TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD: 12TH MARCH 2014

HEALTH & WELLBEING PRIORITY UPDATE: LIFE EXPECTANCY – FOCUS ON CANCER

REPORT OF:
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PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

The Board requested a life expectancy priority update report, with a particular focus on cancer in November 2013. Cancer is a significant contributor to reduced life expectancy and health inequalities in Telford and Wrekin. This report provides an:

- overview of the local picture of the burden of cancer and focus on bowel cancer
- update on work the CCG is leading with Shrewsbury and Telford Hospitals NHS Trust to improve the services provided for cancer patients throughout their care and treatment, in terms of reducing waiting and treatment times and improving the quality of patient experience

2. RECOMMENDATIONS (AND TO WHOM ACTIONS APPLY e.g. CCG, Council)

The Board is requested to:

- Note the continued contribution early cancer deaths make to reduced life expectancy in Telford and Wrekin.
- Recognise the importance of the bowel cancer screening programme developments in early detection and treatment.
- Acknowledge the progress being made to improve cancer treatment and the experience of cancer care at Shrewsbury & Telford NHS Hospitals Trust .

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority -	
	Yes	Improving life expectancy and reducing health inequalities.
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	

	Yes	To improve the health and wellbeing of our communities and address health inequalities.
	Will the proposals impact on specific groups of people?	
	Yes	See equality and diversity section below.
TARGET COMPLETION/DELIVERY DATE		
FINANCIAL/VALUE FOR MONEY IMPACT	No	
LEGAL ISSUES	No	
EQUALITY & DIVERSITY	Yes	The JSNA clearly demonstrates inequalities relating to life expectancy in Telford and Wrekin, including: • Geographical hot spots where early death rates are significantly worse than average. • Variations in the uptake of bowel cancer screening across GP practices.
IMPACT ON SPECIFIC WARDS	Yes	See equality and diversity section above. • Male life expectancy is 7.0 years lower for men in the most deprived areas of Telford and Wrekin compared to the in the least deprived areas. • Female life expectancy is 2.8 years lower for women in the most deprived areas of Telford and Wrekin compared to the in the least deprived areas. In terms of our life expectancy inequalities gap <u>within</u> Telford and Wrekin between the most deprived fifth of communities and the least deprived fifth of communities: • for men 21% of the inequalities life expectancy gap is due to cancer. • for women 27% of the inequalities life expectancy gap is due to cancer.
PATIENTS & PUBLIC ENGAGEMENT	Yes	Issues regarding the results of the cancer patient experience survey have been identified by the CCG and are specifically covered in this report (see page 7).
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	There are key interdependencies with the improving life expectancy and reducing health inequalities priority and several other HWB strategy priorities. Smoking, alcohol consumption and excess weight are well acknowledged and significant lifestyle risk factors for a wide range of cancers, including: lung cancer, bowel cancer and breast cancer.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 Overview of the local picture of cancer

1.1.1 Life expectancy figures update

The Board received updated life expectancy figures in November 2013, during 2010-12:

- Male life expectancy in Telford & Wrekin remained significantly worse than the England average, 77.9 years compared to 79.2 years (1.3 years below the national average)
- Females life expectancy in Telford & Wrekin deteriorated and was significantly worse than the England average, 81.6 years compared to 83.0 years (1.4 years below the national average)

1.1.2 Early deaths from cancers in Telford and Wrekin

- There are on average 222 people who die before age 75 from cancers every year (115 males and 107 females)
- Just over half (56%) of early cancer deaths (124 per year) are considered preventable[i] (this includes: oral cancers, lung cancers, colorectal cancers, skin cancers, breast cancers and cervical cancer)
- In terms of those early cancer deaths which are considered preventable:
  - A third (33%) are due to lung cancers (circa 40 per year)
  - A fifth (20%) are due to bowel cancers (circa 25 per year)
  - 13% are due to breast cancers (circa 17 per year)
- Approximately 28% of early cancer deaths can be classified as amenable to healthcare, so could have been potentially avoidable through good quality healthcare, the top three in Telford & Wrekin are:
  - Bowel cancers, 40% of amenable early cancer deaths
  - Breast cancers, 28% of amenable early cancer deaths
  - Bladder cancer, 9% amenable early cancer deaths (circa 6 per year)
- The rate of early death from all cancers during 2010-12 was significantly worse than the England average for persons and females (the rate for men was similar to the national average)

1.1.3 The contribution of cancer to reduced life expectancy

- In terms of our life expectancy gap between Telford and Wrekin and England as a whole[ii], for men 25% of the gap is due to cancer and for women the gap is 31%
- Considering our life expectancy inequalities gap <u>within</u> Telford and Wrekin between the most deprived fifth of communities and the least deprived fifth of communities:
  - for men 21% of the inequalities life expectancy gap is due to cancer
  - for women 27% of the inequalities life expectancy gap is due to cancer
- The contribution of years of life lost before age 75:
  - for men cancer accounts for 30% of all the total years of life lost, lung cancer accounts for 6%, colorectal cancer 5% and prostate cancer 1%

- for women cancer accounts for 48% of all the total years of life lost, breast cancer accounts for 10% of the total, lung cancer 6% and colorectal cancers account for 5%

1.2 Focus on bowel cancer

Analyses of incidence, survival and mortality rates for the main three tumour sites indicate that Telford and Wrekin is an outlier in terms of premature deaths for bowel cancer (also known as colorectal cancers). During the period 2010-12 the early death rate for bowel cancer was significantly worse than the England average (circa 25 deaths per year before age 75).

1.2.1 Awareness raising and early detection

Bowel cancers are the second most common cancers in men after lung cancer and third most common in women after breast and lung cancer. Some risk factors for bowel cancer which are fixed include: history of bowel disorders, genetic predisposition (there is a family history associated with 25% of bowel cancers). There are key lifestyle risk factors associated with bowel cancer, for example long-term smokers are more likely than non-smokers to develop bowel cancer and bowel cancer has also been linked to a heavy intake of alcohol.

Bowel cancer can be present for a long time before any symptoms appear. However if detected before symptoms appear, bowel cancer is easier to treat and there is a better chance of surviving the disease. The Department of Health 'Be Clear on Bowel Cancer' campaign ran in early 2012. The campaign aimed to raise awareness of the early signs and symptoms of bowel cancer.

1.2.2 Bowel Cancer Screening update

Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16 per cent[iii]. The Shropshire Bowel Screening Programme, which covers Telford and Wrekin, age extended in October 2013. So men and women between 60 – 75 years are now invited to take part in screening every two years. The National Screening Office required Shrewsbury and Telford Hospitals NHS Trust, who deliver the programme, to undertake intensive work to reduce waiting times and assure the quality of the endoscopy services as part of the screening expansion. The facilities at Princess Royal Hospital are also being upgraded to enable single sex accommodation, which is a quality requirement.

The current uptake of bowel screening is 56% in Telford and Wrekin, ranging from 45% to 67% across general practices. Further joint work is being planned by NHS England, the Council and the CCG to improve the local uptake of bowel screening.

The national bowel screening programme is being expanded further to include bowel scope screening for men and women aged 55 years. Bowel scope screening uses an examination called 'flexible sigmoidoscopy' to look inside the lower bowel. The aim is to find any small growths, called 'polyps', which may develop into bowel cancer if left untreated. Bowel scope screening is an addition to the existing NHS Bowel Cancer Screening Programme described above and is a one off screen at age 55.

Shropshire Bowel Screening Programme have started the process of securing funding and approval to commence Bowel Scope, this has been given the go-ahead and plans are now being put in place to call the first 55 year olds from 2015.

1.3 Cancer waiting and treatment times

Cancer target performance has been an area of significant concern. Last year (2012/13) the targets were to be achieved by Month 12. While all targets were under-performing at different times throughout the year at Month 12 all targets were achieved.

2013/14 targets must be met on a quarterly basis rather than only by Month 12. This means that providers need to be more consistent in their performance. Quarter 1 performance was not achieved in some areas and commissioning actions were taken to address this. Additional under-performance was highlighted on Quarter 3 performance.

1.3.1 Performance during 2013/14

Specific cancer performance targets were not achieved at the end of Quarter 1:

- 31 day for subsequent treatment – surgery
- 31 day for subsequent treatment - drugs
- 62 days urgent referral to treatment

These remain below target at the end of Quarter 3.

Specific cancer performance targets were not achieved at the end of Quarter 3:

- 2 Week Wait Breast Symptomatic
- 62 day cancer screening

1.3.2 Issues related to under-performance

There were a number of clearly identifiable areas that contributed to the under-performance. These are identified within Exception reports relating to each patient who was not seen within target timescales.

Tracking of patients through the cancer pathway was identified as a challenge. This was due to internal processes and complex pathways for Lower and Upper GI cancers where SaTH refer to other hospitals for specific parts of the treatment journey ie diagnostics and surgery at University Hospital of North Staffordshire. These pathways were complex and challenged the mandated timescales.

Access to diagnostics and clinical capacity were highlighted as significant issues. This related to increased 2 Week Wait referrals in some areas, Urology clinical vacancies and internal configuration.

All areas potentially contributing to under-performance where identified as part of the Joint Investigation meetings and included within the Remedial Action Plan (RAP).

1.3.3 Contractual levers implemented

An initial Contract Query Notice was issued in August 2013 for the Quarter 1 under-performance. Working with contractual timescales:

- A Joint Investigation (a process where the issues relating to the failure in achieving target is analysed by commissioners and the Provider) was completed

- Lung, Upper GI. Colorectal and Urology were considered bringing together clinicians, managers and diagnostics to identify issues and potential solutions in a number of areas:
  - Capacity and Demand
  - The administrative processes within SaTH
  - Clinical input to process
  - Completeness of Referrals and Tertiary Referrals
  - Diagnostic capacity.

- A Remedial Action Plan was agreed in January 2014. This included monitoring and measurement of success or failure of expectations that could be easily measured. It must include milestones, thresholds, target dates and (financial) consequences for any breach or failure to achieve all identified milestones.

An additional Contract Query was issued in February 2014 due to under-performance in the Quarter 3 for two areas: 2 Week Wait Breast symptomatic and 62 day screening. A Joint Investigation meeting is being organised for Two week waits and the action plan will be developed in line with the process set out above. The Remedial Action plan will be included within the already-agreed plan.

There was agreement between commissioners and the Provider that SaTH will complete detailed analysis of the three patients who missed 62 day cancer screening and reporting to commissioners.

1.3.4 Monitoring arrangements

Monitoring of performance is through a number of meetings and structures:

Monthly Planned Care Working Group
Commissioners and SaTH meet to review the performance of a number of areas including Cancer. This strategic group receives reports and seeks to ensure effective outcomes are maintained and address any issues that may prevent this.

Monthly Remedial Action Plan meeting
This group comprising commissioners, the Commissioning Support Unit and SaTH, carries out detailed analysis of progress against the RAP plan to ensure improvements take place, or clarify reasons for non-improvement.

Monthly Cancer Performance meeting
Commissioners, SaTH clinicians and managers meet to review monthly performance. This identifies monthly improvements, pressures and trends. It also considers future pressures such as future cancer campaigns and the potential impact of SaTH. An Overhang list of those individuals who had been waiting more than 62 days with an explanation of the delay.

1.3.5 Progress and Improvements

Tracking of patients on the clinical pathway has been reviewed and revised. This is being closely monitored with SaTH to ensure progress is achieved and maintained.

SaTH clinicians are developing ‘straight to test’ pathways. Instead of the first appointment being a consultant, a diagnostic test would be the initial appointment. This would rule out other conditions and those would be referred back to primary care with advice. Evidence from other areas indicates this process would speed up

first appointments (intended to be within 7 days of referral); remove the need for as many first Out patient appointments and give additional capacity for 31 and 62 day cancer referrals and non-cancer urgent referrals. These are being developed in Lower GI and Urology. The proposals are intended to be presented to GPs in April

SaTH have appointed additional Urology capacity for 12 months.

Initial contact with other local providers was made to ascertain their ability to accept local referrals related to Urology. No other area identified additional capacity available.

1.4 Cancer Patient Experience

Shrewsbury & Telford Hospitals NHS Trust was one of 155 hospital trusts in England which participated in the National Cancer Patient Experience Survey in 2012. A total of 1,200 eligible patients who attended the trust during the period September to November 2012 were surveyed. The trust response rate was 69%, compared to national average response rate of 65%.

Patients were asked 70 questions and in eight of the areas questioned the SaTH fell within the bottom 20% nationally, specifically in the following areas:

- Patients finding it easy to contact their Clinical Nurse Specialist (CNS)
- CNS definitely listened carefully the last time spoken to by the patient
- Patient got understandable answers to important questions all/most of the time from their CNS
- At the time of operation, staff gave a complete explanation of what would be done
- Patient had confidence and trust in all doctors treating them
- Always given enough privacy when discussing condition/treatment
- Always treated with respect and dignity by staff
- Patient offered written assessment and care plan

In two areas the trust had improved its score since 2011 and had come out of the bottom 20% nationally:

- Patient felt they were told sensitively that they had cancer
- Doctor had the right notes and other documentation with them

The Trust is coordinating the formulation of care group multidisciplinary responses and action plans from the various tumour specific clinical teams. There is particular concern from Telford & Wrekin CCG regarding the lung cancer and urological tumour specific teams. Telford & Wrekin CCG have formally requested the 2012 survey action plans through the contractual process as part of its assurance processes due to the overall decline in the patient satisfaction rate of the Trusts cancer services.

The Executive Nurse from the CCG and a GP Board member visited the SaTH cancer service on 4th March 2014 in order to: follow up on the patient experience report, meet the relevant clinical teams and talk to patients. A strong commitment to improvement was acknowledged and CCG leads reported further areas where the trust could look to make changes. The CCG Board are due to receive an update report on progress at their meeting in May.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

See summary impact assessment section on pages 2-3 for details.

3. PREVIOUS MINUTES

- Health & Wellbeing Priority Update Report: Life expectancy and health inequalities, November 2013

- Health & Wellbeing strategy priority position statement: improve life expectancy and reduce health inequalities, May 2013

4. BACKGROUND PAPERS

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[i] **Definitions of avoidable mortality** www.ons.gov.uk

Amenable mortality: A death is amenable if, in the light of medical knowledge and technology at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided through good quality healthcare.

Preventable mortality: A death is preventable if, in the light of understanding of the determinants of health at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided by public health interventions in the broadest sense.

Avoidable mortality: Avoidable deaths are all those defined as preventable, amenable, or both, where each death is counted only once. Where a cause of death falls within both the preventable and amenable definition, all deaths from that cause are counted in both categories when they are presented separately.

[ii] http://www.lho.org.uk/LHO_Topics/Analytic_Tools/Segment/TheSegmentTool.aspx

[iii] http://www.cancerscreening.nhs.uk/bowel/