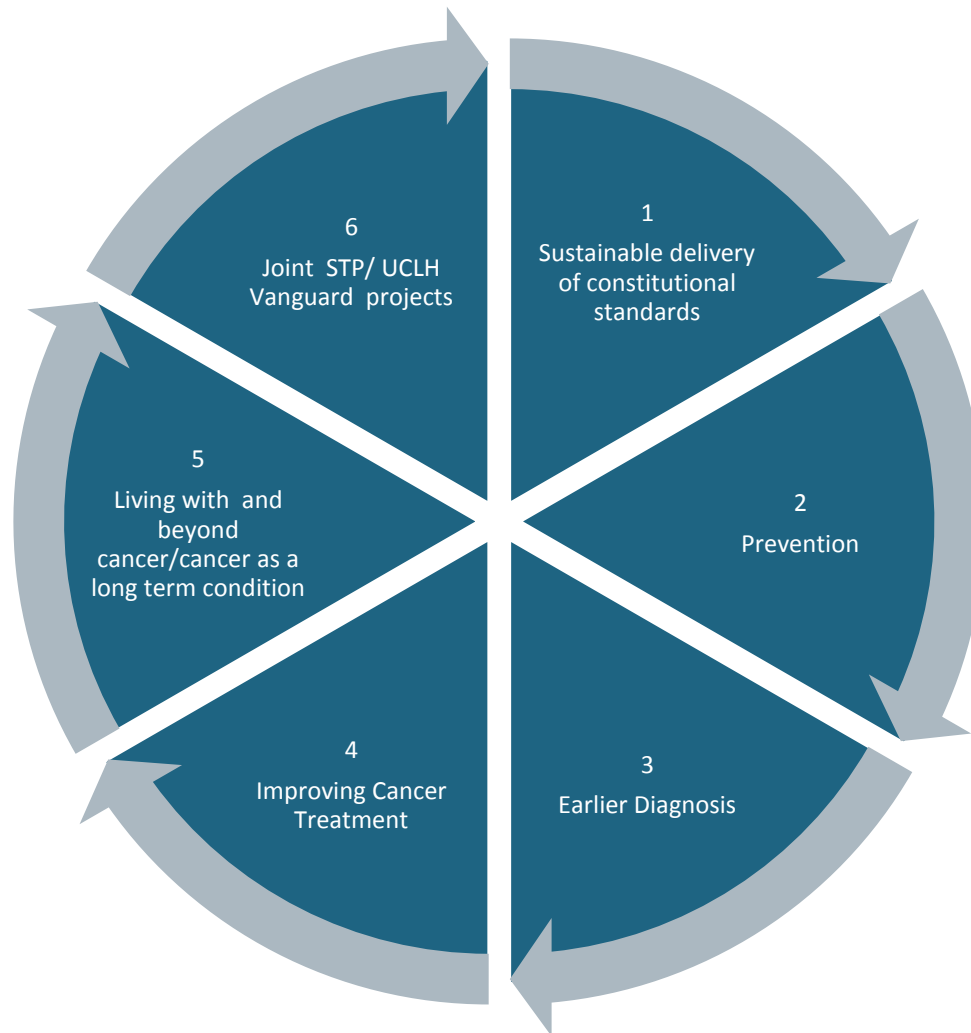
Workstreams

System synergies

Supporting partnership groups



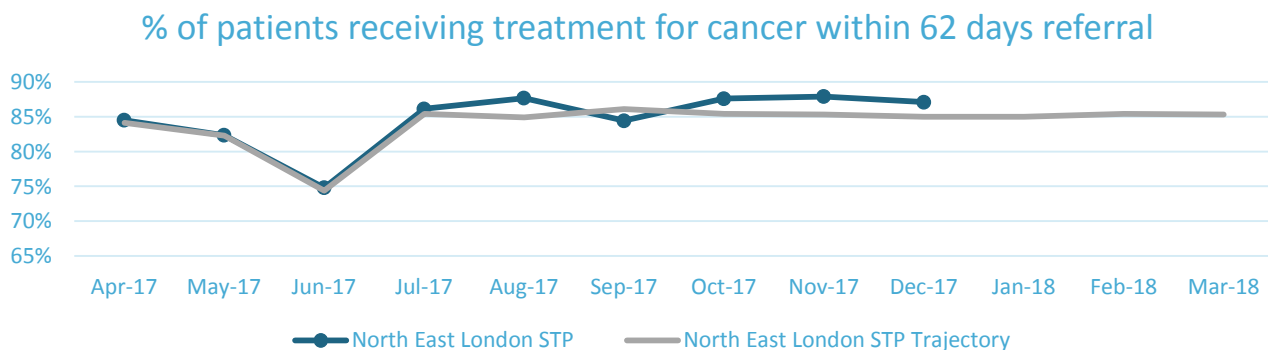
Delivery Plan Key Workstreams



Work stream 1: Sustainable delivery of Cancer Waiting Times

- NEL is generally performing well against cancer waiting times access standards. A return to compliance of the 62 day Urgent GP standard in Q2 of 2017 enabled the release of some cancer transformation money in December 2017 to support earlier diagnosis

% of patients receiving treatment for cancer within 62 days referral		Target	85.0%	Target date	Sep-17	Key	>=85%	<85%					
Provider	STP	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
BHRUT	NEL	82.0%	81.6%	81.0%	90.3%	88.5%	85.1%	89.3%	88.1%	89.3%			
Barts Health	NEL	90.1%	80.8%	69.5%	82.4%	87.5%	85.9%	85.7%	86.3%	86.5%			
Homerton Univ	NEL	66.7%	91.5%	75.5%	78.7%	82.5%	73.3%	89.1%	92.9%	83.1%			
North East London STP		84.5%	82.3%	74.8%	86.1%	87.7%	84.4%	87.6%	87.9%	87.1%			
North East London STP Trajectory		84.1%	82.3%	74.4%	85.4%	84.9%	86.1%	85.4%	85.3%	85.0%	85.0%	85.4%	85.3%



NEL remains above trajectory and backlog is below sustainable position. Focus of NEL 62 day leadership forum is very much now on 38 day transfer in Urology but without losing site of all other pathway breach contributions and acting where required. Bi-lateral meetings to agree shared objectives and actions between UCLH and BHRUT and BH both taken place and actions agreed. Risk to 38 day Urology Inter trust transfer is MRI reporting of prostate at BH. Action for UCLH to look at options for immediate support around MRI reporting; being chased.

New Standards

28 day Faster Diagnosis Standard

Key cancer 5YFV standard; 95% of patients with Yes/no diagnosis of cancer within 28 days of referral, 50% within 14 days(TBC).

Measured from **April 2019**- constitutional standard from **April 2020**. **Expected to replace the 2ww standard.**

How we plan to achieve this:

- Reduce the median day to first OPA or first diagnostic procedure to 7 days or less
- Educate all to achieve a mind set change away from 2ww and new faster diagnosis
- The use of one stop appointments where possible: Gynaecology, Prostate, Skin and Breast.
- Pathway innovation and transformation- National optimal lung cancer pathway; colorectal and prostate
- To optimise radiology and endoscopy services to be efficient and responsive
- Ensure patients are referred with bloods or preliminary tests done
- Remind patients they need to be available at short notice and there may be a number of appointments and that it is important to attend(evidence shows people attend first appointments but might cancel and delay appointments in the next stage of the pathway)

Work stream 3: Earlier Diagnosis

Aim : To improve 1 year survival and increase the proportion of patients diagnosed at stages 1 &2 across NEL

Baseline:

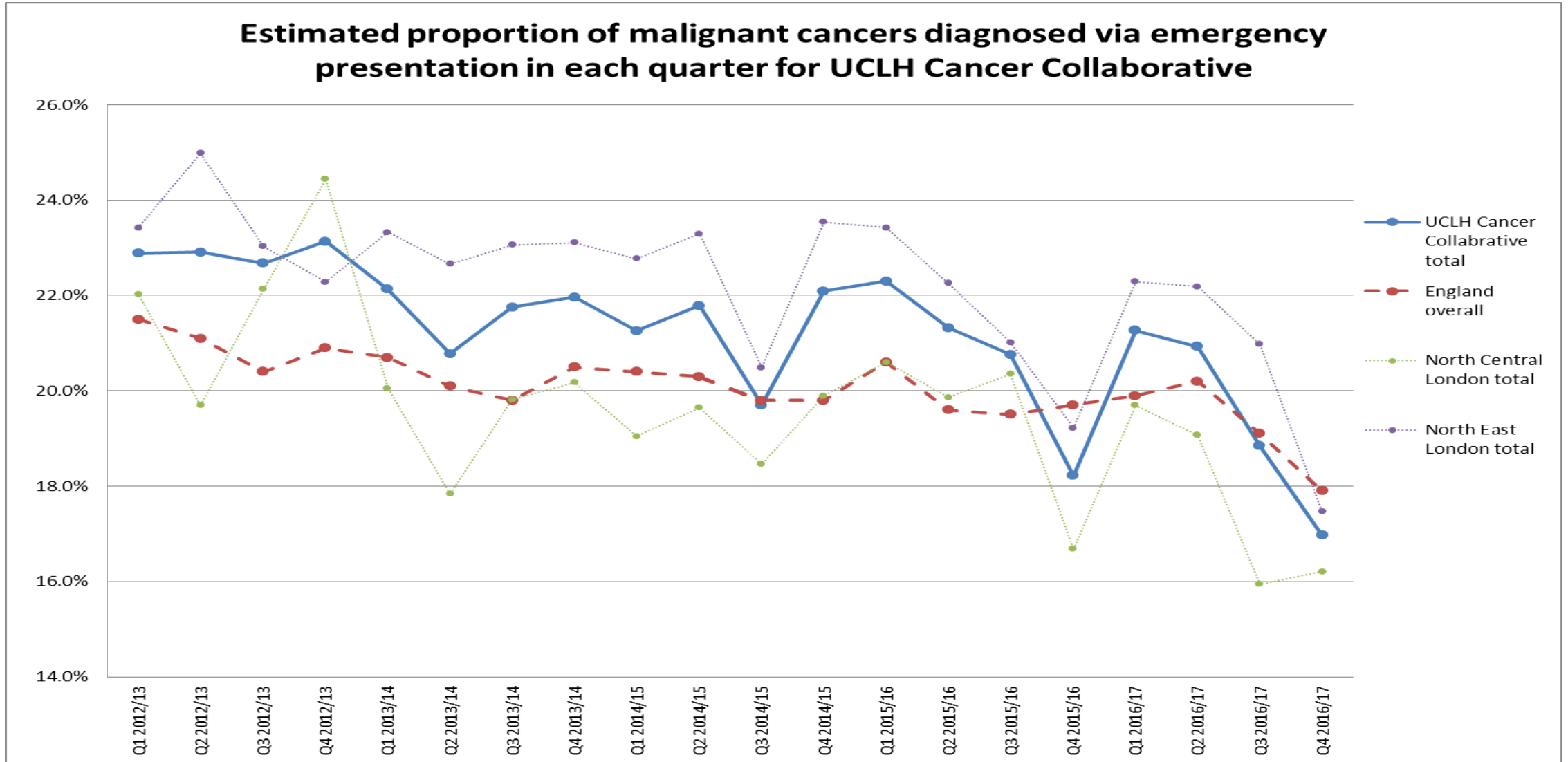
CCG	One yr survival (2014)	One yr survival (2015)	Stage 1 or 2 (2015-Q1)*	Stage 1 or 2 (2015-Q1)* 1yr roll ave	Diagnoses through emergency presentation (Q4 16/17)
Barking & Dagenham	66.0%	67	39.6%	46.6%	18.8%
City & Hackney	69.2%	71.3	58.1%	52.3%	20.1%
Havering	70.4%	71.3	46.6%	41.2%	16.6%
Newham	64.7%	68.1	48.0%	42.6%	18.3%
Redbridge	67.9%	70.4	49.3%	45.5%	15.5%
Tower Hamlets	65.7%	68.3	47.5%	42.5%	18.3%
Waltham Forest	68.1%	70.4	54.7%	47.8%	18.9%
WELC			39.6%	46.6%	
BHR			39.6%	43.9%	
NEL		70			17.5%
NCEL					17%
National Average or England	70.4	72.3	52.0	51.0%	17.9%

Taskforce ambition: 1yr survival all combined cancers 75% by 2020*

* Aggregate sum of 14 cancers

4. Estimated proportion of malignant cancers presented as an emergency for UCLH Cancer Collaborative.

Graph



Collated by Pan- Cancer Vanguard Informatics team
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 In strictest confidence – For NHS internal use only

Work stream 3: Earlier Diagnosis

Aim : To improve 1 year survival and increase the proportion of patients diagnosed at stages 1 &2

- Programme to be delivered at both a local level and through UCLHCC projects and HLP(TCST).

Local delivery (using planning guidance and 3 delivery systems):

- Complete roll out of NICE NG12 (2015) consistently across all 7 CCGs
- Access to key diagnostic tests consistent across all 7 CCGs (currently inequitable)
- Complete roll out of the optimal lung cancer pathway
- To support vanguard projects to be delivered at a local level
- To use the CCG cancer IAF ratings to develop local action plans for improvement

Earlier Diagnosis- cancer transformation funding

- By achieving the 62 day Urgent GP standard across the STP in Q2 and predicted in Q3 £700K of earlier diagnosis funding has been released to the cancer vanguard for NEL projects
- In February 2018 decisions about the release of 2018/19 funding will be made.

Work underway:

- ❖ Teachable moments- 3 sessions at BH in March 2018- open to all providers in NEL. Education event on prevention for those referred who don't have cancer. Testing a proof of concept.
- ❖ Development of robust population awareness and education plans for 2018/19
- ❖ Development of robust plans for increasing bowel cancer screening in 2018/19
- ❖ Accelerate the implementation of the National optimal lung cancer pathway
- ❖ Provide a “gateway C” on line training resource license for every GP practice in NEL
- ❖ Provide coaching for cancer MDTs to promote more effective working
- ❖ Provide funding for the implementation of a Multi-diagnostic Clinic at the RLH
- ❖ A project to deliver a diagnostic hub for NEL (endoscopy, Ultrasound and MRI)- capital
- ❖ Tracking to allow all 3 provider cancer systems to link for smooth patient transition across the sector

Work stream 4: Improving Cancer Treatment

ELHCP VISION: People diagnosed with cancer in ELHCP should have timely, equitable access to high quality modern treatments

Access to diagnostic tests:

- *NICE referral guidance (2015) and subsequently planning guidance sets out a range of diagnostic tests that should be accessible from primary care.*
- *Access varies across the CCGs in ELHCP to these key diagnostics tests early actions will target delivering equitable access across the ELHCP.*

Implementation of optimal pathways of care in collaboration with UCLHCC

E.G : national lung cancer pathways

Clinical audit shows wide variation in a number of clinical indicators across ELHCP

- **Resection rates for lung cancer**
- **Active treatment rates for lung cancer**
- **Surgical numbers per surgeon in breast and colorectal cancer**
- **Access to plastic surgery for breast cancer locally**

The cancer work stream is progressing a reduction in this variation through the NEL Clinical Senate and in collaboration with the UCLHCC.

Chemotherapy closer to home.

- **To support the roll out of chemotherapy closer to home through local delivery systems in collaboration with UCLHCC and specialist commissioning**

More information can be found in the UCLHCC delivery plan.

Key ambitions for acute care linked to Vanguard service specs and best practice

	diagnostic	surgery	Chemo/RT	Other
Lung cancer services to be delivered to a defined service spec	STT to CT and ambulatory Biopsy standard practice. "Find out faster" standard consistently met, by 2020	Overall resection rates are in the upper quartile across all providers	Molecular diagnosis and tissue subtype/mutation for targeted chemo is standard practice (R38)	Active treatment rates in the upper quartile for all trusts. All CRG quality metrics to be in upper quartile
Colorectal cancer services to be delivered to a defined service spec	STT is standard practice across all providers. "Find out faster" standard consistently met by 2020	Laparoscopic surgical rates in the upper quartile nationally across all providers. All emergency surgery at presentation is carried out by core members of the CRC MDT	Molecular diagnosis and tissue subtype/mutation for targeted chemo is standard practice (R38)	Lynch syndrome testing at diagnosis(R38)- Under 50. All CRG quality metrics to be in upper quartile
Breast cancer services to be delivered to a defined service spec. To include a metastatic pathway spec when available(R46)	All referrals seen in a one stop diagnostic service "Find out faster" standard consistently met by 2020.	% of cases conducted as a day case % of patients undergoing immediate reconstruction % of patients who can access onco-plastic services locally All in services in upper quartile nationally	Molecular diagnosis and tissue subtype/mutation for targeted chemo is standard practice (R38). Chemo delivered in a community setting where appropriate.(R33)	BRCA1 and BRCA2 testing at diagnosis(R36). To include Ovarian cancer Chemoprevention prescribed consistently across primary care for high risk early invasive breast cancer(R6) All CRG quality metrics to be in upper quartile
Quality				
All surgical specialties Royal colleges, NCIN and CQC develop a range of surgical subtype quality metrics(R28)		All trusts will have outcomes in the top quartile nationally.		
All specialties All MDTs to audit and review on a monthly basis deaths within 30 days of active treatment.(R39)				All trusts to present quarterly reports on lessons learned from monthly reviews

Work stream 5: Living with and beyond Cancer (LW&BC)

Aim: To support the people of NEL living with cancer as a long term condition with 95% of patients with an agreed after treatment plan and a completed recovery package.

Recovery Package:

- To deliver the Recovery Package including all four main interventions. Holistic Needs Assessment and Care Planning, Treatment Summary, Cancer Care Review, and Health and Wellbeing Events
- Transformation funding has been approved for Pan London implementation of the recovery package. ELHCP will be advised by the Pan London LW&BC board and supported by UCLHCC and TCST to deliver these interventions for the residents of NEL.

Stratified follow up:

- In line with planning guidance and the task force strategy ELHCP will ensure local delivery of stratified follow up.
- Transformation funding has been approved for Pan London implementation of the recovery package. ELHCP will be advised by the Pan London LW&BC board and supported by UCLHCC and TCST to deliver these interventions for the residents of NEL.

Managing the consequences of treatment:

- ELHCP will work with UCLHCC and TCST to identify service gaps and look to support people in NEL living with the consequences of their treatment. By March 2018 ELHCP will have a baseline of current services and plan through 2018/19 to fill gaps and provide equitable provision