

Manchester Health and Wellbeing Board Report for Resolution

Report to: Manchester Health and Wellbeing Board – 20 March 2019

Subject: Thematic report on Cancer (Prevention, Treatment and Care) in Manchester

Report of: Executive Director – Nursing, Safeguarding and Commissioning, Manchester Health and Care Commissioning (MHCC)

Summary

This report provides the Health and Wellbeing Board with a comprehensive overview of cancer programmes and services in Manchester.

Manchester has many excellent services but outcomes could be improved by stronger collaborative work involving all of the partner organisations represented on the Health and Wellbeing Board.

Recommendations

The Board is asked to:

- Note the content of this report with regard to the challenges of the cancer system, as well as the collaborative working between providers, commissioners, primary care and population health teams.
- Note the national requirements for cancer from the NHS Long Term Plan, Operational Planning Guidance 2019/20 and the GM Cancer Plan.
- Approve and support proposals for service development to meet the national requirements, especially in relation to GP education, lung health checks, multi-diagnostic / rapid access clinics, best practice timed pathways and new models of aftercare.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	Population health programmes
Improving people's mental health and wellbeing	Support of cancer diagnosis through holistic needs assessments and signposting to supportive services
Bringing people into employment and ensuring good work for all	Earlier stage at diagnosis means more effective treatments, with an aim of getting people back to employment, education or hobbies within 1 year
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	Using NICE guidance and GM cancer standards to implement best practice pathways for people affected by cancer
Self-care	Empowering our patients by education of their condition and how they can self-manage, with rapid access to support as needed

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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.

1. Purpose of the report

- 1.1 The paper describes the current picture for cancer and cancer services in Manchester, and the locality plan for Manchester) which reflects national priority areas including: prevention, earlier detection, standardised care, living with & beyond cancer, palliative & end of life care.

2. Context

Rates of cancer

- 2.1 The age standardised rate for cancer incidence in Manchester is 725.8 per 100,000 head of population, compared to 639.0 in Greater Manchester (see figures 1&2 in appendix 1). The commonest cancers in Manchester are Breast, Colorectal, Lung and Prostate.
- 2.2 The rate of premature death from cancer (age <75 years) is 194.5 per 100,000 head of population in Manchester compared to a national rate of 134.6 per 100,000 population, and 154.3 in Greater Manchester. Further, the rate of premature death from cancers that are considered *preventable* is also higher in Manchester (127.9 per 100,000 head of population) than Greater Manchester (89.7 per 100,000) and England (78.0 per 100,000 population). (see table 2 in appendix 1)
- 2.3 The 1 year survival rate from cancer is 69.8% in Manchester, compared to 71.2% in Greater Manchester.

Social determinants of health

- 2.4 Life expectancy is lower in the City than in England: 75.8 years for men (compared to 79.5 in England), and 79.9 years for women in Manchester (compared to 83.2 in England).
- 2.5 There is a strong link between deprivation and increased incidence of cancer.¹ In Manchester, seventy-five percent (75%) of lung cancer patients and 60% of breast cancer patients are from the most deprived quintile.² Nationally these figures are substantially lower: 27% of lung cancer patients and 15% of breast cancer patients are in the most deprived quintile.
- 2.6 Lifestyle choices relating to diet, exercise and smoking can increase the risk of cancer. We also know that there is a link between lifestyle choices, such as smoking, and deprivation.³ In Manchester 21.3% of residents smoke compared to 19.3% in Greater Manchester and 16.9% in England. Deaths from smoking related diseases are 458.1 per 100,000 population compared to 274.8 per 100,000 population in England.

¹ For more information see https://www.macmillan.org.uk/_images/cancer-statistics-factsheet_tcm9-260514.pdf.

² A quintile is a group or population divided into five equal groups.

³ Report from the Office for National Statistics, 14 March 2018;

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/articles/likelihoodofsmokingfortimeshigherinenglandsmostdeprivedareasthanleastdeprived/2018-03-14>

Screening

- 2.7 Screening uptake in Manchester is below the national minimum standard for all 3 national cancer screening programmes for: breast, bowel, and cervical cancer. Reasons for poor uptake include a lack of public awareness of what screening involves, benefits of screening, i.e. early detection of cancer, a fear of being diagnosed, and accessibility to where screening is offered. The most recent screening coverage figures (June 2018) are lower in Manchester compared to Greater Manchester rates. (see table 3 in appendix 1)

Provision of cancer services and referrals for suspected cancer

- 2.8 There are 2 main Acute Trusts providing cancer services for the Manchester population:
- Manchester University NHS Foundation Trust
 - Pennine Acute Hospitals NHS Trust
- The Acute Trusts receive approximately 20,000 referrals each year from Manchester CCG. There has been a consistent upward trend in the number of people being referred to services with suspected cancer, with a 46% increase between 2013/14 and 2017/18. (see table 4 in appendix 1)
- 2.9 There is one specialist cancer centre, Christie Hospital NHS Foundation Trust, which serves the Greater Manchester population as well as patients from across the North of England. Christie Hospital provides approximately 1500 treatments to Manchester patients each year.

Diagnosis

- 2.10 Over 2,000 people are diagnosed and treated for cancer each year in Manchester. (see table 5 in appendix 1). Over half of all cancers in Manchester (54.7%) are diagnosed at an early stage (stage 1 and 2) that is more amenable to curative treatment, compared to 53.2% in Greater Manchester. One year survival rates are improving over time (from 72.6% in 2012 to 74.8% in 2016) due to improvements in diagnostic techniques, multi-disciplinary working and effective treatments by specialist providers. The 3 year survival rate continues to improve (from 58.1% in 2012 to 66.0% in 2015). The average survival rates between Manchester and Greater Manchester (GM) is narrowing.
- 2.11 23.9% of cancers are diagnosed via emergency presentation in Manchester, compared to 19.7% Greater Manchester average. (see table 6 and tables 7a-d in appendix 1)

Living with and beyond cancer

- 2.12 Around 55% of patients survive more than 10 years after their diagnosis. In 2010 it was estimated that there were 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 therefore living with cancer as a long-term condition

and require ongoing support as a result of the cancer diagnosis as well as the effects of treatment.

3. Commissioning and governance of cancer services

- 3.1 Manchester Health and Care Commissioning (MHCC) commission services for the City of Manchester. This includes treatment for common cancers (breast and colorectal), diagnostic tests, supportive services for patients living with and beyond cancer, and end of life care. NHS Trafford is the designated lead commissioner for cancer services and oversee the Christie contract on behalf of the local CCGs in Greater Manchester. They do not directly commission services on behalf of the GM CCGs.

The Greater Manchester Screening and Immunisations Team (SIT) and local population health team have responsibility for cancer prevention and population awareness of cancer signs and symptoms, as well as delivery of national cancer screening programmes.

- 3.2 NHS England directly commission specialist treatments and interventions for rare cancers, and specialist services including primary care, cancer screening, chemotherapy and radiotherapy. However, in April 2018, NHS England delegated some specialised commissioning responsibilities to Greater Manchester Health and Social Care Partnership (GMHSCP) for surgery for several tumours as well as chemotherapy and PET-CT (positron emission tomography – computed tomography) (described in section 4.4.1).
- 3.3 Greater Manchester Cancer (GMC) is the cancer programme of the GM devolved health & social care system. Greater Manchester Cancer System Board was established in September 2016 to facilitate the delivery of the GM Cancer Plan. Manchester is represented in the GM Cancer system through our GP cancer leads and cancer commissioning manager. This ensures that changes to services and pathways benefit our population.
- 3.4 In summary, the commissioning and provision of cancer services is challenging in the context of multiple commissioners and providers for different cancer services and pathways. The complexity of the commissioning arrangements is a potential risk to the provision of integrated, timely and appropriate services for the Manchester population. Managing this risk requires close working partnerships locally, across GM and nationally facilitated by robust governance arrangements.

4. Cancer programmes and initiatives in Manchester

- 4.1 National, regional and local initiatives are in progress to improve outcomes for Manchester residents. The requirements and aspirations are outlined in documents including the NHS Long Term Plan⁴ Operational Planning Guidance 2019/20⁵ and the Greater Manchester (GM) Cancer Plan⁶, and are

⁴ NHS Long Term Plan, <https://www.longtermplan.nhs.uk/online-version/>

⁵ Operational Planning Guidance 2019/20, <https://www.england.nhs.uk/wp-content/uploads/2019/02/Annex-B-guidance-for-operational-and-activity-plans-assurance-statements-v2.pdf>

reflected in the work programme within MHCC and GM. This work is described in the sections below.

- 4.2 To note, however, many of the programmes and initiatives described in the sections below have been developed and championed in Manchester. For example, Macmillan generously supported a programme of service redesign through Macmillan Cancer Improvement Partnership in Manchester (MCIP, 2013-17). Selected local innovations are shown in Table 1.

Table 1. Examples of local innovations in cancer services, Manchester

<p>Macmillan Cancer Improvement Partnership (MCIP) programme (2013-17) A locally commissioned service for cancer care in primary care – findings from the LCS have been used to support the development of primary care cancer standards A new model of aftercare for patients treated for breast cancer, including implementation of the Macmillan Recovery Package and stratified follow up for supported self-management Community based lung health checks and targeted investigations for people at increased risk of lung cancer. This has led to a service being implemented in North Manchester from April 2019, with a proposal for rollout across the city. New model of community based palliative care support for North Manchester – this is now being developed into a citywide service.</p>
<p>National Accelerate, Coordinate, and Evaluate (ACE) programme Pilot site for the National ACE programme, (supported by NHS England, Macmillan Cancer Support and Cancer Research UK) to test a Multi-Diagnostic/Rapid Diagnosis Clinic for patients with non-specific but concerning symptoms. This is now subject to national roll out, with a view to including patients with symptoms that could fit more than one tumour pathway.</p>
<p>Primary care standards and professional development Development of primary care standards for cancer and incentivising GPs to complete modules on Gateway-C, an online learning platform developed by one our Manchester GP cancer leads.</p>
<p>Palliative care Roll out and expansion of the community based palliative care service to cover Central & South Manchester from April 2019.</p>
<p>Lung health checks Implementation of community based lung health checks in North Manchester from April 2019. Business case being developed for expansion and extension of the community based lung health checks to cover Central & South Manchester.</p>

Prevention

- 4.3 The Manchester Population Health Plan (2018-27)⁷ is the City’s overarching plan for reducing health inequalities and improving health outcomes for our residents. Three lifestyle behaviours - tobacco use, unhealthy diet and a sedentary lifestyle - increase the risk of developing long-term conditions,

⁶Greater Manchester (GM) Cancer Plan, <https://gmcancerorguk.files.wordpress.com/2016/08/achieving-world-class-cancer-outcomes-in-gm-v1-0-final-02-2017.pdf>

⁷ Manchester Population Health Plan (2018-2027), <https://secure.manchester.gov.uk/healthplan>

including cancer, and are associated with the large majority of preventable deaths and health inequalities. Four initiatives are described below.

4.3.1 *Smoke Free Manchester*

The implementation of “Smoke Free Manchester”, driven by Manchester’s Tobacco Alliance, is providing stop smoking support.⁸ This includes prevention from harm from environmental tobacco smoke, preventing young people taking up smoking, tackling the supply of illicit tobacco, smoke free spaces and access to stop smoking services. The CURE Programme (curing tobacco addiction through more effective treatment in hospital settings) has begun at Wythenshawe Hospital (Manchester NHS Foundation Trust). Plans to ensure citywide specialist smoking support is available in the community will be implemented from July 2019.

4.3.2 *Healthy schools*

The Healthy Schools Team deliver a Healthy Lifestyle component of their Whole School approach that utilises a range of curriculum linked teaching resources focussing on preventing and reducing the number of children that are overweight and obese. In addition, there are weight management services commissioned to support families and adults to reduce and control their weight and to adopt healthier lifestyles.

4.3.3 *Winning Hearts and Minds*

Winning Hearts and Minds is a programme of work to improve heart and mental health outcomes in Manchester. It is a citywide programme with some targeted interventions in the most deprived areas of the city, in order to address health inequalities. Much of the targeted work is focused on north Manchester where health outcomes are poorest. Winning Hearts and Minds will be developed with Manchester Active (MCR Active), established and overseen by Manchester City Council partnering with Sport England and MHCC. A report on Manchester Active is also being presented to the Health and Wellbeing Board on 20 March 2019.

4.3.4 *HPV vaccination programme*

MHCC continue to support the GM Health and Social Care Partnership HPV (human papillomavirus) vaccine programme that protects against the two types of the virus that cause most cases (over 70%) of cervical cancer. Current results suggest that the HPV vaccination programme will bring about large reductions in cervical cancer in the future.

4.4 *Early detection*

4.4.1 *National Cancer Screening Uptake*

Greater Manchester Health and Social Care Partnership (GMHSCP) are currently procuring a cancer screening prevention and screening awareness

⁸ Smoke-Free Manchester, file:///C:/Users/kirsten.windfuhr/Downloads/Manchester_Tobacco_Control_Plan_2018_2021___official.pdf

engagement service across Greater Manchester. This will focus on priority areas and communities, using a diverse range of approaches and interventions that use a community development and social movement approach. The aim is to raise awareness of and uptake of the three cancer screening programmes: bowel, breast and cervical. The service will connect to all GM cancer screening/promotional activity in order to ensure a collaborative approach. As well as this Public Health England have launched a new national Cervical Screening Campaign this month.

4.4.2 Health professional awareness of cancer signs & symptoms (Gateway C)

GatewayC⁹ is an online cancer education platform developed for GPs, practice nurses and other primary care professionals. The platform aims to improve cancer outcomes by facilitating earlier and faster diagnosis and improving patient experience. The platform has been developed by GPs (including Manchester GP Dr Sarah Taylor), cancer specialists and patients. Courses are endorsed by Cancer Research UK and Macmillan Cancer Support. Each course is accredited by the Royal College of General Practitioners.

4.4.3 North Manchester Lung Health Checks and proposals for city-wide roll out

Implementation of community based lung health checks, and low-dose CT (computerised tomography) scans for those at increased risk of lung cancer in North Manchester will start from April 2019. The ability to diagnose conditions at an earlier stage will increase the number of patients having curative treatment, improve symptom management and increase survival.

A business case is being developed for expansion and extension of the community based lung health checks to roll out across Central & South Manchester. The Health Scrutiny Committee in November 2018 fully supported the wider rollout of this programme across the City. NHS England has stated an intention to roll out lung screening in community settings, based on the MCIP model, and this will be a national cancer plan objective for 2019 onwards.¹⁰

4.5 Rapid Assessment

4.5.1 Pre-referral questions, investigations and examinations

We have been working with primary care and secondary care colleagues to ensure that suspected cancer referral pro-formas contain the required information to ensure efficient processing and booking of patients into a test or out-patient appointment. Consideration is also being given to pre-referral investigations (e.g. scans/blood tests) which could inform the GPs decision to refer patients and streamline the diagnostic pathway in secondary care.

⁹ GatewayC, <https://www.gatewayc.org.uk/>

¹⁰ NHS England lung screening programme, <https://www.england.nhs.uk/2017/11/nhs-england-action-to-save-lives-by-catching-more-cancers-early/>

Faecal Immunochemistry Testing (FIT) can be used for patients at low risk of colorectal cancer prior to referral. We estimate that 10% of all colorectal referrals could be avoided if FIT was used as a decision supporting test. This would also avert invasive colonoscopies as well as out-patient appointments, and reduce demand for our providers. This test is being implemented during 2019 by Pennine Acute Hospitals NHS Trust with support from the North East Sector CCGs. Further rollout across the city will be determined following this initial phase.

4.5.2 *Straight to Test/One Stop Clinics*

Clinical triage by a cancer specialist has been shown to be effective in directing patients to the most appropriate investigation or clinic. This does not yet happen uniformly but our GP cancer leads will continue to work with specialist colleagues to develop robust protocols to direct patients to an initial investigation (that may not require a follow up out-patient appointment) or to a clinic that has all investigations performed in a one-stop arrangement.

4.5.3 *Multi Diagnostic Clinic (MDC)/Rapid Diagnosis Clinics (RDC)*

Wythenshawe Hospital (part of Manchester Foundation NHS Trust (MFT)) was a pilot site for the National ACE (**A**ccelerate, **C**oordinate, and **E**valuate)¹¹ programme to test a Multi-Diagnostic/Rapid Diagnosis Clinic for patients with non-specific but concerning symptoms. These patients would typically be referred on multiple pathways until a diagnosis was reached, which could take several weeks and require several out-patient visits.

The results of the pilot project showed that the majority of patients did not have a cancer diagnosis (as expected). All patients were informed of their diagnosis and either referred back to their GP or to an appropriate clinical team within 14 days, and only one out-patient visit was required. Patient and GP satisfaction with this service was high. The MDC/RDC model is now subject to national roll-out following testing in Manchester and Oldham.

4.5.4 *Best practice timed pathways*

The aim of the 'best practice' timed clinical pathway for patients with lung, colorectal and prostate cancer is to ensure patients get through the diagnostic part of the pathway faster, maximising the number who might benefit from potentially curative surgery. The lung pathway is based on the Health Services Journal (HSJ) award winning RAPID (**R**apid **A**ccess to **P**ulmonary **I**nvestigation **D**ays)¹² pathway developed by the lung cancer team at Wythenshawe Hospital. This new way of working has seen the time to diagnosis reduced from 28 days to 14 days. Greater Manchester Cancer has been awarded transformation funding to implement these pathways with providers across GM from 2019.

¹¹ National ACE programme, https://www.macmillan.org.uk/documents/aboutus/health_professionals/earlydiagnosis/aceprogramme/ace-project.pdf

¹² RAPID pathway, <https://solutions.hsj.co.uk/story.aspx?storyCode=7019798&preview=1&hash=1C874A2F17E75B3A55DCD6B74C48A3E2>

4.6 High Quality Treatment

4.6.1 *Reconfiguration of specialist cancer surgical sites*

The reconfiguration of specialised services is being undertaken by the Greater Manchester Health and Social Care Partnership (GMHSCP). Currently sites across Greater Manchester do not meet the standards set out by the National Institute for Health and Care Excellence (NICE). Concentrating care within specialist centres will ensure clinical expertise and access to the most effective treatments for our patients. The specialist surgical services subject to reconfiguration are:

- **oesophageal** cancer (lead provider Salford Royal Foundation Trust)
- **urology** cancers; prostate (lead provider Christie Hospital); kidney & bladder (lead provider Manchester University NHS Foundation Trust), and
- **gynaecological** cancers (lead provider Manchester University NHS Foundation Trust, key/associate provider The Christie Hospital).

4.6.2 *Pre-habilitation before cancer treatment*

The importance of pre-habilitation and recovery pathways are being increasingly recognized by cancer patients and providers around the world. The elements of physical activity, nutritional management, well-being and psychological support appear central to improving patients' outcomes and quality of life.

GM Cancer will be the first regional system in the UK to introduce large scale pre-habilitation as a standard of care for cancer patients framed by the Macmillan Recovery Package (described below), with an ambition to support more than 2,500 patients through freely accessible preparation and recovery physical activity packages across GM over the next 2 years. This will give patients the best opportunity for good quality outcomes and long-term survival.

GM Cancer has been awarded transformation funding to deliver this package of care, working with healthcare and community GM leisure services, Macmillan, Health Innovation Manchester and the Manchester Allied Health Sciences.

4.7 Living With & Beyond Cancer

4.7.1 *Supporting new models of aftercare and supported self-management*

The Macmillan Recovery Package¹³ is being introduced to all new cancer patients across GM. The key elements include:

- Holistic Needs Assessment at key points; a written care plan to address identified needs
- Treatment Summary

¹³Macmillan, <https://solutions.hsj.co.uk/story.aspx?storyCode=7019798&preview=1&hash=1C874A2F17E75B3A55DCD6B74C48A3E2>

- Health & Well Being Events
- Cancer Care Reviews

The GM Cancer Pathway Boards will also develop criteria for the stratification of patients. Combined with the recovery package, this will allow aftercare to be delivered based on the patients needs, and may include supported self – management for suitable patients. This means that outpatient capacity that could be used for new patients to be seen more quickly, or allow more time to manage patients with complex needs.

This model has been developed for breast and colorectal cancer patients at Wythenshawe Hospital. Central to this model is access to supportive services for patients (e.g. psycho-oncology, lymphoedema¹⁴, information, physiotherapy, nutrition). There is also a protocol for patients needing to re-access specialist services through clinical nurse specialist triage. There is now a plan to roll out this new model of aftercare across Greater Manchester.

4.7.2 Manchester Macmillan Local Authority Partnership (MMLAP)

The MMLAP aims to support people affected by cancer, including carers, to live with and manage cancer and other long-term conditions better through developing long-term sustainable changes aligned with organisational developments arising from the Manchester Locality Plan¹⁵ and the Our Manchester Strategy¹⁶. The programme has agreed an initial five work streams:

1. Co-production/service user involvement
2. Community assets
3. Practical support for people affected by cancer
4. Training for people affected by cancer and the local workforce.
5. Information and support on transport options

Two further work streams - Carers and Psychological support- have been identified through the work with stakeholders, including service users.

4.8 Palliative & End of Life Care

4.8.1 Citywide Palliative & Supportive Care Service

In 2013 Macmillan identified palliative care as an issue in Manchester, particularly in North Manchester which was a national outlier in providing choice for preferred place to die. Palliative care services in North Manchester were acknowledged as insufficient at the time by both North Manchester CCG and Macmillan and hence the area was identified to test an enhanced community specialist palliative care service.

¹⁴ Lymphoedema is a long-term condition where excess fluid collects in tissues causing swelling.

¹⁵ Manchester Locality Plan, <https://healthiermanchester.org/wp-content/uploads/2018/07/Manchester-Locality-Plan-2016-2021.pdf>

¹⁶ Our Manchester Strategy, https://www.manchester.gov.uk/downloads/download/6426/the_manchester_strategy

A city-wide initiative will be rolled out across the city from April 2019. The vision for Manchester is for all patients and their carers across the city to have 24/7 equitable access to high quality, consistent and supportive, palliative and end of life care when they need it, with accurate identification and proactive management of all their palliative care needs: physical, social, psychological and cultural.

5 Summary & Conclusions

- 1) Cancer incidence and cancer mortality are higher in Manchester than the national average.
- 2) Well-being services are needed to help our people make good lifestyle choices to prevent cancer.
- 3) Uptake of national cancer screening programmes is low and emergency presentations are high. Primary Care support and meeting the agreed cancer standards will help to address these issues.
- 4) Cancer workload is increasing with increased referrals for suspected cancer, more patients diagnosed and treated. Meeting the increasing demand requires collaboration between commissioners and providers.
- 5) Cancer survival is improving in Manchester due to better treatments and multi-disciplinary team (MDT) working; cancer can be considered a long-term condition for many people.
- 6) More people living with and beyond their cancer diagnosis means that patients require on-going support for their condition. Commissioning new models of aftercare will mean that patients are supported to self-manage and sign posted to additional services without the need for routine hospital visits.
- 7) We have built on the work of the Macmillan Cancer Improvement Partnership (MCIP) in Manchester by commissioning lung health check and screening service in North Manchester, developing a new model of aftercare for patients with breast cancer, and strengthening the primary care cancer standards.

6 Recommendations

The Board is asked to:

- Note the content of this report with regard to the challenges of the cancer system, as well as the collaborative working between providers, commissioners, primary care and population health teams.
- Note the national requirements for cancer from the NHS Long Term Plan, Operational Planning Guidance 2019/20 and the GM Cancer Plan.
- Approve and support proposals for service development to meet the national requirements, especially in relation to GP education, lung health checks, multi-diagnostic / rapid access clinics, best practice timed pathways and new models of aftercare.