

NHS Leeds West Clinical Commissioning Group
NHS Leeds South and East Clinical Commissioning Group
NHS Leeds North Clinical Commissioning Group
The Leeds Teaching Hospitals NHS Trust

REPORT TO SCRUTINY BOARD (ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

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EXECUTIVE SUMMARY

This paper outlines the current performance at Leeds Teaching Hospitals (LTHT) and for the local Leeds population against the 62 day GP referral to treatment time for suspected cancer; the approach being taken to improve cancer outcomes for local people; and the way in which the national Cancer Strategy will be delivered in Leeds.

1.0 Background

Cancer performance at LTHT is closely monitored as one of the key national waiting time standards within the NHS Constitution. There is a monthly subgroup of the LTHT Contract Management Board where cancer performance is discussed in detail. LTHT also has an internal cancer board which reports to the Trust Board and there is a system wide network of meetings including a group working on the Leeds Integrated Cancer Services model.

In addition to a focus on performance, the health economy has recognised the need for a forum that takes a system wide and population overview, looking at impact and outcomes for the patients of Leeds. This new cancer strategy group has been established to steer the implementation of the new Cancer National Strategy locally. We wish to ensure that we maintain a strategic overview of service delivery, early diagnosis, patient experience and outcomes as well as on the nationally reported waiting time standards.

This paper is intended to provide the assurance that all possible actions are underway to deliver national cancer performance for the Leeds CCGs' patients and at LTHT where NHS Leeds West CCG is the lead commissioner. It also highlights the difference between the LTHT Trust total performance and that for individual CCG patients and the reasons for this.

2.0 Outcomes for cancer patients

A new cancer outcomes group has been recently established to look at cancer outcomes for the city, led by the Public Health Consultant lead for Cancer. It has been presented at the Health and Wellbeing Board Chair's weekly briefing and will

be brought to the Health and Wellbeing Board in January 2016 for wider discussion. There is a focus locally on improving breast, bowel and lung cancer outcomes and reducing health inequalities and this is the basis for the forward workplan.

Areas for improvement:

- To ensure annual review of population outcomes for cancer in Leeds including staging and routes to diagnosis
- Understand why Leeds mortality and survival is not improving as fast as the England and Yorkshire and Humber average and take appropriate action
- To develop and test patient relevant outcome measures
- Focus on reducing health inequalities across the system but especially NHS Leeds West CCG and NHS Leeds South and East CCG
- For each CCG to consider the need for local action as part of a citywide approach
- Ensure there is robust and sufficient system capacity to diagnose and treat new presentations of cancer in a timely manner including closer working between primary and secondary care, increasing open access diagnostics, and working with specialised services
- To agree strategic priorities for prevention and early diagnosis work in Leeds including:
 - Continue to maintain primary focus on breast, bowel and lung cancers early diagnosis
 - To work across the system to reduce health inequalities through awareness campaigns and commissioning the third sector
 - To understand and monitor routes to diagnosis and staging
 - Continued investment in smoking prevention and treatment, obesity reduction, and alcohol prevention and treatment
 - Promote bowel screening in vulnerable populations
 - Addressing BME specific cancers e.g. Black men and prostate cancer

3.0 Performance

There are a number of national waiting time standards for cancer. This paper outlines performance against the major standards; the 'two week wait' standards and the 62 day GP referral to treatment time standard.

3.1 2 Week Wait and 2 Week Wait breast symptoms performance and risks at Leeds Teaching Hospital Trust (LTHT)

Overall, LTHT delivered the 2 week wait GP referral to first seen standard by the end of quarter 2 (Sept 15) with 93.5% of patients being seen within 2 weeks of GP referral against the 93% standard. However, it under-achieved the two week wait standard for all patients with breast symptoms for quarter 2 (85.2% against the 93% standard). The difficulties in seeing all patients with breast symptoms within two weeks is due to very substantial growth in demand not yet sustainably matched with capacity, despite every effort from existing staff. Two new Advanced Nurse practitioners are now in post and being trained to provide a resilient service from February 2016. We are also working with the Trust on developing new models of care.

The total numbers of patients GPs referred to LTHT as suspected cancer has grown extremely rapidly over the past few years – up by over 60% since 2012/13. In 2013/14 there were 19,107 referrals, rising to 23,190 in 14/15 and we expect at least 26,160 by the end of 15/16.

So while the overall 93% standard is not always met each month, the total number of patients being seen within 2 weeks continues to increase monthly.

The national drive to increase the numbers of patients referred on all pathways to improve outcomes presents an on-going risk to meeting waiting time targets, given the lag times required to increase capacity for some services. Those pathways involving endoscopy are particularly at risk given national recruitment issues in these services, and there are also pressures in radiology services. All partners are working jointly to model demand for 2016/17 as well as possible, but workforce remains a local as well as a national risk. The national cancer strategy is now looking towards a target of 4 weeks from referral to diagnosis which will have an impact on pathways and future performance reporting.

3.2 62 day urgent GP/GDP Referral to Treatment Time Target

LTHT have not achieved the overall national standard for 62 day urgent GP/GDP referral to treatment for some months. The most recent performance for Quarter 2 2015/16 is 81.3% compared to national performance of 81.9% and the required standard of 85%. However, LTHT treated 87.5% of those patients referred to Leeds originally or referred to the Trust by day 38 of their pathway within 62 days of their original referrals. The discrepancy between these two figures relates to the experience of patients referred from other hospitals into Leeds as a tertiary centre. The national performance data requires LTHT to report a 'half breach' for patients who originate in another centre but are treated beyond 62 days in Leeds, even if the patient was not seen in the Leeds team until after day 62.

LTHT has worked hard to tackle internal performance constraints, including some staffing and capacity shortages in gynaecology, urology and lung and has created additional theatre capacity for these specialties. Particular improvements have been made in delivering capacity for robotic prostatectomies and capacity and demand for this service is now back in balance. Improvements have also been made in the lung surgery service. Work is on-going to increase the speed of turn round for diagnostic tests and results to help improve earlier decision making.

The key issue constraint for delivering the 85% target for the Trust as a whole remains late referrals from the District General Hospitals where around 50% of patients are transferred to LTHT after day 38 of a 62 day pathway. Actions are in place to review joint breaches with referring Trusts. There are some encouraging signs that the patients referred in October are being referred earlier which are helping to contribute to improved performance.

The national cancer team are now reviewing the ways in breaches of the target for patients treated across two or more hospitals are reported. Modelling demonstrates that LTHT would achieve the target if there was a different way of allocating responsibility for patients transferred late to the tertiary centre who can then not be

treated in target. Medical Directors to Medical Director letters have been refreshed as have letters to lead cancer managers and LTHT's Chair, has written to Chairs of other providers. The NHS Leeds West CCG Chief Executive has also written to all of local CCGs' Chief Executives to remind them of their role in ensuring their local hospital refers patients prior to day 38.

The attached Appendix 1 performance data demonstrates the difference between the performance for Leeds CCGs at all providers, compared to the performance for LTHT in total. The difference between the two figures demonstrates the impact on the LTHT total position of late referrals and breach sharing for patients originating at other providers.

4. Meeting structures for cancer strategy

An established network of cancer meetings is in place with appropriate governance. Leeds has now established an overarching Cancer Strategy Group, in addition to the operational meetings, to take the overview across the city on cancer delivery and impact on population outcomes. This has representation from all statutory partners and key voluntary organisations. This will ensure we have an integrated approach to delivery of improvements for patients, from public awareness and early diagnosis through to aftercare and 'living with cancer'

5. Current commissioning actions

- a) Arrangements are now in place for the System Resilience Group (SRG) to take the overview for cancer. Core work will still be undertaken by the acute care commissioning team and reports passed to SRG as required. A dashboard for SRG is in development.
- b) Trust and system wide response to *Improving and sustaining cancer performance* – Monitor/TDA tripartite letters 14 July 2015 and 4 August, LTHT were required to submit a plan addressing the eight key priorities noted in the letter by end of August, most of which are already being covered. LTHT confirmed they have reviewed all pathways and will publish them on Leeds Health Pathways. All the NICE guidance for 2 week wait referrals has been updated, and each referral form is being reviewed.
- c) Leeds has been successful with a bid for national Accelerated Coordinated and Evaluated 2 (ACE 2) funding. The ACE bid will focus primarily on the scoping and set up of a 'Straight to Test pathway for patients with unexplained weight loss.' The funding for the pilot is not confirmed yet.
- d) The CCGs continue to work with the regional 10CC Cancer group and ensure that our Leeds views are fed into the regional work programme. We are also working closely with NHS England specialised commissioners as cancer commissioning is a shared responsibility for most pathways
- e) The CCGs have agreed to fund two clinical sessions to support a half time LTHT lead cancer clinical post that will work across LTHT and primary care to ensure integration of approaches for the whole population.

NEXT STEPS

The NHS Leeds West CCG acute commissioning team continues to closely monitor the overall LTHT cancer performance and that achieved for local patients and those referred by day 38, and to retain an overview of the performance for Leeds patients at all providers. The LTHT Cancer Board has a continued work programme to further improve the timeliness of diagnosis and treatment and develop follow up protocols. Joint work is ongoing to encourage patients to seek early advice on symptoms, to encourage appropriate early referral and improve patient experience and outcomes at all stages of a cancer pathway. .

RECOMMENDATION:

The Scrutiny Board (Adult Social Services, Public Health, NHS) is asked to note

- (a) **Note** the current situation with regard to cancer performance and monitoring and the progress being made to deliver better outcomes and shorter wait times for both Leeds patients and other patients treated at LTHT.

Appendix:

1. *Cancer performance data* : Performance data for each of the Leeds CCGs against the National Waiting Times Standards, across all providers, and LTHT's performance across all commissioners