

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 4 July 2019 in Committee Room 1 - City Hall, Bradford

Commenced 4.30 pm
Concluded 6.40 pm

Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT
Greenwood Mir Godwin Kamran Hussain Shabbir	Goodall Hargreaves	J Sunderland

NON VOTING CO-OPTED MEMBER-ELECT

G Sam Samociuk Former Mental Health Nursing Lecturer

Apologies: Councillor Khadim Hussain

Councillor Greenwood in the Chair

8. **DISCLOSURES OF INTEREST**

During the meeting Councillor Godwin disclosed, in the interest of transparency, that he was currently working as bank staff at Airedale NHS Foundation Trust (Minute 12).

Action: City Solicitor

9. **MINUTES**

Resolved –

That the minutes of the meeting held on 13 June 2019 be signed as a correct record.

10. INSPECTION OF REPORTS AND BACKGROUND PAPERS

There were no appeals submitted by the public to review decisions to restrict documents.

11. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no referrals made to the Committee.

12. CHALLENGES TO CANCER SERVICES WITH A FOCUS ON LUNG CANCERS AND AN OVERVIEW OF THE TACKLING LUNG CANCER PROGRAMME WITHIN BRADFORD CITY AND DISTRICT

The report of the NHS Bradford District and Craven Clinical Commissioning Groups (CCGs) (**Document “B”**) provided an update on the challenges faced in cancer services in regard to 62-day performance at Bradford Teaching Hospitals Foundation Trust (BTHFT), diagnosing cancers early to achieve better outcomes and quality of life for patients and uptake of the national cancer screening programmes. The report focused on lung cancers in particular and provided an outline of the Tackling Lung Cancer project currently being developed in Bradford and highlighted the number of initiatives and developments in cancer services within primary, community and secondary care.

The Director of Quality and Nursing for the three CCGs covering the Bradford district referred to recent national media articles highlighting that nearly three-quarters of NHS Trusts, including BTHFT, were failing to treat cancer patients quickly enough. CCG representatives in attendance at the meeting provided Members with information about waiting time targets and how concerns were being addressed which included the following:

Two Week Wait

- There was a national target that 93% of patients referred with suspected cancer by a GP should be seen within 14 days (two week wait).
- BTHFT had struggled to meet this target until November 2018.
- Performance had been approximately 60% due to dermatology capacity which was 25% of all referrals.
- Non-urgent referrals for dermatology started being seen by community providers in November 2018 which freed up capacity for the Trust to see patients with suspected cancer; prior to this change only 6.5% of dermatology referrals were being seen within two weeks.
- Following this change the target had been met as 94% of patients with suspected cancer were being seen within two weeks.
- Airedale NHS Foundation Trust (ANHSFT) had consistently been achieving the target but all their dermatology referrals went to BTHFT.

62 Day Target

- Hospitals had a target for patients to start treatment within 62 days of an urgent referral by a GP in 85% of cases.
- The performance for 2018/19 at BTHFT against this target was 73.9%.

- The low percentage was due to the relatively low number of cases as BTHFT treated an average of 77 new cancer patients per month; if 12 patients did not begin treatment within the 62 day target (due to hospital capacity, complex diagnostics, patient choice etc.) then the Trust would fail the target.
- ANHSFT treated an average of 35 patients per month and were consistently achieving the target.

Members were informed of the different pathways for patients with suspected cancer and that work was being undertaken with GPs to stress the importance to patients of attending their referral appointment as there were many missed appointments and patients sometimes did not realise it was a cancer referral.

In response to a Member's question, it was reported that a new target would be implemented from April 2020 for patients with suspected cancer to be diagnosed within 28 days of being referred by a GP and that this was currently being piloted in five hospitals, including Leeds and East Lancashire.

The following figures were provided in relation to the performance targets since April 2018:

BTHFT - Two Week Wait target

There had been 19,112 referrals of which 13,896 had met and 5,216 had breached the target therefore resulting in a 72.7% performance against the 93% target; however the most recent data showed a 94% performance which exceeded the target.

BTHFT - 62 Day Target

There had been 927 patients of which 685 had met and 242 had breached the target resulting in 73.9% compliance against the 85% target; however the most recent data showed that performance had increased to 80%.

ANHSFT - Two Week Wait target

There had been 5,569 referrals of which 5,233 had met and 336 had breached the target therefore resulting in a 94% performance against the 93% target.

ANHSFT - 62 Day Target

There had been 421 patients of which 392 had met and 29 had breached the target resulting in 93.1% compliance against the 85% target.

It was reported that the National Institute for Health and Care Excellence (NICE) guidelines stated that if a GP believed the risk of a patient having cancer exceeded 3% they should refer the patient to the cancer pathway which was subject to the stated cancer waiting time targets. The risk was previously set at 5% and therefore more referrals were being made.

Members were informed of the importance of encouraging patients to understand which symptoms to see their GP about as the outcome was very poor for patients who presented with cancer at A&E or in hospital. Approximately 50% of patients were diagnosed through pathways other than a GP referral and it was important for the GP referral rate to increase in order for patients to be diagnosed at earlier stages of cancer.

Information was provided about the 'unknown primary' pathway to which patients were referred to when GPs were not sure where a cancer started in the body. The patient would receive a full scan at a rapid diagnostic clinic which was a national pilot site through the West Yorkshire and Harrogate Cancer Alliance and a 28 day diagnosis target had been set internally.

Members were informed that staffing was one of the biggest challenges and that up until recently there had only been a 0.5 full time equivalent Dermatologist within the Bradford district compared to 20 within Leeds. A recent recruitment process had increased the number in Bradford. Further to this it was reported that the West Yorkshire and Harrogate Cancer Alliance would be holding an event on 5 July 2019 to consider how acute trusts could work together to share resources.

In response to Members' questions, it was reported that:

- References to dermatology related to skin cancer.
- Bradford did not have substantially more cases of skin cancer than anywhere else in the country.
- All cases that breached the performance targets were reviewed.
- The uptake of cancer screening programmes in Bradford was low and this was mirrored nationally.
- The take up of bowel screenings were very low in Bradford and ways to increase this were being explored, such as using translation services and calling patients to encourage them to use the kit – the data following this work was not yet available but the uptake rate was considered to have increased.
- A new bowel cancer home testing kit was due to be rolled out across England which was considered easier to use.
- The pathway for head and neck cancer was quite complex and delays could be encountered in detecting the cancer.
- On average Bradford was seeing two patients with head and neck cancer per month and referrals were made to the Leeds Specialist Head and Neck Cancer Service for their treatment.
- There was an aim to reduce the number of patients with cancer presenting at A&E.
- The problem with staffing was around recruitment and people choosing not to work in the district. Programmes were being delivered to tackle this issue such as training up nurses and 'growing our own' aimed at 11 to 18 year olds.

Members commented on further delays that were caused due to the lack of access to GP appointments and raised concerns that people with dementia were at risk of being excluded from cancer pathways.

Members were informed that in West Yorkshire and Harrogate there were more deaths from lung cancer than any other cancer and that each year more than 500 people died from respiratory disease in the Bradford district with an estimated 25% of these deaths being preventable. Information was then provided regarding the Tackling Lung Cancer project which would engage with three GP Practices in

Bradford, located in areas with high levels of deprivation and smoking (The Ridge, Bowling Hall Medical Practice and Rooley Lane Medical Centre), to deliver a Lung Health Check followed by a low dose CT examination (scan) where indicated by the Lung Health Check outcome. The success of this pilot would depend greatly upon attendance and therefore the Bradford CCG Engagement Team had commissioned some direct engagement work with communities in the three areas. Letters would be sent to approximately 7,363 patients across the three GP Practices inviting them to a Lung Health Check.

The Project Manager for the Tackling Lung Cancer project provided a summary of how the Lung Health Check would be delivered, as outlined in Appendix 2 of Document "B". She also informed Members that the pilot programme would be aimed at patients aged 55-75 who were smokers or ex-smokers and it was due to start on 29 July 2019. The pilot had commenced in Wakefield and the uptake rate had been 25-30% for the health checks and 55% for the follow-up scan. It was estimated that approximately 70 patients with cancer would be identified per 2,500 Lung Health Checks. She explained the different stages of lung cancer and informed Members that 18% of people who presented with cancer have stage 1 cancer which was less likely to spread than higher stage cancer cells; the Lung Health Checks was an opportunity to increase the percentage of lower stage cancer cases and decrease the more severe cases (stages 2, 3 and 4). It was also reported that additional funding had been received for a Smoking Cessation Advisor to be on site during the programme.

In response to Members' questions, it was reported that:

- The Stop Smoking Service was delivered by Public Health and it had a 31% quit rate.
- The average age range for the programme (55-75) had been agreed nationally; the average age of death from lung cancer was 72 years.
- 72% of lung cancer cases in the UK were caused by smoking; the pilot programme was therefore aimed at smokers or ex-smokers and the risk analysis tools had been developed on this basis.
- As of 2 July 2019 the smoking rate figure for the Bradford district had decreased to 18.5% but was above the national average of 14.5%.
- Public Health England stated that e-cigarettes were significantly less harmful to health than tobacco and had the potential to help smokers quit smoking.
- The programme was estimated to obtain a 50% uptake of the Lung Health Check and undertake approximately 200 scans per week.
- Staff were currently undertaking training to deliver the programme.
- The programme was flexible so if the target population figure was not reached it would move to another area with high levels of deprivation.
- A Living Well service had recently been launched to support people with healthy living and self care.

A Member stated that Bradford differed from other pilot areas due to its history in the textile and chemical industries and that people in their 70's who had worked in those settings could have developed lung cancer as a result but would not be picked up by this programme. She queried whether this could be included in the profiling of potential patients for the programme. In response it was explained

that the analysis tools had been developed nationally to consider smokers and that people who had worked in those industries would not score highly, nor could they be assessed against evidence for this programme if the tools were not used. Members were informed of an upcoming campaign to raise public awareness on being clear on respiratory cancer. The Director of Public Health suggested that the national team could be contacted about the possibilities of adapting the programme to take into account local variations.

A Member raised concerns about the ability of the system being able to cope with the additional referrals that would come through the cancer pathways as a result of the programme and requested further information on the cause analysis of breaches in relation to waiting time targets.

Resolved –

- (1) That a report on the outcomes of the lung cancer pilot programme and an update on the cancer waiting times target performance be submitted to the Committee in April 2020.**
- (2) That officers be requested to contact the national team about the possibilities of considering occupational risks in relation to the lung health checks.**
- (3) That information on breaches of cancer waiting times be included in the CCGs Annual Performance Report to this Committee.**

ACTION: NHS Bradford District and Craven CCGs

13. WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Previous reference: Minute 36 (2015/2016)

At its meeting of 29 October 2015 the Committee considered a report of the Chair and resolved 'That the West Yorkshire Joint Health Overview and Scrutiny be supported'. It also nominated two Members from within its membership to sit on the Joint Committee. As the Committee had since been reconstituted, there was now a need to appoint two new Members to sit on the Joint Committee.

Resolved –

That the Committee nominates Councillor Greenwood and Councillor Hargreaves to sit on the West Yorkshire Joint Health Overview and Scrutiny Committee.

ACTION: Scrutiny Lead Officer

14. CONSULTATION ON VASCULAR SERVICES

NHS England were consulting on changes to vascular services across West Yorkshire and parts of North Yorkshire and had requested that a Joint Health Scrutiny Committee undertake this consultation.

However, until that West Yorkshire Joint Health Overview and Scrutiny Committee amends its Terms of Reference it is probable that a separate Joint Health Scrutiny Committee will be established to consider vascular services in particular.

A letter and briefing document produced by NHS England had been circulated to Committee Members.

When draft Terms of Reference for this Committee have been prepared, the Health and Social Care Overview and Scrutiny Committee will be asked to consider those Terms of Reference.

Resolved –

- (1) That the Committee agree that changes to vascular services are a proposal for a substantial variation in service by NHS England.**
- (2) That the Committee agree to form a Joint Health Scrutiny Committee with Calderdale, Kirklees, Leeds, North Yorkshire and Wakefield Councils.**
- (3) That Councillor Greenwood and Councillor Hargreaves be appointed to sit on the Vascular Services Joint Committee when it is formed.**

ACTION: Scrutiny Lead Officer

Chair

Note: These minutes are subject to approval as a correct record at the next meeting of the Health and Social Care Overview and Scrutiny Committee.

THESE MINUTES HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER