Cancer update

Introduction

The NHS Long Term Plan sets out two clear aims for cancer. These are:

- By 2028, 75% of people will be diagnosed at an early stage (stage 1 or 2).
- By 2028, 55,000 more people will survive cancer for five years or more each year. (GM figure would be approximately 2750)

To help with achievement of the above there are many ongoing workstreams within the Locality. These are supported by both primary care and public health teams as well as secondary care. Greater Manchester (GM) Cancer provide guidance and support to help with achieving the aims of the Long Term Plan.

These workstreams and progress against them will be described later in the paper. Initially we need to understand our cancer performance and the challenges faced for some specific pathways.

Cancer Performance

The table below gives an overview of performance across all providers who have seen Stockport registered patients on a 2 week wait suspected cancer pathway.

Greater Manchester Cancer: CCG Performance by Metric

Back to the GM Cancer Reports Navigation Tool

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NHS Stockport CCG

NHS Stockport CCG Performance - July 2023

Standards	Denominator	Numerator	Breaches	performance
28 Days FDS	14,079	10,217	3,862	72.57%
Treated < 31 Days Subsequent Treatment - Anti-cancer drug	148	146	2	98.65%
Treated < 31 Days Subsequent Treatment - Surgery	160	150	10	93.75%
Treated within 62 Days from consultant upgrade to first treatment	337	250	87	74.18%
Treated within 62 Days from national screening to first treatment	71	48	23	67.61%
Treated within 62 Days from referral to first treatment	665	403	262	60.60%
31-DAY FIRST TREAT (ALL CANCER)	1,182	1,094	88	92.55%
31-DAY SUB TREAT (RADIOTHERAPY)	336	333	3	99.11%
TWO WEEK WAIT - ALL CANCER	14,814	11,028	3,786	74.44%
TWO WEEK WAIT - BREAST SYMPTOMS	578	403	175	69.72%

There are two cancer specialities which are provided by Trusts outside Stockport for our patients. Dermatology is provided by Salford Royal and the breast service by

Manchester Foundation Trust. Both services have seen an increasing number of referrals and as a result performance has deteriorated.

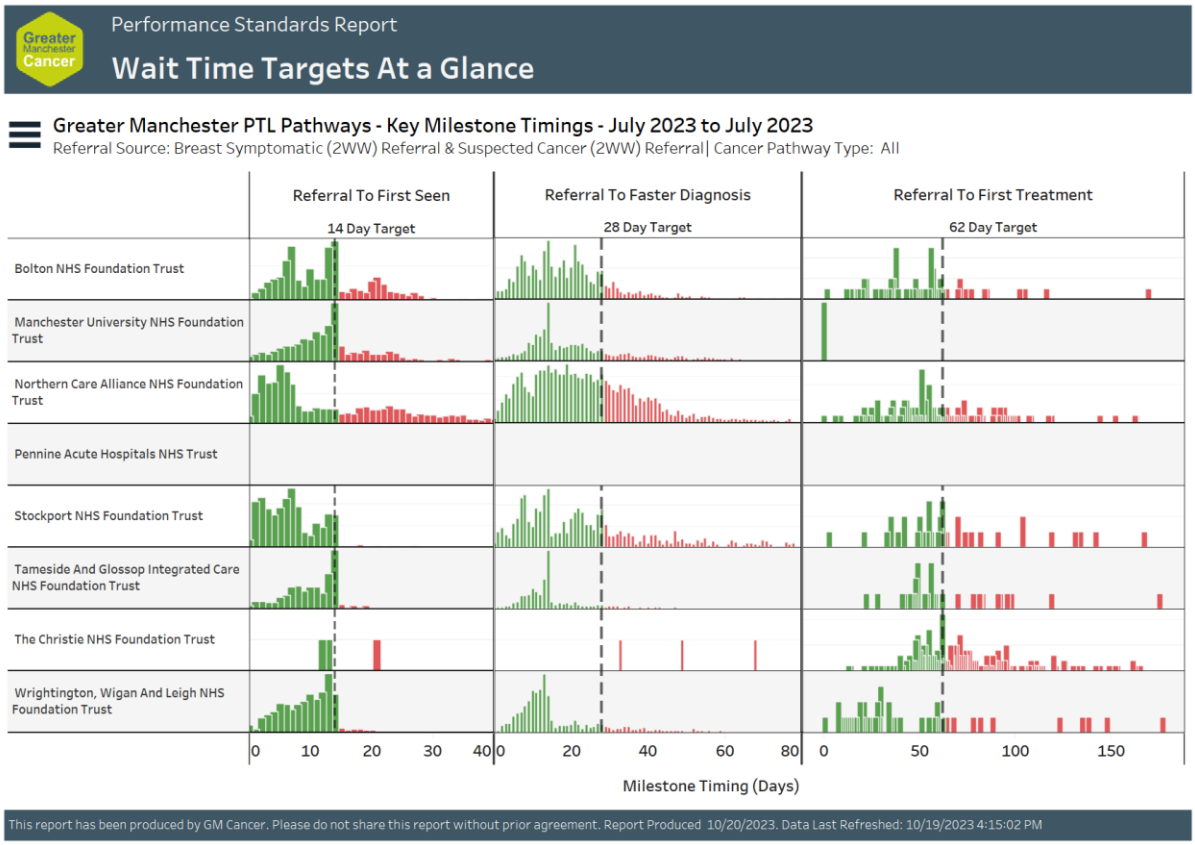
There is ongoing transformation work at a GM level around the dermatology pathway and models of care to support the increase in referral numbers. This includes the use of tele-dermatology and Advice and Guidance for routine/urgent referrals. All Stockport practices have a dermatoscope available to them. This enables them to closely examine any skin lesions. If required, they also have the technology to enable them to take a photo and send it for expert advice (routine/urgent referrals only). This in turn should help support capacity management for suspected cancer referrals.

The breast service performance has dramatically improved over the past two years. Immediately post pandemic there was a surge in demand leading to a deterioration in performance. Many of these patients had had worrying symptoms during the pandemic but had not sought medical advice. This meant that their cancer was more advanced requiring more extensive investigation and treatment. Transformation work by Manchester Foundation Trust has led to a slow and sustained improvement in performance.

Stockport Foundation Trust are continuing to focus on ensuring that patients are provided a yes/no to cancer at the earliest opportunity. This is in line with the Faster Diagnosis Standard. The present National standard is 75%. The current Trust performance is 72%. The tumour groups under pressure are gynaecology, urology, and upper Gastrointestinal (GI). There is ongoing transformation work to support cancer performance led by the Trust especially in these tumour groups.

Straight to Test pathways help support performance by negating the need for an initial outpatient appointment. Clinically appropriate patients undergo diagnostic investigations rather than a 1st outpatient appointment. For many patients this means that they can be told that they do not have cancer at a much earlier stage. For those who are found to have cancer it means that their diagnosis can be discussed with them at a much earlier stage and a treatment plan agreed/started. This should lead to improved patient outcomes which is in line with the Long Term Plan.

The table below demonstrates how Stockport Foundation Trust compares to other GM providers for 2 weeks from referral to first seen, 28 Day Faster Diagnosis as well as 62 Day Referral to Treatment. Stockport ranks 5th overall in comparison to other GM trusts. If benchmarked on like for like tumour groups, then we are 3rd across GM. Our Rapid Diagnostic Centre which manages patients with non-site specific symptoms is 2nd overall across GM.



Impact of strikes

Every effort is being made to minimise disruption to cancer services. However, it is inevitable that there will be an impact on performance. Cancer Waiting Time data across all GM providers are already beginning to reflect this.

Cancer Waiting Time changes.

There were 10 different standards in place to measure cancer waiting times for diagnostics and treatment. Following a consultation last year, these are now being reduced to 3 and the Government has given its backing to these changes.

From 1st October 2023 the NHS is now measured on the following cancer waiting time standards:

- Faster Diagnosis Standard: a diagnosis or ruling out of cancer within 28 days of referral (set at 75%)
- 31-day treatment standard: commence treatment within 31 days of a decision to treat for all cancer patients (set at 96%)
- 62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade (set at 85%)

The main changes that have been announced are:

- Removal of the Two Week Wait standard requiring a first appointment within two weeks.

- Combining together the first and subsequent treatment 31-day standards to create one headline performance standard.
- Combining together the Urgent Suspected Cancer GP referral, Urgent Screening and Consultant Upgrade 62-day standards to create one headline performance standard for all patients.

Quality Assurance

On an annual basis quality surveillance panel meetings are undertaken with each individual tumour group by Stockport Foundation Trust. The panel consists of the Trust's cancer clinical lead, the associate Director of Nursing for cancer, the Chief Operating Officer (who is also Senior Responsible Officer for cancer), a Clinical Nurse Specialist (CNS) from another tumour group as well as the senior project manager for cancer and end of life care for Stockport Locality.

Each tumour group team provide an annual report prior to their panel meeting. This enables the panel to review the information provided including achievements/challenges before meeting with them. The panel discuss and agree questions and queries due to be asked/raised. Following the meeting with the tumour group team a report and action plan is produced. If there are specific concerns with a particular tumour group, more regular meetings are arranged to monitor progress.

At present there are some concerns around the haematology service. Any provider who administers chemotherapy to patients should have a helpline available to them 24/7 in line with national guidance. Stockport Foundation trust does not have this in place. As a result, they are an outlier in GM and possibly nationally. This means that if a patient has concerns out of hours and at weekends, they have to contact 111 which usually results in them presenting at ED. They are at high risk of contracting infection, so this is not an appropriate environment for them to be in. If a helpline was available patients could be provided with advice and if necessary, directed to an appropriate care setting. There is an action plan in place to address the concerns identified. There are monthly meetings led by the Trusts Chief Operating Officer to monitor progress.

To ensure that there is overview of this, GM Cancer are finalising a feedback progress. Prior to the pandemic Clinical Commissioning Groups (CCGs) provided oversight by reviewing self-declarations by Trusts which were submitted via QISIS (Quality Surveillance Information System). However, QSIS has not been reinstated and with the advent of Integrated Care Boards (ICBs) this oversight has been lost. It has been recommended that following quality surveillance panel a template is completed for each tumour group. This will include:

- Highlighting areas of good practice.
- Highlighting any risks and mitigating actions.
- Whether these risks are on a trust risk register.
- Any key actions.

Once completed this must then be shared and discussed through local quality assurance processes. Following this the completed template for all tumour groups will be shared with GM Cancer. It will then be discussed at GM Cancer assurance Group-Strategy and System Risks meeting. This will identify any common themes which may need to be addressed via pathway boards. These will ensure that the Alliance is sighted on each providers quality surveillance outputs-good/innovative practice as well as the challenges faced.

Public Health work around cancer, cancer prevention and cancer awareness

The table below shows the latest screening rates for Stockport, how we compare with the England average and the variation between GP practices.

Latest Cancer Screening rates (due to be updated December 2023)

	Stockport Overall	England	Lowest practice rate	Highest practice rate
Bowel (2021/22)	70.2%	70.3%	56.1%	82.7%
Breast (2021/22)	58.8%	62.3%	19.4% *	78.9%
Cervical (2022/23)	76.5%	69.7%	69.7%	87.8%

* Screening round delay due to COVID-19 artificially

Breast screening is an area of particular concern for Stockport. The Public Health team are working closely with the provider (East Cheshire Foundation Trust) to improve access to and uptake of screening.

Stockport now has a new breast screening unit that is accessible (it has a lift) to people with physical difficulties. Previously people with limited mobility/wheelchair users had to travel to Macclesfield to be screened. However, they can access this in Stockport. Local communications have been used to promote this new unit. The Public Health team are working with commissioners on the possibility of a static site, which would be in addition to the mobile unit.

Work being done in the community to improve screening uptake.

The Public Health team has a dedicated Primary Care Engagement Officer who supports practices with cancer screening uptake. They work on data cleansing, staff training, phone calls to non-responders and on the EMIS flagging system.

There are Cancer Care Coordinators who work across each Primary Care Network (PCN) to improve screening uptake as well as supporting patients through their whole cancer journey. Public Health chairs a bi-monthly Local Implementation Team meeting to look at the whole cancer early diagnosis workstream. Membership includes screening providers, cancer screening improvement leads, ICB, primary care and practice cancer champions or care coordinators. This work feeds into the Stockport Health Protection Board.

To promote the screening programmes in the community the public health team attends events, works with large employers, provides training and targets areas of

low uptake or late diagnosis. Screening and early detection are promoted via social media, the Council's website, and the Healthy Stockport website.

This Van Can

This is an initiative led by GM Cancer engaging with men who are at higher risk of prostate cancer, those over 55 of black/afro Caribbean heritage, where there is a family history of prostate cancer. This is a mobile unit which travels to areas where there are higher levels of patients fulfilling these criteria. GPs in these areas are asked to send text messages to their patients within this cohort. These texts invite patients to phone and make an appointment on the van. When they attend, they are seen by a clinician and their risks/ any worrying symptoms they are experiencing discussed. Then with the patients consent a prostate specific antigen (PSA) test is undertaken. So far around 7% of patients have required onward referral for further investigations of suspected cancer. The van spent a short time in Stockport during October. This was supported and promoted by a local Black African and Caribbean community group in conjunction with the Public Health team.

Targeted Lung Health Checks

Targeted Lung Health Checks (TLHC) are designed to identify/screen patients who may be at greater risk of lung cancer e.g., any smoker, ex-smoker, aged 55-74. A risk stratified approach has been taken to this across GM. This is based on smoking rates, deprivation, age range. Prevalence is driven by advancing age and deprivation. The rollout of TLHC across GM will be by PCN based on this risk stratified approach. As a result, Tame Valley will be the first PCN to be involved. They will be part of the first cohort which is planned to 'go live' in late 2024. Victoria will be part of cohort two in early 2025. The other PCNs will follow in 2026.

Manchester Foundation Trust will provide the lung health check assessment and all baseline, surveillance, and interval scanning using a fleet of mobile trucks which comprise of consultation rooms and a CT scanner. If a patient requires further investigation for a suspected lung cancer, they will remain within the GM programme and attend either Wythenshawe Hospital or Salford/Oldham Clinical Diagnostic Centres (CDCs) for additional diagnostic tests. Where incidental findings arise as a result of the programme, patients will be managed by the service wherever possible however, where appropriate, patients may be referred to Primary or Secondary Care for ongoing management.

Primary Care Network (PCN) Early Diagnosis Directly Enhanced Service (DES)

It is recognised the key role that PCNs and their member practices have in supporting early cancer diagnosis and in particular through the implementation and delivery of the early diagnosis DES. To support this there may be new ways of working. These will build on ongoing work that is known to have a positive and sustained impact on the early identification of cancer e.g., cancer screening uptake.

Each PCN has a nominated clinical cancer lead supported by GM Cancer. They act as a point of contact for GM Cancer and other stakeholders, taking on an advocate

role for early diagnosis, driving quality improvement projects and helping shape GM Cancer's programme of work including education and training.

The areas of focus for the DES are:

1. Review of referrals including:

- emergency presentations
- provision of patient information
- use of safety-netting

2. Increasing uptake of screening: addressing inequalities in groups where screening rates are low.

3. Making appropriate use of non-site specific cancer pathways, including pre-referral tests.

Conclusion

Earlier in the year GM Cancer undertook a Locality visit. Following this they produced a report. In this they highlighted how Stockport demonstrated a very cohesive way of working across the system between locality staff, Public Health, primary care, and Stockport Foundation Trust. We will continue to build on this to ensure that our patients have the best access to cancer prevention/awareness, early diagnosis, and subsequent treatment.