

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 12 February 2015

Subject: Overview of Macmillan Cancer Improvement Partnership (MCIP) in Manchester

Report of: Janet Tonge, MCIP Programme Lead

Summary

The MCIP Programme is starting to deliver significant change work with clear benefit to local residents and which over the medium term should also result in cost savings.

Recommendation

The Health Scrutiny Committee are asked to note the good progress and endorse the partnership to continue to change the outcomes for Manchester residents affected by cancer

Wards Affected: All

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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.

None

1.0 Introduction

- 1.1 The purpose of this paper is to give an overview of the cancer improvement work being led by Macmillan Cancer Improvement Partnership (MCIP).

2.0 Background

- 2.1 Manchester has some of the poorest cancer outcomes in England:
- Manchester's cancer incidence is 720.3 cases per 100,000 population compared to 598.9 cases per 100,000 for England. North Manchester's rate is the highest and Central Manchester's rate the second highest in England.

Table 1: Manchester Cancer Incidence – all cancers

CCG	Incidence per 100,000 population (2012)	Number of cases
North Manchester	762.6 (highest in England)	713
Central Manchester	734.9 (second highest in England)	600
South Manchester	717.3 (6 th highest in England)	734

Source: Cancer Commissioning Toolkit 2012

- Rates of premature mortality (i.e. before age 75) from cancer in Manchester are the second highest in England at 157.4 per 100,000 population, compared to 109.3 per 100,000 for England (*Cancer Commissioning Toolkit, 2012*). While, Public Health England data (local authority area, 2010-2012) places Manchester as the worse in England. The breakdown by CCG shows the breakdown by CCG area as below.

Table 2: Premature Mortality (all cancers, 0-74 age group)

CCG	Incidence all cancers deaths (under 75's) per 100,000 population (2012)	Number of cases (2012)
North Manchester	203 (3rd highest)	181
Central Manchester	168.8 (36th highest)	122
South Manchester	193.9 (6th highest)	178
All England	145	

Source: Cancer Commissioning Toolkit 2012

- 32% of the cancer premature mortality rate is accounted for by lung cancer. The average incidence of lung cancer across the three Manchester CCGs is: 160.9 per 100,000 population, compared to 84.8 per 100,000 population for England. North Manchester CCG has the highest incidence of lung cancer in England and South Manchester CCG the second highest.

Table 3: Manchester Lung Cancer Incidence

CCG	Incidence per 100,000 population (2012)	Number of cases (2012)
North Manchester	189.6 (highest in England)	165
Central Manchester	122.6 (21 st highest in England)	90
South Manchester	169.8 (second highest in England)	155

Source: Cancer Commissioning Toolkit 2012

- The proportion of newly identified tumours first presenting as an emergency is also higher in Manchester than in England as a whole.

Table 4: Emergency presentation

CCG	% tumours first presenting as an emergency
North Manchester	27.9%
Central Manchester	25.6%
South Manchester	19.9%
England	20.6%

3.0 MCIP Programme

3.1 To improve this situation both the Manchester Cancer Commissioning Board and the Manchester Cancer Improvement Partnership (MCIP) have been established. MCIP's Board includes:

- North, Central and South Manchester CCGs
- Manchester City Council (Public Health & Adults Social Care)
- Central Manchester University Hospitals NHS Foundation Trust
- University Hospital of South Manchester NHS Foundation Trust
- The Christie NHS Foundation Trust
- Pennine Acute Hospitals NHS Trust
- St Ann's Hospice
- Patients Affected by Cancer
- Macmillan

3.2 By working together to tackle these significant issues Manchester has attracted £3.45m of additional funding from Macmillan Cancer Support of which:

- £2.35m has been committed to phase one of the MCIP Programme – improvements in primary, community and palliative care across all tumour groups.
- £1.1m has been committed to phase two – improvements in breast and lung cancer pathways.

Together with project costs, this funding has allowed for creation of a skilled change team to work alongside partner organisations to provide capacity, programme management and improvement expertise not necessarily available

within stretched NHS organisations. Macmillan Cancer Support funding has been given until December 2015.

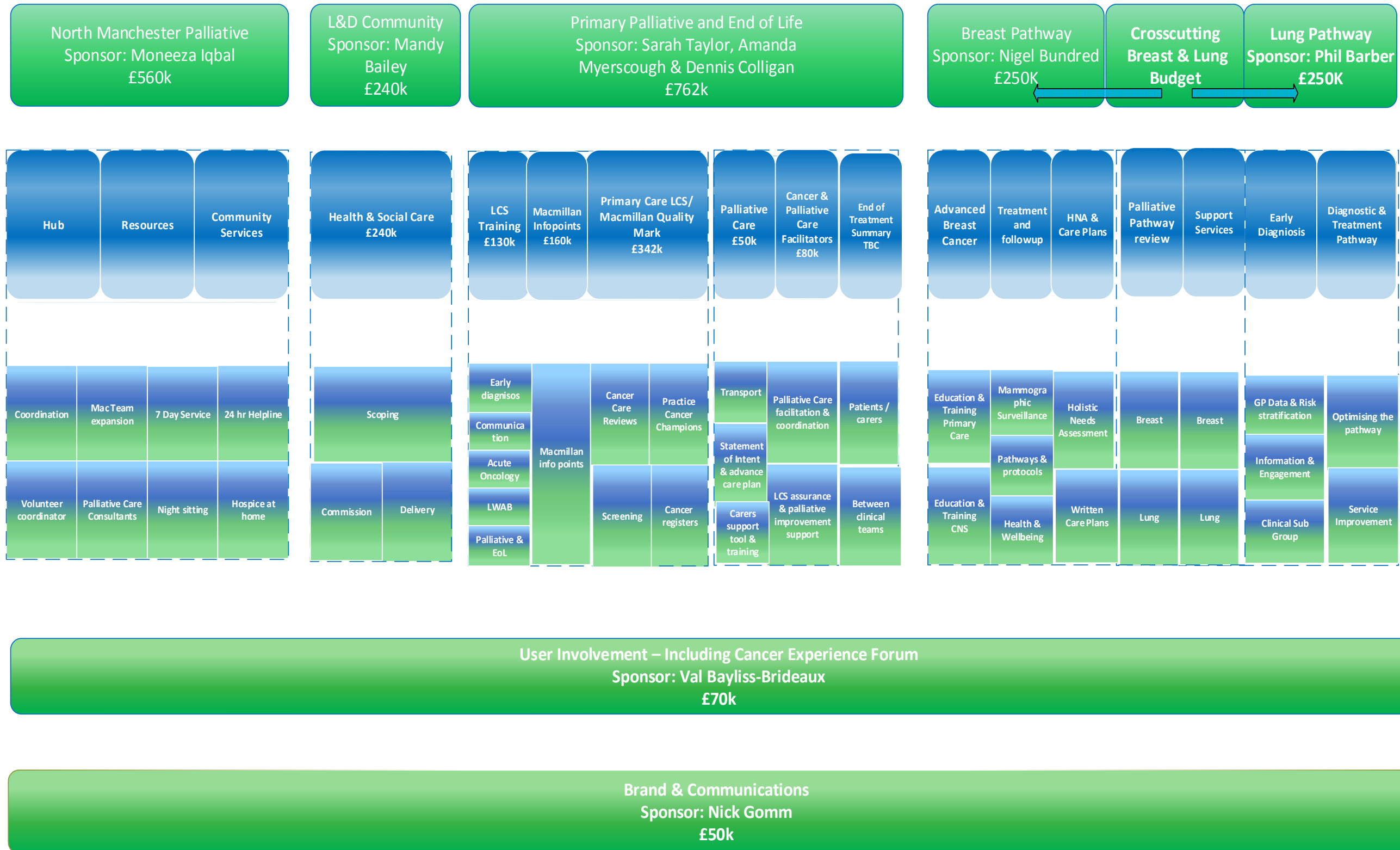
3.3 The MCIP Programme Strategic Summary, Programme Overview: work streams and their projects are shown in the diagram below. This includes work on:

- Primary, Palliative & End of Life (including primary care learning and development)
- North Manchester Palliative Care
- Community Services (Learning and Development)
- Phase 2 - Lung Cancer improvements
- Phase 2 - Breast Cancer improvements

MCIP Strategic Summary

VISION	Our vision is that everyone in Manchester who is affected by Cancer will be able to say; “I had the best support and treatment from an expert team who made me feel cared for and in control”		
Key Stakeholders	Together Macmillan Cancer Support, the local NHS, St Ann’s Hospice and Manchester City Council are working in Partnership with people affected by cancer to understand their needs and expectations to deliver a more compassionate and effective standard of care. Anyone in Manchester who is affected by cancer can be confident they will receive comprehensive information, care and support and be treated with kindness, dignity and respect.		
Key Themes	Board Members Macmillan Cancer Support South, Central and North CCG’s Pennine Acute Trust University Hospital of South Manchester Central Manchester Foundation Trust	Manchester City Council The Christie Foundation Trust St Ann’s Hospice People affected by cancer Strategic Clinical Network	Other Key Partners Manchester Cancer Local voluntary groups
Enablers	Primary and Palliative Care: <ul style="list-style-type: none"> Driving improvements in primary care via a Locally Commissioned Service leading to a Quality Mark for General Practice Improving palliative care through facilitated support and system improvements for cancer registers, advance care planning and Gold Standard Framework. Development of a new model of palliative care in North Manchester based on Midhurst principles Identification of current triggers for palliative care input and identify improvements for lung and breast cancer patients Improving support for carers (TBC) 	Community Care: <ul style="list-style-type: none"> Driving improvements in cancer care by training non cancer specialists in relevant cancer care topics 	Lung Cancer: <ul style="list-style-type: none"> Improving the early diagnosis of lung cancer via risk stratification and targeted screening Reducing diagnostic delays for symptomatic patients
Values	Breast Cancer: <ul style="list-style-type: none"> Developing a new model of post treatment follow up focusing on supported self management Identify best practice on holistic needs assessment for implementation in trusts Improving the quality of life for people with locally advanced or metastatic breast cancer through anticipatory planning, supported self management and better co-ordination between services 		
CCG Outcome & national outcomes framework	Cross Cutting Themes <ul style="list-style-type: none"> Support Services: <ul style="list-style-type: none"> Identifying areas of greatest need and development of commissioning business cases Information: <ul style="list-style-type: none"> Improving the quality of written information between clinical teams via the end of treatment summaries 		
Enablers	Macmillan Care Support Funding Skilled Programme Team		
Enablers	Partnership Commitment Organisational Commitment		
Enablers	Commissioning Support		
Macmillan's 9 Values			
<ul style="list-style-type: none"> I was diagnosed early I understand, so I make good decisions I get the treatment and care which are best for my cancer, and my life 	<ul style="list-style-type: none"> Those around me are well supported I am treated with dignity and respect I know what I can do to help myself and who else can help me 	<ul style="list-style-type: none"> I can enjoy life I feel part of a community and I’m inspired to give something back I want to die well 	
Domain 1 – Preventing people from dying prematurely <ul style="list-style-type: none"> Under 75 mortality from Cancer One year survival from all cancers One year survival from breast, lung and colorectal cancers Cancer: diagnosis via emergency routes Cancer: record of stage at diagnosis Breast Cancer: Mortality 	Domain 2 – Enhancing quality of life for people with long term conditions <ul style="list-style-type: none"> People feeling supported to manage their condition 	Domain 4 – Ensuring that people have positive experience of care <ul style="list-style-type: none"> Improving the experience of care for people at the end of their lives 	

MCIP Programme Overview : Workstream area and finance v1.1



4.0 Progress and benefits

Phase 1 projects

A new model of supportive Palliative Care in North Manchester:

4.1 The National Audit Office (2011) suggested that 40% people dying in hospital have no medical need to be there and 59% of people asked said they were frightened of dying in hospital. The new model being developed in North Manchester will support people to die in their preferred place and reduce emergency admissions. It will provide:

- Extra Palliative care consultants
- More community Macmillan nurses and
- More therapists 7 day a week 8 til 8 support, not Mon-Friday 9:00-5:00
- Treatment closer to home including own home
- Focus on support for living with cancer
- Support with everyday tasks
- One point of contact for patient & carers

4.2 Currently more people die in hospital in Manchester than the national average. In North Manchester this is 63.1%. The Midhurst model, on which the North Manchester work is based, had a 17.75% hospital place of death rate in 2012-2013. Monitor's economic evaluation of the Midhurst Service suggests that earlier access to community based specialist palliative care could reduce the total cost of care in the last year of life by 20 per cent.

4.3 North Manchester CCG have modelled that up to £0.7m per annum savings could be derived from hospital admissions avoided in the final 12 months of a patient's life through care being delivered in a more appropriate setting. The exact benefit will be known once the service has been fully developed and evaluated. The current information for place of death are below.

Table 6: Place of death baselines, 2008-2010 (year average)

Place	NMCCG		CMCCG		SMCCG		Manchester CCGs	England
	No.	%	No.	%	No.	%	%	%
Hospital	800	63.1	604	59.5	745	58.7	60.5	54.5
Home	282	22.3	227	22.3	290	22.8	22.5	20.3
*Care home	126	9.9	127	12.5	153	12	11.4	17.8
Hospice	35	2.7	34	3.3	52	4.1	3.4	5.2
other place	25	1.9	24	2.4	31	2.4	2.2	2.2
Total	1268		1016		1271			

2008-2010 ONS mortality data

*(nursing or residential)

Driving systematic primary care improvements via a Locally Commissioned Service (LCS) and Primary Care training

- 4.4 The LCS is a package of improvements and standards designed to drive systematic improvements in primary care which when achieved will lead to the awarding of a Quality Mark for general practice. A range of process improvements (such as proactive use of the cancer register, improved templates for cancer reviews, better patient information, cancer champions (clinical and non-clinical) and training for Practice staff are included in the LCS.
- 4.5 Practice level data shows that there are currently **9703 patients** in Manchester on GP Cancer Registers that will benefit from these changes alongside new patients presenting with symptoms that could be cancer related.

Table 8: Number of patients on a GP Cancer Register

Data source – report from GP systems – Q1 2014-15	Number of patients on a GP Cancer Register	% of practice population
North Manchester	3359	1.7
Central Manchester	2845	1.3
South Manchester	3499	2.1

- 4.6 Primary care workforce training analysis conducted by the University of Manchester for MCIP showed that:
- 58% have not attended cancer care or communication skills training within the last two years
 - 54% don't feel confident using bereavement risk assessment tools and making appropriate onward referrals
 - 48% don't know about support services that they can help patients access
 - 38% don't feel confident undertaking an HNA, and providing advice relating to rehabilitation and survivorship
 - 38% don't feel confident explaining the range of treatments for their cancer and the potential side effects
- 4.7 A £130,000 training package has been developed which will help meet identified needs in the areas of:
- Communication
 - Early Diagnosis
 - Acute Oncology
 - Survivorship
 - Palliative & End of Life Care

This includes free high quality training alongside funded training. This will support Manchester to overtake the national average identified in the 2014 National Patient Cancer Experience Survey (NPCES) in which patients felt that only two thirds of practice staff did everything they could to support patients (Q64).

- 4.8 We are delighted that 90% of all Manchester practices have signed up for the LCS.

Improving end of life and palliative care through better use of palliative care registers and GSF

- 4.9 This is a jointly funded project with EPACCs, which has been developed to provide Facilitator support to all Primary Care Practices to quality assure the LCS and to:

- Increase the numbers of patients on palliative care registers
- Increase the number of patients who have an advance care plan and recorded place of care
- Increase compliance with Gold Standards Framework

The total budget for this project is £185,000; £80,000 from MCIP and £105,000 from the 3 Manchester CCG's for:

- A Clinical co-ordinator post for 2 days a week for 12 months
- 3 x WTE Facilitators posts for 18 months.

- 4.10 Practice level data (April- June 2014) indicates that North Manchester CCG has the lowest numbers on Palliative Care registers: NMCCG 0.2%; CMCCG 0.3%; and SMCCG 0.4%. The Dying Matters Coalition suggests the percentage should be approximately 1% of the practice population. This indicates a gap of **3611 patients** across Manchester not currently on palliative care registers who should be. This means that they and their families may lack support and have a higher risk of emergency admissions to hospital. This project will help identify these **3611 patients** as well as facilitating better support for the **1512 patients** currently on the Palliative Care registers.

Table 9: Number of patients on a GP Palliative Care Register

Data source – report from GP systems – Q1 2014-15	Number of patients on a GP Palliative Care Register	% of practice population	Number of patients we'd expect to be on a GP palliative care register (1%)	Gap
NMCCG	354	0.2	1770	1416
CMCCG	550	0.3	1833	1283
SMCCG	608	0.4	1520	912
Manchester	1512		5123	3611

Improving the Health and Social Care workforce's (non cancer specialists) knowledge of cancer

4.11 A further piece of phase 1 work is to provide better care by improving non-cancer specialist's health and social care workforce's knowledge of cancer. The scoping of workforce requirements has now been completed will result in a training package of £200k and commissioning recommendations.

4.12 Key findings from the workforce scoping:

Reception, Administrative and Clerical Staff

- Respondents report less confidence in signposting of information, discussing issues with patients affected by cancer and working with individuals demonstrating a fuller understanding of aspects of cancer.

Home Carers and Support Workers in Health and Social Care

- Respondents report less confidence in sourcing information in a range of formats.
- Respondents report lack of confidence with using end-of-life care assessment tools.
- Respondents report some with understanding advance care planning and communicating effectively and sensitively.

Registered Professionals in Health and Social Care, Primary Assessment Officers, Reablement Managers and MEAP Assessors

- Overall (37%), registered professionals report least confidence in sourcing information in a range of formats.
- 35% of respondents report a lack of confidence with using end-of-life care assessment tools.
- Health care professionals report a lack of confidence in discussing and working with patients and developing coping strategies.
- 25% of professionals perceive assessing and managing symptoms as not applicable to their role, requiring further exploration.
- Overall, respondents report (26%) a lack of understanding of the legal status of advance care planning.

Phase 2 projects

Lung Cancer

4.13 Work on lung cancer has been identified as a major part of the MCIP phase 2 programme:

- In Manchester there are around 410 new lung cancer cases or 161 people per 100,000 diagnosed every year (significantly higher than the England average 85 per 100,000) (Cancer Commissioning Toolkit, 2012)
- Approximately 269 people die from lung cancer every year or 107 per 100,000 (significantly higher than the England average of 67 deaths per 100,000) in Manchester (Cancer Commissioning Toolkit, 2012).
- Smoking related deaths in Manchester are the highest in England (age-standardised per 100,000 population).
- Smoking rates in Manchester are 27.2% of the adult population compared to 22% nationally. This figure rises in adults who are employed in manual work, where 38.3% of those over 18 year old smoke (Manchester City Council, Joint Strategic Needs Assessment 2012).

Table 10: Smoking related deaths

Local Authority	Indicator value per 100,000 population (2009-2011)	Number of smoking related deaths per year
Manchester	356	768
England average	201	-

Source: Public Health Observatories Health Profile 2013

4.14 MCIP phase 2 has now been approved and includes the following key projects for Lung Cancer redesign work

- Saving lives through earlier diagnosis of lung cancer - this innovative scheme is working out how to identify Manchester residents who are at high risk of lung cancer and offer a diagnostic test so it can be found and treated. The project is in the early stages, but we are very hopeful that this will have an impact on lung cancer outcomes.
- Optimising diagnostic and treatment pathways - The diagnostic pathway for lung cancer is complex and can involve patients visiting different providers. This project will identify opportunities for reducing delays and improving the patient experience of the diagnostic and treatment pathway.
- Improving palliative care - Having effective care plans and management of patients by specialist palliative care / end of life care teams, based on individual needs, will improve patient and carer experience and reduce unplanned admissions to hospital. However, the triggers to palliative care can vary between teams and would benefit from improvement. The aim of

this project is to improve links between teams caring for lung cancer patients and palliative care services.

- 4.15 MCIP's lung cancer Early diagnosis work has been included in a national programme which is focussing on step change initiatives.

Breast Cancer

- 4.16 Across the three Manchester CCGs there are an average of 180.5 new cases of breast cancer per 100,000 population compared to an all-England incidence of 164.1 cases per 100,000 population. The incidence in North and South Manchester CCGs is close to the all-England incidence however in Central Manchester CCG, the incidence is the eighth highest in England. However, breast cancer mortality in Manchester is below the all-England rate of 36.4 per 100,000 population.

Table 11: Manchester Breast Cancer Incidence

CCG	Incidence per 100,000 population (2012)	Number of cases (2012)
North Manchester	168.8	89
Central Manchester	201.2	95
South Manchester	170.6	103

Source: Cancer Commissioning Toolkit 2012

Table 12: Manchester Breast Cancer Mortality

CCG	Mortality per 100,000 population (2012)	Number of deaths (2012)
North Manchester	35.5	18
Central Manchester	23.0	10
South Manchester	28.8	17

Source: Cancer Commissioning Toolkit 2012

- 4.17 The 10 year survival for breast cancer is 90% across in England. As Manchester has approximately 287 new cases diagnosed annually this means that while it is excellent that more patients are living and beyond cancer, hospital based on-going follow will therefore be at an increasing cost.
- 4.18 Work across Northern Ireland has transformed follow up into a self-management model for suitable patients which includes awareness raising around symptoms of concern, rapid re-access and wellbeing information/activities. They currently have 41% of patients in this self-managed after care route which has:

- Reduced breast surgical waiting lists by 25%
- Reduced breast oncology waiting lists by 50%.

- 4.19 Breast cancer redesign projects are:

- Health Needs Assessments and end of Treatment Plans
- A new model for monitoring and aftercare following the Northern Ireland model
- Access to support services
- Advanced Breast Cancer

5.0 Conclusion

- 5.1 The MCIP Programme is starting to deliver significant change work with clear benefit to local residents and which over the medium term should also result in cost savings.
- 5.2 The Health Scrutiny Committee are asked to note the good progress and endorse the partnership to continue to change the outcomes for Manchester residents affected by cancer.