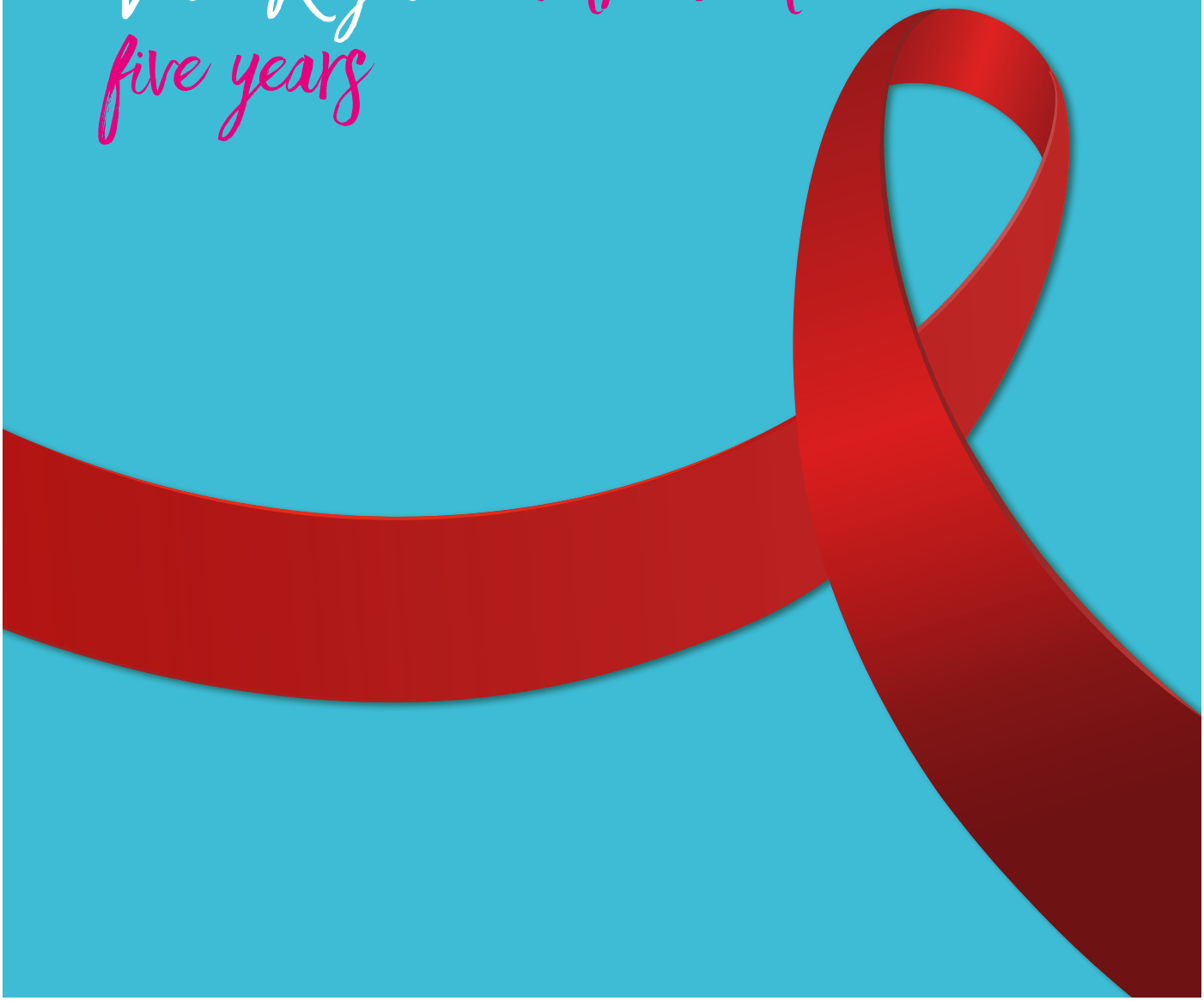
NHS

Our Cancer Strategy

for South Cheshire and Vale Royal (2016-2020)

Action on Cancer
Working together across Central Cheshire

Improving cancer outcomes in South Cheshire and Vale Royal over the next five years



Our Cancer Strategy

for South Cheshire and Vale Royal (2016-2020)

Our ambition

This strategy sets out our local ambition to radically improve cancer outcomes in South Cheshire and Vale Royal over the next five years. Our aims are that by 2020 we will see:

- **fewer people being diagnosed with preventable cancers**; and
- more people:
  - **surviving for longer** after a diagnosis
  - having a positive experience of care and support;
  - enjoying a **better long-term quality of life.**

We will achieve this by a greater focus on prevention, earlier detection and improved treatment. Critically, this will focus on improving health and wellbeing across the area but also significantly reducing inequalities and variations in outcomes between local areas and between different population groups.

This strategy is underpinned by **three strategic objectives:**

1) Reduce the overall growth in the number of all cancer cases
2) Improve survival of people diagnosed with cancer
3) Improve the quality of life of patients after treatment and at the end of life

These objectives will be achieved through **eight key actions:**

1) Promote, encourage and empower people to have healthier lifestyles
2) Diagnose cancers through screening programmes before signs and symptoms appear
3) Empower patients to present early with cancer signs and symptoms
4) Support primary care to manage patients in accordance with best practice
5) Ensure prompt access to diagnostic tests and referral pathways
6) Provide individualised care and support to cancer patients
7) Reduce risks and improve long term outcomes amongst those diagnosed with cancer
8) Actively monitor progress and performance of the strategic aims

In July 2015, the National Cancer Strategy **'Achieving World Class Cancer Outcomes'** was published. This set out a number of ambitions for outcomes which matter most to patients and society. For example, by 2020:

- a reduction in cancer incidence and number of cancer cases linked to deprivation
- 62% of cancers will be diagnosed at an early stage (stage 1 or 2)
- 75% of people with cancer should survive to at least 1 year following diagnosis
- 57% of people with cancer should survive to at least 10 years following diagnosis
- Continuous improvement in patient experience and improved quality of life following diagnosis

Partners in South Cheshire and Vale Royal will rise to and go **beyond this challenge**. People in South Cheshire and Vale Royal will experience consistently excellent care which promotes prevention at every stage of the pathway.

Overview of local cancer needs

Cancer touches the lives of many people in South Cheshire and Vale Royal. More than 1100 cancers in South Cheshire and more than 600 cancers in Vale Royal are diagnosed every year. In addition, there has been an increase in the number of new cancer cases across both areas. This is due to better treatment and survival from other illnesses such as heart disease and our ageing population (cancer is more common as we get older) as well as the prevalence of preventable risk factors such as poor diet. New cancer diagnosis rates overall are higher than the England average (over 5% higher in South Cheshire and nearly 7% higher in Vale Royal).

The most common new cancers in South Cheshire and Vale Royal are breast, prostate, lung and colorectal (bowel) cancer (Figure 1). Collectively these account for more than half of all new cancer cases.

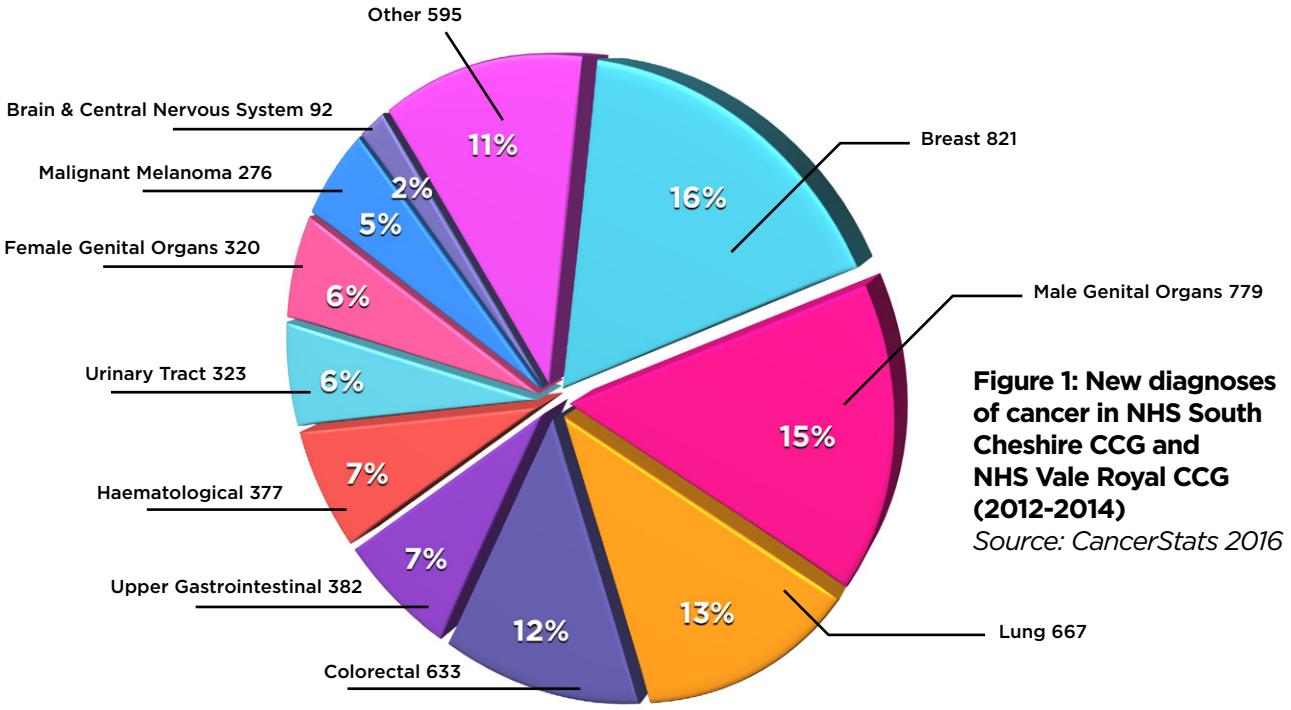


Figure 1: New diagnoses of cancer in NHS South Cheshire CCG and NHS Vale Royal CCG (2012-2014)
Source: CancerStats 2016

A very different pattern is seen for cancer deaths (Figure 2). Lung, upper gastrointestinal (oesophageal, stomach and pancreatic) and colorectal cancer are the most common cause of cancer deaths (collectively responsible for 45% of all cancer deaths), reflecting poorer survival from these cancers.

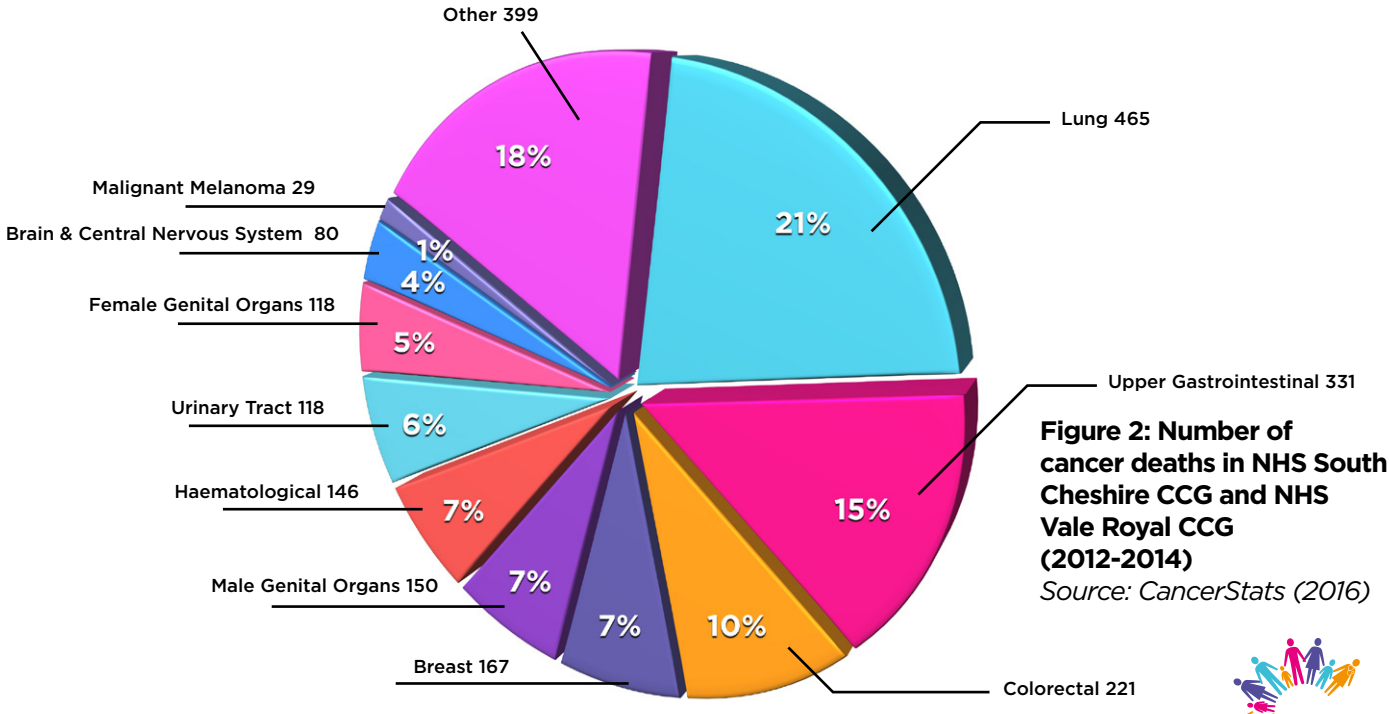


Figure 2: Number of cancer deaths in NHS South Cheshire CCG and NHS Vale Royal CCG (2012-2014)
Source: CancerStats (2016)

Cancer death numbers have increased over a ten year period (by 9% in South Cheshire and 14% in Vale Royal). There were 1416 cancer deaths in South Cheshire and 846 in Vale Royal in 2012-2014. Yet there is much to celebrate. Mortality rates have declined in both areas since 2001-2003 (similar to England) due to improved diagnosis and treatment **(Figure 3)**; by 14% for South Cheshire and 7% for Vale Royal. Mortality rates in South Cheshire are consistent overall with the England average but in Vale Royal, mortality rates are now 8% higher than England average, with mortality rates appearing to have increased here since 2006.

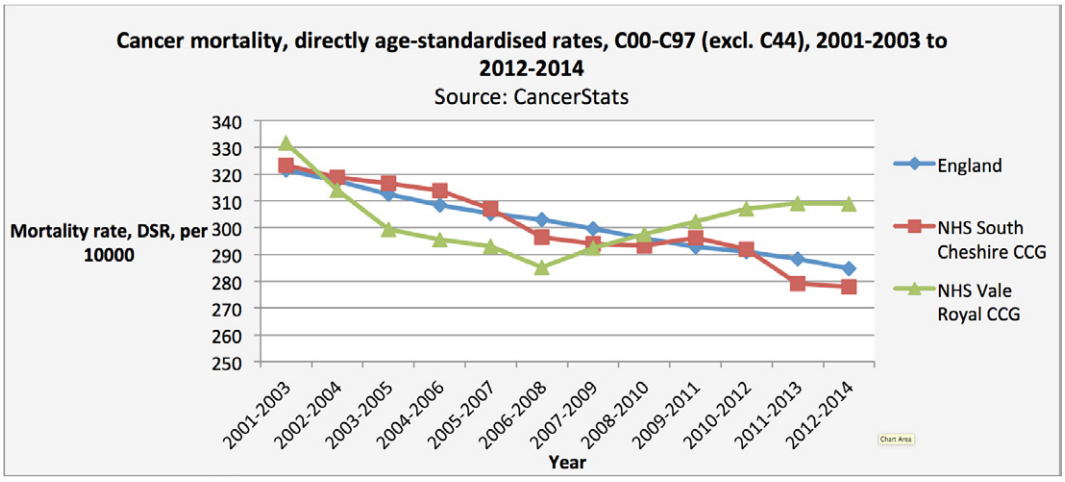


Figure 3: Cancer mortality, directly age-standardised rates, C00-C97 (excl. C44), 2001-2003 to 2012-2014
Source: CancerStats

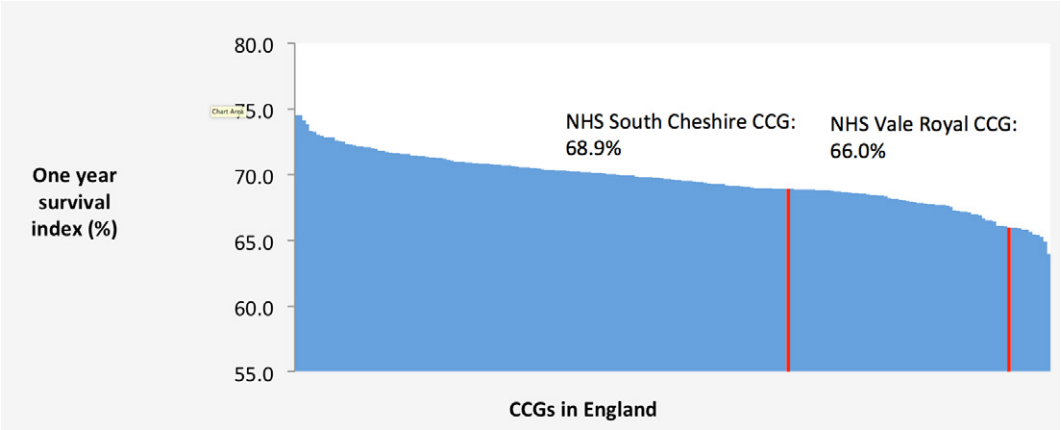


Figure 4: One year survival index (%) for all cancers, diagnoses made in 2013, by CCG

Of further concern is one year survival from cancer locally (Figure 4). Poor one year survival suggests that late diagnosis of cancer is an issue. One year survival in both South Cheshire and Vale Royal is below England average and worse than that seen in similar CCG areas.

This suggests that there are considerable opportunities to improve cancer survival locally through earlier detection and diagnosis of cancers.

Objective 1: Reduce the growth in the number of cancer cases in South Cheshire and Vale Royal

Key action 1: Promote, encourage and empower people to have healthier lifestyles

What are we going to do?

- Develop a local response to local evidence and strategies aimed at reducing risk factors for cancer. In 2016/2017, these include:
  - o The new Tobacco Control Plan
  - o The National Childhood Obesity Strategy
  - o Public Health England's Alcohol Evidence Review
- Support evidence-based social marketing campaigns such as OneYou and Change4Life
- Commission public health services, including NHS Health Checks, Stop Smoking Services and Weight Management Services aimed at supporting people to adopt healthy lifestyles
- Promote uptake of the HPV vaccination programme and respond to any nationally determined changes to the programme
- Support and implement key actions identified in the Health and Wellbeing Strategy of Cheshire West and Chester and Cheshire East Councils.
- Seek opportunities to embed healthy lifestyle advice with appropriate signposting and referral in patient pathways including cancer pathways.

Why?

Rates of new cancer cases are 5% higher in South Cheshire than England average and nearly 7% higher in Vale Royal, indicating that cancer prevention locally has not kept pace with national improvements. Although timescales associated with prevention mean that it will take time to reverse the trend of increasing cancer cases. Nevertheless it is critical that actions are taken now to prevent cancers in the long term.

There is much we can do to reduce the risk of developing cancer; 4/10 cancers are potentially preventable through lifestyle change.
Some cancers (e.g. cervical cancer) are now largely preventable, as are many cases of common cancers. For example, nearly 9 in 10 cases of lung cancer could be prevented through actions such as not smoking. To reduce preventable cancer cases, we will need to:

- promote healthy lifestyles and reduce the prevalence of lifestyle risk factors (which carry wellbeing benefits beyond reducing cancer risk)
- support efforts to reduce exposure to medical, environmental and occupational risk factors

Figure 5: Cancer Incidence, directly age-standardised rates, C00-C97 (excl. C44), 2001-2003 to 2012-2014

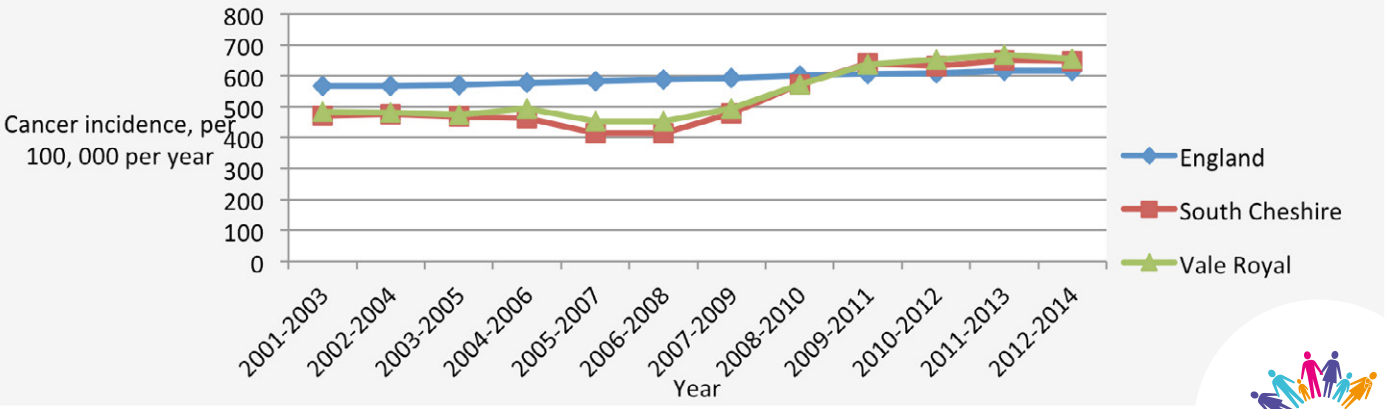
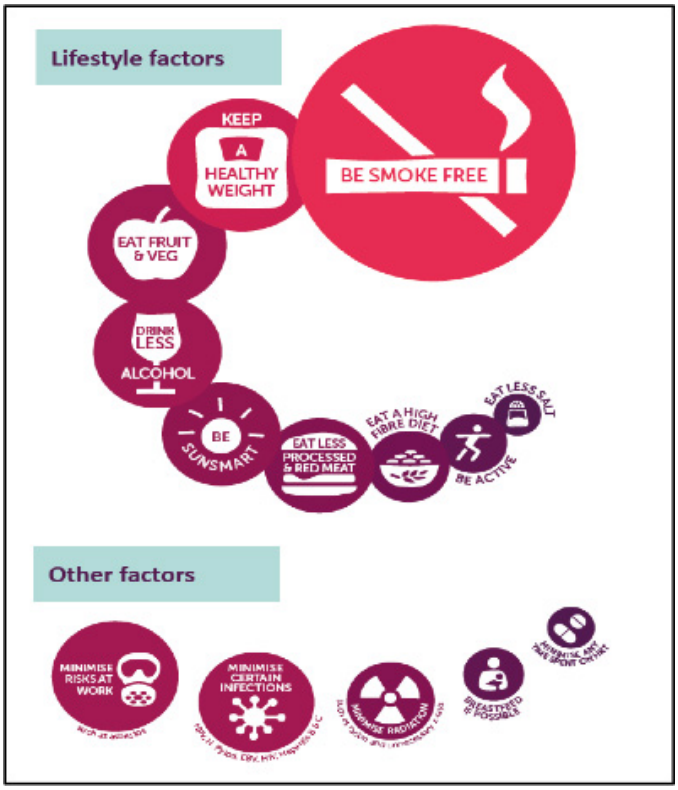


Figure 6: Risk Factors for cancer (Cancer Research UK, 2015)



Smoking is the largest cause of preventable cancers with nearly 1 in 5. It is linked with lung and upper gastrointestinal cancer (two considerable contributors to early deaths locally) as well as a number of others. Tobacco use is also a significant factor in other local health inequalities. Continued smoking amongst those diagnosed with cancer can impact upon success of treatment. Although smoking rates have declined dramatically in recent years, a higher proportion of adults smoke locally than England average (13.9% in South Cheshire; 15.3% in Vale Royal).

Diet is the second largest cause of preventable cancers – linked with 9% of cancers (5% not eating enough fruit and vegetables; 3% eating processed and red meat; 2% lack of dietary fibre; 1% consuming too much salt). Local data indicates that dietary behaviours are on a par with the England average. However, there is evidence of significant local variation. For example, nearly 29% of adults in England consume five portions of fruit and vegetables every day. In wards across South Cheshire and Vale Royal, the proportion of adults consuming five portions of fruit and vegetables per day varied between 20.6% and 34.4%.

Excess weight is linked with 5% of cancers and can affect response to treatment. Being overweight and obesity affects 66% adults in South Cheshire and 64.6% in Vale Royal

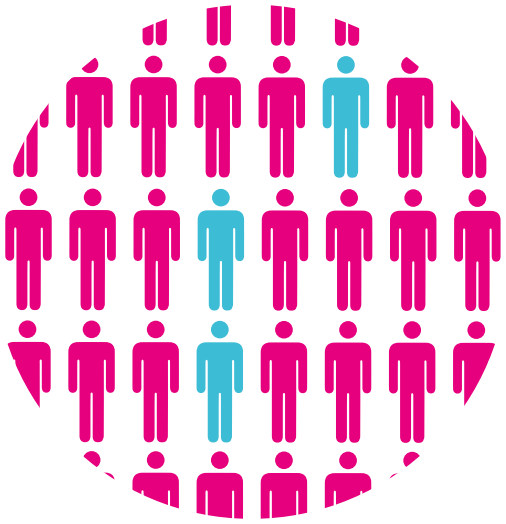
Alcohol is linked with 4% of cancers. 22.3% of adults in South Cheshire and 23.5% in Vale Royal report binge drinking. Hospital alcohol admission rates in some areas are over 44% higher than the England average. New national guidelines on alcohol consumption outline how both men and women should not drink more than 14 units of alcohol per week, recognising the considerable links between alcohol and cancer.

Sun and sunbed exposure (ultraviolet (UV) radiation) is linked with 3% of cancers. Of all malignant melanomas, 86% are caused by UV exposure. In South Cheshire and Vale Royal, rates of new diagnoses of malignant melanoma are significantly higher than the England average.

Other factors associated with the development of preventable cancers include occupational exposures including asbestos (4%); ionising radiation including natural and from medical diagnostics (2%); not breastfeeding (2%); use of hormone replacement therapy (1%); physical inactivity and sedentary lifestyle (1%). One key risk factor is infection such as with human papilloma virus (HPV). HPV is one of the most common sexually transmitted infections. The HPV vaccine is currently offered routinely to females aged 12 to 13 years and the programme's primary aim is to prevent cervical cancer in women.

Importantly, however, some cancers are not currently considered to be preventable at all (e.g. prostate cancer) and a large proportion of many types of cancer are not preventable. Nevertheless there is clearly much we can still do to reduce the risk of developing cancer amongst our local population including those who have previously been diagnosed with a cancer and who are potentially at increased risk of both recurrence and new cancers.

Objective 2: Improve Survival of people diagnosed with cancer in South Cheshire and Vale Royal



Improving survival is dependent on diagnosing cancers earlier. Diagnosing cancers at an earlier stage means better outcomes for patients, both in terms of reduced risk of dying from cancer and also quality of life as well as reduced treatment costs and better patient experience.

The impact of earlier diagnosis is stark[1]. For example, one-year survival for lung cancer increases from under 17% when diagnosed at stage 4 to 83% when diagnosed at stage 1. For breast cancer, one year survival is 63% when diagnosed at stage 4 but is similar to the general population when diagnosed at stage 1. Although stage at diagnosis has a different impact on survival for each different cancer type, those diagnosed at stage 4 generally experience much worse one-year survival.

Around 1 in 2 cancers are currently diagnosed at an early stage (1 or 2) in South Cheshire and Vale Royal[2]. However, we know that there are several opportunities for improvement. For example, South Cheshire and Vale Royal benchmark poorly on late stage diagnosis for bowel cancer, which has comparatively poor one year survival when compared with the rest of England.

Across England around 1 in 5 cancers are diagnosed via an emergency presentation and a similar picture is seen locally[3]. Generally, those who are much younger or older, those who are less affluent and those presenting with rarer cancers are more likely to be diagnosed via emergency presentation. This is problematic as cancers diagnosed as an emergency are often more advanced. When our local areas are compared with other similar areas, it is of note that the proportion of bowel cancers in particular diagnosed via emergency presentation is significantly higher in both South Cheshire and Vale Royal[4]. This is also true for lung cancer in Vale Royal (although early stage diagnosis is significantly better here than the peer group average). A similar picture is observed in South Cheshire although this doesn't reach statistical significance/is not quite as marked.

In order to ensure earliest diagnosis of cancer in South Cheshire and Vale Royal, opportunities must be maximised throughout each stage of the patient pathway.

[1] Office for National Statistics and Public Health England (2016). Cancer survival by stage at diagnosis for England (experimental statistics): Adults diagnosed 2012, 2013 and 2014 and followed up to 2015. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/cancersurvivalbystageatdiagnosisforenglandexperimentalstatistics/adultsdiagnosed20122013and2014andfollowedupto2015

[2] National Cancer Intelligence Network (2016). Cancer Outcomes: Stage at Diagnosis and Emergency Presentations. http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics
* based on data on invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary and uterus, non-Hodgkin lymphomas, and melanomas of skin up to Q4 2013

[3] National Cancer Intelligence Network (2016). Cancer Outcomes: Stage at Diagnosis and Emergency Presentations. http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics
* based on data on invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary and uterus, non-Hodgkin lymphomas, and melanomas of skin up to Q4 2013

[4] NHS England (2016). Commissioning for Value. https://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/north-region/#3

Key Action 2: Diagnose cancers through screening programmes before signs and symptoms appear

What are we going to do?

- Promote the uptake of existing and future cancer screening programmes locally and reduce the variation in uptake locally including by working closely with GP practices and pharmacies
- Support the roll out of planned developments in the national cancer screening programme:
  - o FIT into the bowel scope screening programme
  - o Primary HPV testing in the cervical screening programme
- Support the local introduction of any new national cancer screening programmes

Why?

Screening is a way of identifying apparently healthy people who may have an increased risk of a particular condition[5]. The UK National Screening Committee advises ministers and the NHS about all aspects of screening programmes Cancer screening provides an opportunity to diagnose cancer at an earlier stage before symptoms and signs have developed when treatment may be less complex and outcomes better. The cervical cancer and bowel cancer screening programmes also help to prevent cancer cases. Improving screening uptake is thus a priority and given significant local variation in uptake, there is a considerable opportunity to reduce local variations in outcomes. In the UK, around 5% of cancers are diagnosed via screening[6] and there are currently three cancer screening programmes:

Breast screening is offered every 3 years to women aged 50-70 and women aged over 70 can self-refer to screening. 31% of female breast cancers diagnosed in England in 2013 were diagnosed via screening.

Bowel cancer screening encompasses two programmes. Firstly, a home testing kit for blood in a stool sample for people aged 60-74 (with self-referral for those aged over 75). Nine percent of bowel cancers diagnosed in England in 2013 were diagnosed via screening. A newer test for those aged 55 which involves finding and removing any small bowel growths, called polyps, that could eventually turn into cancer. This is the bowel scope screening test.

Cervical cancer screening checks the health of cells in the cervix. It is offered every 3 years to those aged 25-49 and every 5 years to those aged 50-64. In England in 2013, 31% of cervical cancer (in-situ) were diagnosed via screening.

	% of breast cancers diagnosed via screening (2006-2013)	%of bowel cancers diagnosed via screening (2006-2013)
NHS South Cheshire CCG	32%	6%
NHS Vale Royal CCG	29%	6%
England	29%	7%

[5]NHS Choices (2016).
[6]National Cancer Intelligence Network (2016).
Routes to diagnosis. http://www.ncin.org.uk/publications/routes_to_diagnosis

Key Action 3: Empower patients to present early with cancer signs and symptom

What are we going to do?

Engage and empower out community to recognise early signs and symptoms of cancer including through:

- The Action on Cancer communications campaign
- Recruitment of community cancer champions
- Continued support for and increased promotion of the national Be Clear on Cancer campaigns including in general practice, pharmacies and other public organisations
- Ensuring after diagnosis summaries include signs and symptoms of secondary disease

Why?

It is crucial that people in South Cheshire and Vale Royal are informed about symptoms and signs of cancer. However, awareness is necessary but not sufficient on its own to empower patients to see their doctor as soon as possible. People also need to understand the value of early presentation and feel able to take charge of their health. There have been several national social marketing campaigns run by Public Health England under the Be Clear on Cancer brand. These have aimed to promote awareness and early presentation with symptoms of cancer and have included several specific cancer types as well as those focussed on more general potential cancer signs. These campaigns have delivered promising results.

However, given the enormous opportunities to improve rates of early diagnosis, we have launched our local Action on Cancer initiative which will be particularly focussed on lung, upper gastrointestinal and bowel cancer. Through Action on Cancer we will inform, educate and empower our local population, communities and a range of professionals to be more aware of signs and symptoms, to present earlier to their GP and to participate in the cancer screening programmes where appropriate. We will achieve this through a social marketing campaign targeted at our most at-risk populations which will include face-to-face promotion via a team of representative community champions recruited from within our communities. Crucially, this will build on learning and success from the recent Every Breath You Take campaign which was focussed on earlier diagnosis of lung cancer.

Key Action 4: Support primary care to manage patients in accordance with best practice

What are we going to do?

- Ensure education and training on cancer detection and management is delivered to primary care
- Implement clinical decision / risk assessment tools for use in primary care and in the community
- Embed effective safety netting systems and processes in primary care patients presenting with possible cancers
- Explore options for a vague symptoms pathway locally

Why?

Assuming early presentation with symptoms and signs of cancer takes place, accessing a potential diagnosis of early cancer is dependent upon appropriate investigation and referral within primary care. Ideally, as many people with cancer as possible should be diagnosed via the urgent referral (two week wait) pathway which ensures timely access to tests and specialist care. In South Cheshire and Vale Royal, there are relatively low rates of two week wait (TWW) referrals with an accompanying high rates of conversion into cancer diagnoses suggesting a relatively high threshold of suspicion locally. Furthermore, in England as a whole, there is a high threshold of suspicion which impacts upon referral rates and in turn leads to lower survival rates than in other countries. It is thus pivotal that people get on the right pathway as soon as possible. There is a need to improve processes within general practices to ensure a rapid response for patients with relevant symptoms that could be cancer. Failure to do this can lead to unnecessary and inappropriate healthcare usage (e.g. through repeated appointments and unwarranted tests), significant anxiety for patients and ultimately worse treatment outcomes.

The average GP may only manage a few cases of cancer each year but will provide care for many more people who present with symptoms which may or may not turn out to be cancer. Such care must be appropriate, proportionate and based on the best available evidence regarding cancer risks. Particular scenarios can pose considerable challenges:

- Misleading or vague symptoms or another presentation which the GP suspects may be cancer but doesn't lend itself to clear investigative pathways
- Younger patients and those from BME communities
- Some types of cancer (e.g. ovarian cancer)

It is also important that general practitioners help to protect patients through safety netting mechanisms whereby GPs continue to follow up patients after they have been referred for test ensuring that abnormal results are managed and - in the event of negative tests - continuing symptoms are appropriately investigated. Evidence around best practice is changing all the time and we need to support our local primary care doctors and nurses to stay up-to-date with this through education, training and ongoing engagement and discussion where appropriate courses of action are less clear.

Key Action 5: Ensure prompt access to diagnostic tests and referral pathways

What are we going to do?

- Review and manage diagnostic capacity to support increased use of appropriate diagnostic tests in line with NICE guidance
- Ensure cancer pathways comply with NICE guidance
- Provide sustainable access to cancer nurse specialists to ensure provision of support throughout their pathway
- Review and improve multidisciplinary team (MDT) processes to ensure seamless coordination of patient care
- Offer appropriate genetic testing including:
  - Lynch syndrome for people diagnosed with bowel cancer under the age of 50
  - BRCA1/BRCA2 for women diagnosed with a certain type of ovarian cancer and, if under the age of 50, breast cancer

Why?

The National Institute for Health and Care Excellence (NICE) considers the very best evidence available and publishes detailed guidance on what excellent cancer care looks like. It is crucial that local patients receive care that complies with this guidance. New NICE guidance indicates that where patients present with symptoms with a 3% or higher risk of cancer, they should be referred for further tests. In rolling out the implementation of these guidelines in South Cheshire and Vale Royal, further resource will be needed in terms of diagnostic capacity (e.g. for more CT scans) and the impact of these changes of the health system will need to be closely monitored and responded to.

There are 2 very important elements in ensuring access to excellent cancer care. One of these is access to a Cancer Nurse Specialist (CNS). Cancer Nurse Specialists are experts in a particular area of cancer nursing. They provide information, advice and support to patients; liaise with other healthcare professionals in what can be quite complex cancer pathways to offer coordinated and personalised care and can drive improvements in patient care and outcomes. They also act as key contacts within the multidisciplinary team (MDT). The MDT is 'gold standard' in terms of delivering cancer care, ensuring better access to treatment. However there is a need to ensure that local MDTs are operating as effectively and as efficiently as possible, placing more emphasis on more complex patients and learning lessons from patients who die within weeks of completing treatment.

Although rare, some people have genetic faults which put them at significantly increased risk of cancer. These include:

- **BRCA1 and BRCA2:** mutations that put women at increased risk of breast and ovarian cancer (and in the case of BRCA2 puts men at increased risk of breast cancer and prostate cancer).
- **Heritary non-polyposis colorectal cancer (HNPCC) mutations:** Lynch Syndrome is associated with 5% of colorectal cancer and also increases the risk of other cancers.

Offering genetic testing at the point of diagnosis (where evidence supports this) ensures that patients get the most appropriate treatment and that family members at high risk for cancer can reduce their risk through more frequent screening, active surveillance, chemo-prevention and surgery.

Cancer Nurse Specialists are experts in a particular area of cancer nursing. They provide information, advice and support to patients

Objective 3: Improve the quality of life of patients after treatment and at the end of life

Key Action 6: Provide individualised care and support to cancer patients

What are we going do?

- Ensure all patients with cancer receive an holistic assessment of their needs
- Ensure all patients with cancer receive a written individualised care and support plan
- Maximise the opportunities associated with the cancer care review in primary care
- Commission high quality integrated palliative and end of life services
- Support and complement the work of the End of Life Partnership

Why?

As highlighted, cancer affects many residents of South Cheshire and Vale Royal, all with their own specific needs. It is therefore essential that care received is personalised and tailored to ensure that experience of cancer care is as positive as possible and that best outcomes for patients are achieved.

The Cancer Care Review is a requirement set out in the Quality and Outcomes Framework. Patients should receive a review in primary care within 6 months of diagnosis to discuss ongoing needs and promote appropriate care and follow-up. Similarly, an holistic assessment of needs from diagnosis onwards, encompassing physical, financial, psychosocial, and information and support needs as well as consideration of co-morbidities, can improve patient experience. This assessment should be used to develop a written individualised care and support plan which is shared with GPs and owned by patients themselves.

In addition, a number of pilots are being commissioned nationally (including comprehensive care pathway for older adults, assessment of holistic needs at point of diagnosis) to sit alongside a programme guideline on living with and beyond cancer. Locally, we will be responsive to national developments in this area, ensuring that best practice is implemented in Central Cheshire.

Much work is already underway in Cheshire to improve the experience of patients at the end of life through the commissioning of high quality services and the End of Life Partnership. It is of critical importance that we continue to support this work to guarantee optimum patient experience.

The End of Life Partnership (http://eolp.co.uk/) aims to transform end of life experience and care and was formed from Cheshire Hospices Education, End of Life Care Service Model and Cheshire Living Well Dying Well Partnership working alongside a number of partners including St Luke's Cheshire Hospice, Macmillan, Carers Trust, University of Chester, commissioners and NHS providers.

Current work includes:

- **Service development:** Providing effective guidance, coaching and support to the workforce so that they can deliver high quality end of life care
- **Public health and wellbeing:** Changing knowledge, attitude and behaviour towards life, age, death and loss
- **Education and practice development:** leading, educating and facilitating excellence and best practice in palliative and end of life care
- **Research, evaluation and technology:** Supporting and building an evidence base around end of life care and developing and delivering all IT requirements.

Key Action 7: Reduce risks and improve long term outcomes amongst those diagnosed with cancer

What are we going do?

- Ensure that patients with cancer receive healthy lifestyle advice and where appropriate signposting and referral to health and wellbeing services
- Ensure that all patients at the end of their cancer treatment are risk stratified and have clear and appropriate follow-up plans in place
- Ensure all patients are aware of short and long-term side effects of treatment and key signs of recurrence and secondary cancers as well as advice as to how these should be managed (including key contacts for advice and care)

Why?

Survival from cancer has never been better. There are consequently nearly 4500 people on primary care cancer registers in South Cheshire and nearly 2500 people in Vale Royal[9]. It is estimated that by 2020, there will be over 6400 people in South Cheshire and nearly 4000 in Vale Royal who will be living up to 20 years after a cancer diagnosis. This is great news.

However, whilst many people make a full recovery from cancer, 1 in 4 people will go on to suffer ill health or disability following treatment. In addition, many people diagnosed with cancer will experience wider impacts from their diagnosis and treatment including psychosocial and financial impacts; co-morbidities are common; cancer recurrence is a known risk and risk factors for cancer are also associated with other medical conditions. There are thus considerable opportunities to improve both short-term and long-term quality of life following treatment. It is imperative therefore that we encourage behaviours amongst patients after treatment which are more likely to prevent recurrence and late presentations with recurrent or secondary cancers.

A Recovery Package is a package of intervention known to improve outcomes. It includes (in addition to the Cancer Care Review and the holistic needs assessment):

- Information on short-term and long-term side-effects of treatment and how best to manage these
- Potential markers of recurrence/secondary cancers and information on what to do with these
- Key contact point for rapid re-entry if recurrence markers or serious side effects become apparent
- A treatment summary completed at the end of every phase of acute treatment, sent to the patient and GP.
- Access to a patient education and support event (e.g. a Health and Wellbeing Clinic) to prepare for the transition to supported self-management, including advice on lifestyle and physical activity.
- Signposting to rehabilitation, work and financial support services

Risk stratified follow-up pathways have been shown to improve quality and offer cost saving benefits. They consist of needs assessment, self-management support, remote monitoring and re-entry pathways. Such breast cancer pathways have been designed and can be locally tailored, Other pathways are in development nationally and will be rolled out before 2020.

[9]Health and Social Care Information Centre (2015). Quality and Outcomes Framework (2014/2015). http://www.hscic.gov.uk/catalogue/PUB18887

We're working towards...

Ensuring we achieve local cancer outcomes

Key Action 8: Actively monitor progress and performance

What are we going to do?

- Develop a Cancer dashboard that brings together information on cancer outcomes, performance, quality and patient experience
- Monitor our progress through the South Cheshire and Vale Royal Cancer Commissioning Board using the Cancer Dashboard
- Develop meaningful GP practice profiles that provide an evidence base for improvement plans and evaluation of progress at practice level
- Use audit and benchmarking data and local intelligence to identify and manage areas for improvement

Why?

- The national cancer strategy for 2015-2020 **'Achieving World Class Cancer Outcomes'** sets out ambitious national targets to be achieved by the end of March 2020:
- A visible reduction in age-standardised cancer incidence rates and a reduction in the number of cases linked to deprivation
- Improved screening uptake with 75% uptake for bowel FIT screening
- 50% of patients referred by a GP with symptoms receive a definitive diagnosis or cancer excluded within 2 weeks and 95% within 4 week
- Reduction in emergency presentations
- 62% of cancers diagnosed early at stage 1 or 2 (and an increase in the proportion of cancers staged)
- 96% of patients meeting 31 day and 85% meeting 62 day cancer waiting time targets
- 95% of patients with patient-agreed written after-treatment plan
- 57% of patients surviving cancer for ten years or more
- One year survival for all cancers 75% or more with improved survival amongst older people
- Reduction in under 75 mortality for cancer
- Continuous improvement in patient experience with a reduction in variation (as evidenced by the Cancer Patient Experience Survey)
- Continuous improvement in quality of life (through a metric of quality of life in development)
- Increase in the proportion of people who die with a personalised end of life care plan

Achieving this locally will not be easy and will require proactive monitoring using the best available data and intelligence in order to ensure that we are on track and to enable us to respond to emerging issues and needs. To this end, we will use both a commissioner and provider local dashboard of cancer metrics as well as local profiles for general practice in order to provide timely feedback on progress. In addition, we will make use of routinely available data such as Public Health England's Fingertips Cancer Profiles and ensure that programmes and actions are informed by needs identified in the two local Joint Strategic Needs Assessments and local and national clinical audits. Progress will be closely monitored and overseen by the Cancer Commissioning Board.

appendix

Action on Cancer
Working together across Central Cheshire

ALL CANCER

NHS South Cheshire Clinical Commissioning Group (SCCCG)

Emergency Presentation

98 in 100,000 people received emergency diagnoses (2014/2015).
This is **consistent with** the England average (90 in 100,000)

Stage at Diagnosis

50% of cancers are diagnosed early (Rolling 1 year average at Q1 2014)
England average is 49%

Diagnosis

1116 people diagnosed (2014)

629 new cases per 100,000 people.
England average is 608 per 100,000.

GP Referral

2535 in 100000 people were referred to hospital by their GP for cancer investigations (Two week wait) (2014/2015)
This is **lower** than England average
10.4% of these people were found to have cancer
This is **higher** than the England average

Treatment

90.1% positive overall experience of care (2014)
This is consistent with England average (89%)

100% of patients treated within 31 days (2015/2016) (Target 96%

89.7% of patients start treatment within 62 days of referral (2015/2016) (Target 85%)

Deaths

284 in 100,000 died of cancer in 2014
England average is 281 per 100,000

491 people died from cancer in 2014.

Survival

1-year survival: **68.9%** (2014)
Worse than England average (70.2%)

England **5-year** survival: **49.6%** (2009)

ALL CANCERS

NHS Vale Royal Clinical Commissioning Group (VRCCG)

Emergency Admission

85 in 100,000 people received emergency diagnoses (2014/2015).
This is **consistent with** the England average (90 in 100,000)

Stage at Diagnosis

49% of cancers are diagnosed early (Rolling 1 year average at Q1 2014)
England average is 49%

Diagnosis

611 people diagnosed in 2013

621 new cases per 100,000 people
England average is 608 per 100,000).

GP Referral

2296 in 100000 people were referred to hospital by their GP for cancer investigations (Two week wait) (2014/2015)
This is **lower** than England average

10.4% of these people were found to have cancer
This is **higher** than the England average

Treatment

91.9% positive overall experience of care (2014)
This is consistent with England average (89%)

100% of patients treated within 31 days (2015/2016) (Target 96%)

92.9% of patients treated within 62 days of referral (Feb 2016) (Target 85%)

Survival

1-year survival: **66.0%** (2014)
Worse than England average (70.2%)

England **5-year** survival: **49.6%** (2009)

Deaths

301 in 100,000 died of cancer in 2014
England average is 281 per 100,000

282 people died from cancer in 2014.

LUNG CANCER

NHS South Cheshire Clinical Commissioning Group (SCCCG)

Emergency Admission

27 in 100,000 people received emergency diagnoses (2006-2013).
England average is 28 in 100,000

Stage at Diagnosis

24.1% of lung cancers are diagnosed early (2013)
England average is 20.3%.

Diagnosis

153 people diagnosed (2014)

87 new cases per 100,000 people

England average is 78 per100,000.

GP Referral

116 in 100000 people were referred to hospital by their GP for cancer investigations (Two week wait) (2014/2015)

This is **consistent with** England average

Survival

1-year survival: **30.5%** (2014)
Worse than England average (35.4%)

England **5-year** survival: **9.8%** (2009)

Deaths

60 in 100,000 died of lung cancer in 2014
England average is 61 per 100,000

104 people died from lung cancer in 2014.

LUNG CANCER

NHS Vale Royal Clinical Commissioning Group (VRCCCG)

Emergency Admission

33 in 100,000 people received emergency diagnoses (2006-2013).
England average is 28 in 100,000

Stage at Diagnosis

35.1% of lung cancers are diagnosed early (2013)
England average is 20.3%.

Diagnosis

83 people diagnosed (2014)

86 new cases per 100,000 people

England average is 78 per100,000.

GP Referral

104 in 100000 people were referred to hospital by their GP for cancer investigations (Two week wait) (2014/2015)

This **is consistent with** England average

Survival

1-year survival: **32.2%** (2014)
Consistent with England average (35.4%)

England **5-year** survival: **9.8%** (2009)

Deaths

71 in 100,000 died of lung cancer in 2014
England average is 61 per 100,000

69 people died from lung cancer in 2014.

BOWEL CANCER

NHS South Cheshire Clinical Commissioning Group (SCCCG)

Emergency Admission

20 in 100,000 people received emergency diagnoses (2006-2013).
England average is 18 in 100,000

Bowel Screening

58.9% of people eligible screened for bowel cancer in last 2.5 years (2014/2015)
This is **higher** than the England average (57.9%)

6% of cancers diagnosed by screening (2006-2013)

Diagnosis

132 people diagnosed (2014)

74 new cases per 100,000

England average is 70 per 100,000.

Stage at Diagnosis

29.8% of bowel cancers are diagnosed early (2013).
England average is 36.8%

GP Referral

448 in 100000 people were referred to hospital by their GP for cancer investigations (Two week wait) (2014/2015)

This is **consistent with** England average

Survival

1-year survival: **71.3%** (2014)
This is **worse than** England average (77.7%)

England **5-year** survival: **57.0%** (2009)

Deaths

25 in 100,000 died of bowel cancer in 2014

England average is 27 per 100,000

46 people died from bowel cancer in 2013.

BOWEL CANCER

NHS Vale Royal Clinical Commissioning Group (VRCCCG)

Emergency Admission

21 in 100,000 people were diagnosed as an emergency(2006-2013).
England average is 18 in 100,000

Bowel Screening

57.3% of people eligible screened for bowel cancer in the last 2.5 years (2014/2015)
This is **consistent with** the England average (57.9%)

6% of cancers diagnosed by screening (2006-2013)

Diagnosis

72 people diagnosed (2014)
.
74 new cases per 100,000

England average is 70 per 100,000.
.

Stage at Diagnosis

30.8% of bowel cancers are diagnosed early (2013).
England average is 36.8%

GP Referral

347 in 100000 people were referred to hospital by their GP for cancer investigations (Two week wait) (2014/2015)

This is **lower than** England average

Survival

1-year survival: **69.6%** (2014)
This is **worse than** England average (77.7%)

England **5-year** survival: **57.0%** (2009)

Deaths

25 in 100,000 died of bowel cancer in 2014

England average is 27 per 100,000

23 people died from bowel cancer in 2013.

BREAST CANCER

NHS South Cheshire Clinical Commissioning Group (SCCCG)

Emergency Admission

7 in 100,000 people received emergency diagnoses(2006-2013)).
England average is 7 in 100,000

Breast Screening

76.4% of women aged 50-70 screened for breast cancer within the last 3 years (2014/2015)
This is **higher** than the England average (72.2%)

32% of cancers diagnosed by screening (2006-2013)

Diagnosis

130 women diagnosed (2014)

137 new cases per 100,000 women.

England average is 173 per 100, 000.

.

Stage at Diagnosis

80.7% of breast cancers are diagnosed early (2013).
England average is 71.0%

GP Referral

465 in 100000 people were referred to hospital by their GP for cancer investigations (Two week wait) (2014/2015)

This is **consistent with** England average

Survival

1-year survival: **95.5%** (2014)
Consistent with England average (96.7%)

England **5-year** survival: **85.9%** (2009)

Deaths

40 in 100,000 women died of breast cancer in 2014

England average is 35 per 100,000

39 women died from breast cancer in 2014

BREAST CANCER

NHS Vale Royal Clinical Commissioning Group (VRCCCG)

Emergency Admission

8 in 100,000 people received emergency diagnoses (2006-2013).
England average is 7 in 100,000

Breast Screening

72.9% of women aged 50-70 screened for breast cancer within the last 3 years (2014/2015)
This is **Consistent with** the England average (72.2%)

29% of cancers diagnosed by screening (2006-2013)

Diagnosis

112 women diagnosed (2014)

206 new cases per 100,000 women

England average is 173 per 100, 000.

.

Stage at Diagnosis

72.0% of breast cancers are diagnosed early (2013).
England average is 71.0%

GP Referral

441 in 100000 people were referred to hospital by their GP for cancer investigations (Two week wait) (2014/2015)

This is **consistent with** England average

Survival

1-year survival: **95.6%** (2014)
This is **consistent with** England average (96.7%)

England **5-year** survival: **85.9%** (2009)

Deaths

55 in 100,000 women died of breast cancer in 2014

England average is 35 per 100,000

29 women died from breast cancer in 2014.

Action on Cancer

Working together across Central Cheshire

Thank you to all our partners for funding, developing, delivering and supporting the campaign.

Action On Cancer,
Bevan House, Barony Court,
Nantwich, Cheshire CW5 5RD

www.valeroyalccg.nhs.uk
www.southcheshireccg.nhs.uk

@AoCCheshire

Action on Cancer
in Central Cheshire is a collaboration between:
NHS South Cheshire Clinical Commissioning Group, NHS Vale Royal Clinical Commissioning Group, Mid Cheshire Hospital Foundation Trust, Cheshire East Council, Cheshire West & Chester Council, Macmillan Cancer Support and Cancer Research UK.