**Agenda item:** 11.1, Public Board meeting  
**Date:** 27 September 2017

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<th>Strategic Cancer Update</th>
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| Prepared by: | John Rennison, Associate Medical Director Cancer  
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| Presented by: | Pete Adey, Chief Operating Officer |
| Responsible Executive: | Adrian Harris, Medical Director |

**Summary:** To provide the Trust Board with a strategic update on cancer, including performance against key standards and targets; and progress on the implementation of the Trust Cancer Strategy, along with key supporting projects, innovations and developments.

**Actions required:** Nil

**Status (x):**  
- Decision  
- Approval  
- Discussion  
- Information  
  - x

**History:** The senior cancer team presented a strategic update on cancer to the confidential section of the Trust Board on 28 June 2017 and have been requested to provide a paper for the public Board.

**Link to strategy/Assurance framework:** The issues discussed are key to the Trust achieving its strategic objectives.

**Monitoring Information**  
Please specify CQC standard numbers and tick ✓ other boxes as appropriate

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1. **Purpose of paper**

   Following a presentation to the Board of Directors meeting on the 28 June 2017, this paper is intended to provide the Trust Board with a strategic update on cancer, including: performance against the key performance standards and targets; and progress on the implementation of the Trust Cancer Strategy, along with key supporting projects, innovations and developments.

2. **Background**

   **National Picture**

   2.1 The prevalence of cancer is increasing year on year; according to Cancer Research UK every two minutes someone in England will be told they have cancer. Half of people born since 1960 will be diagnosed with cancer in their lifetime, with that proportion continuing to rise.

   The good news is that cancer survival is at its highest ever, with significant improvements in the last 15 years. More than half of people receiving a cancer diagnosis will now live ten years or more.

   The national spend on cancer care in 2013/14 was £6.7bn (National audit Office, 2015) growing to an anticipated £13bn by 2020/21.

   In recognition of the growing incidence and changing landscape of cancer care, in 2015 NHS England launched the national cancer strategy, ‘Achieving World Class Cancer Outcomes’. The strategy focuses on the outcomes which matter most to patients and society. This is not only about improving survival, but ensuring reduction in cancer rates by preventing avoidable cancers, improving patients experience and quality of life.

   The main aims of the 5 year strategy are:
   - Achieving world class cancer outcomes
   - Fewer people getting preventable cancer
   - More people surviving for longer after a diagnosis, with 57% of patients surviving 10 years or more by 2020, compared with 50% now
   - More people having a positive experience of care and support
   - More people having a better long-term quality of life

   2.2 Cancer Alliances have been set up across the country to deliver the ‘5 year forward view’. They will focus on supporting the main aims of the strategy locally. National funding has been identified to support this programme of work. The Southwest Cancer Alliance has submitted bids to support:

   - Improving early diagnosis of lung cancer
   - Fecal Immunochemical Testing (FIT) for suspect bowel cancer. FIT is a screening test for colon cancer, which tests for hidden blood in the stool, which can be an early sign of cancer.
   - Living with and Beyond Cancer programme (LWBC):
End of treatment summaries- a tool to improve communication between cancer services and primary care

Health needs assessment tool, which identifies individual patient needs during their cancer pathway

Embedding the recovery package, which encompasses; holistic needs assessments, care planning, end of treatment summaries, cancer care reviews and health and wellbeing events

Extending remote monitoring programmes; which facilitate patients results, for example blood tests, to be reviewed without the need for patients to attend hospital appointments.

3. Local Picture

3.1 The Royal Devon and Exeter NHS Foundation Trust (RD&E) diagnosed 3,948 cancers in 2016/17. It is worth noting this does not include all cancers treated but concentrates on those receiving their initial diagnosis at the RD&E. The Trust continues to be the largest treating hospital in the Southwest, and the highest recruiters into clinical trials in the Peninsula.

In 2012, nearly 30,000 patients were living locally with a cancer diagnosis; this is predicted to rise to 57,600 by 2030.

3.2 Trust Cancer Strategy

The cancer strategy for the RD&E mirrors that of the national 5 year strategy, with the following key priorities:

- LWBC integrated into all tumour sites
- Development of supportive care pathways including Enhanced Supportive Care (ESC)
- Treatment summaries and care plan to facilitate care in the community
- Improved diagnostics pathways
- Better treatments employed as required
- Improving patient experience

Each cancer tumour site has a specific plan, which takes into account the national and local picture. The following four tumour sites provide an indication of the content of the Trusts local cancer strategy.

Lung

- Introduction of the national optimal lung pathway
- Implement lung nodule follow up services
- Access to molecular diagnostics
- Local provision of advancing treatments e.g. Stereotactic Ablative Radiotherapy (SABR); a highly focused radiation treatment that gives an intense dose of radiation concentrated on a tumour, while limiting the dose to the surrounding organs
Colorectal
- Anal cancer centre
- Stratified follow up pathways; a reduction in unnecessary outpatient appointments for those who no longer need face to face appointments, through the implementation of a supported self-management pathway
- Local provision of advancing treatments e.g. Papillion (a radiotherapy treatment developed for the treatment of rectal cancer, especially those in early stages, meaning that surgery can be avoided)
- Improved diagnostic pathway e.g. Faecal Immunochemical Test (FIT)

Breast
- Integrated service across North, East and South Devon
- Enhanced breast care unit accommodation
- Stratified follow up pathways
- Introduction of cancer clinical nurse specialist to support patients with secondary breast cancer

Urology
- Introduction of the national optimal prostate pathway, which will improve cancer waiting times performance
- Wider use of non-consultant expertise in the diagnostic pathways to increase capacity and reduce waiting times

3.3 Cancer Performance
During Quarter 2 of 2017/18 there has been significant national focus upon cancer performance. As a consequence of this, funding initially allocated to cancer alliances to deliver the 5 year cancer strategy has been top-sliced by approximately 25% to support improvements in cancer waiting times performance, specifically the 62 day from urgent GP referral target.

In 2016/17 the RD&E received 18,449 two-week wait cancer referrals. 10.4% of these patients (1,919) went on to have cancer treatment. Two-week wait referrals increased by 8.6% in the last year, but have increased by 100% in the last seven years. The pattern of increasing demand can be seen across all of the key cancer indicators, but is mirrored almost identically for 62 day referral to treatment, with almost a 100% increase in patients treated for cancer at the RD&E since 2010/11.

As the Board will be aware the Trust has maintained good performance in the delivery of the two week-wait standard and 31 day treatments but continues to be challenged in meeting the standard for 62-day pathway. Each tumour site has an action plan in place to support improvements in the timeliness of their cancer pathways, which are updated in response in individual patient breach reports. The Trust is however completing a refresh of the remedial action plan to deliver compliance with the 62 day standard that was developed in 2015, alongside tumour site level trajectories for improvement.
3.4 Patient Experience

3.4.1 The National Cancer Patient Experience Survey

The National cancer patient experience survey 2016 is the sixth iteration of the survey first undertaken in 2010. The survey has been designed to monitor national progress on various aspects of cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

The RD&E was rated in the top three cancer centres in 2015 national cancer patient experience survey, with an overall score of 8.9 out of 10 and 22 questions out of 59 in the top expected range, with none in the bottom range. In 2016, the overall score has risen slightly to 9 out of 10 with 33 questions out of 59 in the top expected range and none in the bottom range.

3.4.2 Living with and Beyond Cancer (LWBC)

The RD&E continues to engage with users and local charities to ensure the needs of our patients are met. FORCE cancer support centre and patients have been key in developing this initiative locally.

Through working with patients, the RD&E have been able to design and develop programmes of health education events which support patients alongside their cancer treatment. Each programme is tailored to the needs identified within a specific tumour site. A number of patients now support these programmes to ensure the group feel comfortable and the message is delivered in a meaningful way.

FORCE supported the RD&E with the introduction of an electronic holistic needs assessment for patients to undertake at key points of their pathway. It is nationally recognised that 25-37% of people have unmet needs one year post treatment (Armes JCO, 2009). By having local data it is possible to identify what is important to the local population and work with the voluntary sector and health care communities to support and empower patients to live well and access the acute services when required.

3.4.3 Enhanced Supportive Care

The Enhanced Supportive Care CQUIN (Commissioning for Quality and Innovation) recognises the benefits of supportive care; supportive care in cancer is the prevention and management of the adverse effects of cancer, and cancer treatment. Enhanced Supportive Care (ESC) promotes better access to supportive care for cancer patients, at an earlier stage. This is becoming increasingly important, since more people with a cancer diagnosis including those with incurable disease are living longer.

ESC is based around 6 principles:
- Early involvement of supportive care services
- Supportive care teams that work together
A more positive approach to supportive care
Cutting edge and evidence based practice in supportive palliative care
Technology to improve communication and
Best practice in chemotherapy

There is growing evidence that good supportive care provided early to patients with advanced cancer can improve quality of life, possibly lengthen survival and reduce the need for investigations and / or aggressive treatment near the end of life. The ESC project aims to improve patient experience and use resources effectively.

Early results of ESC at the RD&E are positive; during the first three months following the implementation of an ESC team, there were 46 incidences where non-elective admissions of patients were avoided, five patients had their admission reduced in length through improved symptom control and more prompt referrals to the Hospice. One patient had a diagnostic test expedited due to an onset of symptoms.

3.5 New developments and Innovation
The diagnosis and treatment of cancer is rapidly evolving and as such it is pleasing to note a number of local developments that are taking place:

- Testing: FIT, more genetic testing which will help to inform doctors about the best treatment for individual patients
- Chemotherapy: Immunotherapies; a treatment that stimulates a patient’s own immune system so that it can fight cancer
- Radiotherapy: SABR, brachytherapies; a form of radiotherapy where a sealed radiotherapy source is placed inside or next to the area requiring treatment
- Surgery: less morbidity, e.g. laparoscopic or robotic techniques

Alongside this the Trust seen a number of developments which have improved the integration of cancer care across the community:

- Community based specialist nurses
- Outreach chemotherapy
- GP integration into pathways
- Diagnostics open to GPs
- Improvements in fitness for treatment supported by primary care

4. Summary
There will continue to be a national focus on performance in the short to medium term, which in turn will support the movement to earlier diagnosis and treatment of patients.

The Trust maintains a strong reputation as a cancer centre within the South West, with recognition of excellent patient experience, underpinned by ongoing clinical developments.

5. Proposal
That the Board of Directors notes the Strategic Cancer Update.