

Achieving World Class Cancer Outcomes - A Strategy for England 2015-2020 - 'Are we on Target'??

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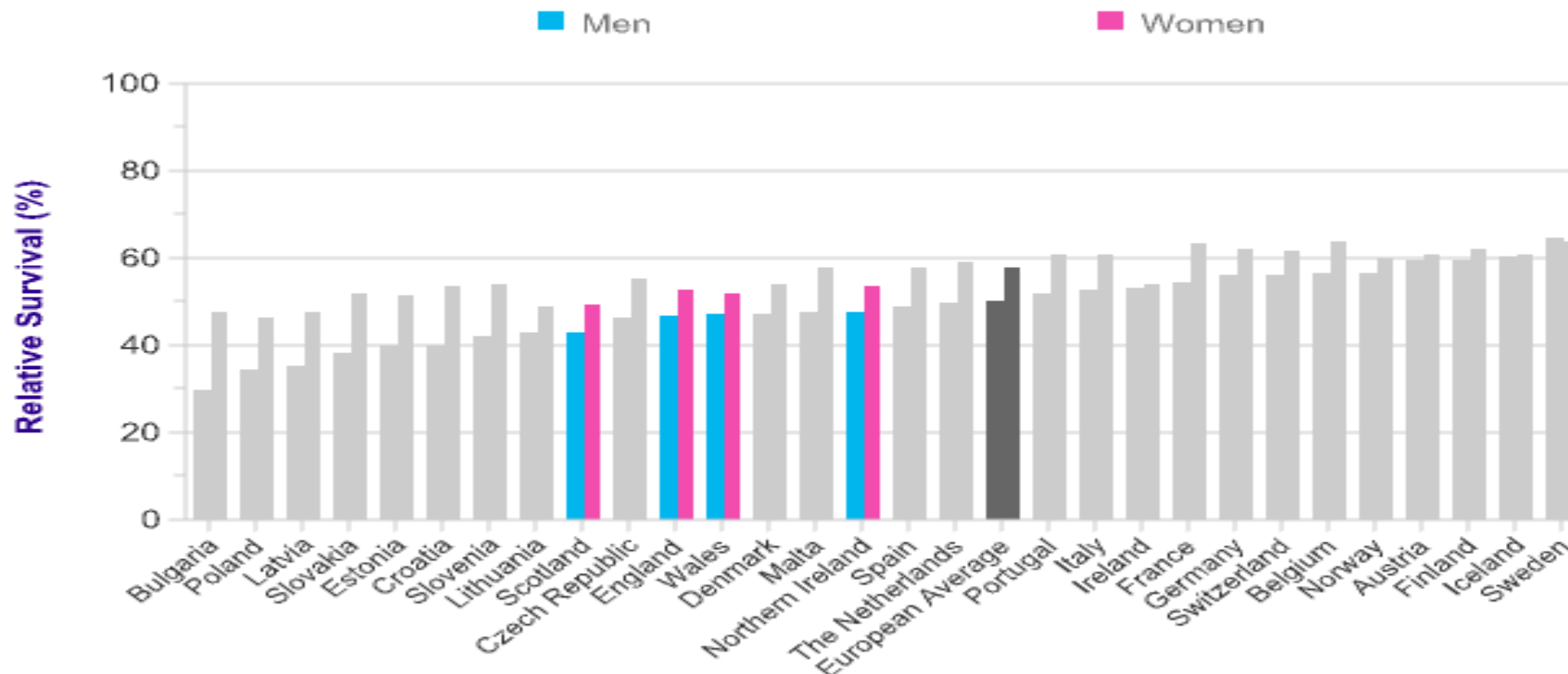
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@pbagnall60

How does the UK Compare to the Rest of Europe?

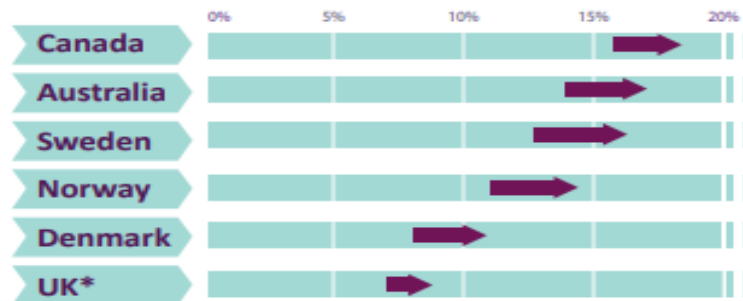


All Cancers Excluding Non-Melanoma Skin Cancer (C00-C97 Excl. C44), Age-Standardised Five-Year Relative Survival, Adults (Aged 15+), European Countries, 2000-2000

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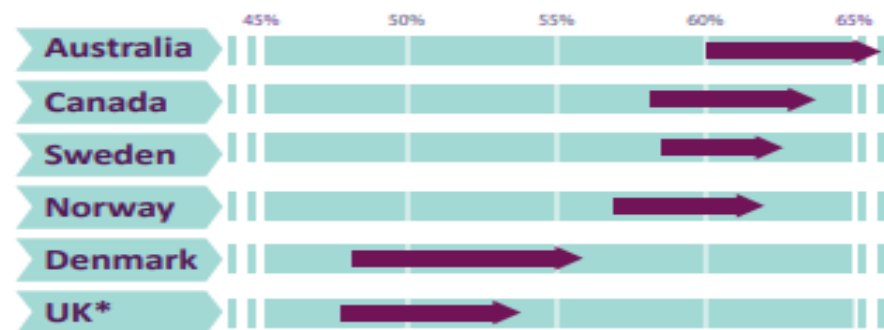
Lung cancer

5-year survival changes, 1995-1999 to 2005-2007



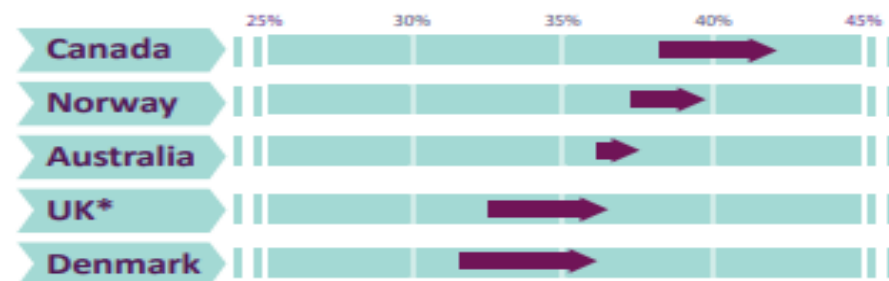
Bowel cancer

5-year survival changes, 1995-1999 to 2005-2007



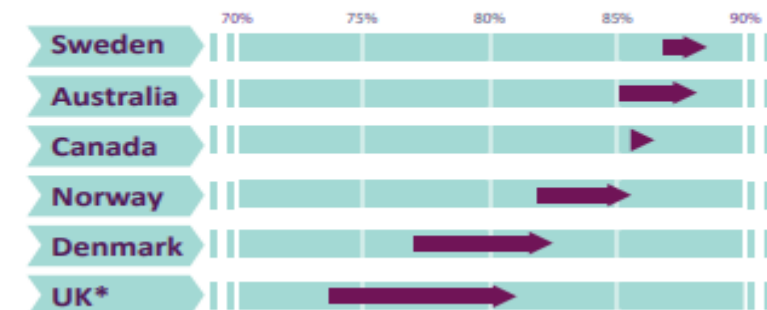
Ovarian cancer

5-year survival changes, 1995-1999 to 2005-2007



Breast cancer

5-year survival changes, 1995-1999 to 2005-2007



Achieving World Class Cancer Outcomes - A Strategy for England 2015-2020

- Aim of the document was to improve outcomes for people diagnosed with cancer
- Describes what patients should expect from the NHS
- Prevention
- Earlier Diagnosis
- Improved 1, 5 and 10 year survival – reduction in variation across CCG's
- Improvement in patient experience of care treatment and support and quality of life
- Informed Choice

Achieving World Class Cancer Outcomes - A Strategy for England 2015-2020

- 280,000 people diagnosed with cancer each year at the time of the report with an expected increase of 2% per year
 - Predicted to be 300,000 by 2020
>360,000 by 2030
- Cancer the biggest cause of death in all age groups, mortality is significantly higher in men than women

The reasons for the increase in numbers diagnosed

- Increasing age of population
- Population less likely to die of traditional causes e.g. cardiovascular disease
- Change in our lifestyles - smoking, exposure, UV exposure, obesity, alcohol, HPV infection

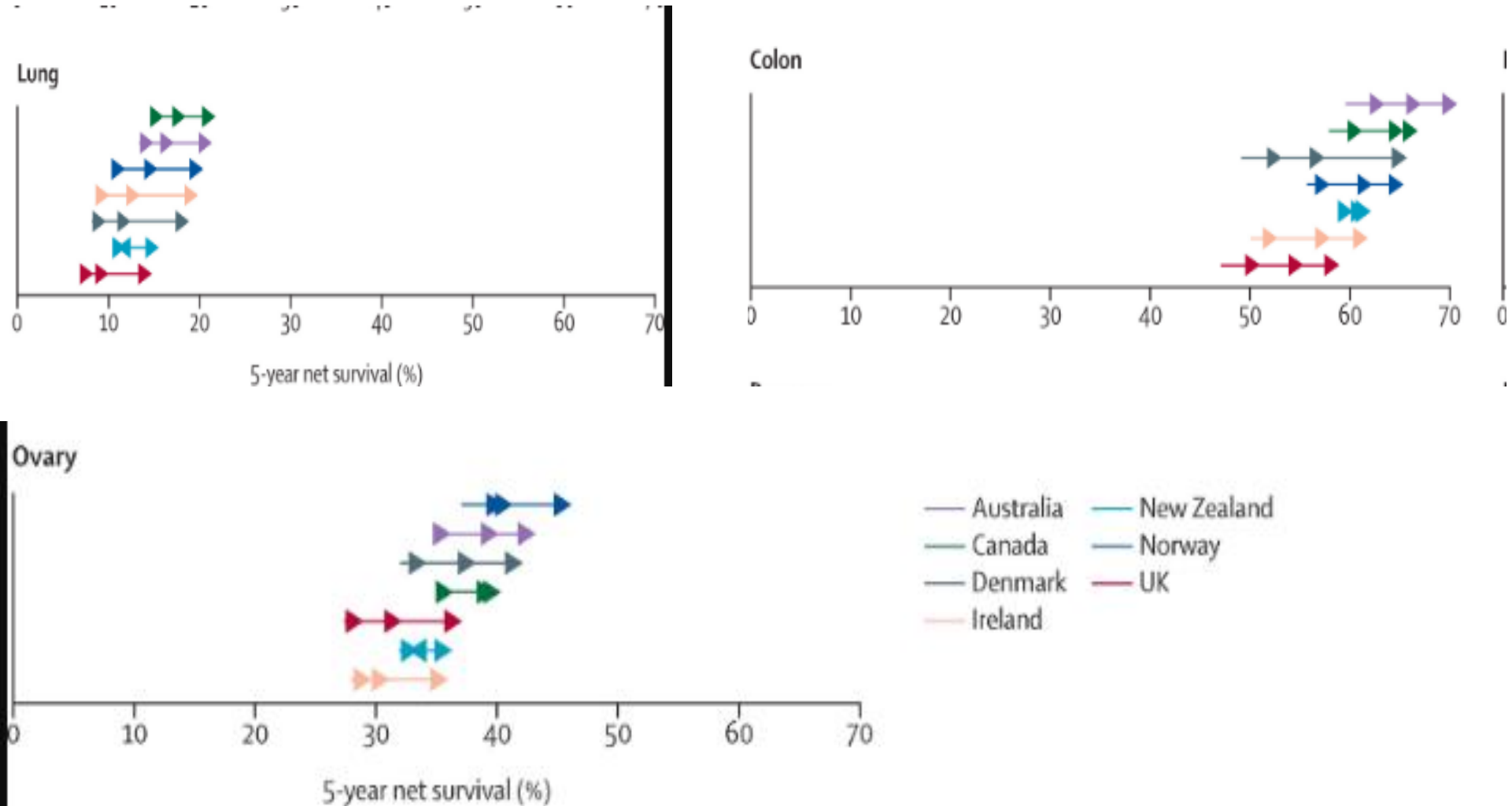
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- There was also socio-economic variations with one year survival in some CCG's being more than 10% higher than others
 - More than half of the inequality in survival outcomes attributed to smoking rates amongst poorer people
 - Twice as many cancers diagnosed at an early stage amongst higher socio-economic groups

Achieving World Class Cancer Outcomes - A Strategy for England 2015-2020

- Survival rates had improved by >20% over the previous 30 years
- 130,000 people dying each year – This has remained fairly constant despite increasing numbers of people diagnosed
- Some cancer survival outcomes improved more than others, e.g. melanoma, testicular and prostate cancers
- Some unchanged e.g. pancreatic, oesophageal and some brain tumours

Age-standardised 5-year net survival by site, country, and period of diagnosis, 1995–2014



Achieving World Class Cancer Outcomes - A Strategy for England 2015-2020

- Improved survival means that there was an estimated 2 million people living in England who have had a cancer diagnosis
- This was estimated to rise to 3 million people by 2020

The Challenges set out:

- Improving patient information and choice, improving the patient experience of cancer
- Diagnosing cancer earlier – Increase the percentage cancers diagnosed at stage 1 and 2 from half to three quarters by:
 - Raising the awareness of symptoms of cancer – “Be Clear on Cancer Campaigns”
 - Lowering the threshold for referral by GP’s
 - Accelerate access to diagnosis and treatment
 - Maximise the number of cancers diagnosed through screening (including screening family members where increased risk is identified)
- By 2021 every person diagnosed with cancer will have HNA, care plan and health and well being support
 - All patients will have access to the right expertise and support – including a CNS or other support worker

Improving patient information and choice, improving the patient experience of cancer

- The National Cancer Patient Experience Survey
 - Annual survey of patients after discharge from inpatient or daycase care for cancer related treatment in April, May and June 2018
 - Postal questionnaire, can be completed on line or by telephone, translators available if required to improve participation of BME groups

National Cancer Patient Experience Survey

National results				
Question	Number of responses	Lower 95% Wilson Confidence Interval	National average scored percentage	Upper 95% Wilson Confidence Interval
Q54 Did the different people treating and caring for you (such as GP, hospital doctors, hospital nurses, specialist nurses, community nurses) work well together to give you the best possible care?	69,827	61.0%	61.4%	61.8%
Q55 Have you been given a care plan?	55,559	34.7%	35.1%	35.5%
Q56 Overall, how would you rate the administration of your care (getting letters at the right time, doctors having the right notes/tests results, etc.)?	72,073	88.2%	88.5%	88.7%
Q57 Overall, how do you feel about the length of time you had to wait when attending clinics and appointments for your cancer treatment?	71,501	68.7%	69.1%	69.4%
Q58 Since your diagnosis, has anyone discussed with you whether you would like to take part in cancer research?	68,424	30.8%	31.1%	31.5%
Q59 Overall, how would you rate your care?	70,942	8.79	8.80	8.81

National Cancer Patient Experience Survey

1 Analysis by tumour groups (all cancer types)		F	G	H	I	K	L	O	P
Question		Breast Breast + DCIS (C50, D05)	Colorectal / LGT Colon, Rectal, Small intestine & Anal (C17 -C21)	Gynaecological Cervical, Endometrial, Ovarian, Vulva- vaginal (C51-C56)	Haematological NHL, Mult. Myeloma, Leukaemia, Hodgkin's (C81-85, C90- C95)	Lung Lung, Mesothelioma (C33, C34, C45)	Prostate Prostate (C61)	Upper Gastro Oesophageal, Stomach, Pancreatic, Liver and Gall bladder (C15, C16, C25, C22, C23)	Urological Penile, Bladder, Renal, Testicular, Ureteric (C60, C62, C64- C67)
4									
5									
61	Q55 Have you been given a care plan?	38.9%	38.3%	31.5%	34.9%	31.3%	36.0%	35.0%	29.7%
62	Q56 Overall, how would you rate the administration of your care (getting letters at the right time, doctors having the right notes/tests results, etc.)?	89.9%	88.0%	87.4%	91.5%	88.9%	87.2%	86.3%	84.6%
63	Q57 Overall, how do you feel about the length of time you had to wait when attending clinics and appointments for your cancer treatment?	67.6%	71.9%	68.6%	65.8%	71.0%	74.6%	67.6%	74.6%
64	Q58 Since your diagnosis, has anyone discussed with you whether you would like to take part in cancer research?	31.2%	33.2%	37.2%	32.1%	34.7%	32.9%	35.0%	20.6%
65									
66	Q59 Overall, how would you rate your care?	8.87	8.79	8.78	8.94	8.78	8.78	8.66	8.69
67									

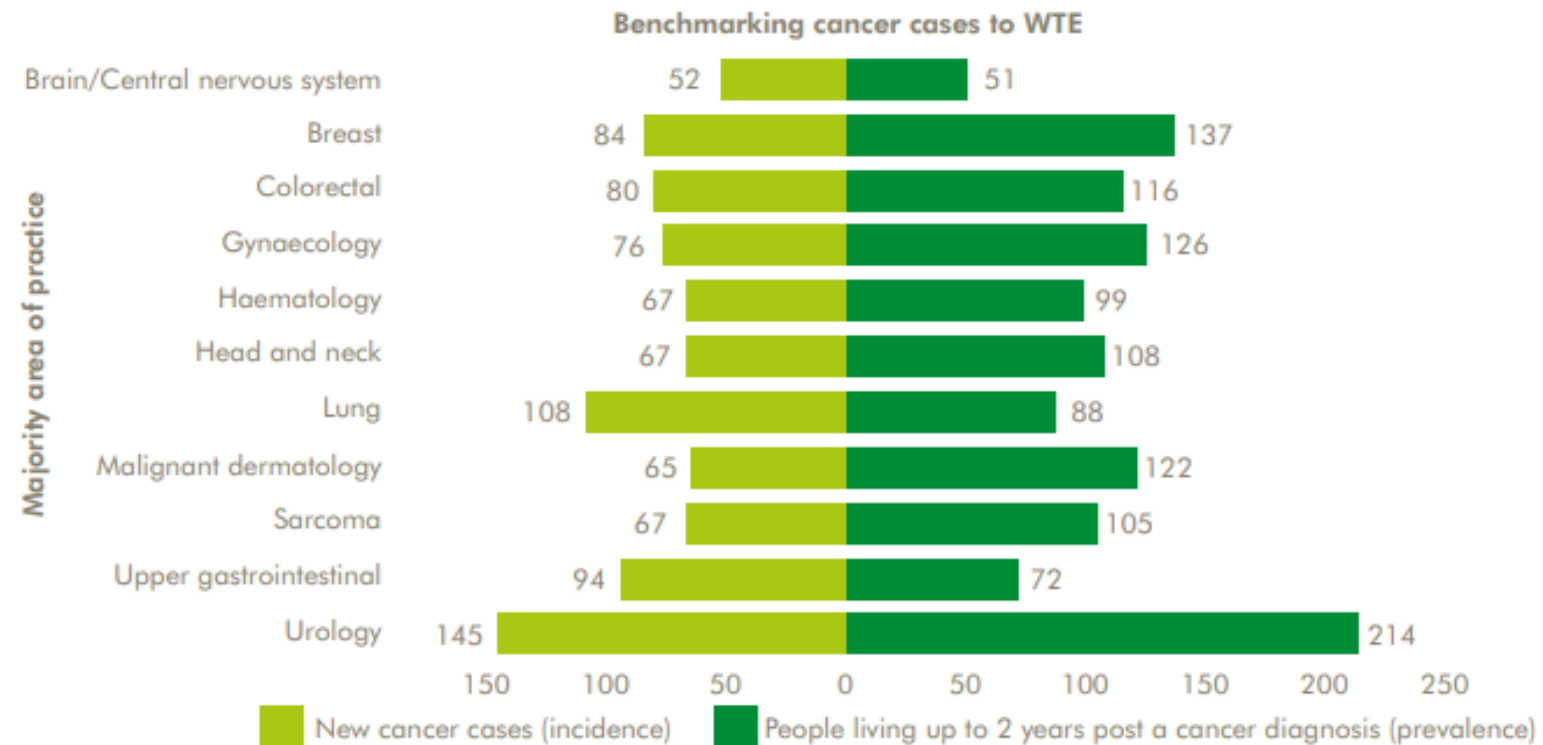
“All patients will have access to the right expertise and support – including a CNS or other support worker”

Table 19. Ratio of cancer incidence and cancer two-year prevalence to posts by area of practice, WTE, England 2017

Area of practice ¹⁸	WTE in 2017	Cancer incidence in 2015 ^{xxv}	Cancer diagnosis per WTE	Two-year prevalence in 2015 ^{xxvi}	Two-year prevalence per WTE
Brain/central nervous system	92	4,789	52	4,677	51
Breast	629	52,952	84	86,051	137
Colorectal	451	35,985	80	52,239	116
Gynaecology	228	17,461	76	28,717	126
Haematology	403	26,871	67	40,039	99
Head and neck	190	12,788	67	20,533	108
Lung	372	40,294	108	32,792	88
Malignant dermatology	204	13,356	65	24,866	122
Sarcoma	43	2,877	67	4,477	105
Upper gastrointestinal	297	27,858	94	21,538	72
Urology	489	70,735	145	104,906	214

“All patients will have access to the right expertise and support – including a CNS or other support worker”

Chart D. Ratio of cancer incidence (2015) and cancer two-year prevalence (2015) by area of practice to WTE posts, England 2017



Cancer Waiting Times Standards

Two Week Wait Standard

- Suspected Cancer Referral Guidelines:
 - Maximum two weeks from receipt of urgent GP referral for suspected cancer to first outpatient attendance of patients referred by their GP for suspected cancer (93%)
- The Two Week Clock Stops when:
 - The patient is seen by the Consultant or a member of their team **OR**
 - the patient is seen at a diagnostic clinic or goes 'straight to test' in a consultant-led service (unless that test is a blood test)

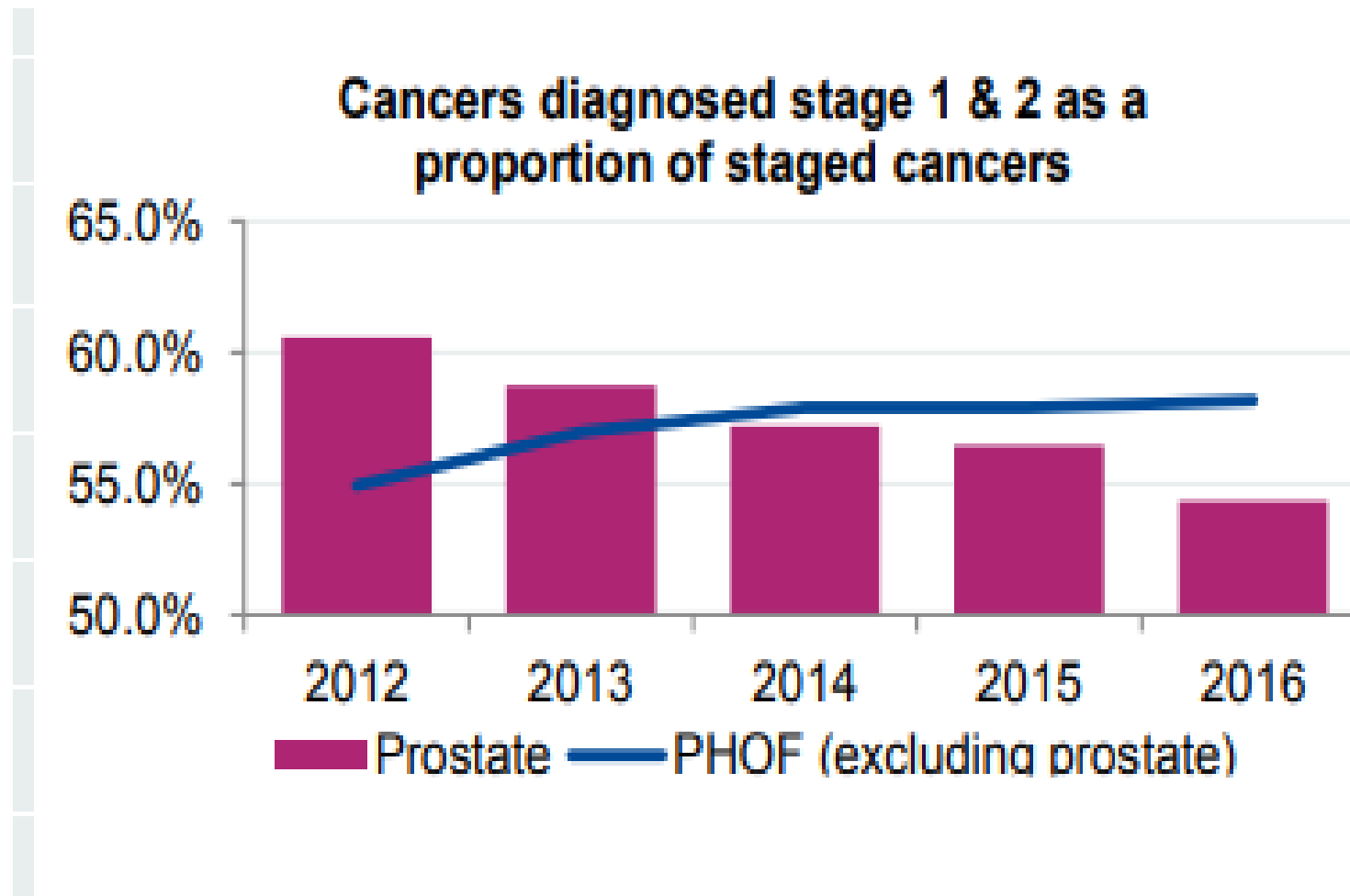
Cancer Waiting Times Standards

- The patient must be treated maximum 31 days from decision to treat.
- Definitive treatment is treatment that manages the patients disease that “aims to remove eradicate or debulk”
 - Treatments that count:
 - Hormone Therapy
 - Surgery – Radical prostatectomy, TURP, TURBT, Orchidectomy, Nephrectomy
 - Chemotherapy
 - Active Surveillance – Can only be used for patients where it is not appropriate to actively treat at that time. The patient has to agree to Active Monitoring

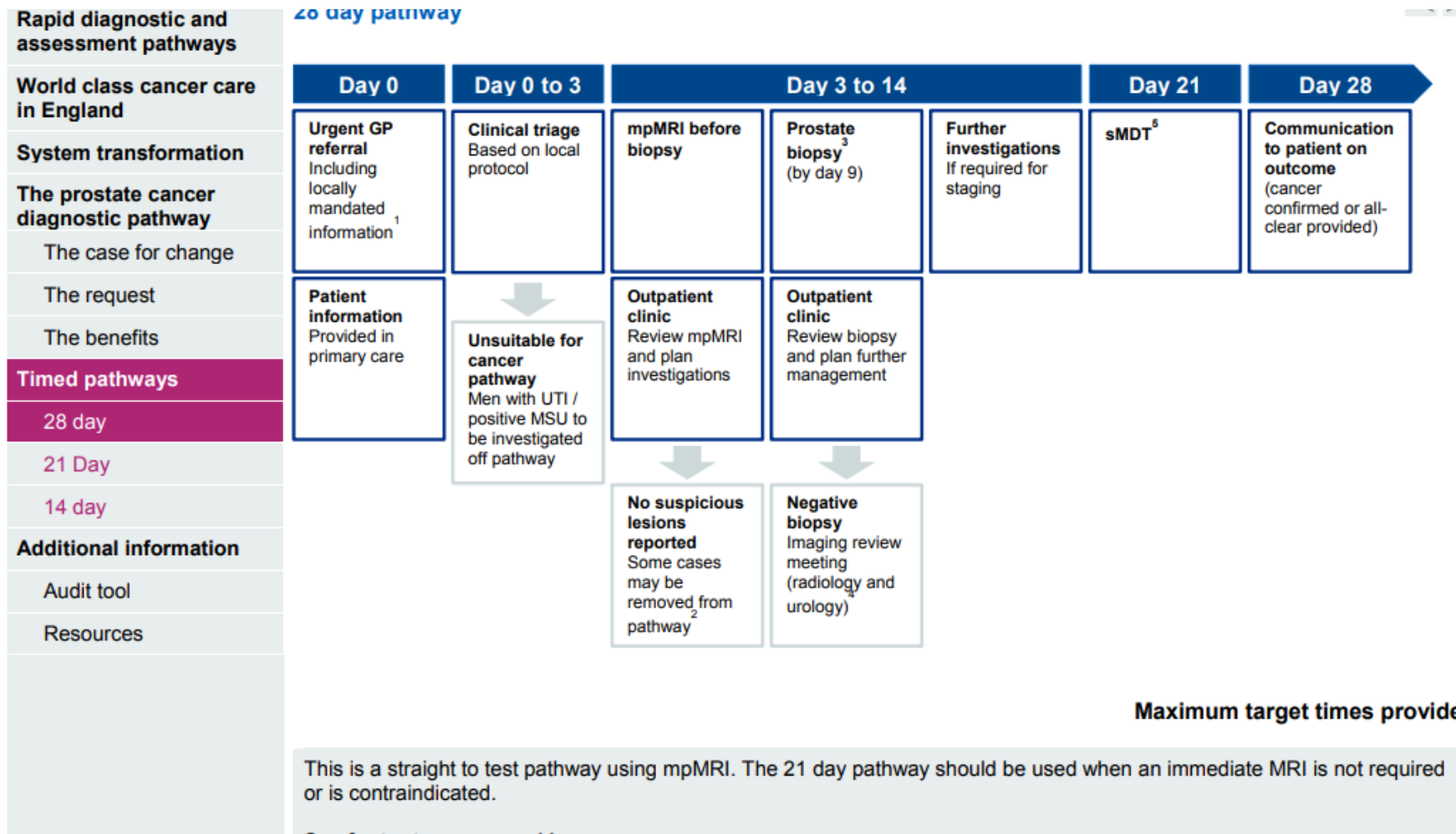
Faster Diagnosis Standard

- From April 1st 2020 Maximum four weeks (28 days) from referral patients must have been told if they have cancer or not
- Data has been recorded since April 2019
 - Aims to reduce patient anxiety
 - Speed up diagnosis
 - Decrease unnecessary variation across England

Prostate cancer is one of two cancers that have seen a reduction in diagnosis of early stage cancer



Prostate Cancer Rapid Diagnosis and Assessment Pathway



How are we doing?

July 2019

- 90.9% of all people referred were seen by a specialist within two weeks of an urgent GP referral for suspected cancer (90.0% in June 2019)
 - **Target = 93%**
- 93.2% of people treated for urological cancers began first definitive treatment within 31 days of receiving their diagnosis (92.4% in June 2019)
 - **Target = 98%**
- 70.7% of people treated for urological cancers (excluding testicular cancer) received first definitive treatment within 62 days of being urgently referred for suspected cancer by their GP (69.1% in June 2019) **Target = 85%**

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