

# REPORT TO: Health and Wellbeing Board

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**Date of Meeting:** 20<sup>th</sup> October, 2015  
**Report of:** Simon Whitehouse, Chief Executive, NHS South Cheshire CCG  
**Subject/Title:** Cancer Pathway Review Project

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## 1 Purpose of the Report

- 1.1 This report provides the Health and Wellbeing Board with an update on the review of the gynaecological cancer pathway. The overall aim of which is to achieve the best outcomes and experience for cancer patients in South Cheshire and Vale Royal. This review has been a joint programme of work between NHS England (which commissions specialised services) and NHS South Cheshire Clinical Commissioning Group (CCG) and NHS Vale Royal Clinical Commissioning Group (CCG) (which commission services for their local populations).
- 1.2 The report also provides the Health and Wellbeing Board with an update on the re-focus of the work plan for the Cancer Commissioning Board. We know that cancer is the main cause of premature death (under 75) across South Cheshire and that variation in health outcomes from cancers exist across towns. NHS South Cheshire CCG has the fourth lowest 1 year survival for lung, breast and colorectal cancer across England in 2012. Therefore our greatest need for cancer is earlier detection to reduce our health inequalities.

## 2 Commissioning for improved outcomes and reducing health inequalities

- 2.1 A health needs assessment of the South Cheshire population shows that cancer is a significant growing long term condition and is a major cause of death, with noted health inequalities. The high incidence and mortality (death) rates of cancer is due to a range of factors including increased life expectancy and lifestyle factors. Other key points to note include:
  - Ageing population aligned with increases in cancer incidence
  - Around 42% of people across South Cheshire are at risk of developing cancer during their lifetime
  - This risk is forecast to increase to 44% over the next ten years
  - Cancer is the main cause of premature death (under 75) across South Cheshire.
  - Variations in health outcomes from cancers evidenced across towns - Crewe has particular inequalities with Lung and Upper GI cancer which are associated with poor survival if they are not diagnosed early.

- Lung and upper gastrointestinal cancers are more common in our deprived areas. People who live in our more affluent areas have higher rates of diagnosis of breast and prostate cancer.
- 1 in 5 of all cancers in Cheshire East is found after an emergency presentation to hospital. Many of these cancers will be late stage cancers with poorer outcomes.
- The premature death rate due to cancer in females in Crewe is 20% higher than the national average.
- NHS South Cheshire CCG has the fourth lowest 1 year survival for lung, breast and colorectal cancer across England in 2012.

2.2 To meet these challenges we need to make sure that the cancer services we commission deliver best outcomes and experience for patients through the delivery of safe, sustainable and efficient services. We also aim to ensure that patients can access as much care as possible in their local area to avoid the need to travel; therefore commissioning services that are 'centralised where necessary, local where possible' with excellent links between teams that provide local and specialised care to ensure best outcomes and experience for patients.

### **3 Gynaecology Cancer Pathway Review**

- 3.1 The gynaecology cancer pathway review has been a joint programme of work between NHS England (which commissions specialised services) and NHS South Cheshire Clinical Commissioning Group and NHS Vale Royal Clinical Commissioning Group (which commission services for their local populations).
- 3.2 The review has been focussed on specialised cancer services only and has not impacted on local cancer care which will remain unchanged. Patients with suspected cancer will continue to be referred to Mid Cheshire Hospitals NHS Foundation Trust (Leighton Hospital) by their GP for further investigation, diagnosis and local treatment.
- 3.3 The number of patients across both South Cheshire and Vale Royal who receive specialised gynaecological cancer care and whose pathway may change is relatively small. In 2014/15, 23 patients were referred for specialised surgery and 48 patients were referred for chemotherapy or radiotherapy.
- 3.4 Currently patients who require specialised treatment are referred to The Christie for their surgery, chemotherapy and radiotherapy. In response to the potential for further collaboration between Mid Cheshire Hospitals NHS Foundation Trust and the University Hospitals of North Midlands, we have completed a comparative assessment to objectively assess which provider is able to provide best outcomes and/or better access to services for women who are diagnosed locally.
- 3.5 A Cancer Commissioning Board was established to oversee this work, comprising NHS South Cheshire CCG, NHS Vale Royal CCG, NHS England

(Specialised Commissioning), GP Cancer Leads, Healthwatch, other local CCGs and Public Health representatives. Expert clinical advice was also been provided from the National Cancer Intelligence Network.

3.6 In reviewing the NHS Procurement, Patient Choice and Competition Regulations 2013, alongside NHS Shared Business Services Procurement specialists, the most appropriate assessment process for this review was a comparative assessment process. The current and potential pathways were assessed against a set of criteria, which included:

- Clinical Service and quality
- Patient access and experience
- Clinical outcomes

3.7 A multi-disciplinary panel with expert clinical input and Healthwatch support met in September to assess each submission. Following the assessment a recommendation was made to the Cancer Commissioning Board and the North Specialised Commissioning Team Regional Leadership Group for formal approval.

3.8 At the time of writing this report we are in a period of confidentiality regarding the outcomes of the evaluation process, but anticipate being able to publically confirm the decision in due course.

## **4 Consultation and Engagement**

4.1 Throughout the review, we have been working closely with the local providers, including Mid Cheshire Hospitals NHS Foundation Trust. We held a Provider Engagement Event in early July by way of ensuring transparency of the process and timescales and to give providers the opportunity to seek clarification at that point.

4.2 We have also been engaging with patients to help inform the work. A patient focus group was held with women currently on the gynaecological cancer pathway to gain an insight into their experience of care. In addition, engagement events were held with members of the public. These have provided valuable feedback regarding travel, access and support to carers along the pathway of care and have informed the assessment criteria.

## **5 Re-Focus on Early Detection**

5.1 Reflecting on the health needs of the population and the recent All Party Parliamentary Group Report on Cancer, there is an opportunity to re-focus on the work plan of the Cancer Commissioning Board to prioritise early detection.

5.2 NHS South Cheshire CCG and NHS Vale Royal CCG have the fourth and third lowest 1 year survival for lung, breast and colorectal cancer across

England in 2012. Therefore our greatest need for cancer is earlier detection in order to reduce our health inequalities.

- 5.3 Achieving improvements in survival will require a combination of earlier detection and diagnosis, better treatment and access to treatment and improved access to data and intelligence.
- 5.4 More than 4 in 10 cases of cancer are caused by aspects of our lifestyles which we have the ability to change. The main risk factors include tobacco, weight, diet, alcohol consumption, UV exposure and lack of sufficient physical activity. These are supplemented by other exposures, such as air pollution, occupational risks, infections (including Human Papilloma Virus and viral hepatitis B and C) and radiation.
- 5.5 Our population needs to be aware of the impact risk factors have on their health, especially in selected populations, and we need to support people to make changes.
- 5.6 With increasing numbers of people surviving their primary cancer, we need also to focus on preventing secondary cancers.
- 5.7 The health of the population across South Cheshire is not solely the responsibility of NHS organisations; we need to harness efforts across local government, employers and the wider community to tackle prevention. Our local Health and Wellbeing Board plays a valuable role as a facilitator to this with a local strategy, taking a cross-disease approach, to address major social and environmental determinants of ill health with health promotion initiatives to raise awareness and help individuals make healthier choices around risk factors including smoking, alcohol, diet and physical activity.
- 5.8 In response to this the CCG are considering ways in which it can take decisive action to improve things for our population. A re-focus on the work plan of the Cancer Commissioning Board to prioritise early detection, supported by a Cancer Action Group.
- 5.9 Some areas that could be included in the work plan include:
  - Understanding our data
  - Prevention
  - Promoting earlier diagnosis
  - Cancer screening
  - Streamlining pathways
  - Diagnostics
  - Education and training
  - Audit and research

## **6 Early Detection - Lung Cancer Project – ‘Every Breath You Take’**

- 6.1 An good example of a project that is supporting early detection is the Lung Cancer Project, ‘Every Breath You Take’. The project has been funded

through the Public Health Transformation Fund in order to support Community engagement and awareness in order to effect real improvements in early detection of lung cancer and people receiving treatment.

- 6.2 Lung Cancer rates are significantly high in both men and women in Crewe compared to other towns within the CCG. Lung cancer survival rates remain low compared to other tumour groups, which in part is due to the proportion of lung cancers that are only detected once the disease is relatively advance.
- 6.3 In 2013, more than half of the cancers at MCHFT were diagnosed at stage 3 or later. We want more people who have symptoms that may indicate lung cancer to access a chest x-ray to help rule out cancer or diagnose cancer at an earlier stage.
- 6.4 The 'Every Breath You Take' project has been established to support the following outcomes:
- Reduce the % of people diagnosed with lung cancer following emergency admission from 21% to 16% by March 2016
  - Increase the proportion of people receiving active treatment for lung cancer rather than best supportive care (End of Life Care) from 67% to 75% by December 2015
  - Increase awareness of the signs of symptoms of lung cancer among the population living in the target areas
- 6.5 The project has been working in a partnership approach in order to achieve these outcomes, including:
- Partnership and innovation with CCG's, MCHFT, Primary Care, Public Health, Macmillan, 'ACE' (Accelerate, Coordinate, Evaluate) Programme, which is a national programme looking at various projects around the country that are focused on early diagnosis of lung cancer.
  - Partnerships with local community organisations (businesses, charities, local interest groups, non-profit sector etc.)
  - Public Health Transformation Funding to support Community engagement and 'ACE' funding to support evaluation
  - Primary care education –GPs, practice nurses, pharmacies, community teams
  - Lung Cancer Clinical Nurse Specialist community clinics
  - Pathway redesign including rapid access diagnostic pathway (GP or self-referral for chest x-ray)
  - Public Awareness Campaign
  - Developing Community Champions (51 recruited and trained to date)
- 6.6 The project has also been focussed on pathway redesign so that:
- Any chest x-ray report that is suspicious of lung cancer is fast tracked to CT and a suspected cancer referral triggered. Patients will be seen in clinic with a reported x-ray and CT within 14 days of x-ray report

- Patients in Crewe with symptoms able to directly access chest x-ray (Pilot at this stage. Evaluation will review further expansion into towns with high incidence / mortality from lung cancer)

## 7 Impact on Health and Wellbeing Strategy Priorities

7.1 The re-focus of the work plan on early detection of cancer supports the health and wellbeing priorities as follows:

- **Outcome two - *Working and living well*** - *Driving out the causes of poor health and wellbeing ensuring that all have the same opportunities to work and live well and reducing the gap in life expectancy that exists between different parts of the Borough.* Our work will specifically work towards reducing the incidence of cancer across South Cheshire.
- **Outcome three - *Ageing well*** - *Enabling older people to live healthier and more active lives for longer.* Cancer is considered a significant growing long term condition (with noted health inequalities and a major cause of death) and as more people are living longer they are more likely to develop a long term condition. An ageing population is therefore aligned with increases in cancer incidence (set to increase from 42% to 44% over the next ten years).

## 8 Recommendation

8.1 The Health and Wellbeing Board are asked to note the report which is provided as an update and to gain the support and commitment of the HWBB to focus and contribute to the earlier detection of cancer, which is evidenced to be the greatest need in South Cheshire.

The background papers relating to this report can be inspected by contacting the report writer:

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