The local cancer landscape – Nottinghamshire STP

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Cancer Workstream
Nottinghamshire STP
• 20+ years in NHS – both Provider and Commissioning
• Started in National Breast Cancer Screening Programme
• 10 years leading on Cancer Commissioning in Nottinghamshire.
Characteristics

- Nottinghamshire STP is one of 44 STPs
- Local resident population of approx. 1,001,600 people
- Total spend £3bn
- Diverse, growing and ageing population
  - Very affluent, elderly Rushcliffe
  - Very deprived, young Nottingham City
The System

8 Local Authorities
- Nottinghamshire County and districts
- Nottingham City (unitary)

6 Clinical Commissioning Groups
- Nottingham City
- Nottingham North East
- Nottingham West
- Rushcliffe
- Mansfield and Ashfield
- Newark and Sherwood

NHS Providers
- Nottinghamshire Healthcare Trust
- Nottingham University Hospitals
- Sherwood Forest Hospitals
- Nottingham CityCare Partnership
- Circle Nottingham
- Primary Care
- Out of Hours
- East Midlands Ambulance

Patient flows into bordering areas
What are our priorities?

1. Promote wellbeing, prevention, independence and self-care
   • Support people to stay healthy and independent, and prevent avoidable illness

2. Strengthen primary, community, social care, and carer services
   • Improve access to GPs, help people with long-term conditions stay well and avoid acute care, and support frail elderly to live (and die) in line with their wishes

3. Simplify urgent and emergency care
   • Help people to quickly and simply access the most appropriate provider for their urgent care needs

4. Deliver technology enabled care
   • Use technology to help citizens stay healthy and manage own care, and to help providers deliver care more productively

5. Ensure consistent and evidence based pathways in planned care
   • Provide planned care with minimum avoidable variations in quality and cost

6. Cancer
   • Increase prevention, speed up diagnosis, improve the experience of patients and help people living with and beyond disease
### Aims and key Objectives

1. increase prevention,  
2. speed up diagnosis,  
3. improve the experience of patients and  
4. help people living with and beyond the disease |
|---|---|
| Work-stream objectives: | 1. All NHS Providers compliant with NICE Guidance PH48 Smoking: acute, maternity and mental health services ([https://www.nice.org.uk/guidance/ph48](https://www.nice.org.uk/guidance/ph48)).  
2. Improve 1 year survival rates, achieving 75% target by 2020/21.  
4. Ensure all elements of the Recovery Package are commissioned.  
5. Improve patient experience and satisfaction of services and pathways, measured via the annual National Cancer Patient Experience Survey |
## Summary of Cancer Workstream

### Themes and activities in WORKSTREAM

<table>
<thead>
<tr>
<th>Workstream</th>
<th>Activity</th>
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<tbody>
<tr>
<td>Earlier Diagnosis</td>
<td>Implement Risk stratified follow up.</td>
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<tr>
<td></td>
<td>Implement Community Cancer Services across the STP</td>
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### Enablers and interdependencies


- **IM&T**: Use of cancer dashboards to monitor progress. Use of decision support tools integrated into primary care systems to aid referral. 2WW referral pathways built into F12 project. Cancer Care Review templates integrated into GP Systems

- **Estates**: Commission Rapid Diagnostic and Assessment Centre

- **Mental Health**: Integrated IAPT being piloted with Cancer pathways

- **Prevention**: See theme 1
1 Preventing Cancer – by addressing risk factors, especially smoking.

1 NHS Provider Trusts to fully implement NICE PH48 guidance Smoking: acute, maternity and mental health services (https://www.nice.org.uk/guidance/ph48)

2 Pilot use of e-cigarettes within Stop Smoking Services. Make widely accessible within provider trusts.
Earlier Diagnosis – increasing % of cancers diagnosed at stage 1/2, reducing emergency presentations, leading to improved survival rates


4. Commission services to deliver earlier diagnosis of cancer in areas of the STP with high incidence and/ or late presentation e.g. Lung Health MOT service where high smoking rates, Community Prostate Cancer Clinics in Afro-Caribbean communities

5. Increase cancer screening rates in areas of the STP with low performance. Commission service to contact non-responders on behalf of practices. Commission local awareness campaigns.


8. Roll out use of decision support tools within primary care across the STP including Qcancer (https://www.emisngul.org.uk/using-cancer-symptom-checker-emis-web) and F12 project (http://www.rushcliffeccg.nhs.uk/media/4488/takeaway-f12-pathfinder.pdf)
<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
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<tbody>
<tr>
<td>3</td>
<td><strong>Improving Cancer Treatment and Care</strong> – achieve cancer waiting time targets including new 28 day referral to diagnosis metric. Implement all aspects of recover package. Implement risk stratified follow up.</td>
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<tr>
<td>12</td>
<td>Evaluate Integrated IAPT Pilot in Nottingham City, with the intention to roll out across the STP <a href="https://www.england.nhs.uk/mental-health/adults/iapt/mus/wave-two-integrated-iapt-sites/">Link</a></td>
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Progress to date

Governance

• Notts Cancer Strategic Group been established for a number of years.
• Comprehensive representation from providers, commissioners (local and specialised), Cancer Alliance, patient groups, charities, Academic Network
• Clear vision and aims which all parties signed up to: Deliver the Cancer Taskforce Report Recommendations as set out in the NHS England Cancer Strategy Implementation Plan: ‘Achieving World-Class Cancer Outcomes
Progress to date

Workstreams - Preventing cancer

• NUH SmokeFree Steering group now established with senior exec sponsorship.
• Smoking cessation staff now permanently based in NUH supporting patients and staff.
• E-cigarettes being provided by City Smoking cessation service – evaluation due April 18 (PHE now recommending NHS prescribe)
• Mental Healthcare Trust made significant progress in implementing NICE PH48 guidance – also using e-cigarettes
Progress to date

Workstreams – Earlier diagnosis

• Non-specific symptoms pathway piloted in City and Mid-Notts. High conversion rate of cancers. Need to mainstream and role out to South Notts

• Good progress implementing NICE Direct Access Diagnostics. FIT test for colorectal cancer, implemented across Greater Notts (first STP in the country). Reducing 2WW referrals and unnecessary endoscopy procedures, and delivering improved 62 day performance. Plans to roll out in Mid Notts

• CT Lung and MRI Brain

• Straight to CT for abnormal CXR, implemented across Greater Notts, saving 6 days on 62 day lung pathway. Plans to roll out in Mid Notts

• Lung MOT service being piloted in City

• CCG / Practice Cancer Profiles produced. Being distributed for action alongside support from CRUK.
Progress to date

Workstreams – Improving Cancer treatment and care

• Improved 62 day cancer performance for the STP. 83% YTD. Achieved target in Q3 delivering 86%.
• Good progress implementing Recovery Package at NUH and SFHT (Nationally recognised)
• Secured additional 2 yrs funding from MacMillan to continue Recovery Package Project at NUH and SFHT.
• National pilot to deliver Integrated IAPT within cancer pathways.
Lung Health MOT Pilot
Smoking Rates - Nottingham

- Significantly higher smoking rates than national average.
- Rates as high as 35% in North wards within the City where high rates of deprivation
- Smoking is the main contributor to Nottingham’s low life expectancy compared to national and regional figures.
Lung Cancer

Lung Mortality Rate

53.8
Nottingham City (PCT)

38.3
National Average
Stage and survival - Nationally

- Stage 1: Proportion diagnosed (%) - 1 year survival (%)
- Stage II: Proportion diagnosed (%) - 1 year survival (%)
- Stage III: Proportion diagnosed (%) - 1 year survival (%)
- Stage IV: Proportion diagnosed (%) - 1 year survival (%)
### Number of lung cancer cases diagnosed by stage between 2009-2013 in North West Nottingham

<table>
<thead>
<tr>
<th>Stage</th>
<th>Number of Cases</th>
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<tbody>
<tr>
<td>1</td>
<td>37</td>
</tr>
<tr>
<td>2</td>
<td>34</td>
</tr>
<tr>
<td>3</td>
<td>60</td>
</tr>
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<td>4</td>
<td>148</td>
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Summary

• High smoking rates especially in North Estates
• High incidence lung cancer and Long Term Conditions (CHD, COPD)
• High Mortality
• Late presentation / diagnosis = poor outcomes
Lung Health MOT

Aims: Outcomes

• Improve early diagnosis of lung cancer & other respiratory disease
• Increase smoking quitters
• Raise awareness that early diagnosis can lead to good outcomes
Lung Health MOT

Pilot:

- GP practices in North Estates – high deprivation and smoking rates
- Pts invited to 1hr clinic appointment in their practice based on age and smoking history
- Clinic delivered by community respiratory team. Comprises of:
  - Assessment of lung cancer risk incorporating on-line Qcancer tool. Assessment for other lung disease including use of spirometry. Onward referral to community respiratory team if appropriate.
  - Smoking cessation advice and referral to New Leaf.
  - NHS Health check including bloods etc.
- Patients meeting criteria booked for low dose CT scan the following week (provided by mobile scanner located at the practice).
- Scans reported by NUH lung radiologists
- Lung CT suspicious – rapid referral to nodule MDT at NUH
Results summary

- Uptake rate 30% (range 25-40%. Bowel Screening uptake 44%)
- MOT appointment to CT scan conversion = 64%
- CT scan uptake = 90%
- 3% cancer detection rate. Mixture of early and late stage.
- Interval scanning booked for small nodule patients.
- Undiagnosed COPD, heart disease, referrals to smoking cessation services
Feedback from patients

• Attended clinic because invite came from GP
• Liked fact that the clinic and the CT was at practice. Easy access. Less anxious
• If had been at the hospital less likely to attend. More concerned and anxious. Harder to access / parking issues.
• Liked being able to book the CT appointment at the clinic
Next steps

• Expansion of pilot to next cohort of practices (7 practices)
• More comprehensive and aggressive engagement / communication plan to improve uptake rates to 50+%
Rushcliffe Cancer Profile.

Headlines
- No negative outlying indicators
- Positive outlying indicators include:
  - Screening uptake rates (breast, cervical, bowel)
  - 2WW referrals for suspected cancer (5 yrs data)
  - Detection rate: % of cancers diagnosed via 2WW referral
  - Number of emergency presentations

Rushcliffe CCG
https://fingertips.phe.org.uk/profile/cancerservices/data#page/1/gid/1938132830/pat/46/par/E38000142/ati/152/are/C84048

Individual Rushcliffe practices
https://fingertips.phe.org.uk/profile/cancerservices/data#page/1/gid/1938132830/pat/152/par/E39000032/ati/7/are/E38000142
2WW referrals:

- Two-week wait referrals (Indirectly age-sex standardised referral ratio – 5 years combined data 11/12 to 15/16)
- Refreshed NICE referral guidelines has lowered referral thresholds, encouraging higher rate of referrals.
- 2 practices have significantly lower rates than national average – The Ruddington and Musters
- 6 practices significantly higher rates
Two-week referrals resulting in a diagnosis of cancer

(Conversion rate: as % of all TWW referrals) - 5 years combined data 11/12 to 15/16).

- Indicator needs to be analysed alongside emergency presentation rate, and % of cancers detected via 2WW referral.
- CCG significantly higher than national average.
- High conversion rates could suggest practices under referring, with high threshold.
- Significantly high rates for Keyworth and Belvoir Health.
Detection rate:

- % of cancers detected via a 2 week wait referral. 5 years combined data 11/12 to 15/16).
- Higher rate is seen as positive, with patients getting faster access to specialist assessment, diagnosis and treatment.
- CCG performance is significantly higher than the national average.
- No significantly low practice rates.
Number of emergency presentations (16/17):

- Lower rate is seen as positive, as emergency presentation suggests late diagnosis with poorer outcomes.
- CCG performance is significantly lower than the national average.
- No GP practices with significantly high rates (largely due to small numbers and therefore large confidence intervals).
• Questions