



# Cancer: Improvement Assessment Framework (IAF) Ratings 17/18

## Context

NHS England (NHSE) has a statutory duty under the Health and Social Care Act (2012) to conduct an annual assessment of all Clinical Commissioning Groups (CCGs) within England. The Improvement and Assessment Framework (IAF) was introduced in 2016/17 to facilitate this assessment. The assessment provides a framework that aligns key objectives and priorities, while also informing the way NHSE manages relationships with CCGs.

Cancer is one of the areas under the IAF Better Care domain and it measures four indicators.

Indicator	National Benchmark	Brighton and Hove
Cancers diagnosed at early stage 62% by 2020	53.5	49.8
People with urgent GP referral having definitive treatment for cancer within 62 days	85	75.3
One-year survival from all cancers * 75% by 2020	72.4	70.5
Cancer patient experience **	8.7/10	8.7/10

\*Data from 2015 \*\*data from 2016

## National Policy Context

Nationally and locally there is a commitment to improve the outcomes of people affected by cancer. The NHS Long Term Plan highlights cancer as a priority, with the National Cancer Strategy *Achieving World Class Outcomes for Cancer 2015-2020: A Strategy for England Independent Cancer Taskforce Review*, outlining six priority areas for cancer; Prevention, Early Diagnosis, Patient Experience, Living with and Beyond Cancer, Modernising Cancer Services and Commissioning, Accountability and Provision.

Locally, work is being carried out across the Sussex and East Surrey Commissioning Alliance (SES) to meet the national recommendations set out in the NHS Long Term Plan and National Cancer Strategy. Delivering on these recommendations requires coordination and integration between key organisations, particularly Providers, Public Health England, Local Authority's, County Council's, CCGs, Cancer Alliances and NHSE.

## IAF Indicators and CCG's response

### Cancer diagnosed at an early stage (62% by 2020)

This IAF indicator monitors the percentage of patients that receive a cancer diagnosis at an early stage.



Early diagnosis is highlighted in both the Cancer Strategy and the NHS Long Term Plan as a priority, as it is strongly evidenced that patients diagnosed at an early stage have a higher rate of survival than those diagnosed at a later stage.

The CCG are working in collaboration with key stakeholders to increase the number of people being diagnosed at an early stage and are working to shift from detection as a result of symptoms, to detection as a result of screening programmes, communication and engagement with patients and the public and, providing greater GP access to diagnostics.

#### **Specific interventions undertaken to improve cancers diagnosed at an early stage:**

- Working with Public Health to raise awareness around healthy lifestyle factors and behaviours
- Working with Public Health to improve screening uptake through a jointly commissioned contract with Albion in the Community.
- Through a CCG locally commissioned service in GP practices addressing those areas where there are low cancer screening uptake through working with Cancer Research UK and CCG Clinical Leads and following up non-responders to screening.
- Utilising NHS Health Checks
- Implementation of Straight To Test (diagnosis)
- Implementation of NICE NG12 guidance (2015) for suspected cancer which lowered the thresholds for referrals
- Implementation of Nationally driven “Be Clear on Cancer” locally and other targeted interventions
- The CCG has a Macmillan Cancer Nurse in place who runs education and training programmes

#### **People with urgent GP referral having definitive treatment for cancer within 62-days**

This IAF indicator is a constitutional standard that monitors the percentage of patients that are receiving definitive treatment for their cancer within 62-days of being referred urgently by their GP.

This core delivery indicator spans the whole pathway from referral to first treatment. It monitors the length of time taken from urgent GP referral to first outpatient appointment, the decision to treat and finally first definitive treatment.

Shorter waiting times can help to ease patient anxiety and, at best, can lead to earlier diagnosis, quicker treatment, lower risk of complications, improved patient experience and overall improved cancer outcomes.

## Specific Interventions undertaken by BSUH

Performance against the standards is compliant on the 31-Day standard but non-compliant for both 2WW and the 62-Day standards.

CANCER SERVICES DASHBOARD		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
<b>Cancer Waits Performance</b>									
100	Cancer: 2 week GP referral to 1st outpatient - 93%	91.17%	93.03%	92.42%	85.61%	84.74%	80.80%	80.71%	85.81%
3.00	Cancer: 31 day diagnosis to treatment for all cancers - 96%	100.00%	99.14%	98.32%	99.17%	98.72%	97.49%	96.76%	96.50%
4.00	Cancer: 62 days urgent GP referral to treatment of all cancers - 85%	78.6%	80.2%	70.9%	70.9%	71.4%	74.1%	71.6%	75.2%

Actions being taken to improve secondary care cancer patient constitutional standards include the following:

- More regular review of all patients on a cancer pathway, undertaken daily, to progress patients next steps
- External review of cancer services at BSUH undertaken Summer 2018 whose report included a list of recommendations to improve care, outcomes and timeliness
- External support brought in to help implement recommendations, including an intensive breach avoidance programme to reset the service provisions
- Continued development to automate data and reports to enable service to live manage the patients under their care
- Demand and capacity work is being revisited to identify core gaps and short/medium/long term solutions to facilitate better flow through patients pathways including with surgical and outpatient capacity
- Review of Multi-Disciplinary Meeting functions, attendance and decision making to provide optimal discussions for patients that require it and stream delays where decision making can be more protocolised
- A review has been completed by the cancer alliance focused on the timed pathways of Colorectal, Prostate and Lung. The recommendations are being incorporated into the overarching cancer action and improvement plan.
- Delays in diagnostics remains a contributing factor to the delays seen in the cancer pathway. There is a specific diagnostic action and recovery plan to address this.

### One-year survival from all cancers (75% by 2020)

This IAF indicator measures the number of adults diagnosed with any type of cancer who are still alive after one-year of diagnosis and is set out in the 2017-2019 NHS Operational Planning and Contracting Guidance as a priority.

The most up-to-date published international comparisons show that relative survival rate during 1995-2007 improved for breast, colorectal, lung and ovarian cancer patients in all jurisdictions. However, the

gap in survival between the highest performing countries (Australia, Canada and Sweden) and the lowest (England, Northern Ireland, Wales and Denmark) remains largely unchanged, except for breast cancer, where the UK is narrowing the gap. More recently, the survival gap has also started to close in stomach and rectal cancers, according to as yet unpublished data, however it remains significant in lung and colon cancers.

### **Specific Interventions undertaken take to improve the one-year survival rate of all cancers:**

- The development of timed pathways to support the delivery for 28-days to diagnosis starting with the faster diagnostic pathways for lung, colorectal and prostate. As well as improved access to diagnostics for cancer patients including the development of a rapid diagnostic centre and vague symptom pathway in partnership with the Surrey and Sussex Cancer Alliance
- Implementation of STT for colorectal at BSUH
- Implementation of the ACE lung pathway at BSUH. The ACE Programme is an early diagnosis programme that supports the NHS outcome of 'preventing people from dying prematurely'. It is a unique initiative supported by Cancer Research UK and Macmillan Cancer Support and will run across England for 3 years.
- Working with the Surrey and Sussex Cancer Alliance to develop a vague symptom clinic and cancer and non-cancer diagnostic centre
- Implementation of Faecal Immunochemical Test for GPs (symptomatic investigation)
- Rapid Diagnostic centre planning
- Supporting diagnostics through a new Alliance group – The Diagnostic Collaborative

### **Cancer patient experience**

This IAF indicator is focused with measuring the experience of cancer patients. Improving the experience of cancer patients (and quality of life) is outlined as a priority within the Cancer Strategy, with the Taskforce setting an ambition for continuous improvement in patient experience and to give it equal priority with clinical outcomes.

### **Specific Interventions undertaken to improve the experience of cancer patients:**

- Improved patient experience through the implementation of risk stratified follow-up pathways for breast, colorectal and prostate
- Implementation of the Recovery Package
- BSUH – standardise process for Health Needs Assessment (HNA), 70% of HNA's to take place at breaking bad news for September/October 2018, develop of Health and Wellbeing events through peer evaluators and working with consultants on using a standardised template for treatment summaries.
- Standardised process at the CCG though Cancer Locally Commissioned Services
- Delivery of the Recovery Package including health needs assessments, treatment summaries, cancer care reviews and access to health and wellbeing events such as Albion in the community
- End of Life Care Vision - the implementation of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) across primary, community and secondary care

Cancer Screening Programmes – summary data

<b>Screening programme</b>	<b>Current position</b>	<b>Local target</b>	<b>Progress</b>	<b>National target, England Average and South East average for – Kent Surrey Sussex</b>
Bowel: coverage Persons 60-74, in last 5 years (%)	58.0%	52%	Target met with trend increasing	National Target: 52% Eng Ave: 59.6% South East: 61.2%
Breast: 50-70 year old women screened in last 3 years (%)	66.9%	70%	Target not met and trend decreasing	National Target: 70-80% Eng Ave: 72.2% South East: 71.6%
Cervical: eligible women (25-64) attending screening in last 3.5 years to 5.5 years (%)	68.2%	72%	Target not met and trend decreasing	National Target:80% Eng Ave: 71.7% South East: 68.2%

Data source: Public Health Outcomes Framework 2017/18 Cancer Services profiles

<https://fingertips.phe.org.uk/profile/cancerservices/>

