

TRAFFORD COUNCIL

Report to: Health & Well Being Board
Date: 21st April 2017
Report for: Information
Report of: Trafford's Cancer Local Implementation Group

Report Title

Prevention and Early Intervention of Cancer

Purpose

To inform members of the Health and Wellbeing Board about activity relating to Cancer Prevention and Early Intervention.

Recommendations

Information only

Contact person for access to background papers and further information:

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1. Introduction

The prevention and early intervention of cancer is a Health and Wellbeing Board priority. This report describes the work of Trafford's Cancer Local Implementation Group (LIG) with a particular focus on the Prevention and Early Intervention Sub-group.

2. Trafford Cancer LIG

Trafford Cancer Local Implementation Group (LIG) is responsible for co-ordinating and consolidating existing cancer activity in Trafford to inform service planning and improvement initiatives. The LIG considers all elements of the cancer pathway including prevention, screening, early diagnosis, treatment, living with and beyond and end of life with a focus on performance and financial management. Hosted by the CCG, governance for the LIG sits with Trafford's Health and Wellbeing Board.

The LIG also plays an active role in providing Trafford input into the Greater Manchester Cancer Vanguard Project.

A local delivery plan and performance monitoring framework has been agreed by the LIG. The delivery plan has been developed using national, evidence based guidance to ensure the interventions implemented are effective. There is a strong focus on local intelligence to ensure the outcomes of the LIG meet the needs of our population. The local delivery plan has captured elements from the learning gained from the successful 2014, cervical screening improvement programme.

3. Prevention and Early Intervention Sub-group

The Prevention and Early Intervention Sub-group leads on the public health elements of the delivery plan. Public Health, Primary Care, the Greater Manchester Health and Social Care Partnership, Bowel Cancer Screening Programme Tameside, Stockport & Trafford, Cancer Research UK, Beating Bowel Cancer and Trafford Council's Partnership and Communities Directorate are all members.

Key activity from the sub-group includes:

- Priority Practice Support

Eleven Trafford practices that have been identified to receive free specialist support. Practices have been chosen for a number of reasons ranging from current screening uptake rates to population need or difficulty in engaging the community in health and wellbeing activities.

Practices will be contacted in April and offered a range of free, specialist support. Practices can choose one or more or all of the interventions listed, this is a voluntary improvement initiative.

- Primary Care Practice Cancer Champions

Fifteen practices have one or more Primary Care Practice Cancer Champion. This scheme aims to support practices to improve the outcomes of their patients through non-clinical practise such as coding, invite and recall processes, knowledge of cancer systems, and campaign promotion.

The practice champions meet regularly to review progress, with feedback being very positive. Work is ongoing to recruit champions from the remaining 17 practices.

- Talk Cancer

Building health and wellbeing capacity by embracing people's roles as advocates supports behaviour change and early intervention. A programme of work has been developed to engage local elected members in improving the health and wellbeing of their residents this includes securing Prevention Matters training in May.

To complement Prevention Matters, members of the CCG Governing Body, Trafford's Partnership Board and local Councillors have been offered the opportunity to complete Talk Cancer training, also scheduled for May.

- Beating Bowel Cancer Practice Volunteers

Trafford currently reports a bowel screening uptake rate of 58.1%, compared to 58.5% nationally, (2015/16). The Prevention and Early Intervention of Cancer group has an aspiration target of 61.2% by 2018. Although this uptake is positive it is important to recognise the variation across the borough, a practice in North locality has an uptake rate of 36.9% compared to a practice in South locality that reports an uptake rate of 66.2%.

Beating Bowel Cancer are training volunteers to go in to primary care practices in Trafford to talk on the phone with people who have recently been invited to take part in bowel screening, but have not done so. Volunteers look to have an informative, non-pressured conversation with the bowel screening non-responders about the importance of bowel screening and how to take part. If consent is given, they arrange for a new kit to be sent to them to complete.

There are currently four Trafford practices that have an active volunteer and invitation to practices is based on levels of need, so contributing to greater health equality. There are another 5 volunteers who have been trained and will be working in practices shortly. To date, in Trafford, our volunteers have spoken with 149 people and 92 of these (62%) have decided to opt in to bowel screening.

- Co-ordinated Communication

The Sub-group is developing a Cancer Communications Plan, part of a wider Public Health Communications Plan. The Plan will ensure that appropriate cancer messages are shared across partners and the borough in a co-ordinated way.

For example, practices will soon receive information about the Breast Screening Programme and the timetable for when their patients will be invited. It is hoped that this will support practices to encourage their eligible women to be screened.

- Voice of BME Saving Lives Programme

This programme has focussed on improving screening rates in the North locality. The main emphasis has been on encouraging behaviour change through community engagement, which was a significant element of the cervical screening quality premium work. The programme is due to come to an end in March with an evaluation report available in April.

- Engaging Partington

A plan is being developed to improve community engagement in Partington with the aim of increasing screening uptake. Cross cutting work is being explored with the Alcohol and Tobacco Steering Groups, as it is recognised the impact these factors have on cancer risk.

4. Measuring Impact and Outcomes

The LIG has developed a performance monitoring framework, (see appendix A). Benchmarking and targets are currently being agreed for each performance measure.

5. Further information

For further information please contact:

- Brooks Kenny, Head of Procurement and Scheduled Care, NHS Trafford CCG, email: brookeskenny@nhs.net, (LIG Chair.)
- Helen Gollins, Public Health Consultant, Trafford Council, email: helen.gollins@trafford.gov.uk, (Prevention and Early Intervention Chair.)

Appendix A: CANCER ACTION PLAN PERFORMANCE SCHEDULE (2017)

Cancer Screening

Indicator	Data Source	Baseline	Baseline Period	Target	Target Period	Reporting Frequency		2016 / 17	2017 / 18	
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	Fingertips - Public Health England	67.4%	2015 / 16	70.5%	March 2018	Annual				3-year screening coverage %: The number of females registered to the practice screened adequately in previous 36 months divided by the number of eligible females on last day of the review period.
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Fingertips - Public Health England	76.2%	2015 / 16	79.3%	March 2018	Annual				The overall cervical screening coverage: the number of women registered at the practice screened adequately in the previous 42 months (if aged 24-49) or 66 months (if aged 50-64) divided by the number of eligible women on last day of review period.
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)	Fingertips - Public Health England	58.1%	2015 / 16	61.2%	March 2018	Annual				2.5-year screening coverage %: The number of persons registered to the practice screened adequately in the previous 30 months divided by the number of eligible persons on last day of the review period.
Persons, 60-74, screened for bowel cancer within 6 months of invitation (Uptake, %)	Fingertips - Public Health England	56.1%	2015 / 16	59.2%	March 2018	Annual				Screening uptake %: the number of persons aged 60-74 invited for screening in the previous 12 months who were screened adequately following an initial response within 6 months of invitation divided by the total number of persons aged 60-74 invited for screening in the previous 12 months.

Cancer Waiting Times

Indicator	Data Source	Baseline	Baseline Period	Target	Target Period	Reporting Frequency		2016 / 17 Final)	17/18 Q1	17/18 Q4	18/ 19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
2 weeks wait from Urgent GP referral	NHS England Cancer Waiting Times	94.3%	Q3 2016 / 17	93%	Every Quarter	Quarterly								
31 day wait for first definitive treatment	NHS England Cancer Waiting Times	97.3%	Q3 2016 / 17	96%	Every Quarter	Quarterly								
62 day wait from Urgent GP referral	NHS England Cancer Waiting Times	84.9%	Q3 2016 / 17	85%	Every Quarter	Quarterly								

**Conversion /
Detection Rates**

Indicator	Data Source	Baseline	Baseline Period	Target	Target Period	Reporting Frequency		2016 / 17	2017 / 18
Increase Primary Care Cancer <u>conversation</u> rates	Fingertips - Public Health England	7.6%	2015 / 16	7.7%		Annual			
Increase Primary Care Cancer <u>detection</u> rates	Fingertips - Public Health England	45.6%	2015 / 16	49.7%		Annual			

Cancer Experience

Indicator	Data Source	Baseline	Baseline Period	Target	Target Period	Reporting Frequency		2016	2017
Increase the number of people that have access to a Clinical Nurse Specialist throughout their cancer care	National Cancer Patient Experience Survey (NCPES)	89%	2015	95%	March 2018	Annual			
Increase the number of patients who definitely feel involved in decisions about their care and treatment	National Cancer Patient Experience Survey (NCPES)	74%	2015	85%	March 2018	Annual			
Increase the proportion of people who have a copy of their care plan.	National Cancer Patient Experience Survey (NCPES)	33%	2015	70%	March 2018	Annual			
Increase the % of respondents who report that the GPs and nurses at their Practice definitely did everything they could do to support them while they were having cancer treatment	National Cancer Patient Experience Survey (NCPES)	55%	2015	75%	March 2020	Annual			

Cancer Care

Indicator	Data Source	Baseline	Baseline Period	Target	Target Period	Reporting Frequency		2016 / 17 Final)	17/ 18 Q1	17/18 Q4	18/19 Q1
Percentage of patients with an agreed written after treatment plan	TCC	Not Known	NA	95%	March 2020	?					
LW&BC patients having access to an electronic or paper copy of their cancer care plan	TCC	Not Known	NA	95%	March 2020	?					
LW&BC patients having a standardised treatment summary	TCC	Not Known	NA	95%	March 2020	?					
LW&BC patients having a standardised cancer care review (CCR) within 6 months of the GP being notified of a patients diagnosis	TCC	Not Known	NA	95%	March 2020	?					
Ensure LW&BC are offered the opportunity to attend a Health and Wellbeing Event at the end of treatment to support self-management	TCC	Not Known	NA	95%	March 2020	?					
Ensure LW&BC are aware of non-medical sources of support in the community	TCC	Not Known	NA	95%	March 2020	?					
EOL Care Plans incorporate the Recovery Package as part of the Care Plan	TCC	Not Known	NA	95%	March 2020	?					
Increase the number of Practice Nurses involved in cancer care		Not Known		Target set once baseline established		?					

Long Term Indicators

Indicator	Data Source	Baseline	Baseline Period	Target	Target Period	Reporting Frequency		2014 / 15	2015 / 16
The incidence of cancer rate (Trafford)	Fingertips - Public Health England	522.98	2013 / 14			Annual			

Indicator	Data Source	Baseline	Baseline Period	Target	Target Period	Reporting Frequency		2016	2017
Reduce the age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population	Source: GP registered patient counts from NHAIS (Exeter), Primary Care Mortality Database (PCMD) and ONS mid-year England population estimates	106.9	2015			Annual			

Indicator	Data Source	Baseline	Baseline Period	Target	Target Period	Reporting Frequency		2014 diagnosis - follow up to December 2015	2015 diagnosis - follow up to December 2016
One year survival rate	ONS, Statistical Bulletin: Index of cancer survival for Clinical Commissioning Groups in England	72%	2013 diagnosis - follow up to December 2014			Annual			

Indicator	Data Source	Baseline	Baseline Period	Target	Target Period	Reporting Frequency		2015	2016
Improvement in the proportion of cancers diagnosed at stages 1 and 2 in the 2017 calendar year compared to the 2016 calendar year	Cancer data dashboard (NHS England)	49.30%	2014			Annual			

Indicator	Data Source	Baseline	Baseline Period	Target	Target Period	Reporting Frequency		2016 / 17	2017 / 18
Number of emergency admissions with cancer (Number per 100,000 population)	Fingertips - Public Health England	546	2015 / 16			Annual			