

London Borough of Bromley

PART 1 - PUBLIC

Briefing for Health Scrutiny Sub-Committee 7th November 2017

CANCER CARE UPDATE

Contact Officer: Dr Angela Bhan, Chief Officer: Bromley Clinical Commissioning Group
E-mail: angela.bhan@nhs.net

Chief Officer: Dr Angela Bhan, Bromley Clinical Commissioning Group

1. Summary

1.1 Pathways to prevent, identify and treat cancer can be complex and different elements of the various cancer pathways are sometimes the responsibility of different organisations. It is essential that there is good oversight on how a particular cancer is being managed for an individual patient, and also that we ensure that we are providing robust programmes and pathways to ensure we get good population outcomes. Bromley CCG oversees and monitors the care for individuals and at population level. On our behalf, cancer care in Bromley and across London, is continuously evaluated and measured by teams such as the Transforming Cancer Services Team (TCST) and the commissioning support unit (CSU). From these evaluations and performance monitoring streams we are able to target initiatives to drive up quality of care and patient outcomes.

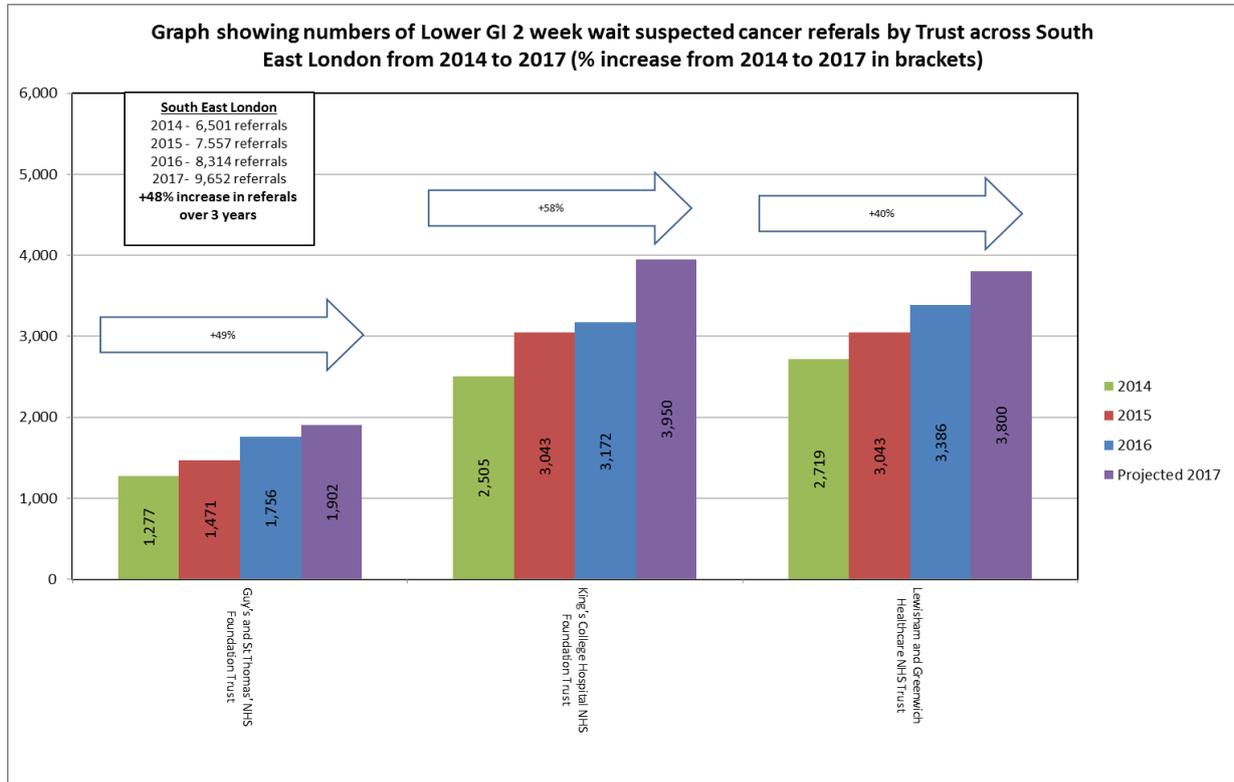
1.2 The following illustrations are taken from the continuous evaluations and show how well Bromley is doing in key performance metrics.

Table 1 Key cancer performance metrics

| NHS BROMLEY CCG | Threshold | May-17 | | | Jun-17 | | | Jul-17 | | | Aug-17 | | |
|--|-----------|--------|----------|---------|--------|----------|---------|--------|----------|---------|--------|----------|---------|
| | | Cases | Breaches | % |
| 2-WEEK WAIT - ALL SUSPECTED CANCER | 93% | 1331 | 81 | 93.91% | 1190 | 43 | 96.39% | 1221 | 36 | 97.05% | 1276 | 50 | 96.08% |
| 2-WEEK WAIT - BREAST SYMPTOMS (CANCER NOT INITIALLY SUSPECTED) | 93% | 26 | 1 | 96.15% | 37 | 0 | 100.00% | 18 | 0 | 100.00% | 31 | 0 | 100.00% |
| 31-DAY - FIRST TREATMENT ALL CANCER | 96% | 134 | 7 | 94.78% | 128 | 4 | 96.88% | 150 | 6 | 96.00% | 165 | 5 | 96.97% |
| 31-DAY - 2nd/SUBSEQUENT TREATMENT (DRUG) | 98% | 47 | 2 | 95.74% | 33 | 1 | 96.97% | 25 | 1 | 96.00% | 55 | 0 | 100.00% |
| 31-DAY - 2nd/SUBSEQUENT TREATMENT (RADIOTHERAPY) | 94% | 47 | 11 | 76.60% | 47 | 5 | 89.36% | 51 | 4 | 92.16% | 43 | 1 | 97.67% |
| 31-DAY - 2nd/SUBSEQUENT TREATMENT (SURGERY) | 94% | 28 | 4 | 85.71% | 18 | 1 | 94.44% | 21 | 1 | 95.24% | 24 | 1 | 95.83% |
| 62-DAY URGENT GP REFERRAL ALL CANCER | 85% | 76 | 16 | 78.95% | 76 | 16 | 78.95% | 89 | 20 | 77.53% | 92 | 14 | 84.78% |
| 62-DAY - SCREENING ALL CANCERS | 90% | 9 | 0 | 100.00% | 8 | 0 | 100.00% | 11 | 0 | 100.00% | 10 | 0 | 100.00% |
| 62-DAY - CONSULTANT UPGRADE ALL CANCERS | - | 9 | 3 | 66.67% | 6 | 1 | 83.33% | 4 | 0 | 100.00% | 6 | 0 | 100.00% |

1.3 As can be seen, for Bromley patients, the 62 day target is not being met, falling just short of the required 85%. 'Breaches' refer to patients who do not meet the target. The 62 day target is a nationally defined target referring to patients beginning their first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer. Challenges in meeting the 62 day target exist across all of south east London and a 62 day group has been established to tackle this problem with all local NHS Trusts who are failing to deliver this target. Recovery

plans are in place with the Trusts and are being actively monitored. It is worth noting that some of these breaches are for patients with lower GI (gastrointestinal) problems, which has seen a huge increase in referrals across the sector (graph 1). This has placed considerable strain on the capacity of Kings to deliver the 62 day target but they plan to increase use of virtual clinics to try and keep pace with the referrals. Virtual clinics would allow the doctors to review and progress a patient's treatment without the patient having to come into hospital. It is better for the patient and more cost effective for the hospitals, allowing them to manage higher case loads. This is a relatively new approach however so results are not yet known.



1.4 Table 2. One year Cancer Survival rates

| Indicator | Bromley Average | National Average | Rank compared to South East London |
|---|-----------------|------------------|------------------------------------|
| 1 year survival rate across all cancers | 71.2% | 70.4% | 1 st |
| 1 year survival rate for breast cancer | 98% | 96.5% | 2 nd |
| 1 year survival rate for lung cancer | 33.5% | 36.8% | 6th (lowest) |
| 1 year survival rate for colorectal cancer | 78.5% | 77.2% | 2 nd |
| Uptake of breast screening | 75.98% | 80% target | 1 st |
| Uptake of bowel screening | 55.18% | 60% target | 1 st |
| Uptake of cervical screening | 73.65% | 80% target | 2 nd |

- 1.5 From table 2 we can see Bromley is doing very well in relation to neighbouring boroughs and also nationally, in most areas. The cancer working group intends on working with Kings to address the relatively poor outcome for lung cancer.
- 1.6 Our uptake in screening however is below the required target levels, although high compared to our neighbours and across London. Public Health screening programmes are run and managed by the national screening service and not within Bromley CCG's remit. There will be additional focus on these issues within the south east London alliance meetings on screening programmes to see how we can work together to increase uptake of the screening programmes. Bromley CCG takes early identification of cancer very seriously and we have adjusted the GP contract, to incentivise good practice processes and improvements in uptake to support the national programmes.
- 1.7 Further initiatives are listed with additional details provided in section 3 of the report:
1. Improving the way all referrals are made by GP's into secondary care on a two week urgent referral.
 2. Improving the quality of referrals from GP's into secondary care to ensure patients get to the correct place at the right time.
 3. Identifying areas of poor patient satisfaction with cancer care in Bromley.
 4. Identifying and improving/developing effective and efficient patient pathways for some types of cancer such as paediatric.
 5. Joining a root cause analysis (RCA) committee to ensure lessons are learnt from serious incidents involving cancer.

2. THE BRIEFING

2.1 Introduction

2.2 Cancer is not a single disease process but a number of diseases all characterised by unusual or excessive cell growth. Often such disease processes result in lumps or tissue masses (tumours) forming, apart from a few cancers of blood (leukaemia's). Pathways to prevent, identify and treat cancer can be complex and different elements of the various cancer pathways are sometimes the responsibility of different organisations, including the CCG, Public Health England and NHS England. It is essential that there is good oversight on how a particular cancer is being managed for an individual patient, and also that we ensure that we are providing robust programmes and pathways to ensure we get good population outcomes. Bromley CCG oversees and monitors the care for individuals and at population level. Individual patients on cancer pathways will be managed by hospital cancer teams.

2.3 Bromley CCG fulfils its oversight responsibility through various means. Locally, a bi-monthly cancer working group is held, with representation from Bromley GPs, commissioners, CCG quality, governance and performance leads, Macmillan, Cancer Research UK, TCST (Transforming Cancer Services Team), South East London Cancer alliance and the commissioning support unit who manage secondary care contracts. Bromley CCG has also nominated a lead commissioner to attend pan London meetings, keeping Bromley up to date with the changing landscape.

2.4 Bromley CCG jointly (with Macmillan Cancer Support) funds a Macmillan GP to support general practices and other organisations in improving the identification and management of patients with cancer. This is done through education and training, development of care pathways and other contracting and commissioning. Examples of how this is done include:

1. Improving the way GPs refer patients into secondary care with suspected cancer. Bromley CCG has worked closely with the Kings College Hospital to set up electronic referral system (eRS). This system of referral allows the GP to book the patient directly into the urgent cancer clinic within the two week national target. It gives the patient the peace of mind by having their appointment before they leave the GP clinic. It also prevent any referrals going missing ensuring a high standard of patient care. GPs have been able to refer in this way recently and will be mandated to do so by April 2018. Among South East London CCGs, Bromley currently has the highest use of eRS.

2. The London Cancer Alliance has designed a referral form for all suspected cancer types which ensures good quality of referrals, and enabling effective triage of the patient, thus getting them to the right place at the right time. Bromley CCG has worked with primary care to improve uptake of this referral form and again, within South East London, Bromley has the highest use of these forms.

Bromley CCG also identified problems with some referrals, such as for Lung Cancer. An audit identified that around 20% of all referrals were missing essential data which threatened the 2 week wait target as patients needed appropriate diagnostics before they could see the consultant. Bromley CCG is currently working with primary and secondary care to improve these referrals to ensure patients are worked up appropriately and therefore making their first appointment with the consultant as quickly and as effective as possible.

3. An annual patient satisfaction survey is carried out by TCST highlighting the experience patients have living with cancer in Bromley. Audits also reported that in 2016, 85.1% of patients rated cancer care in Bromley as excellent or very good compared to the national average of 89%. This gap in patient experience is a priority area for Bromley CCG, and we have set up a patient focus group to further discuss areas we have scored poorly in. We have started working with our partners to address these areas. We intend to make this an annual event to help us to continue to drive up quality.

4. We have identified that certain pathways such as those for paediatric cancer and for patients who have cancer of an unknown primary, were either insufficiently developed or not up to date. We have recently finished working with secondary care and primary care to update these pathways.

5. Unfortunately, serious incidents do occasionally occur and where these happen, a root cause analysis takes place between the key organisations. A committee convenes to ensure lessons are learnt from the incident. Bromley CCG takes a leading role in this important committee and ensures that the actions are undertaken. We then monitor performance against this factor.

6. NHS England leads the commissioning of screening programmes to increase detection of certain types of cancer. Bromley CCG has joined a south east London cancer alliance to work with the screening teams to drive up the uptake of the screening programmes. This is particularly important for Bromley, and for London, as screening rates are below national target when it comes to early detection of breast and colorectal cancers.

GLOSSARY OF TERMS

| | |
|-----------|--|
| CCG | Clinical Commissioning Group – A statutory organisation which plans, procures and contract manages (commissions) most local health services. These replaced primary care trusts (PCTs) in April 2013. CCGs Governing Bodies include GPs and other clinicians. All GP practices in a CCG area are members. |
| TCST | Transforming Cancer Services Team The team works across London and provides clinical and strategic support to commissioners on the local planning and delivery of cancer services. |
| CSU | Commissioning Support Unit - Commissioning Support Units were established in April 2013 as part of the reorganisation of the National Health Service in England following the Health and Social Care Act 2012. They are contracted to provide back-office administrative functions, such as IT, HR, contract management, business intelligence and communications. |
| GI | Gastro-intestinal: relating to the digestive system |
| Macmillan | Macmillan Cancer Support: national charity specialising in cancer care |
| RCA | Root cause analysis: A method of investigating how and why incidents happen in order to learn lessons and make improvement. |
| eRS | Electronic referral system – a method of booking hospital or clinic appointments on line |