

# Report of the NHS Bradford District and Craven CCGs to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 4<sup>th</sup> July 2019

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**Subject: Challenges to cancer services with a focus on lung cancers and an overview of the Tackling Lung Cancer Programme within Bradford City and District**

**Summary statement:**

- To update on the challenges faced in cancer services in regard to 62-day performance at Bradford Teaching Hospitals Foundation Trust, diagnosing cancers early to achieve better outcomes and quality of life for patients and uptake of the national cancer screening programmes.
- The paper focuses on lung cancers in particular and provides an outline of the Tackling Lung Cancer project currently being developed in Bradford.
- To highlight the number of initiatives and developments in cancer services within primary, community and secondary care.

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**Portfolio:**

**Healthy People and Places**

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## 1. Summary

- To update on the challenges faced in cancer services in regard to 62-day performance at Bradford Teaching Hospitals Foundation Trust, particularly in outpatient capacity and complex diagnostic pathways.
- The paper focuses on lung cancers in particular and provides an outline of the Tackling Lung Cancer project currently being developed in Bradford.
- To update on the uptake of cancer screening services and diagnosing cancers early to achieve better outcomes and quality of life for patients.
- To highlight the number of initiatives and developments in cancer services within primary, community and secondary care.

## 2. Background

- The NHS Long Term Plan comes with £20.5bn of extra funding for the NHS.
- It includes important commitments for cancer such as:
  - diagnosing more cancers at an early stage
  - more support for smokers to quit
  - a plan to help the NHS to innovate and do more research.
- The headline pledge in the plan is to diagnose 3 in 4 cancers at an early stage by 2028. This is an important and ambitious commitment and is key to improving survival rates.
- People are more likely to survive their cancer for longer when diagnosed early.
- Currently only around 1 in 2 people with cancer in the UK are diagnosed at an early stage. In order to make this improvement the following measures will be introduced:
  - lowering the age range for bowel screening to 50 and introducing a new test;
  - rolling out new Rapid Diagnostic and Assessments Centres across England
  - investing in more CT and MRI scanners to diagnose cancers.
  - improve public awareness of the signs and symptoms of cancer and helping GPs to refer patients for diagnostic tests more easily

## 3. Report issues

### 3.1 Cancer targets

Over the financial year 2018/19, Bradford Teaching Hospitals Foundation Trust (BTHFT) have struggled to achieve the national targets for cancer wait times, specifically that 93% of patients referred with suspected cancer by a GP should be seen within 14 days (two week wait) and that 85% of patients diagnosed with cancer should start their treatment within 62 days of an urgent referral.

Nationally, three quarters of NHS Trusts are failing against the 62 day target, so Bradford is not alone. However there have been major local improvements in the pathways for diagnosing particular cancers, particularly dermatology and gastroenterology. All non-urgent referrals for dermatology started being seen by community providers in November, which freed up capacity for the Trust to see patients with suspected cancer. At its worst performing, before these pathway changes were implemented, only 6.5% of dermatology referrals were being seen within two weeks. After the changes, 97% of patients were seen on time.

Financial year 2018/19	2WW performance (all cancers; target 93%)
Q1	47.3
Q2	62.4
Q3	73.0
Q4	94.0

The large numbers of dermatology referrals into BTHFT and the huge improvement in performance has resulted in the all cancer performance hitting the 93% target in the last quarter of the year.

The improvements in two week wait performance will have a knock on improvement on 62 day performance but it is acknowledged that there are further issues within the Trust that require addressing. While a quarter of 62 day breaches last year were due to complex diagnostic pathways that by necessity take time, another quarter of breaches was due to a lack of capacity to see patients within the required timeframe. The Trust is struggling with workforce pressures across the majority of their cancer teams and recruitment is a problem nationally.

### 3.2 Lung cancer

The overall rates of cancer incidence show that of the four most common cancer sites, lung is the main area of concern, particularly for Bradford City.

Cancer incidence	All cancer (2014)	Lung	Breast	Colorectal	Prostate
NHS Bradford City CCG	578.8	141.9	145.8	42.7	87.1
NHS Bradford Districts CCG	605.7	93.8	182.1	66.0	125.5
England average	608.3	78.3	173.4	70.4	177.6

Around 40% of cancers can be prevented through lifestyle changes and the biggest of these changes is stopping smoking. At least 15 types of cancer can be caused by smoking and a quarter UK cancer deaths are related to tobacco use.

% current smokers	2011		2017	
	Bradford	England	Bradford	England
Male	24%	22.2%	22.5%	16.8%
Female	19.6%	17.6%	15.3%	13%

Source: PHE/JSNA

- Most smokers want to quit and the NHS Long Term Plan states that all patients admitted to hospitals in England who smoke will be given treatment to quit unless they opt out.
- However this plan relies on local Stop Smoking Services being in place once people leave hospital. These services will need enhancing to provide the level of support that will be required.
- Supporting smokers to quit is key to NHS sustainability as tobacco dependence is the main cause of most cancers, it causes 10-20 years premature death for people with mental illness, it is the main cause of the three top reasons for hospital admission of people under 75 years of age (cancer, respiratory disease, cardiovascular disease) and is the most modifiable factor in reducing stillbirth.
- Patients now and in the future will benefit if the NHS can carry out more research into the diagnosis and treatment of cancer. The plan sets out some important changes to make it easier to carry out more research in the NHS. One such initiative is the Yorkshire Lung Screening Trial, led by a Respiratory Consultant and GP/Professor at Leeds. This four year project is focusing on the cost effectiveness of lung cancer screening.
- In May 2018 a paper was taken to the Bradford Health and Wellbeing Board by the West Yorkshire and Harrogate Cancer Alliance setting out the case for change in the approach to tackling the high levels of lung cancer mortality in West Yorkshire and specifically in the Bradford area. Lung Cancer is our 'biggest killer' with more people dying from lung cancer than any other cancer in the West Yorkshire and Harrogate Cancer Alliance area. This is at variance to the national average where lung cancer is the third cancer highest of mortality form cancer.

One year survival – Lung cancer (2013)	
NHS Bradford City CCG	36.6%
NHS Bradford Districts CCG	39.3%
England average	35.5%

2ww lung cancer – 2018/19	
NHS Bradford City CCG	98.8% (84/85)
NHS Bradford Districts CCG	97.8% (395/404)
Target	93%

62 day lung cancer – 2018/19	
NHS Bradford City CCG	73% (8/11)
NHS Bradford Districts CCG	46% (32/69)
Target	85%

The paper put forward a systematic approach with four areas of intervention overseen by a programme management team. A summary of these four interventions is provided below:

1. Optimising smoking cessation support particularly in the acute trust environment

- a. **Impact** reduction in: smoking prevalence, re-admission rates and hospital mortality (Ottawa data)
2. “Push and pull” symptom awareness campaigns and community engagement events
  - a. **Impact** Reduction in cancers diagnosed as an emergency presentation, more cancer diagnosed overall and more people offered curative surgery (earlier stage diagnosis)
3. Risk identification in primary care to promote direct to Low Dose CT (LDCT) scanning
  - a. **Impact** More lung cancers diagnosed overall and at an earlier stage offering surgical treatment
4. Optimising the lung cancer pathway
  - a. **Impact** improvement in 62-day pathway overall

More detailed information on the Tackling Lung Cancer project can be found in the appendices but the service will go live for the identified trial practices on the 29<sup>th</sup> July 2019.

### 3.3 Screening and early diagnosis

Increasing early detection of cancers when they are easier to treat is at the heart of the NHS’s Long Term Plan to upgrade services and make sure patients benefit from new technologies and treatments. Our screening programmes have led the world and save around 9,000 lives every year.

There is broad agreement that screening programmes prevent cancers and lead to earlier diagnosis, thereby saving lives.

The table below presents the latest uptake rates to the national cancer screening programmes and clearly outlines areas where interventions should be targeted.

Bowel cancer screening	Cervical screening	Breast screening
Men and women aged 60-74, every two years	Women 25-49, every three years. Women 50-64, every five years.	Women aged 50-70, every three years
Current uptake (September 2018; target – 60%) <ul style="list-style-type: none"> <li>• Bradford Districts – 54.08%</li> <li>• Bradford City – 34.26%</li> </ul>	Current uptake (January 2019; target – 70%) <ul style="list-style-type: none"> <li>• Bradford Districts – 69.54%</li> <li>• Bradford City – 57.24%</li> </ul>	Current uptake (August 2018; target 80%) <ul style="list-style-type: none"> <li>• Bradford Districts – 69.64%</li> <li>• Bradford City -56.5%</li> </ul>

Bradford District and Craven CCGs, together with providers, continually develop and enhance cancer services with a focus on attempting to detect cancers early, early presentation which leads to improving survival rates and quality of life. Local developments include:

- Yorkshire Cancer Research & Enable2 pilot project using interpreters to phone non-responders on behalf of GPs and encourage participation with the national bowel screening programme. The pilot of the bowel screening project took place in January 2019 with the Lister Practice.
  - Total Non-responders from this particular surgery - 155
  - Total answered calls - 136 (87.74%)
  - Total "re-order kits" - 94 (69% of answered calls, 61% of all non-responders)

The full roll out of the project is underway and the positive results are being seen across all practices engaged.

- Talk Cancer sessions are being run by Cancer Research UK and offered to partner organisations, practice staff and community groups with the aim of raising awareness of cancer, lifestyle factors, symptom spotting and giving skills to have possibly difficult conversations. 24 sessions (including a Train the Trainer session) were delivered over 12 months with very positive feedback.
- GP practice "league tables" to encourage primary care ownership.
- Contacting first time invitees to screening in order to give more information and encourage participation.
- Community engagement through VCS groups
- Sharing good practice across the Alliance
- Implementation of Faecal Immunochemical Test (FIT) from June 2019 to replace the Faecal Occult Blood (FOB) test for bowel screening, making the process much simpler and hopefully meaning that more people will participate.

#### 4. **Options**

N/A

#### 5. **Contribution to corporate priorities**

#### 6. **Recommendations**

- 6.1 That members note the importance of and support and influence the smoking cessation service in order to help reduce the incidence of lung cancer in Bradford.
- 6.2 That members note the issues surrounding low uptake to screening services and support and influence the participation with the national screening services programmes.

#### 7. **Background documents**

None

#### 8. **Not for publication documents**

None

9. **Appendices**

9.1 West Yorkshire and Harrogate Cancer Alliance Tackling Cancer Programme

9.2 Outline Specification for Tendering of the Lung Health Check Tackling Lung Cancer Project