
**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee - 12 February 2015

Subject: Cancer Services in Manchester

Report of: Craig Harris, Director of Citywide Commissioning and Quality, North, Central and South Manchester Clinical Commissioning Groups

Summary

This paper describes an overview of cancer services across Manchester, including the commissioning arrangements, and the challenges faced by the public, patients and health services. It describes the governance arrangements and priorities for 2015-16, and begins to describe a route map for changing the Manchester cancer position, working in collaboration with acute trusts, local authority, charities and the voluntary sector.

Recommendations

The Committee is asked to note the report

Wards Affected: All

Contact Officers:

Name: Craig Harris
Position: Executive Nurse and Director of Commissioning, Manchester Citywide Commissioning & Quality Team

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

<http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

1.0 Introduction

This paper describes the current commissioning arrangements for cancer services with Manchester, and the challenges faced by current services

2.0 Background

The national budget for cancer services is approximately £6 billion. Costs of cancer spend in Manchester was £81 per head of population, compared to £105 nationally in 2011/12

Current Commissioning Arrangements for Cancer Services

From April 2013 new commissioning arrangements have been in place:

- CCGs have the responsibility for the commissioning of common cancer services as well as diagnosis of all cancers, services for patients living with and beyond cancer, and end of life care
- NHS Trafford is the lead commissioner for cancer services in Greater Manchester
- NHS England has responsibility for the direct commissioning of specialist treatments and interventions for rare cancers, and specialist services including primary care, cancer screening, chemotherapy and radiotherapy
- Public health teams within Local Authorities take on responsibility for cancer prevention and population awareness of cancer signs and symptoms, as well as national cancer screening programmes
- Greater Manchester Cancer Commissioning Board has been established to facilitate collaborative commissioning of cancer services across the area. There are parts of cancer pathways that fall between local and specialist commissioning and clarity is being sought on the ideal arrangements.

Despite these arrangements, the commissioning process for cancer pathways and services is complicated and fragmented. Handovers of care and responsibility means that patients can be lost between systems, even with neighboring care providers. Cancer pathways are often complex due to multiple providers being involved in the different stages. Specialist diagnostic tests and treatments cannot be made available in all localities due to volume, clinical expertise and cost efficiencies. Patients may have to make several visits to different hospitals along their cancer pathway. Currently, appointments are not pre-booked and there may be delays between appointments which can cause anxiety and distress for patients.

Example Pathways:

Breast Cancer

Section of Pathway	Provider	Lead Commissioner
Breast Screening & Assessment	GM Breast Screening Programme	NHS England / Public Health England
or		
Initial referral from GP	Local GP practice	NHS England

(symptomatic patients)		
Diagnosis	NMGH / UHSM	Local CCGs
Surgical Treatment	NMGH / UHSM	Local CCGs
Chemotherapy	Christie	NHS England specialist commissioners
Radiotherapy	Christie	NHS England specialist commissioners
Follow up & aftercare	NMGH / UHSM / Christie	Local CCGs
Supportive services	NMGH / UHSM / Christie / Hospices	Local CCGs

Lung Cancer

Section of Pathway	Provider	Lead Commissioner
Initial referral from GP (symptomatic patients)	Local GP practice	NHS England
or		
A&E presentation	CMFT / NMGH / UHSM	Local CCGs
Diagnosis		
- CT	CMFT / NMGH / UHSM	Local CCGs
- PET	CMFT / Christie	NHS England specialist commissioners
- Bronchoscopy / EBUS	CMFT / NMGH / UHSM	Local CCGs
Surgical Treatment	UHSM	NHS England specialist commissioners
Chemotherapy	Christie	NHS England specialist commissioners
Radiotherapy	Christie	NHS England specialist commissioners
Specialist Palliative Care	CMFT / NMGH / UHSM / Community Teams	Local CCGs
End of Life Care	CMFT / NMGH / UHSM / Hospice / Community Teams	Local CCGs

Overview of Cancer Services in Manchester

There are approximately 1200 new diagnoses and treatments for cancer every year in Manchester. Around 45% of these patients are diagnosed at an early stage (stage 1 or 2), but 55% are diagnosed at late stage, where the chance of curative treatment is reduced.

It is estimated that there are currently 10,000 people living with and beyond a cancer diagnosis, and this is expected to double by 2030. More people are developing cancer, and improved treatments mean that more are living with cancer as a long term condition.

There are 3 main Acute Trusts providing cancer services for the Manchester population:

Central Manchester NHS Foundation Trust

Pennine Acute Hospitals NHS Trust

University Hospital South Manchester NHS Foundation Trust

There is one Specialist Cancer Centre, The Christie Hospital NHS Foundation Trust, which serves the Greater Manchester population as well as patients from across the North of England.

The Acute Trusts received approximately 12,000 referrals each year from the 3 Manchester CCGs. Referrals for suspected cancer have increased by around 25% in the last 12-18 months.

Cancer Waiting Times Standards

There are a range of Cancer Waiting Times Standards that cancer services and Trusts report against. The three main targets are listed below

- Seen by specialist within 2WW of referral for suspected cancer by Manchester GP practice (**Operational standard 93%**)
- First treated with 31d of decision to treat (**Operational Standard 96%**)
- First treated within 62d of GP decision to refer for suspected cancer by Manchester GP practice (**Operational standard 85%**)

Whilst the overall Trust performance meets the above mentioned targets, there is variation in performance between different tumour pathways due to capacity issues, access to diagnostics, and sometimes patient choice. Greater Manchester providers are currently reviewing the most complex pathways (including lung, lower and upper gastro-intestinal cancer) or those more likely to breach the standards, to identify any common themes or areas for development. A patient information leaflet to support a suspected cancer referral by the GP has been developed to ensure patients fully understand the urgency of their offered appointment and the need to attend as soon as possible.

National Cancer Patient Experience Survey 2014

The latest report of patient experience (published August 2014) showed variation in experience between different providers and patients with different tumour types.

However some common themes emerged and these are being addressed by the organisations as well as by the CCGs.

Good practice:

- Higher than national average scores for patients aware of and taking part in research (Q29-31), but this varied by hospital (Pennine 54% - CMFT 74%). There was also variation in research being discussed with patients, between different Trusts (PAHT 29% - UHSM 43%).
- UHSM has shown a significant improvement with 24 questions being in the highest 20% of responses and only 1 question in the lowest 20%. Staff at UHSM are to be congratulated for their achievement as a result of their hard work.

Areas to be addressed:

Key issues for patients	Possible actions for commissioners
Getting understandable answers to question / understanding explanations re diagnosis or treatments	Request Trusts to review current information and update
Information on diagnostic tests	Request Trusts to review current information and update
Discussions on treatment options and side effects	Request Trusts to consider current practice and address
Discussions and taking part in research for North Manchester patients	Investigate why NM patients less likely to take part in research or even for it to be discussed as option (later stage diagnosis, co-morbidities???) UHSM to share good practice
Information on surgical treatment and explanations post surgery	Request Trusts to review current information and update
Variation in patients views on enough ward staff on duty / staff able to give emotional support / discuss worries / fears with patients during their stay or help with pain control	Trusts to consider staff numbers
Information for families to help care at home	Request Trusts to consider current practice and address (CMFT to share good practice)
Practice staff supporting patients with cancer	LCS – cancer champions in each practice
Low numbers of patients offered written assessment / care plans, even though higher than national mean score – still low	Request Trusts to offer ALL patients written assessment / care plan – part of the Recovery Package CQUIN
Patients feel they are set of cancer	Request Trusts to consider current

symptoms – lower than national mean score	practice and address
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Provider Trusts have developed action plans to address issues and are being monitored through Quality & Performance Boards. Any improvements made during 2015 will not be picked up through NCPES until 2016, due to the timing of the survey.

Challenges to Cancer Services in Manchester

Cancer services in Manchester are subject to several challenges as described below

- Our residents often have lifestyle factors (smoking, exercise, diet etc) which increase the risk of developing cancer and other conditions. 24.6% of Manchester residents smoke compared to 19.5% across England. Deaths from smoking related diseases are 356.2 / 100,000 compared to 200.7 / 100,000 across England.
- Manchester is the 4th most deprived district in England (out of 326), with over 40% of people in the 2 most deprived groups. Nine of the 100 most deprived areas are in Manchester. 75% of lung cancer patients and 60% of breast cancer patients are from the most deprived quintile. Nationally this figure is 27% of lung cancer patients and 15% of breast cancer patients.
- In Manchester we have a diverse population, with cultural, language and other sensitivities that need to be addressed to ensure patients can access our services. Approximately 70% of our population is white, compared to 80% England average
- Late diagnosis of cancers with many patients diagnosed at a stage where successful treatment is less likely. Approximately half of all cancers in Manchester are diagnosed at stage III or IV. Reasons for late diagnosis include lack of awareness on signs and symptoms of cancer, take up of cancer screening programmes, and late presentation via emergency presentation.
- Screening uptake is below national minimum standard for all 3 national cancer screening programmes for breast, bowel and cervical cancer, and all 3 Manchester CCGs. Reasons for poor uptake include public being unaware of the benefits of early detection, fear of being diagnosed, and accessibility issues. Also people may not want to test the test as they may be embarrassed or unaware of what is involved. **A key objective for Manchester CCGs and partners must be to improve cancer screening uptake across the city, and to make the public aware of the benefits of early detection.**
- Approximately 25% of all cancers are diagnosed via emergency presentation, compared to 20% England average. Patients presenting as emergencies have poorer outcomes due to their late presentation and other co-morbidities

Manchester has higher incidence of cancer, and higher cancer mortality, than the national average, as described below.

Manchester Incidence of all cancers (rate per 100,000) – Cancer Commissioning Toolkit 2012

CMCCG	NMCCG	SMCCG	England Average
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734.9	762.6	717.3	599
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Manchester Mortality from all cancers (rate per 100,000) – Cancer Commissioning Toolkit 2012

CMCCG	NMCCG	SMCCG	England Average
370.8	311.1	350.5	290

1year and 5year survival for Manchester is also lower than national average, especially in North of the City

Manchester Cancer Survival – Cancer Commissioning Toolkit

Manchester patients diagnosed 2008-10	Central Manchester CCG	North Manchester CCG	South Manchester CCG	England
1-year survival	72.5%	68.2%	70.1%	72.8%
5-year survival	52.7%	42.2%	49.4%	54.5%

Manchester CCGs Priorities for Cancer

1. Reducing cancer incidence (in partnership with Manchester City Council and Public Health England)
 - Disease Prevention / Health Promotion (as per **Five Year Forward View 2014**, strategic direction for future NHS and new partnerships with local communities, local authorities and employers)
2. Reducing cancer mortality / improving 1year and 5 year survival
 - Earlier detection
 - o symptom awareness for public and health professionals (in collaboration with MCC and PHE partners)
 - o improving cancer screening uptake through cancer champions in GP practices and communities
 - o improved access to diagnostics / streamlined diagnostic pathways (through the MCIP programme)
 - Best treatments (as per **NICE guidance**, e.g. use of enhanced recovery after surgery)
3. Reducing variation in care
 - Development of service specifications to describe quality expectations for providers
 - Implementation of Recovery Package (as per **National Cancer Survivorship Initiative**)
4. Care in appropriate setting
 - New models of aftercare based on the needs of individual patients, with support services and information available as needed

- Recovery Package to support patients to return to work, education or hobbies (CQUIN developed for consideration)

Governance Arrangements

The Manchester CCGs have established a Cancer Commissioning Board - MCCB (Established December 2013, Chair Caroline Kurzeja). Membership includes representatives from the three local CCGs, Manchester City Council public health team and the Strategic Clinical Network. Terms of Reference and priorities have been agreed, and the Board continues to meet quarterly.

Key Achievements during 2014

- Scoping of cancer services and commissioning arrangements across Manchester completed
- Development of service specifications for breast & lung cancer, to support Macmillan Manchester Cancer Improvement Partnership Programme redesign work
- Cancer Dashboard now available, used to monitor Manchester CCGs patient pathways by provider and tumour type
- Links to Macmillan Manchester Cancer Improvement Partnership, Greater Manchester Strategic Clinical Network, Manchester Cancer Pathway Boards, and Greater Manchester Cancer Commissioning Board
- Review of cancer screening uptake and identification of areas needing support
- Review of GP practice profiles to identify support and development needs

MCCB Work Programme for 2015-16 includes

- Work with public health and local authority partners in Disease Prevention / Health Promotion, as per the Five Year Forward View
- Cancer Commissioning Strategy for 2015 – 2020
- Promotion of the Recovery Package to support patients living with and beyond their cancer diagnosis, as per the National Cancer Survivorship Initiative
- Early diagnosis of all cancers / new NICE referral guidance
- Improving cancer screening uptake
- Incorporating LCS objectives into standard business practice
- Continued support for MCIP programme
- Continued support for Living Longer Living Better new models of care (including End of Life care model and implementation of Electronic Palliative Care Co-ordination System)