Manchester City Council
Report for Resolution

Report to: Health Scrutiny Committee – 10 October 2016

Subject: Health Cancer Services in Manchester

Report of: Craig Harris, Executive Nurse and Director of City wide Commissioning and Quality, Executive Director of Safeguarding; Caroline Kurzeja, Chief Officer, South Manchester CCG and Coral Higgins, Commissioning Manager (Cancer), Manchester CCGs

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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 priorities for 2015-20, progress to date and areas in development

- Cancer incidence (690-725 cases/100,000 population) is higher in Manchester than the national average (incidence 607 cases/100,000 population. Lung cancer incidence is more than twice the national average.
- Cancer mortality (345-378 cases/100,000 population) is higher in Manchester than the national average (285 cases/100,000 population). Lung cancer mortality is more than twice the national average.
- Cancer survival is improving in Manchester (currently approx. 68% 1yr survival) due to better treatments and MDT working; Cancer can be considered a long term condition for many patients as more than half of our patients now survive for more than 10 years.
- We currently have an estimated 10,000 people are living with and beyond their cancer diagnosis and; consequences of the treatment means that patients require ongoing support for their condition. This figure is expected to rise to 20,000 people by the year 2030.
- Cancer workload is increasing with increased referrals for suspected cancer (↑600 per year), more patients diagnosed and treated (↑approx 180-200 per year). The cancer workforce and current resources are now at capacity.
- In Manchester uptake of national cancer screening programmes is low (Breast 57%, Bowel 42%, Cervical 67%) compared to National Average (Breast 73%, Bowel 58%, Cervical 74%) leading to delayed diagnosis
- In Manchester, emergency presentations are high (Breast 7-10 cases/100,000, Bowel 22-25 cases/100,000, Lung 46-64 cases/ 100,000) compared to national average (Breast 6.7 cases, Bowel 17.7 cases, Lung 28.1 cases / 100,000) and is linked to poorer outcomes and survival.
- Manchester has been supported by investment and the Macmillan Cancer Improvement Partnership to develop innovative ways to improve pathways and services for patients

Recommendations

- The committee is asked to note the contents of this report
- Prevention: prioritise work to commission effective Well-being Services to improve health outcomes of Manchester people by encouraging healthy lifestyle choices around smoking, diet, alcohol and activity, to prevent disease and chronic conditions such as cardiovascular disease, diabetes and cancer
- Early Diagnosis: Continue to support work to improve cancer survival by diagnosing patients at earlier stage, through public participation in National Cancer Screening Programmes (Breast, Bowel and Cervical Cancer), and the Manchester pilot project of community based lung health checks (in collaboration with Macmillan Cancer Improvement Partnership)
- Survivorship: Support work to commission new models of aftercare and improve services for patients living with and beyond their cancer diagnosis, often with consequences of their disease and treatment, through the development of stratified aftercare pathways and supportive services
- Support for Primary Care: the development of primary care cancer standards will help us to address issues such as screening uptake and support for patients living with and beyond their diagnosis to ensure patients are supported and know where to access further advice
- Planned Care Pathways: We need to improve care pathways for patients following cancer diagnosis to reduce emergency admissions – primary and secondary care to work collaboratively
- We will build on the work of the Macmillan Cancer Improvement Partnership in Manchester in developing new model of aftercare and innovative ways to diagnose patients earlier, rolling out the learning to other tumour pathways as per the National Cancer Strategy 2015.
- We will support and influence the work of the Greater Manchester Cancer Vanguard, in developing new clinical pathways and commissioning arrangements for cancer pathways.

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.

- Manchester Cancer Commissioning Strategy

- National Cancer Strategy – Executive Summary

1.0 Introduction

1.1 This paper describes the current implications for cancer services in the City of Manchester, and the challenges faced by commissioners, primary care clinicians and service providers.

1.2 Each year more people are referred to our acute providers with suspected cancer, with approximately 2000 people diagnosed and treated. Around 45% of people are diagnosed at an early stage (Stage 1 & 2), but 55% are diagnosed at late stage where the chance of curative treatment is reduced.

1.3 Our 1year survival rates are improving over time thanks to improvements in diagnostic techniques, multi-disciplinary working and effective treatments by specialist providers.

1.4 It is estimated that there are approximately 10,000 people living with and beyond their cancer diagnosis, and this is expected to double to 20,000 by 2030. More people are living with cancer as a long term condition and require ongoing support for the consequences of their treatment of disease progression.

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

- Central Manchester NHS Foundation Trust
- Pennine Acute Hospitals NHS Trust
- University Hospital South Manchester NHS Foundation Trust

The Acute Trusts received approximately 12,000 referrals each year from the 3 Manchester CCGs. Referrals for 2015-16 have increased by approximately 10% from 2014-15.

1.6 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.

1.7 Progress since Feb 2015

- Analysis of the NHS Right Care information on Cancer & Tumours for 3 Manchester CCGs. This showed that there is variation in spend across Manchester, that uptake to national cancer screening programmes is below the minimum standard, and that in Manchester we have high rates of emergency admissions compared to similar CCGs
- Implementation of the community based North Manchester Palliative & Supportive Care Service (in collaboration with Macmillan Cancer Improvement Partnership in Manchester) – more patients now cared for in their preferred place and emergency admissions to hospital avoided
- Locally Commissioned Service (LCS) for Cancer Care in Primary Care during 2015 – range of cancer objectives developed by people affected by cancer and local GPs (eg GP care review for patients following cancer diagnosis, and use of practice based registers for cancer and palliative care patients). 90% of Manchester GPs signed up to the LCS.
- Development of Manchester Cancer Commissioning Strategy – priorities in line with national recommendations (see appendix)

- Participation in National ACE (accelerate, co-ordinate, evaluate) programme – local project to improve practice engagement with national bowel screening programme and increase patient participation, in practices with lowest reported uptake. 40% of patients contacted by their GP practice said they would take part in bowel screening programme
- New model of aftercare for breast cancer patients – moving to model of supported self –management and healthy lifestyles from Oct 2016
- Pilot of Lung Health Checks (in collaboration with Macmillan Cancer Improvement Partnership in Manchester) and low-dose CT scan for people at increased risk of lung cancer
- Defined pathways for patients with advanced breast and lung cancer and development of tailored information and support (in collaboration with Macmillan Cancer Improvement Partnership in Manchester)
- People affected by cancer involved in all projects and service developments, co-ordinated by CCG senior engagement manager and MCIP user involvement lead

1.8 Further work to do

- Commissioning of wellbeing services to prevent the development of chronic disease (cardiovascular, diabetes and cancer) and to support healthy lifestyle choices
- Patient participation in National Cancer Screening Programmes – Manchester uptake for all 3 cancer programmes is lower than national minimum standards. NHS Right Care information suggests that if Manchester uptake rates were similar to comparable CCGs we could screen an extra 2280 women for breast cancer, 9200 women for cervical cancer, and 2000 for bowel cancer. Some of these people will have cancer that we could detect at an earlier stage
- Testing a new diagnostic model for patients with serious but non-specific symptoms (Part of National ACE2 programme) – patients with concerning symptoms often do not fit onto a specific tumour pathway and can be referred between clinical teams until a diagnosis is reached. This new model, co-developed by people affected by cancer) will include GP investigations to support triage of appropriate patients and a one-stop diagnostic clinic.
- We have an estimated 10,000 people living with and beyond their cancer diagnosis in Manchester; this is expected to rise to 20,000 by 2030. Current hospital based long term follow up models are not sustainable. Implementation of key elements of the National Cancer Survivorship Initiative Recovery Package to support patients following cancer treatment will allow them to self-manage and improve their health and wellbeing.
- Emergency presentations of cancer (breast, bowel and lung) are higher than national average across all 3 Manchester CCGs. Lung cancer emergency admissions are more than twice the national average. Primary care colleagues need to review these patients diagnosed following emergency admission to establish if any key themes that could identify patients earlier.
- Smoking prevalence in Manchester (22.7%) remains higher than national average (16.9%). Support for smoking cessation services needs to be agreed and services commissioned that meet the needs of our population. Rate of smoking related deaths in Manchester is 458.1/100,000 compared to national average of 274.8.

2.0 Background

2.1 Current Commissioning Arrangements for Cancer Services

Since April 2013 the following 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

2.11 Greater Manchester Cancer System Board has been established since September 2016 to facilitate collaborative commissioning and provision of cancer services across the region. There are parts of cancer pathways that fall between local and specialist commissioning and clarity is being sought on the ideal arrangements. Greater Manchester Cancer Vanguard has a commissioning work stream along with projects determining world class standards for cancer care and developing new pathways and care models.

2.12 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 neighbouring 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. Patients are also complex – 60% of patients have an additional health need along with their cancer diagnosis.

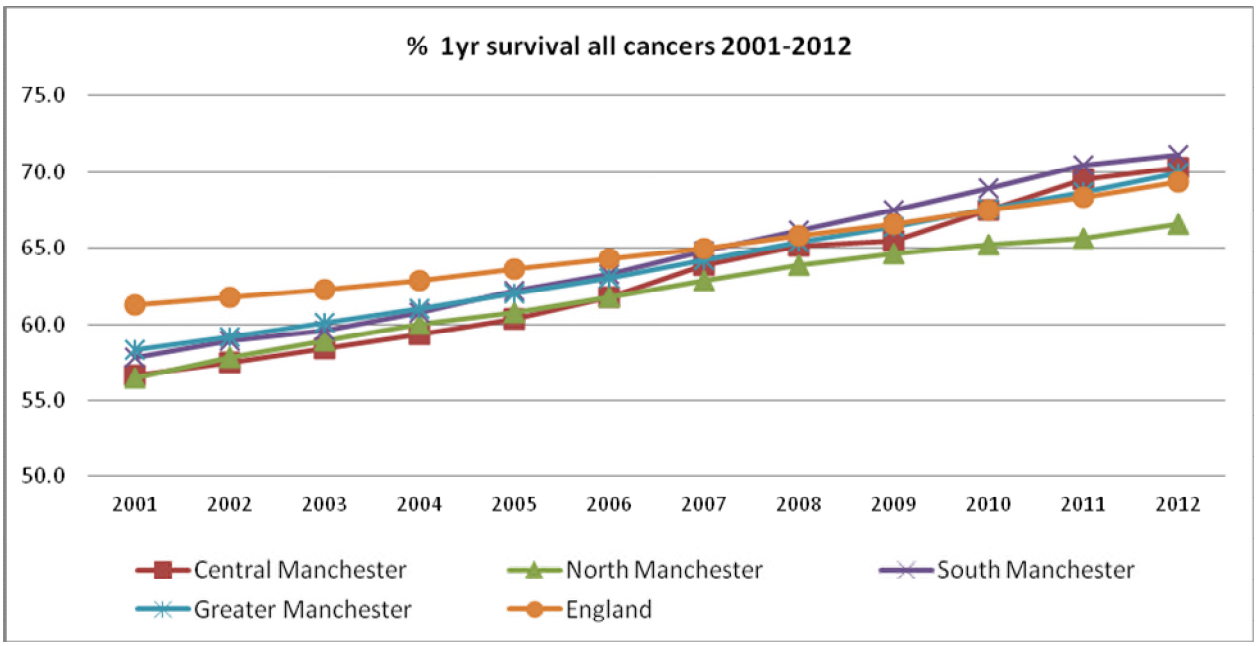
2.2 Manchester Context:

2.21 In Manchester we have approximately 2000 new cancer diagnoses each year. The table below shows the age standardised cancer incidence rate (/ 100,000 population) for 2013 for each of the 3 CCGs in Manchester compared to the national average.

www.cancerresearchuk.org	CMCCG	NMCCG	SMCCG	England
All cancers combined	**689.6**	**724.8**	**692.3**	**606.7**

2.22 The graph below shows the improvements in 1yr cancer survival in Manchester. Central and South Manchester 1year survival figures are now just above the Greater Manchester and national average. North Manchester has shown

significant improvement in survival but remain below the Greater Manchester and national average.



2.23 In Manchester we have approximately 1000 cancer deaths each year. The table below shows the age standardised cancer mortality rate (/100,000 population) for 2013 for each of the 3 CCGs in Manchester compared to the national average.

www.cancerresearchuk.org	CMCCG	NMCCG	SMCCG	England
All cancers combined	**345.1**	**378.3**	**345.0**	**285.4**

2.3 Challenges to Cancer Services in Manchester

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

- 2.31 Our residents often have lifestyle factors (smoking, exercise, diet etc) which increase the risk of developing cancer and other conditions. **22.7% of Manchester residents smoke** compared to 16.9% across England. **Deaths from smoking related diseases are 458.1 / 100,000** compared to 274.8 / 100,000 across England.
- **2.32 Life expectancy is 75.8 for men** in Manchester (compared to 79.5 in England), and **79.9 for women in Manchester** (compared to 83.2 in England). Premature cancer death (<75yrs) rate in Manchester is 195.6/100,000, compared to national rate of 141.5
- 2.33 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.
- 2.34 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.

- 2.35 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. Uptake of National Cancer Screening programmes is described in the table below
- 2.36

Tumour type	CMCCG	NMCCG	SMCCG	England
Breast	57.3%	53.5%	62.3%	72.8%
Bowel	39.2%	43.4%	44.4%	57.6%
Cervical	63.9%	66.9%	68.9%	73.5%

NHS Right Care focus pack – cancer & tumours 2016 & www.fingertips.phe.org.uk

- 2.37 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.
- **2.38 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.**
- 2.39 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.
- 2.310 Rate of Emergency presentations / 100,000 population is described in the table below

Tumour type	CMCCG	NMCCG	SMCCG	England
Breast	8.8	9.6	7.3	6.7
Bowel	23.7	25.2	22.5	17.7
Lung	54.3	64.4	46.8	28.1

NHS Right Care focus pack – cancer & tumours 2016

3. Manchester Cancer Performance:

3.1 When it comes to cancer standards, we know that waiting times have a very direct link with the quality of service we commission. We know that waiting for test results or treatment causes real anxiety for patients and their families. We know that many treatment options will only be effective if we employ them early enough. Ultimately, we know that delays in diagnosis and treatment are part of the reason that cancer outcomes in this country do not always compare well with our European peers.

3.2 The following standards apply to both providers and commissioners of cancer services:

- **Two weeks** from urgent GP referral for suspected cancer to first appointment (**93%**)

- **Two weeks** from referral for breast symptoms (whether cancer is suspected or not) to first appointment (**93%**)
- **62 days** from urgent GP referral for suspected cancer to first treatment (31 days for children's cancers, testicular cancer, and acute leukaemia) (**85%**)
- **62 days** from urgent referral from NHS Cancer Screening Programmes (breast, cervical and bowel) to first treatment (**90%**)
- **62 days** from a consultant's decision to upgrade the urgency of a patient (e.g. following a non-urgent referral) due to a suspicion of cancer to first treatment (no operational standard set)
- **31 days** from diagnosis (decision to treat) to first treatment for all cancers (**96%**)
- **31 days** from decision to treat/earliest clinically appropriate date to second/subsequent treatment (surgery or radiotherapy) (**94%**)
- **31 days** from decision to treat/earliest clinically appropriate date to second/subsequent treatment (anti-cancer drug therapy, e.g. chemotherapy) (**96%**)

For the purpose of this report, we will focus on the 3 main standards
Cancer diagnosis and treatment figures by different providers (Cancer Waiting Times database, prior to GM re-allocation policy)

3.3 Suspected Cancer Referrals from Manchester CCGs
Two weeks from urgent GP referral for suspected cancer to first appointment (**93%**).
Table 4 in appendix

This standard is met in most instances by providers. Where the standard is not met this is due to short term staffing and capacity issues. Suspected cancer referrals from Manchester GPs having been increasing each year and increased by approximately 600, from 12591 in 2014-15 to 13203 in 2015-16. The use of additional new patient clinics (weekends and evenings) to manage the demand has increased across Greater Manchester , but this is not sustainable given the number of referrals and the staff resources.

3.4 Treatment Standards
31 days from diagnosis (decision to treat) to first treatment for all cancers (**96%**)
Table 5a in appendix

All patients regardless of their route to diagnosis can expect to be treated with 31days of a treatment plan being discussed and agreed with them. In Manchester this standard is met for most patients (**98.4%** in 2015-16). In 2015-16 an additional 170 patients were treated for their cancer, increasing from 1689 in 2014-15 to 1862 in 2015-16.

62 days from urgent GP referral for suspected cancer to first treatment (31 days for children's cancers, testicular cancer, and acute leukaemia) (**85%**)
Table 5b in appendix
This standard is not met for Manchester patients, but is in line with the National picture. 79.4% of patients were treated within 62d of the GP suspected cancer referral in 2014-15. This figure increased to **82.9%** in 2015-16. In 2015-16 an

additional 137 patients were treated for their cancer, increasing from 880 in 2014-15 to 1017 in 2015-16.

The figures in Table 5b are before a Greater Manchester Breach Reallocation Policy is applied. Greater Manchester providers have a local agreement regarding the sharing of breaches depending on the cancer pathway and onward referral to a second or third treatment provider. The Christie figures appear lower as they rely on the diagnosing trust to refer in a timely manner to allow for treatment planning and start by day 62.

3.5 National Cancer Patient Experience Survey 2015

3.51 The results of the National Cancer Patient Experience Survey (NCPES) 2015 were published by Quality Health on behalf of NHS England on 5th July 2016, for the first time as Official Statistics. The sample for this survey was all adult NHS patients with a confirmed primary diagnosis of cancer, discharged after an inpatient or day case episode for cancer related treatment in the months of April, May and June 2015.

3.52 The NCPES has been carried out annually since 2010. The survey has been designed to monitor national progress on 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. This survey of how cancer patients are cared for in the NHS has undergone an extensive review to ensure it is a better tool to help deliver the national cancer strategy, and follows consultation involving patients, clinicians and other stakeholders to ensure it best represents patient experience.

3.53 Table 6 in the appendix provides a summary of the results that are included in phase 1 of the Cancer Dashboard developed by Public Health England and NHS England. On almost all these indicators, our local providers score is at or just above the national average. The exceptions to this are at PAHT, where fewer patients felt that they got all the support they needed from their GP and nurses at their general practice and fewer patients found it easy to contact their CNS. Similarly across the CCGs, results are broadly in line with the national average (Table 7 in appendix). The exceptions to this are NMCCG, where fewer patients found it easy to contact their CNS.

3.54 There is not necessarily a correlation between the CCG scores and those of the main provider for each of the CCGs. This is a result of 2 key factors:

1) Cancer pathways are complex and often include more than one provider.
2) Both CMFT and UHSM are tertiary treatment centres for some tumour types and will see patients from a wider range of CCGs. PAHT serves the populations of Oldham, Bury and Rochdale as well as North Manchester.

3.55 In addition, we know from Macmillan Cancer Support's Routes from Diagnosis work for breast and lung cancer that Manchester patients with a cancer diagnosis are significantly more deprived than the national population, with poorer health and therefore higher support needs. Nationally 16% of patients with a breast cancer diagnosis are in the IMD 2 most deprived deciles. In Manchester the figures are 82% (NMCCG), 73% (CMCCG) and 61% (SMCCG). There is even greater deprivation for

patient with a lung cancer diagnosis, where nationally 27% of patients are in the IMD 2 most deprived deciles. In Manchester the figures are 93% (NMCCG), 78% (CMCCG) and 75% (SMCCG).

3.56 Areas where Manchester patients scored the questions higher than national average include:

- Being told sensitively they had cancer
- Hospital staff giving information on where to get financial help
- Patients getting support from health and social care during and after treatment

3.57 Areas where the care and support for our patients could improve include:

- Being told about side effects that could affect them later
- Finding it easy to contact the CNS
- Staff asking what name the patient preferred to be called by
- Having time to discuss concerns or worries with hospital staff
- Length of time waiting in clinics

3.58 Many of these areas for improvement require more TIME for staff to be available for their patients. This would require additional resources and a review of current pathways and staff workload to ensure that patients get the support they need.

4. Secondary Care Cancer Spend – Overall Figure

4.1 NHS Right Care Focus Packs for Cancer & Tumours showed the figures for secondary care spend on cancer services in 2014-15 is almost £25M between the 3 Manchester CCGs (Table 8 in Appendix). However there is variation in the reported spend by each CCG despite similar population size and similar numbers of patients diagnosed and treated. NMCCG spent £10.5M on cancer services in 2014-15, almost £4M more than SMCCG (£6.5M), and £2.7M more than CMCCG (£7.8M).

4.2 Priority areas for cancer care in Manchester are based on the National Cancer Strategy (Achieving World Class cancer Outcomes – 2015) and the locally developed Manchester Cancer Commissioning Strategy. The following areas have been identified by key stakeholders:

- Healthy Lifestyles / Disease Prevention
    - Local authority partners
- Detecting Cancer Earlier
    - National cancer screening programmes
    - Signs & symptoms of cancer for public and health professionals
    - New referral process for suspected cancer
- Improved planned pathways for cancer patients
    - Development of service specifications for tumour pathways
    - Expectations for providers
- Living with and beyond cancer / Cancer as a long term condition
    - Recovery package
    - Pathways for consequences of treatment or progressing disease
- Palliative & end of life care
    - Referrals to palliative care teams

- North Manchester model
- Electronic Palliative Care Co-ordination System

4.3 Local Innovations in Cancer Care in Manchester

Macmillan has supported a programme of service redesign that has seen the development of many innovations to improve cancer care in Manchester (MCIP programme). These include:

- A locally commissioned service for cancer care in primary care – findings from the LCS will be used to support the development of primary care cancer standards
- A new model of aftercare for patients treated for breast cancer, including development of elements of the Recovery Package
- Community based lung health checks and targeted investigations for people at increased risk of lung cancer
- New model of palliative care support for North Manchester

4.4 Other local innovations include:

- Local project (part of the National ACE programme, supported by NHS England, Macmillan Cancer Support and Cancer Research UK) to improve engagement with national bowel screen programme in practices with lowest uptake. Initial evaluation suggests that 40% of people that did not return their bowel screening kit, said they would take part following contact by their GP practice non-clinical cancer champion
- Serious Event Analysis when patients are diagnosed with cancer following emergency admission. Key themes will be fed back to GPs and addressed through local developments by Macmillan GP cancer leads
- Working with Greater Manchester Cancer Vanguard (Transforming Aftercare Project) to undertake a review of breast, colorectal and prostate cancer follow up, with a view to developing new models of aftercare (building on the MCIP Breast redesign work)

5. 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 priorities for 2015-20, progress to date and areas in development

- Cancer incidence *(690-725 cases/100,000 population)* is higher in Manchester than the national average *(607 cases/100,000 population*). **Lung cancer incidence is more than twice the national average.**
- Cancer mortality *(345-378 cases/100,000 population)* is higher in Manchester than the national average *(285 cases/100,000 population).* **Lung cancer mortality is more than twice the national average.**
- Cancer survival is improving in Manchester (currently approx. 68% 1yr survival) due to better treatments and MDT working; Cancer can be considered a long term condition for many patients as more than half of our patients now survive for more than 10 years.
- We currently have an estimated 10,000 people are living with and beyond their cancer diagnosis and; consequences of the treatment means that patients

require ongoing support for their condition. **This figure is expected to rise to 20,000 people by the year 2030.**

- Cancer workload is increasing with increased referrals for suspected cancer (↑600 per year), more patients diagnosed and treated (↑approx 180-200 per year). The cancer workforce and current resources are now at capacity.
- In Manchester uptake of national cancer screening programmes is low *(Breast 57%, Bowel 42%, Cervical 67%)* compared to National Average *(Breast 73%, Bowel 58%, Cervical 74%)* leading to delayed diagnosis
- In Manchester, emergency presentations are high *(Breast 7-10 cases/100,000, Bowel 22-25 cases/100,000, Lung 46-64 cases/ 100,000)* compared to national average *(Breast 6.7 cases, Bowel 17.7 cases, Lung 28.1 cases / 100,000)* and is linked to poorer outcomes and survival.
- Manchester has been supported by investment and the Macmillan Cancer Improvement Partnership to develop innovative ways to improve pathways and services for patients

6. Recommendations

- The committee is asked to note the contents of this report
- Prevention: prioritise work to commission effective Well-being Services to improve health outcomes of Manchester people by encouraging healthy lifestyle choices around smoking, diet, alcohol and activity, to prevent disease and chronic conditions such as cardiovascular disease, diabetes and cancer
- Early Diagnosis: Continue to support work to improve cancer survival by diagnosing patients at earlier stage, through public participation in National Cancer Screening Programmes (Breast, Bowel and Cervical Cancer), and the Manchester pilot project of community based lung health checks (in collaboration with Macmillan Cancer Improvement Partnership)
- Survivorship: Support work to commission new models of aftercare and improve services for patients living with and beyond their cancer diagnosis, often with consequences of their disease and treatment, through the development of stratified aftercare pathways and supportive services
- Support for Primary Care: the development of primary care cancer standards will help us to address issues such as screening uptake and support for patients living with and beyond their diagnosis to ensure patients are supported and know where to access further advice
- Planned Care Pathways: We need to improve care pathways for patients following cancer diagnosis to reduce emergency admissions – primary and secondary care to work collaboratively
- We will build on the work of the Macmillan Cancer Improvement Partnership in Manchester in developing new model of aftercare and innovative ways to diagnose patients earlier, rolling out the learning to other tumour pathways as per the National Cancer Strategy 2015.
- We will support and influence the work of the Greater Manchester Cancer Vanguard, in developing new clinical pathways and commissioning arrangements for cancer pathways.

7. Appendix:

Table 1: Cancer Incidence 2013 / 100,000 population (age standardised rate)
www.cancerresearchuk.org

Tumour type	CMCCG	NMCCG	SMCCG	England
All cancers combined	**689.6**	**724.8**	**692.3**	**606.7**
Lung	116.4	**174.0**	153.0	79.3
Breast	174.5	148.2	182.9	165.9
Bowel	77.7	83.2	80.7	74.1
Prostate	171.3	170.3	144.2	177.7
Cervical	14.3	8.3	10.2	9.6
Oesophageal	21.7	20.7	**24.2**	15.7
Ovarian	25.0	21.2	18.9	23.9
Stomach	**17.9**	15.1	14.4	12.7

Table 2: Cancer Mortality 2012 / 100,000 population (age standardised rate)
www.cancerresearchuk.org

Tumour type	CMCCG	NMCCG	SMCCG	England
All cancers combined	**345.1**	**378.3**	**345.0**	**285.4**
Lung	84.6	**123.8**	110.6	62
Breast	36.5	37.6	33.4	36.3
Bowel	35.5	29.6	31.0	28.1
Prostate	50.9	50.3	40.5	46.5
Cervical	3.3	**4.4**	3.5	2.8
Oesophageal	**20.5**	18.5	18	13.8
Ovarian	17.4	12.9	9.7	13.5
Stomach	**13.1**	10.0	9.1	8.5

Table 3: population information

www.cancerresearchuk.org & www.fingertips.phe.org.uk

Rates per 100,000 population	Manchester LA	England
Life expectancy at birth (male)	75.8	79.5
Life expectancy at birth (female)	79.9	83.2
Premature Cancer Deaths (<75yrs)	195.6	141.5
Smoking related deaths	458.1	274.8
Smoking prevalence	22.7%	16.9%
Cancers diagnosed at early stage (1&2)	45%	50.7%

Table 4: Suspected Cancer Referrals from Manchester CCGs

Two weeks from urgent GP referral for suspected cancer to first appointment (**93%**)

2014-15	**Q1**		**Q2**		**Q3**		**Q4**		**Total**	
	No	% ≤14d	No	% ≤14d	No	% ≤14d	No	% ≤14d	No	% ≤14d
CMFT	1054	94.3%	1078	95.9%	1109	94.9%	1057	96.8%	4298	95.4%
PAHNT	777	93.1%	920	92.4%	902	93.9%	776	96.0%	3375	93.7%
UHSM	1200	94.9%	1277	95.6%	1218	96.4%	1223	96.9%	4918	96.0%
Total	3031	94.2%	3275	94.8%	3229	95.1%	3056	96.6%	12591	95.2%

2015-16	**Q1**		**Q2**		**Q3**		**Q4**		**Total**	
	No	% ≤14d	No	% ≤14d	No	% ≤14d	No	% ≤14d	No	% ≤14d
CMFT	1108	91.5%	1158	95.9%	1216	95.1%	1221	94.9%	4703	94.4%
PAHNT	796	90.2%	880	88.3%	776	96.0%	795	95.0%	3247	92.2%
UHSM	135	95.1	139	93.8	126	95.1	128	96.1	5298	95.0

	5	%	3	%	7	%	3	%		%
Total	3259	92.7 %	3431	93.1 %	3259	95.3 %	3254	96.7 %	13203	94.4 %

Table 5: Treatment Standards

5a: 31 days from diagnosis (decision to treat) to first treatment for all cancers (**96%**)

2014-15	**Q1**		**Q2**		**Q3**		**Q4**		**Total**	
	No	% ≤31d	No	% ≤31d	No	% ≤31d	No	% ≤31d	No	% ≤31d
CMFT	68	94.1%	68	97.1%	92	97.8%	65	98.5%	293	96.9%
PAHNT	75	100%	77	100%	119	100%	67	100%	338	100%
UHSM	147	98.6%	134	100%	176	99.4%	137	100%	594	99.5%
Christie	120	100%	114	98.2%	131	99.2%	99	100%	464	99.4%
Total	410	98.5%	393	99.0%	518	99.2%	368	99.7%	1689	99.1%

2015-16	**Q1**		**Q2**		**Q3**		**Q4**		**Total**	
	No	% ≤31d	No	% ≤31d	No	% ≤31d	No	% ≤31d	No	% ≤31d
CMFT	79	97.5%	106	97.2%	82	97.6%	150	97.3%	417	97.4%
PAHNT	49	100%	75	100%	60	100%	86	100%	270	100%
UHSM	168	97.0%	150	98.7%	157	98.7%	234	98.7%	709	98.3%
Christie	111	96.4%	117	98.3%	102	100%	136	100%	466	98.7%
Total	407	97.3%	448	98.4%	401	99.0%	606	98.9%	1862	98.4%

5b: 62 days from urgent GP referral for suspected cancer to first treatment (31 days for children's cancers, testicular cancer, and acute leukaemia) (**85%**)

2014-15	**Q1**		**Q2**		**Q3**		**Q4**		**Total**	
	No	% ≤62d	No	% ≤62d	No	% ≤62d	No	% ≤62d	No	% ≤62d
CMFT	43	79.1%	50	80.0%	49	81.6%	43	88.4%	185	82.2%
PAHNT	38	81.6%	44	95.5%	69	79.7%	47	87.2%	198	85.4%
UHSM	61	90.2%	62	90.3%	58	79.3%	65	93.8%	246	88.6%
Christie	57	71.9%	60	58.3%	80	66.3%	54	57.4%	251	63.7%
Total	199	80.9%	216	80.1%	256	75.8%	209	81.8%	880	79.4%

2015-16	**Q1**		**Q2**		**Q3**		**Q4**		**Total**	
	No	% ≤62d	No	% ≤62d	No	% ≤62d	No	% ≤62d	No	% ≤62d
CMFT	44	84.1%	59	84.7%	50	94.0%	94	86.2%	247	87.0%
PAHNT	26	88.5%	50	94.0%	42	90.5%	55	98.2%	173	93.6%
UHSM	67	91.0%	66	86.4%	77	90.9%	134	89.6%	344	89.5%
Christie	56	48.2%	66	60.6%	54	72.2%	77	67.5%	253	62.5%
Total	193	76.7%	241	80.5%	223	87.0%	360	85.3%	1017	82.9%

Table 6: NCPES 2015 feedback results by providers

Providers	CMFT	PAHT	UHSM	National
% respondents definitely involved as much as they wanted to be in decisions about their care and treatment	77	77	83	78
% respondents given the name of a Clinical Nurse Specialist who would support them through their treatment	92	92	93	90
% respondents who said that it had been 'quite easy' or 'very easy' to contact their CNS	90	80	89	87
% respondents always treated with dignity and respect when they were in hospital	89	88	87	87
% respondents who said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital	93	92	95	94
% respondents who thought GPs and nurses at their general practice definitely did everything they could to support them while they were having cancer treatment	63	60	63	63

Table 7: NCPES 2015 feedback results by CCGs

CCGs	CMCCG	NMCCG	SMCCG	National
% respondents definitely involved as much as they wanted to be in decisions about their care and treatment	82	76	80	78
% respondents given the name of a Clinical Nurse Specialist who would support them through their treatment	93	90	93	90
% respondents who said that it had been 'quite easy' or 'very easy' to contact their CNS	82	78	94	87
% respondents always treated with dignity and respect when they were in hospital	87	90	83	87
% respondents who said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital	94	91	95	94
% respondents who thought GPs and nurses at their general practice definitely did everything they could to support them while they were having cancer treatment	61	62	65	63

Table 8: Secondary Care Cancer Spend – Overall Figures

NHS Right Care Focus Pack	**14/15 Total Cost**				**No. of Suspected Referrals and Patients Treated**					
	CMCCG	NMCCG	SMCCG	**Grand Total**	CMCCG		NMCCG		SMCCG	
	220,000 popn	*180,000 popn*	*160,000 popn*		SCR	Pts TX	SCR	Pts TX	SCR	Pts TX
Head & Neck	£372,000	£523,000	£122,000	**£1,017,000**	541	35	457	36	422	43
Upper GI	£904,000	£434,000	£269,000	**£1,607,000**	578	32	588	60	455	47
Lower GI	£1,292,000	£1,466,000	£977,000	**£3,735,000**	671	52	657	78	952	47
Lung	£291,000	£345,000	£340,000	**£976,000**	255	84	325	140	239	95
Skin	£75,000	£77,000	£151,000	**£303,000**	578	44	148	43	712	76
Breast	£764,000	£1,458,000	£1,114,000	**£3,336,000**	889	118	801	138	900	124
Gynaecological	£639,000	£485,000	£280,000	**£1,404,000**	463	31	441	50	452	40
Urological	£428,000	£863,000	£538,000	**£1,829,000**	392	98	401	93	447	100
Haematological	£447,000	£804,000	£237,000	**£1,488,000**	75	38	63	42	79	28
Cancers & tumours	£2,642,000	£4,086,000	£2,549,000	**£9,277,000**						
Grand Total	**£7,854,000**	**£10,541,000**	**£6,577,000**	**£24,972,000**	**4,442**	**532**	**3,881**	**680**	**4,658**	**600**