

Health and Wellbeing Strategy Reporting Template
Goal 5: Healthier for longer

Objective 5D: More cancers will be prevented, identified early and treated better

Goal Sponsor: Director of Public Health - Ian Wake

Objective Lead: Funmi Worrell / Mark Tebbs

Health and Wellbeing Strategy Action Plan

OBJECTIVE: 5D: Prevent and treat cancer better					OBJECTIVE LEAD: Mark Tebbs	
Action	Outcome	Action lead	Link to action plan framework	Delivery Date	Progress Report	Reference to existing strategy or plan
A. Set up Thurrock Action Implementation Group and complete Cancer Action Plan	Local collaborative group and action plan for delivery and monitoring of cancer projects and initiatives	Funmi Worrell/ Kehinde Adeniji	1-5	June 2016	Thurrock Cancer Action Implementation group has been set up with 6 weekly meetings since summer 2016. Action plan is updated at every meeting.	Public health service plan
B. Formalise Success Regime governance through multi-agency South & Mid Essex Cancer Assurance Group and monitor delivery of acute cancer recovery action plan	Formal system-wide governance forum for monitoring and collaborative working towards delivery of the target	Kehinde Adeniji	1-5	September 2016	Ongoing	CCG work plan Cancer 3x3 project
C. Completion of audit of emergency presenters with cancer to BTUH and results fed back to practices	Reduction in emergency (late stage) presentations of cancer	Kishor Padkhi	1	September 2017	Data collection with BTUH cancer services clinical director lead – Completed. Audit to be written up – March 2017.	CCG work plan

					Findings to be presented to Clinical Effectiveness Group – April 2017 and reported to QIPP group in May/June 2017.	
D. Complete a visit to all GP practices starting with those highlighted as likely to benefit more from a visit. Promote earlier diagnosis of cancer in primary care by discussing NICE guidance, practice profile, Be Clear On Cancer and various awareness campaigns, etc. *See Notes below for more details	Improved early stage diagnosis of cancer	Kishor Padki, Sue White, Funmi Worrell	1-5	April 2017	17 of the 32 practices visits completed to date. 4 more to be visited by April 2017. 11 practice visits to be arranged.	Public Health service plan

Outcome Framework

Objective	E4: Prevent and treat cancer better							
Indicators	2016 Baseline	2017	2018	2019	2020	2021 Target	Data Source	Reporting Timescales
Outcome Framework Indicator 1 % of cancer admissions diagnosed for the first time via emergency presentation.								
<p>About a quarter of people with cancer are diagnosed via emergency routes. Survival rates for people diagnosed via emergency routes are considerably lower than for people diagnosed via other routes. Identifying the proportion of people who first present as an emergency is likely to prompt investigation into how to increase earlier presentation, leading to improved outcomes.</p>	22.9% (Q2, 2015)					To be confirmed		
Outcome Framework Indicator 2 % of new cancer diagnoses diagnosed at stages 1 and 2.								
<p>This quantifies the proportion of all new cancer diagnoses that were diagnosed at stages 1 and 2, as a proportion of all new cases of cancer diagnosed (specific cancer sites, morphologies and behaviour: invasive malignancies of the breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of the skin). Diagnosis at an early stage of the cancer's development leads to dramatically improved survival chances. Specific interventions, such as screening programmes, information/education campaigns and greater GP access to diagnostic services all aim to improve rates of early diagnosis.</p> <p>This is also an indicator on the Public Health Outcomes Framework and the CCG Outcomes Framework.</p>	50.6% (2014)					To be confirmed		

Indicators	2016 Baseline	2017	2018	2019	2020	2021 Target	Data Source	Reporting Timescales
<p>Outcome Framework Indicator 3 % of patients treated within 62 days of receipt of urgent GP referral for suspected cancer to first treatment</p> <p>This measures the proportion of people with an urgent GP referral for suspected cancer that began their first definitive treatment within 62 days. This indicator is one of the national cancer waiting times standards. Achievement of these standards is considered to be an indicator of the quality of cancer diagnosis, treatment and care. The operational standard specifies that 85% of patients should be treated within this time. This is also an indicator on the CCG Outcomes Framework.</p>	56% (February 2016)	61.8%	67.6%	73.4%	79.2%	Working towards national standard of 85%.		
<p>Outcome Framework Indicator 4 1 year survivorship after breast cancer.</p> <p>This indicator quantifies the one year net survival rate for people diagnosed with breast cancer (after adjustment for other causes of death). Survival rates give an indication of successful service provision and can help identify differing practice requiring further investigation.</p>	95.7% (2013)	95.96%	96.22%	96.48%	96.74%	Working towards 97%		

Indicators	2016 Baseline	2017	2018	2019	2020	2021 Target	Data Source	Reporting Timescales
Outcome Framework Indicator 5 Bowel cancer screening coverage.								
This indicator quantifies the percentage of people aged 60-69 years who were eligible for bowel screening who had a screening test result recorded in the last 2.5 years. The bowel cancer screening programme plays an important part in supporting early detection of cancer, and increasing screening coverage would mean more cancers are detected at earlier, more treatable stages. This is also included as an indicator on the Public Health Outcomes Framework.	54.6% (2015)	55.68%	56.76%	57.84%	58.92%	60% (current national target)		

***Notes:**

Details of discussions at GP practice visits include:

- Implementation of NICE Guidance Suspected Cancer: recognition and referral. NG 12 <https://www.nice.org.uk/guidance/ng12>
- Practice demographics and Practice Cancer Profile – Current data and recent trends compared with England and CCG average and recommended targets (practice cancer profile provided)
- Breast cancer screening (National target 70%) - Uptake and interventions to improve uptake
- Cervical cancer screening (National target 80%) - Uptake and interventions to improve uptake
- Bowel cancer screening (National target 60%) - Uptake and interventions to improve uptake – template letters for non-responders offered as well as automated prompts
- Bowel Scope – new programme to be rolled out
- Early diagnosis
- Be Clear on Cancer campaigns
- Cancer audits
- Two week wait referral forms and location on SystemOne
- Patient information leaflets for urgent referrals for cancer
- Two week wait referrals (indirectly age-sex standardised referral ratio) Recommended minimum 80 (England 100)

- Two week wait referrals resulting in a diagnosis of cancer – Recommended maximum 7.8%
- Detection rate – percentage of new cancer cases that resulted from a two week wait referral – Recommended minimum 50%
- Improving professional use of NICE referral guidelines – Macmillan and CRUK guidance provided
- Primary care risk assessment tool
- Qcancer
- Emergency admissions and presentations
- Safety netting
- Significant event audits
- Two week wait referrals by cancer site
- In-patient or day case endoscopy
- Cancer prevalence (QOF)
- New cancer cases per year
- Cancer Care Review uptake (QOF)
- PSA screening – the evidence so far
- Obesity and very brief advice for obesity
- Smoking cessation
- Lifestyle risk: awareness and prevention – 4 in 10 cancers can be prevented

Resource websites highlighted in Practice Cancer Profile

- Primary care toolkit
- Primary care audit tool
- Significant event analysis toolkit
- Referral decision support tools
- Safety netting Consensus guidelines
- Prevention and Early diagnosis- Making every contact count
- Patient information resources – CRUK, Macmillan, Cancer Screening resources, Be Clear on Cancer resources

Standard Resources provided

- Practice Cancer Profile – hard copy and electronic copy
- Macmillan and CRUK referral guidance
- Symptom reference guide poster (CRUK)
- Breast screening poster
- Cervical screening poster
- Bowel screening poster
- Bowel cards
- Your urgent leaflet explained leaflets
- PSA infographic
- Cancer Insight magazine for GPs
- Safety netting summary
- 4 in 10 Cancers can be prevented poster
- CRUK/Woman's Own magazine (cancer awareness) for waiting area