Brighton & Hove City Council

NHS
Brighton and Hove
Clinical Commissioning Group

Brighton and Hove

Cancer Strategy

2017 – 2020

Contents

FORWARD

This Cancer Strategy (2017-2020) has been developed by our local Cancer Action Group. The group's vision is to improve outcomes for cancer patients in Brighton and Hove and improve the experience of those affected by cancer. We will do this through establishing high quality services that are focussed on individual needs which have a clear focus on prevention, early diagnosis, high quality treatment and support for those living with and beyond cancer. We also need to ensure that we have a range of services to meet the needs of people affected by cancer which requires modernising services across the system through rapid access to diagnosis, engaged workforce and supporting clinical research.

We recognise that to achieve this we have to work in partnership with people affected by cancer to develop services. This strategy represents the first major step towards fulfilling our goal of bringing together all partners in a commitment to transform services and sets out the actions we will jointly take over the next two to three years.

The NHS and the local authority face several pressures over the next few years with increased demand on services and limited resource. Demand for cancer services is rising three times faster than other conditions for the NHS and services are struggling to meet operational standards under the current pressures. Cancer is a local and national priority and we will work in partnership to develop models of care that meet the needs of Brighton and Hove. We will work as part of a wider system through the Sustainability and Transformation Partnership and the Surrey and Sussex Cancer Alliance.

This strategy has been informed by the National Cancer Strategy, our local Joint Strategic Needs Assessment and recently published data and has been developed by the Cancer Action Group, members organisations of the CAG can be found in appendix 1. The strategy is a powerful indication of our shared commitment to preventing cancer and to ensuring that people affected by cancer are able to access the right intervention, in the right place, at the right time and with the right outcome.

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Section 1 – Introduction

National Policy Context | Brighton and Hove Context | Our Vision and Aims | Principles

Brighton and Hove is committed to improving outcomes for people affected by cancer. Significant improvements have been made in treatment and survival in cancer, but there now needs a step-change in the way cancer service provision is delivered for people living with the disease and the role the patient plays within that. This requires coordination and integration between key organisations, particularly Public Health England, Brighton and Hove Local Authority, Brighton and Hove Clinical Commissioning Group (CCG) and NHS England to ensure the entire patient pathway from prevention to end of life is connected.

This strategy aims to address the various opportunities to improve patient outcomes in the pathway outlined by the Independent Cancer Taskforce (2015)[1].

A. **Prevention,** by improving health and wellbeing, addressing risk factors and improving screening uptake.

B. **Early diagnosis,** by shifting from detection due to symptoms, to detection as a result of screening using tools such as practice profiles, the cancer decision toolkit, communication and engagement with the public and utilising NHS Health Checks and faster investigation and increased diagnostic capacity.

C. **Prompt high quality treatment,** by addressing patient and system initiated delays. Delivering integrated end to end seamless 62 day pathways; improved patient outcomes and experience using a very efficient model of care.

[1] Achieving Word Class Outcomes for Cancer 2015-2020 A Strategy for England; Independent Cancer Taskforce Review (2015) http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf

D. **Survivorship,** - with improvements in early detection and rapid advances in treatment, we should expect even larger numbers of people living with and beyond cancer, and greater numbers of people acting as carers for people with cancer. This requires a shift away from the medical model of care to one that sees the patient and the public being empowered to take up ownership of their care.

E. **Patient Experience** is improved through early detection and access to services, through to treatment and recovery. Outcomes from national and local surveys will be acted upon to drive forward improvements.

In 2016 Brighton and Hove became part of three larger footprints in order to develop and commission new models of care. These are:

A. Sussex and East Surrey Sustainability and Transformation Partnership
B. South Central Sussex and East Surrey Alliance Place Based Plan (CSESA)
C. Surrey and Sussex Cancer Alliance.

The aims of these plans is to build on local plans over a wider geographical area and to look at what programmes could be improved if we worked with neighbouring CCGs, local authorities and NHS providers to deliver them together. It provides an opportunity for a more joined-up approach between public health teams across the region such as cancer screening programmes. Cancer is detailed as an area of focus which can deliver the greatest public health and wellbeing improvements, based on current deaths, years of life lost, healthcare costs and health inequalities across the Sussex and East Surrey footprint population.

CSESA proposes to further develop collaborative clusters of General Practice serving populations of approximately 50k, and 20 ‘care hubs’ known as Multi-Specialty Community Providers (MCP) across the CSESA footprint by 2020. This will integrate community health, mental health, social care and third sector support in order to improve the care provided to our local population, improve health outcomes and drive a greater level of efficiency across the whole system.

The Cancer Alliance will focus on providing improvement in early diagnosis, the recovery package and the development of stratified pathways through executive leadership which links into the plans outlined above.

National Policy Context

Achieving Word Class Outcomes for Cancer 2015-2020; A Strategy for England[1] Independent Cancer Taskforce Review

This Strategy provides a transformational framework for the diagnosis, treatment and care for people affected by cancer and works towards delivering a gold standard service. This builds on the Cancer Reform Strategy (2008) and Improving Outcomes: A strategy for Cancer[2].

The strategy sets out a vision for what cancer patients should expect from the health service which are:

A. Effective prevention though lifestyle changes so that people reduce their risk of getting cancer
B. Prompt and accurate diagnosis; informed choice and convenient care
C. Access to the best effective treatments with minimal side effects
D. Always knowing what is going on and why
E. Holistic support; and the best possible quality of life, including at the end of life
F. Patients are treated as individuals, with compassion, dignity and respect throughout their care.

In order to achieve this, six strategic priorities have been detailed with over 100 recommendations for NHS England (NHSE). This includes Prevention; Early Diagnosis; Patient Experience; Living with and beyond Cancer; Modernising cancer services; Commissioning, accountability and provision. It is anticipated, that though the work being carried out through early diagnosis we will significantly improve one-year survival rates to 75% by 2020 for all cancers (Brighton and Hove CCG currently have a 69% one year survivorship rate).

The 2017-2019 NHS Operational Planning and Contracting Guidance[3]

The 2017-2019 NHS Operational Planning and Contracting Guidance states that by 2020 we will need to be:

A. significantly improving one-year survival to achieve 75% by 2020 for all cancers combined (up from 69% currently); and
B. 95% of patients given definitive cancer diagnosis, or all clear, within 28 days of being referred by a GP, and 50% within 14 days.

[2] Cancer Reform Strategy (2008) http://www.nhs.uk/NHSEngland/NSF/Documents/Cancer%20Reform%20 Strategy.pdf Improving Outcomes: A Strategy for Cancer (2011) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213785/dh_123394.pdf
[3] The 2017-2019 NHS Operational Planning and Contracting Guidance https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf

The key deliverables include:

A. Working through Cancer Alliances and the National Cancer Vanguard to implement the national cancer strategy.
B. Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity, and the other NHS Constitution cancer standards.
C. Make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.
D. Ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types.
E. Ensure all elements of the Recovery Package are commissioned, including ensuring that:
    - all patients have a holistic needs assessment and care plan at the point of diagnosis
    - a treatment summary is sent to the patient's GP at the end of treatment; and
    - a cancer care review is completed by the GP within six months of a cancer diagnosis.

Five Year Forward View[4]

The Five Year Forward View sets out a clear direction for the NHS, highlighting why change is needed and what it will look like. It states action needs to happen in three areas: better prevention, swifter access to diagnosis, and better treatment and care for all those diagnosed with cancer. The change outlined not only requires changes in the NHS but the development of partnerships with local communities, local authorities and employers to deliver improvements. The Forward View into Action[5] includes prevention and co-creating new models of care to improve outcomes. Key points to note include:

A. Increasingly we need to manage systems – networks of care – not just organisations.
B. Out-of-hospital care needs to become a much larger part of what the NHS does.
C. Services need to be integrated around the patient. For example a patient with cancer needs their mental health and social care coordinated around them.
D. We should learn much faster from the best examples, not just from within the UK but internationally.
E. And as we introduce them, we need to evaluate new care models to establish which produce the best experience for patients and the best value for money.

The Five Year Forward View recognises that the NHS has dramatically improved patient outcomes over the past fifteen years. Cancer survival is at its highest ever; outcomes are better; waits are shorter; patient satisfaction much higher across the country which is due to the commitment of

[4] Five Year Forward View (2014) https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
[5] The Forward View into Action (2015) https://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf

staff and funding. It also recognises quality of care can be variable, preventable illness is widespread, health inequalities deep-rooted. It also highlights the challenges in cancer as patient needs change; there are new treatment options and increasing pressure on services.

Next Steps of the NHS Five Year Forward View[6]

The next steps highlights the process that has been carried out a year on across the health system and what still needs to be done. It highlights that identifying cancer earlier is critical to saving more lives which requires the need to speed up and improve diagnosis, increase current capacity and open new Rapid Diagnostic and Assessment Centres which is a key focus of the Cancer Alliances. The document details the complex and challenging times for the NHS with pressures being greater than they have ever been. The NHS in 2017 confronts four paradoxes.

A. We are living longer but associated with this and other factors we are using the NHS more. Life expectancy has been rising by five hours a day, but the need for modern NHS care continues to grow.
B. The quality of NHS care is demonstrably improving, but we're becoming far more transparent about care gaps and mistakes.
C. Staff numbers are up, but staff are under greater pressure.
D. The public are highly satisfied with the NHS, but concerned for its future. Perhaps surprisingly, newly published independent data spanning three decades shows that public satisfaction with the NHS is higher than in all but three of the past 30 years.

Key improvements for cancer in 2017/18 and 2018/19 include:

A. Expanded screening to improve prevention and early detection of cancer which will introduce a new bowel cancer screening test for over 4 million people from April 2018 and the introduction of primary HPV testing for cervical screening from April 2019.
B. Expand diagnostic capacity so that England is meeting all 8 of the cancer waiting standards, compared to seven out of eight today. We will focus specifically on the cancer 62-day from referral to treatment standard ahead of the introduction of the new standard to give patients a definitive diagnosis within 28 days by 2020.
C. NHSE will implement the largest radiotherapy upgrade programme in 15 years by October 2018, patients will have access to sustainable high quality, modern radiotherapy treatments wherever they live. BSUH has received new equipment as part of this work.

NHSE will support this through:

A. Ensuring there is additional resource allocated to cancer.

[6] Next Steps of the Five Year Forward View (2017) https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

B. Expanding the cancer workforce: HEE to have trained 160 non-medical endoscopists by 2018, alongside 35 more places for ST1 clinical radiology training.
C. Clear accountability and delivery chain. Performance goals for CCGs and cancer providers, matched by unprecedented transparency using the new cancer dashboard.

Brighton and Hove Context

The following headlines (Table 1) for Brighton and Hove[7] have been taken from Local Cancer Intelligence which is a collaboration between Macmillan Cancer Support and Public Health England's National Cancer Intelligence Network (NCIN), combining the best data and insights from NCIN, Macmillan and other sources to help understand the local burden of cancer.

Table 1: Local Cancer Intelligence

Metric	Brighton and Hove
Prevalence	As of the end of 2010, around 6,500 people were living up to 20 years after a cancer diagnosis. This could rise to an estimated 12,700 by 2030
Incidence	There are 629 new cancer diagnoses per 100,000 people each year, this is similar to the England rate (611 per 100,000 people).
Mortality	There are 295 cancer deaths per 100,000 people each year, this is similar to the England rate (284 per 100,000 people).
One year survival	One-year cancer survival is 67%, this is poorer than the England rate of 69%.
Five year survival	Five-year cancer survival is 49% in Surrey and Sussex, the England rate is 49%
Patient Experience	86% of people rate their overall care as excellent or very good. The England average is 89%. People rate each aspect of their care differently: e.g. 68% reported that hospital and community staff always worked well together (compared with the England average of 63.5%).
Route to & from diagnosis	The Routes to and from Diagnosis and associated outcomes for select cancers are presented in detailed pages for breast, prostate, and lung cancers and brain and central nervous system (CNS) tumours accessed via http://lci.cancertoolkit.co.uk/HeadLines

[7] The is based on the CCG's registered population.

Cancer a clinical priority

Cancer is the main cause of death for all ages and for those under 75 years in the City. In 2015 it was the cause of nearly a third of all deaths (27%) and 40% of all premature deaths locally. Lung, bowel, breast and prostate cancer account for nearly half of all cancer diagnoses[8]. These rates are similar to those for England with cancer being the main cause of all deaths in the country accounting for 27% of all deaths and 42% of premature deaths (in under 75's in 2015). In terms of screening Brighton and Hove is statistically significantly below the national average for all screening measures according to 2016 Public Health England data[9]. Screening rates are typically lower in areas with higher percentage BME populations and in more deprived areas. Brighton & Hove lesbian, gay, bisexual and transgender (LGBT) communities have higher rates of cervical screening than the general population due to community health improvement programmes.

Emergency Presentation for cancer in Brighton and Hove is lower than the national average with 79 /100,000 emergency presentations in comparison to 89/100,000. Brighton and Hove has a high number of two week wait referrals for suspected cancer (3366/100,000) in comparison to the England average (2975/100,000) with a conversion rate[10] of 6.1% (England 7.8%)[8]. Two week wait referrals have continued to increase year on year with demographic growth putting more pressure on the system.

In Brighton and Hove City, with a population of approximately 287,000, around 1150 people in the city are diagnosed with cancer each year; of these, over half are for the four most common cancers (210 female breast, 150 lung, 140 colorectal and 135 prostate). These cancers are also responsible for about half the premature deaths in the City (75 from lung cancer, 26 from breast cancer, 23 from colorectal cancer and 6 from prostate cancer). NHS England published new ratings in October 2016 providing a snapshot of how well different areas of the country were diagnosing and treating cancer and supporting patients. This was based on data published over the previous two years and the CCG improvement and assessment framework provides an initial baseline rating for six clinical priority areas which includes cancer. Table 2 shows the indictor ratings for Brighton and Hove CCG.

[8] ONS mortality data 2015– not available on-line
[9] Fingertips Practice Profiles https://fingertips.phe.org.uk/
[10] Conversion rate: the proportion of urgent referrals for suspected cancer by general practitioners that result in a diagnosis of cancer. This is the positive predictive value for cancer among the patients selected for urgent referral

Table 2: Brighton and Hove CCG Indicator Rating[11]

Rating	Brighton and Hove CCG - Indicator Rating			
Needs Improvement	New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed	Of people with an urgent GP referral having first definitive treatment for cancer within 62 days of referral	Of adults diagnosed with any type of cancer in a year who are still alive one year after diagnosis.	"Overall, how would you rate your care?" (with a score from 0 to 10, where 10 is the best.)
Brighton and Hove Overall rating	47.3%	82.1%	68.9%	8.5
Best performing CCG	61.0%	94.9%	74.5%	9.0

Incidence and mortality from cancer is considerably higher amongst the more deprived groups, largely due to late presentation, resulting in later diagnosis and access to health services. The mortality gap between the poorest groups and the most affluent appears to be widening[12].

Despite improvements in cancer treatments, and mortality in recent decades, outcomes in the UK are poor compared to the best in Europe[13] (figure 1). The survival rate amongst the under 75's in the city is lower than the national rate[14]. At a national level, the mortality rate from cancer has been steadily decreasing, but this is not the case in Brighton and Hove, where the decline has been very small.

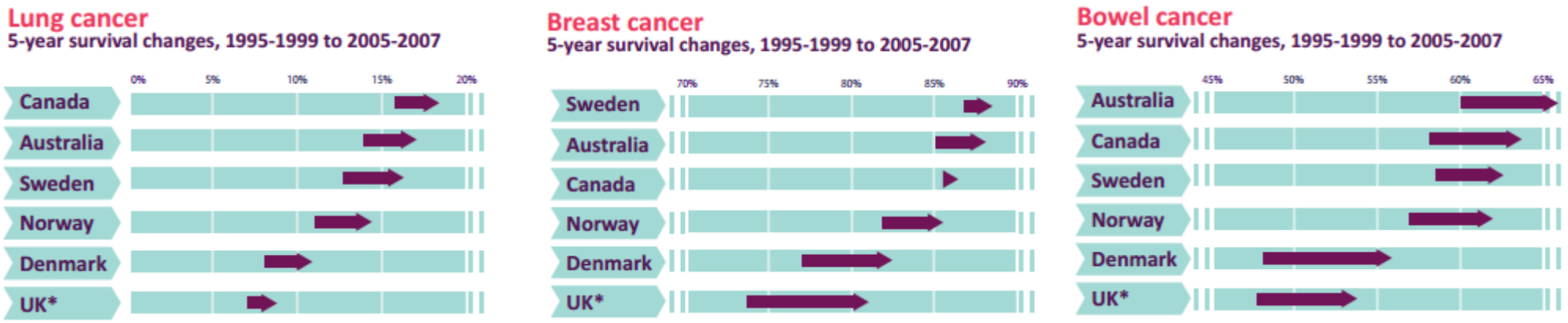
[11] https://www.nhs.uk/service-search/scorecard/results/1173

[12] Public Health Annual Report Brighton and Hove 2015/16 https://www.brighton-hove.gov.uk/content/health/public-health-brighton-hove

[13] Is England closing the international gap in cancer survival? British Journal of Cancer (2015) https://www.nature.com/bjc/journal/v113/n5/full/bjc2015265a.html and http://scienceblog.cancerresearchuk.org/2015/08/05/cancer-survival-in-england-is-improving-but-still-lagging-behind-similar-countries/

[14] http://www.bhconnected.org.uk/sites/bhconnected/files/jsna/jsna-7.5.8-Cancer.pdf and https://present.brighton-hove.gov.uk/Published/C00000826/M00005746/AI00049010/$20151204150751_008319_0034662_AppendixoneJHWS.docA.ps.pdf

Figure 1: 5-year survival changes for Lung, Breast and Bowel.[15]



Using a new index of cancer survival, Brighton and Hove has poorer survival than England, although it is gradually improving. The age standardised incidence rate for all cancers in Brighton and Hove is higher than the national average and whilst the national rate has remained fairly static since 2009, Brighton and Hove has seen an increase. The most common cancer in females is breast cancer and in males prostate cancer[16]; the second and third most common cancers in both females and males are lung and colorectal cancer which is the same as England[17]

Brighton and Sussex University Hospital (BSUH) continues to be challenged in meeting the 62 day urgent GP referral to treatment and has seen a decline recently in other cancer standards as demonstrated below. This has in part been due to increase in activity and pressures within the system in diagnostics and bed pressures. Table 3 outlines the current performance of BSUH.

[15] Achieving Word Class Outcomes for Cancer 2015-2020 A Strategy for England; Independent Cancer Taskforce Review (2015) http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf

[16] However the incidence of prostate cancer is linked to identification via Prostate Specific Antigen (PSA) testing.

[17] ONS Cancer Registration Statistics, England, 2011. 26 June 2013. [Accessed 16.8.13] Available from http://www.ons.gov.uk/ons/dcp171778_315795.pdf

Table 3: Brighton and Sussex University Hospital performance against Cancer Waiting Time Standards and Constitutional Standards

Metric	Target	2013/14	2014/15	2015/16	2016/17
Cancer: 2 week GP referral to 1st outpatient appointment	93%	92.43%	93.61%	91.29%	93.50%
Cancer: 31 day diagnosis to treatment from all cancers	96%	97.61%	97.68%	96.73%	98.19%
Cancer: 62 day urgent GP referral to treatment.	85%	86.08%	80.83%	77.2%	76.40%
Patients on non-emergency pathways wait no more than 18 weeks from referral to treatment (RTT). Incomplete pathways	92%	92.69%	81.14%	80.10%	82.1%

Metric	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Cancer: 2 week GP referral to 1st outpatient appointment	93%	88.65%	93.85%	95.11%	94.75%	94.08%	94.47%	95.12%	94.10%	93.93%	90.68%	93.25%	93..41%
Cancer: 31 day diagnosis to treatment from all cancers	96%	100.00%	97.32%	99.14%	98.41%	98.57%	98.17%	98.59%	97.27%	97.18%	97.94%	97.08%	98.31%
Cancer: 62 day urgent GP referral to treatment.	85%	78.1%	77.2%	81.1%	74.5%	74.7%	85.9%	77.9%	76.5%	66.7%	77.8%	68.5%	76.5%
Monthly Conversion rate		**6.9%**	**6.6%**	**6.0%**	**8.4%**	**6.9%**	**6.7%**	**7.0%**	**6.9%**	**6.4%**	**8.8%**	**7.8%**	**8.7%**

The Brighton & Hove Health & Wellbeing Board is a partnership group[18] to improve the health & wellbeing of local people. It produces a local Joint Health & Wellbeing Strategy, stating how the health & wellbeing of the local population will be improved. The most recent was produced in 2015[19] .It contains the target of 'Increase the uptake of health checks and cancer screening'.

NHS England, Public Health England and NHS RightCare commissioning for value pack 2016 identified cancer as one of the priority areas which will offer the best opportunities to improve healthcare for populations and improve the value that populations receive from investment in their local health system. RightCare (2016) states that across breast ,lower gastrointestinal and lung pathways Brighton and Hove could improve on screening for bowel and breast cancers and on one year survival rates in comparison to CCG's who have a similar demographic. Breast and lower gastrointestinal cancer detection at an early stage is recognised as requiring improvement.

[18] Brighton and Hove Health and Wellbeing Board: https://present.brighton-hove.gov.uk/mgCommitteeDetails.aspx?ID=826
[19] Brighton & Hove Joint Health & Wellbeing Strategy 2015 https://present.brighton-hove.gov.uk/Published/C00000826/M00005746/AI00049010/$20151204150751_008319_0034662_AppendixoneJHWS.docA.ps.pdf

Brighton and Hove CCG have identified the following priority areas for action

- Preventing people dying prematurely by improving early identification of symptoms in primary care
- Enhancing quality of life for people by improving outcomes and delivery of the national cancer survivorship programme
- To ensure treatment is commenced without delay by delivering the 62 day referral to treatment national standard

Brighton and Hove CCG will ensure that there is equitable access for services with particular focus on vulnerable groups. The CCGs will work closely with Providers, Local Authority, Public Health England and the South East Cancer Clinical Network (SECN) to ensure best practice is implemented wherever possible.

NICE Guidance 12 (NG12); Suspected Cancer referral and Recognition

The implementation of NG12 is the responsibility of local NHS commissioners and providers. There has been a significant piece of work carried out between Brighton and Sussex University Hospital (BSUH), Brighton and Hove CCG, Horsham and Mid Sussex CCG, Crawley CCG and High Weald Lewes and Havens CCG to collaboratively agree a joint implementation plan for BSUH. This has involved working with BSUH to map the current pathways and the new pathways following the implementation of NG12. This has included the Trusts ability to meet the reporting timeframes for direct access proposed by NICE. It has been agreed that in areas where reporting for direct access may be challenged, such as within 48 hours of being requested we will pilot and work towards this. We have also agreed to aspire to 'straight to test' with the further development of pathways. Monitoring of the impact on the patient journey will be part of the evaluation of the implementation and development of pathways.

It is estimated that the impact on BSUH following the implementation for NG12 in 2017/18 will be the following:

GP direct access referrals and 2WW referrals
27,139 (currently 19,900 2WW referrals an increase of 7,239)

	62 Day Patients	Discharged back to GP	On RTT Pathway
Total Impact =	1,579.0	15,070.0	10,467.0
Additional =	236.5	4,645.0	3,227.0

It is anticipated that following the launch of NG12 and taking account of growth there will be increased demand on diagnostics by 7,239 per annum (including planned care). This will impact on the number of patients being brought forward on the 62 day pathway (RTT) and the number referred back to GP to be managed.

Our Vision and Aims

In line with our vision, we have developed some key aims in Brighton and Hove which link with national and local plans. These aims span all parts of the cancer pathway, from prevention, through early intervention to treatment and living with and beyond cancer.

- We aim, through this strategy, to work as a whole system on improving the outcomes for cancer patients in Brighton and Hove.
- We aim to develop strong and clear leadership and accountability arrangements in meeting the needs of our local population through the Cancer Action Group.
- We aim to ensure joint commissioning decisions are based on high quality, accurate data and the effectiveness of services evaluated through application of robust performance indicators, outcome measures and quality indicators to assure people affected by cancer are getting the best possible care and outcomes.

Principles

The Cancer Action Group has developed the following principles to improve outcomes for people affected by cancer; these will be the golden thread throughout this strategy and the actions we take: We will:

- Work together to improve public awareness and understanding of preventing cancer and cancer signs and symptoms
- Ensure there that the workforce embeds the ‘Make Every Contact Count’ approach on healthy lifestyle behaviours and signposting to services
- Share statistical data to ensure a shared understanding of the needs of our population.
- Develop a pathways approach to ensure that patients where cancer is suspected receive the right service at the right time.
- Ensure that people affected by cancer feel informed and feel their individual needs are met.
- Always promote self-help whenever possible.
- Actively listen to the voice of people affected by cancer in the shaping of our services.
- Use best practice and evidence informed advice, support and interventions whenever possible, with the best balance of services to respond to the needs of people affected by cancer.
- Ensure our commissioned services are of good quality and provide value-for-money.

Section 2 – Prevention

Evidence for change | Current Position | Where do we want to get to? | What we will do

NHS England 5 year Forward View (October 2014) highlights the need for radical upgrade in prevention and public health as one of the key elements required to ensure the sustainability of the NHS. This is emphasised in the Independent Cancer Taskforce Review (2015).

This section covers how we can improve the health and wellbeing of the local population. This includes the:

- Aim to improve healthy lifestyle behaviours including reducing smoking and alcohol consumption and increasing physical activity and healthy eating.
- Aim to increase sun safety.
- Aim to provide a healthy environment.

Evidence for change

An estimated 42% of cases of cancer in the UK are preventable through the adoption of healthier lifestyle choices.[20] Lifestyle factors such as smoking, diet, drinking alcohol & physical activity are key with smoking being the single largest cause of cancer accounting for 19% of all cases.

- **Smoking:** In Brighton & Hove the prevalence of smoking in adults is 21%, higher than the national figure of 17%[21]. On average there are 370 smoking related deaths per year in Brighton & Hove, which again is higher than the national average. However, the city did have a significantly higher rate of successful quitters in NHS Stop Smoking Services than the England average in 2015/16.
  Brighton & Hove has more young people smoking than any other local authority in the South East. According to the national *What about Youth* survey smoking prevalence is 14.9%, 5.9% higher than the average for the South East (9%) and 6.7% higher than the national average (8.2%).[22]

- **Alcohol:** 42% of adults in Brighton & Hove drink more than the UK recommended weekly amount of alcohol[23]. This compares to the average for England of 26%. Rates of alcohol-related A&E attendance and hospital admissions have increased in recent years, and in Brighton & Hove's Big Alcohol Debate, 36% of respondents were worried about the effect alcohol has on people in the city.

- **Healthy weight:** Although the local figure for obese children is below the national average, 13.3% in year 6, compared to 19% for England, by adulthood over half (52.4%) of the adult population in Brighton & Hove are classified as overweight or obese[24]. Although this figure is also less than that for England at 64.6% excess weight could be lost by adopting a healthier diet, increasing physical activity & drinking less alcohol.

- **Air pollution.** The Air Quality Action Plan targets improvement in Nitrogen Dioxide (NO_2) focussing on roadside residential areas especially Brighton City Centre, South Portslade and Rottingdean High Street. Although pollution levels have improved over recent years it is estimated that within Brighton & Hove City Council 200 deaths are brought forward each year by airborne pollution.

[20] Parkin DM, Boyd L, Walker LC. The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010. Summary and conclusions(link is external). Br J Cancer 2011;105 (S2):S77-S81
[21] Brighton & Hove Health Profile. PHE. 2016. Data for 2015. http://fingertipsreports.phe.org.uk/health-profiles/2016/e06000043.pdf
[22] What about YOUth Survey. 2014. http://content.digital.nhs.uk/catalogue/PUB19244
[23] Fingertips. PHE. 2016. Data for 2011-14. http://fingertips.phe.org.uk/search/adults%20drinking%20over%2014#pat/6/ati/102/par/E12000008
[24] Health Profile 2016. PHE. Excess weight in adults data 2012-14. And % of obese children in yr 6 data 2014-15. http://fingertipsreports.phe.org.uk/health-profiles/2016/e06000043.pdf

- **Sun Safety.** Brighton & Hove has a higher rate of malignant melanoma's than England, 27.4 cases per 100,000 people compared to 23.3 for England[25]. Sun safety is taken seriously by the City and there are programmes & campaigns in place to help people stay safe in the sun.

Current Position

Our over-arching aim is to act early to prevent cancer by advising & supporting people to make healthy lifestyle choices. We have a series of services and initiatives which we will build on in the city:

A. We have commissioned in partnership (Brighton and Hove CCG and Public Health) a cancer prevention and early awareness service to educate the public and health care professionals on preventing cancer, the signs and symptoms of cancer and to increase uptake of the NHS National Screening Programmes.
B. Other Brighton & Hove CCG and Brighton & Hove City Council Locally Commissioned Services such as the alcohol, smoking cessation & NHS health Checks LCS also reduce the incidence of cancer.
C. The Healthy Lifestyles team at Brighton and Hove City Council. This team includes the Health Trainers who use behaviour change techniques to support people to adopt healthier lifestyle behaviours including healthy diet, stopping smoking, increasing physical activity, drinking less alcohol, and accessing other support services in the city. The Health Trainers also provide advice on appropriate cancer screening to the people that they see. These interventions are delivered in both a clinical & community setting.
   The team also includes the Active for Life programme helping people to increase physical activity; this includes the healthy walks programme including walks for those living with and surviving breast cancer. The team also support a healthier food environment and have Community Health Improvement Nurses.
D. A new Alcohol Liaison Nurse has been appointed in the centre of the City to work out of GP surgeries to provide advice & support to people to drink less alcohol or give up altogether.
E. The Brighton and Hove Food Partnership and the charity Albion in the Community offer healthy lifestyle programmes that can help adults, children and families to establish a healthier weight. They offer a healthy lifestyle programme called Shape Up. A more specialist weight management clinic is also available for children, delivered by Sussex Community Foundation Trust.
F. The Healthy Choice programme supports food businesses to prepare, cook and serve meals in a healthier way. Participating food businesses can qualify for a Healthy Choice Award.
G. The Sugar Smart project is a joint initiative from the Council, Food Partnership and Jamie Oliver Food Foundation that looks at what we can all do at home, in schools and in shops, restaurants, cafes and takeaways to tackle high levels of sugar in food.

[25] Fingertips. PHE. 2010-12 data. https://fingertips.phe.org.uk/search/malignant%20melanoma#page/0/gid/1/pat/6/par/E12000008/ati/102/are/E06000043

H. City-wide tobacco control action plan aims to reduce smoking prevalence. Initiatives include promoting stop smoking services, tackling cheap and illegal tobacco, supporting smokers to quit, making stop smoking services accessible, reducing exposure to second hand smoke, enforcing smokefree and tobacco products regulations, and preventing the uptake of smoking in young people.
I. Sun safety campaign in schools and for the wider community.
J. Health promotion training programme in the city which trains a wide range of paid and voluntary workers across the sectors and offers skills and topic based courses on issues such as Understanding Health Improvement, Making Every Contact Count, Promoting Physical Activity, Facilitating Behaviour Change around Drugs and Alcohol. https://learning.brighton-hove.gov.uk/cpd/portal.asp
K. Access Fund for Sustainable Travel Team at Brighton & Hove City Council. Grant funded by the Department for Transport until end of March 2020, provides a project based approach to encourage active and sustainable travel around the city. The main objectives of the project are to promote active travel to employment, education and skills, and to increase walking and cycling.
L. The NHS Health Checks programme aims to highlight and reduce the risks of developing cardio vascular disease diabetes, stroke, kidney disease & dementia and also promoting the awareness of preventing cancer & spotting the signs & symptoms of cancer.
M. There are 20 Healthy Living Pharmacies in the city. Each has a Healthy Living Champion who offer advice and support to people on leading a healthy lifestyle. This forms part of the national Make Every Contact Count agenda.
N. The national immunisation programme for Human Papilloma Virus (HPV) vaccinates young females against this virus to reduce the risk of cervical cancer.
O. Specialist worker in public health focussing on improving the health of those in the workplace. This includes promoting the national NHS Health Checks programme and offering on-site wellbeing checks for staff delivered by the Health Trainers. This post also oversees implementation of the national Workplace Wellbeing Charter in businesses & schools.
P. Communication plan to deliver national and local health improvement campaigns. There is strong partnership work across organisations in the city to join up messages and campaigns to provide a wider coverage.

But we know there is still more that can be done:

A. To tackle the wider determinants of health to reduce health inequalities in the City to improve healthy behaviours & access to services in the most deprived areas of the City.
B. To further reduce the number of smokers within the City.
C. To work with GP practices that have a low invite and uptake rate for the NHS Health Checks programme to reduce variation in this programme across the City.
D. To increase screening rates of people with learning disabilities, mental health issues and the BME and LGBT community.
E. To embed the Make Every Contact Count scheme.

F. To increase the implementation of the national Workplace Wellbeing Charter across more businesses and organisations in the City.

Where do we want to get to?

A. Commission well-evidenced primary prevention programmes focussed on the key risk factors linked to Brighton and Hove biggest diseases.
B. Ensure cancer prevention is included in obesity, alcohol and tobacco strategies.
C. Continue for cancer to be a focus in the Health and Wellbeing boards to influence local commissioning arrangements to ensure measures to prevent cancer and other diseases are embedded across all activities and support the reduction in health inequalities.
D. To continue to address risk factors and improve screening uptake (see Section 3 action 9 and 8).

What we will do

Action 1:
We will continue to promote healthy lifestyles across the city.

Action 2:
We will update the JSNA for Brighton and Hove with regards to cancer to ensure that our commissioning plans are informed by the latest intelligence on prevalence, incidence and outcomes.

Action 3:
We will work with primary care to reduce variation in preventative services provided through Locally Commissioned Services & increase the uptake of heath improvement services particularly for those living in the more deprived areas.

Action 4:
We will continue to develop Healthy Living Pharmacies across the city.

Action 5:
We will skill up the workforce to provide brief advice and interventions in Making Every Contact Count.

Action 6:
We will play an active role in the local strategies for obesity, alcohol, tobacco and sun safety by ensuring there is target initiatives and campaigns.

Action 7:
Increase participation in the national Workplace Wellbeing Charter.

And we will
Continue to raise awareness of the early signs & symptoms of cancer across the city (Action 8).

Provide targeted campaigns to promote screening for cancer (Action 9)

Section 3 – Early Diagnosis

Evidence | Current Position | Where do we want to get to? | What we will do

Through promoting earlier diagnosis of cancer we will improve rapid access to treatment leading to improved survival rates and therefore reducing cancer mortality. Improving early diagnosis is a multifaceted challenge and requires action across the whole pathway from public awareness, understanding and encouraging people to see their doctor, to supporting GPs and other services so that all patients have timely access to tests, specialist advice and treatment.

We aim to achieve early diagnosis through a range of methods including detection due to symptoms, detection as a result of screening using tools such as practice profiles, cancer decision toolkit and increasing diagnostic capacity. This will also include communication and engagement with the public on signs and symptoms as well as highlighting the importance of taking up NHS National screening programmes and NHS Health Checks.

This section will cover:

- Raising awareness of signs and symptoms
- Screening
- Faster investigation.

Evidence

The 2017-2019 NHS Operational Planning and Contracting Guidance[26] states that by 2020 we will be delivering recommendations of the Independent Cancer Taskforce[27]. Through doing this we will improve one year survival rates through earlier diagnosis and patients being given a definitive cancer diagnosis, or all clear, within 28 days of being referred by a GP.

Around 1 in 4 of cancers in the UK are diagnosed through emergency admission to hospital[28] and most patients diagnosed this way have lower chances of survival compared to other patients. Late diagnosis impacts on survival rates and can be due to number of reasons including[29]:

A. Low awareness of cancer signs and symptoms can mean that people don't see the GP as soon as they might which could delay a diagnosis.
B. Some people might delay because they're worried about what the doctor might find or they don't want to waste the doctor's time.
C. There can be delays in GPs referring patients on for tests or treatment.
D. Delays can occur in getting an appointment at the hospital.

Early detection of cancer greatly increases the chances for successful treatment; this requires recognising possible warning signs of cancer and taking prompt action. There are two major components of early detection of cancer[30]:

A. Education to promote early diagnosis - this requires education amongst the general public and health care professionals of signs and symptoms of cancer and early warning signs.
B. Screening - This includes the uptake of the three national programmes breast, bowel and cervical screening. .

The coverage of Brighton and Hove's cancer screening programmes are below the England averages and national targets as demonstrated in Table 4, there is also variation between GP practices locally. Bowel Scope Screening (55yrs) is being rolled out nationally and a selection of practices in Brighton and Hove have been involved in the initial phases of this. Further work is being done nationally to implement the faecal immunochemical test (FIT) for bowel cancer screening which is an easier to use method, than that used currently, with increased sensitivity making it more likely to detect pre-cancer lesions.

[26] The 2017-2019 NHS Operational Planning and Contracting Guidance https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf
[27] Achieving Word Class Outcomes for Cancer 2015-2020 A Strategy for England; Independent Cancer Taskforce Review (2015) http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf
[28] NCIN. Routes to Diagnosis. 2010 http://www.ncin.org.uk/publications/data_briefings/routes_to_diagnosis
[29] Cancer Research UK http://www.cancerresearchuk.org/about-cancer/cancer-symptoms/why-is-early-diagnosis-important
[30] http://www.who.int/cancer/detection/en/

Table 4: Brighton and Hove Screening Rates[31]:

Metric	Target	Brighton & Hove CCG	England Average
Breast Screening			
50 – 70 year old women screened for breast cancer in the last 36 months (3 years) (2015/16)	70% /80% achievable	68.8%	72.5%
Bowel Screening			
60 – 69 year old men and women screened for bowel cancer in the last 30 months (2015/16)	52% 60% (ideal)	55.8%	57.8%
60 – 74 year old men and women screened for bowel cancer in the last 30 months (2015/16)	52% 60% (ideal)	56.6%	58.5%
Cervical Screening			
25 – 49 year old women attending cervical screening in the last 3.5 years (2014/15)	80%	68.2%	71.2%
50 – 64 year old women attending cervical screening in the last 5.5 years (2014/15)	80%	76%	78.4%

NICE Guidelines 12 (NG12) published in 2015 on the referral for suspected cancer superseded the NICE clinical guideline CG27 (published June 2005)[32] and implementation is a recommendation within the National Cancer Strategy. The guidelines use a new approach, focussing on the symptoms that a patient might experience and go to their doctor with making the recommendations more relevant for GPs to use. The Positive Predictive Value (PPV) of a particular symptom used to determine the threshold to refer or investigate the patient has been lowered to 3% (from approx. 5%), the result of this will be for every 100 people referred approximately 3 will have a diagnosis of cancer. The benefits of the changes to the referral guidelines are to bring:

A. Earlier diagnosis of cancer, leading to increased survival.
B. A reduction in cancers diagnosed via an emergency route.
C. Optimised diagnostic processes.

[31] Fingertips National General Practice Profiles, Public Health England https://fingertips.phe.org.uk/profile/general-practice/data#mod,6,pyr,2016,pat,19,par,E38000021,are,-,sid1,2000005,ind1,-,sid2,-,ind2,-

[32] NICE Guidance Suspected Cancer Referral and Recognition (2015) http://www.nice.org.uk/guidance/NG12/.

D. More appropriate referrals to secondary care for suspected cancer.

This guidance aims to increase the access and level of direct access diagnostics and testing prior to referral from primary care which varies between each tumour group

For early detection and awareness, Brighton and Hove needs to tackle each element of the pathway that can lead to a delay in diagnosis as follows:

A. **Public delay-** Fear at what the doctor might find, worry about wasting the GPs time, lack of knowledge about specific cancer signs and symptoms and inability to make a GP appointment at a suitable time can all contribute to a public delay in getting medical help. A series of initiatives are proposed to tackle this including local awareness campaigns of common signs and symptoms through the further roll out and promotion of the Be Clear on Cancer national campaigns; making every contact inside and outside the health care environment count e.g. Talk Cancer programme.

B. **GP delay-** Supporting GPs to be able to spot signs and symptoms of cancer and refer appropriately and in a timely manner is critical to reducing delays at the GP surgery. There are a number of tools that can be used to support GPs such as the Cancer Risk Assessment Tool (RAT) and QCancer as well as the NG12 referral forms to refer appropriately and promptly. Local GP leadership is vital to making sure these tools are received and become business as usual.

C. **System delay -** Insufficient and inappropriate use of capacity in secondary care to meet rising referral demand can also play a role in delaying the time it takes to get a diagnosis. Delivering best practice and robust pathway management using tools such as access policies, milestones, timeframes and escalation trigger points are essential tools to enable providers to deliver the 62 day urgent GP referral to treatment national target e.g. improving direct access for GPs and consistency across the county

D. **Targeted initiatives for high risk populations** across Brighton and Hove, wide variations in cancer outcomes exist and inequalities persist in communities living side by side driven by factors including ethnicity, gender and socio-economic status. Targeted interventions are commissioned to reach high risk populations and reduce variation across services to improve outcomes. This will support preventing breaches in cancer wait times, tackling inequities and deliver improved outcomes.

Current Position

Our overarching aim is to improve early diagnosis through education of the public on signs and symptoms as well as health professionals to improve outcomes. We have a number of examples of good practice in Brighton and Hove that we can continue to develop:

A. We have commissioned in partnership (Brighton and Hove CCG and Public Health) an early awareness service for cancer to educate the public and health care professionals on the signs and symptoms of cancer and increase uptake of the NHS National Screening Programmes.
B. We continue to promote national campaigns and localise campaigns to improve awareness and understanding
C. We have developed a transgender screening leaflet to increase awareness to professional and public.
D. We have a locally commissioned service for cancer within primary care to pro-actively follow up with people eligible for NHS National Screening Programmes (Breast, Bowel and Cervical) who have not attended and are eligible.
E. We are working with GP practices to participate in national audits to improve early diagnosis by reviewing late presentations and emergency admissions of cancer. For example the National Cancer Early Diagnosis Audit and to review new cancer diagnoses and perform significant event analysis for any delayed diagnoses or emergency presentations as part of the Cancer LCS.
F. We have worked with Brighton and Sussex University Hospital (BSUH) and neighbouring CCG's to develop a plan to implement NICE Guidance NG12 locally for 1 April 2017.
G. We have created an education programme to improve knowledge within primary care on signs and symptoms of cancer.
H. We have a Cancer Research UK Facilitator who is working with health professionals in primary care to increase awareness and understanding of their cancer data, the National Screening Programmes, and support tools to improve outcomes
I. We have embedded within primary care clinical and non-clinical champions to drive the cancer agenda forward

But we know:

A. There is still variation across primary care on uptake on NHS National Screening Programmes (Breast, Bowel and Cervical)
B. We could do more to prevent late diagnosis through targeted work for certain tumour site groups and populations who present late
C. Unprompted recall of a number of common Cancer signs and symptoms is significantly higher in the UK compared to the residents of Brighton and Hove which is greater in areas of deprivation. [33]
D. We could do more through community outlets such as pharmacies to raise awareness of signs and symptoms
E. We need to build more capacity within diagnostics services to meet the needs of the population
F. We need to work across the system to improve access to services

[33] A Cancer Awareness Measure Survey was conducted in 2015 highlighting that more work was required on raising awareness of signs and symptoms of cancer.

G. We need to do more to promote cancer clinical support tools within primary care
H. We need to work with primary care to ensure patients are aware that they are on a cancer pathway and the importance of attending urgent appointments within two weeks.

Where do we want to get to?

A. We want to increase awareness, knowledge and confidence about the signs and symptoms of cancer and effecting behavioural changes to increase the numbers seeking early professional help, particularly in the most deprived areas.
B. We want to provided targeted campaigns to populations which we know are presenting late
C. We want to ensure that we have confident and competent workforce who are aware of the signs and symptoms of cancer.
D. We want to raise public awareness of the screening programmes by providing enough information so that people can make an informed choice
E. We want to Increase awareness of and number of people attending, NHS National Screening Programmes (Breast, Bowel and Cervical)
F. We want to improve the number of people being diagnosed with cancer at an early stage
G. We want to ensure people are aware when referred on the suspected cancer pathway on the importance of attending urgent appointments and support available
H. We want to improve access to diagnostics to enable timely detection and diagnosis of cancer
I. We want to improve uptake and appropriate use of direct access testing within Primary Care.
J. We want to better integrate cancer audit activities within GP practices to strengthen processes for audit and appraisal e.g. 2 week wait utilisation and conversions.
K. We want to work towards the delivery of the 28 day to diagnosis or the exclusion of cancer by 2020.

What we will do

Action 8:
We will continue to raise awareness of the early signs & symptoms of cancer across the city.

Action 9:
We will provide targeted campaigns to promote screening for cancer

Action 10:
We will work with Public Health England on improving screening uptake to meet national targets

Action 11:
We will provide proactive follow up to non-responders of NHS National Screening Programmes within Primary Care, building upon best practice.

Action 12:
We will work with GP practices to utilise cancer support tools to identify patients at risk of cancer

Action 13:
We will act upon the themes that come from cancer audits.

Action 14:
We will work towards the national target of 28 days to diagnosis or exclusion of cancer.

Action 15:
We will work across CSESA, STP and Cancer Alliance to ensure there is adequate diagnostic capacity.

Action 16:
We will implement and monitor the impact of NICE Guidance 12; Suspected Cancer Referral and Recognition

And we will:
Carry out a wider Training Needs Analysis to access the workforce need across the cancer pathway (Action 39)

Develop a local training strategy to develop the wider workforce (Action 40)

Section 4 – Patient Experience

Evidence for Change | Current Picture | Where do we want to get to? | What we will do

Patient experience and the voice of those affected by cancer is essential in the transformation of cancer services. We will aspire to improve the pathway for patients to ensure their journey is seamless.

This section covers:

- Electronic access to treatment records
- Access to clinical nurse specialists (CNS)
- Cancer patient experience survey

Evidence for change

The independent Cancer Taskforce heard throughout their engagement on the national cancer strategy, how distressing poor experiences can be and heard concerns from patients particularly about poor communication; how healthcare professionals spoke with them, the information and support they were given to help manage their health and consequences of cancer in their wider lives, and the way they were able to access information.

Patient experience overall was good however there was a significant amount of variation across the country and between different population groups. One of the key ambitions of the taskforce is to understand these variations so that they can be effectively addressed.

In 2015 71,186 people took part in a Cancer Patient Experience survey (CPES). This level of response has been consistent through the years (since its introduction in 2010) and shows how patients value this survey and understand the importance of their voice in driving change and improvement.

Communication was highlighted as a major influence on patient experience and the Taskforce believes that we should be making better use of the digital revolution where patients can have online access to their test results and other communications throughout their treatment and care.

The national report identifies areas which Brighton and Hove can make improvements on. In Brighton and Hove 77% said that they found it easy to contact their Clinical Nurse Specialist (CNS) (compared to 87% nationally) and 36% said that they were given understandable information about whether radiotherapy was working (compared to 60% nationally).

The experience of cancer patients in England is generally very positive. Asked to rate their care on a scale of zero (very poor) to 10 (very good), respondents gave an average rating of 8.7. On nearly half of the questions in the survey, over 80% of respondents gave positive responses. Brighton, Sussex and University Hospital (BSUH) had an average rating of 8.6. Eighty six percent of people rate their overall care as excellent or very good. The England average is 89%. People rate each aspect of their care differently: e.g. 68% reported that hospital and community staff always worked well together (compared with the England average of 63.5%).

In 2016 Healthwatch undertook a review of the cancer services at The Royal Sussex County Hospital. The review found patients were extremely positive about the quality of care. Appointments appeared to be well managed. However, delays were experienced on the day of appointment in

the Chemotherapy department with almost a third of patients (30%) not seen on time. Patients also reported delays in appointments earlier in the referral pathway prior to reaching the Cancer Centre.

In January 2016 Brighton and Hove CCG participated in the Macmillan national pilot of Commissioning for a Better Patient Experience (CBPE) project. Brighton and Hove CCG trained 7 patients as peer researchers who conducted face to face interviews alongside an online survey. There were 6 areas identified where improvements could be made; carers, financial and practical advice, access to useful information, online social networking, remote access to patient information and access to psychological peer support.

The GP Patient Survey (GPPS)[34] is an England-wide survey, providing practice-level data about patients' experiences of their GP practices. 13,328 questionnaires were sent out in Brighton and Hove, and 4,528 were returned completed. This represents a response rate of 34%. The latest figures show that 89% of respondents rated their experience of their GP surgery as good, 74% said that they found it very easy or fairly easy to get through to someone at their practice on the phone. Nearly half (49%) didn't know what services they were able to access online for their practice and 84% had not used online services in the past 6 months. 78% were able to make an appointment or speak to some last time they wanted to see or speak to a GP or nurse, 11% could also speak to someone but had to call back closer to or on the day of those 93% said that the appointment was at a convenient time for them. .

Patient experience can also be measured through the BSUH Safety and Quality scorecard. The Trust has developed a composite Board Scorecard which provides a monthly report for Board members to evaluate and consider performance over the past 12 months[35]. The report comprises the following data: mortality; the safety thermometer; incident reporting; the Friends and Family Test (FFT) score; complaints and Patient Advisory Liaison Service data; and patient feedback from the Patient Voice. The indicators are:

- **I will be treated with kindness and compassion:** The lowest score was in November 2016 with an indicator of 4.78. April 2016, May 2016 and March 2017 saw the best scores all being 5 (being the best)
- **Patient Experience (Friends and Family Test) - proportion of inpatients who would not recommend their ward:** 11/ 12 months (April 2016- March 2017) had the scores of 0 (best score) and the only exception was in Feb 2017 with a score of 3.85
- **Involved in decisions:** Scores ranged from 4.41- 4.94. November 2016 had the lowest score of 4.41 and March having the highest of 4.94. These scores have fluctuated throughout the year with no obvious trend.
- **Complaints received**: There were 47 complaints relating to cancer from April 2016 to March 2017. January saw the lowest number of complaints with 0 and September saw the largest number of complaints with 8. Over the year 7 were relating to staff attitude, 6 about the patients diagnosis, 23 relating to clinical care, 19 about staff communication,
- **PALS enquiries:** There were 66 PALs enquiries (exc Plaudits). 2 in relation to staff attitude, 17 communication, 1 about patient care There were 11 PALs plaudits

[34] https://gp-patient.co.uk/slidepacks/July2016
[35] January 2016 – December 2016

Current Picture

A. We have a committed workforce which strives to improve pathways and experience for patients.
B. Patients reflect upon their cancer care as generally good
C. We are acting on the findings from The National Patient Cancer Survey 2015
D. The Macmillan Horizon Centre has opened in Brighton and Hove which offers range of support for people affected by cancer including, information, advice and support, complementary therapies and a range of services.
E. There are a range of support groups in the community for various tumour site groups
F. We are committed to involving patients in the development of services and are developing a strategy to run alongside this strategy.
G. BSUH have been part of pilot on implementing a patient portal which is a secure web space where patients can bring together the people and information they need to help manage their care.[36].
H. We have acted upon solutions that were established through the commissioning for better patient experience and continue to develop this piece of work.

But we know that:

A. Patients are still finding it hard to access services across the pathway including, primary care and clinical nurse specialists (CNS)
B. Patients can often have appointments cancelled due to pressure on urgent care
C. There are delays in accessing services across the cancer pathway
D. We could do more to ensure patients are communicated with as they often feel that they have not been fully informed of what is happening and require better information
E. We could do more to ensure community outlets such as pharmacies are aware of support available (e.g. Macmillan Horizon Centre) for those affected by cancer
F. We could do more to improve support for mental and emotional health and wellbeing for patients and their carers
G. We need to do more to understand the needs of people affected by cancer including support for family, carers and friends.

[36] The tool has been developed by Cancer Research UK and Patients Know Best (PKB) and brings together to provide integrated care and patient empowerment which is a key recommendation with the Independent Cancer Taskforce Review (2015) of people have online access to their records. BSUH have offered it to patients who have 'Late effects of Pelvic Radiotherapy' project, although this has been done with a small number of patients it has enabled clinical nurse specialists and patients to communicate and assess remotely which has been beneficial to this group . Patients are able to track many symptoms and specific 'consultations' can be sent to provide more detail. Follow up support via has also been offered through PKB for with colorectal/anal cancer. This has enhanced remote follow up support.

Where do we want to get to?

A. We want to ensure that patients feel listened to and that individual needs are being met.
B. We want to improve access to CNS, ensuring patients know how to contact their CNS and that they are able to get hold of them in a timely manner.
C. We want to make sure that carers are in receipt of emotional and practical support with much better coordination at discharge so that carers and patients understand how to administer any treatment/ medical equipment.
D. We want to make sure there is adequate support for the bereaved.
E. We want to ensure that people have access to financial and practical advice
F. We want to ensure that the information developed for patients is done in collaboration to ensure it is accessible
G. We want to work towards remote access to patient information making sure patients don't have repeat information. An example of this is the patient portal.
H. We want to ensure there is access to psychological peer support through proactive signposting to support groups.

What we will do

Action 17:
We will improve access to clinical nurse specialists

Action 18:
We will work with partners to provide emotional and mental wellbeing support for people affected by cancer

Action 19:
We will work with partners to ensure there is adequate support for carers

Action 20:
We will develop a new model of care to improve discharge processes from care

Action 21:
We will work with partners to ensure there is adequate information for patients and carers who are affected by cancer

Action 22:
We will ensure that there is access to the Sussex Interpreting Service (SIS) Volunteer Linguists who can act as intermediaries

Action 23:
We will produce a strategy for embedding patient involvement into the work we do through this strategy

Action 24:
We will continue to review patient experience surveys and take act upon the findings

Action 25:
We will roll out the patient portal to other tumour site groups and build on the areas it has been piloted (urology, colorectal and haematology)

And we will
Develop health and wellbeing clinics to increase coverage and uptake through providing a range of options to make the more accessible and meet the needs of the local population. (Action 28)

Section 5 – Living with and beyond Cancer

Evidence for change | Current Picture | Where do we want to get to? | What we will do

As more people are living with and beyond cancer through early diagnosis and improved treatment increasing survival rates we need ensure there is support in place for people who have been affected to meet their needs.

We aim to ensure that people affected by cancer have a good quality of life by making sure that holistic need assessments and cancer care reviews take place to inform treatment plans and support recovery. Cancer not only impacts on the patient but family, friends and carers and it is important that they also receive the relevant support and information.

This section will cover the:

- Recovery Package
- Tailored follow-up
- Palliative care

Evidence for Change

Due to ever improving survival rates more and more people are surviving for longer or beyond cancer. "….if someone is diagnosed with cancer, they should be able to live for as long and as well as possible, regardless of their background or where they live. Everyone who gets cancer is different. And the care and support they will need to live with a cancer diagnosis in a way that makes sense for their own life, particularly after treatment has finished, will be different."[37]

In the UK there are about 2.5 million people that have had a cancer diagnosis, about half of those diagnosed with cancer today will live for at least 10 years.

NHS England have been working closely with Macmillan Cancer Support to roll out the recovery package which describes a set of actions that ensure that the individual needs of all people going through cancer treatment and beyond are met by tailored support and services. Cancer Alliances formed of clinical leaders and patients will drive these improvements in care and support.

NHS England's 2016/2017 priorities are:

A. Agree an approach for collecting data on long term quality of life for cancer patients (National metric to roll out 2018)
B. Drive the spread of risk-stratified follow-up pathways
C. Reduce and manage long term consequences of treatment
D. Pilot the use of holistic needs assessments

Leading a physically active lifestyle both during and after cancer is linked to an improvement in many of the adverse effects of cancer and its treatments. The benefits of leading a healthy lifestyle include reducing fatigue, anxiety, depression as well as protecting the heart, lungs and bones. In some cases being physically active has led to a slowing down of the disease progression, improved survival rates and reductions in reoccurrence.[38] In some cases only 23% of people living with cancer are active to the recommended levels.[39] Physical activity

[37] Achieving World Class Cancer Outcomes: Taking the strategy Forward (May 2016)

[38] Holmes, MD et al. Physical activity andsurvival after breast cancer diagnosis. *JAMA*.25 May 2005. 293(20):2479–86. ; Meyerhardt JA, Giovannucci EL, Holmes MD, Chan AT, Chan JA, Colditz GA, Fuchs CS. Physical activity and survival after colorectal cancer diagnosis. *J Clin Oncol.* 2006. 24:3527–3534. Kenfield SA, Stampfer MJ, Giovannucci, E, Chan JM. Physical activity and survival after prostate cancer diagnosis in the health professionals follow-upstudy. *J Clin Oncol.*2011. 29:726–732

[14] Achieving World Class Cancer Outcomes: Taking the strategy Forward (May 2016)

should be included in the recovery package. One in four people who have been treated for cancer live with ill health or disability as a consequence of their treatment. For example, around a fifth of patients treated for bowel cancer have ongoing problems with bowel control, more than half of patients treated for prostate cancer suffer from erectile dysfunction and a further 38% from urinary incontinence. Cancer can affect areas of a person's life, including relationships, work, and finances – 83% of people say they are financially impacted by cancer.

Current position

We have elements of the recovery package in place which we can build on, some of the areas we have developed are:

A. A locally commissioned service for cancer within primary care aims to ensure that patients receive a cancer care review within 6 months on diagnosis and offered on completion of treatment
B. Piloted a physical activity programme for people living with and beyond cancer which has received a positive evaluation from patients. In the 10 months the pilot was live August 2015 to May 2016, 192 clients registered with the programme, there were 172 initial 1-2-1s completed and 606 attendances at the 14 group classes provided. We will be procuring this service in 2017/18.
C. We have engaged through the Commissioning for Better Patient Experience project on the recovery package on areas that require development
D. There is a national and local focus on developing the recovery package, with monies being bid through the cancer alliance to develop this.
E. A range of palliative care services within the city including a telephone hub for patients and practitioners which has seen more people supported to die at home rather than in hospital

But we know:

A. There is still variation in treatment summaries provided per tumour site group
B. There is still variation in how health needs assessments are carried out per tumour site group.
C. There is still variation within number and quality of cancer care reviews taking place within Brighton and Hove
D. We could do more to address the impact of cancer and mental wellbeing
E. We need to develop stratified pathways across tumour sites
F. That Clinical Nurse Specialists are under pressure and can't always be accessed
G. We need to build upon the patient portal through extending this to other tumour site groups
H. We need move activity away from the hospital and into the community
I. We need to do more to understand the needs of people affected by cancer e.g. support for family, carers and friends.

[39] Thomas RJ, Holm M, Al-Adhami A. Physical activity after cancer: An international review of the literature. BJMP. 1st ed. 2014 Mar 2;7(708):1–7.

Where do we want to get to?

A. We want to ensure patients are supported in making informed choices about their preferred priorities of care.
B. We want to provide a high quality and accessible recovery package that meets the need of the population.
C. We want to ensure all patients have a holistic needs assessment and care plan at the point of diagnosis;
D. We want to ensure treatment summaries are sent to the patient's GP at the end of treatment which will standardised across tumour site groups; and
E. We want to ensure a cancer care review is completed by the GP within six months of a cancer diagnosis and offered when treatment is completed
F. We want to develop a host of health and wellbeing clinics to provide education and support through different formats to meet people's needs.
G. We want to ensure that we are proactively engaging with people effected by cancer to meet their needs
H. We want to ensure that we have a range of services to improve quality of life
I. We want to build upon best practice and evidence based interventions.
J. We want to ensure that people have access to their treatment summaries and appointments through the use of technology.
K. We want to improve accessibility to advice and support.
L. We want to ensure that everyone in Brighton and Hove has equal access to high quality palliative and end of life care in a variety of settings based on need, regardless of their diagnosis or the point at which they enter the healthcare system.
M. We want to improve the number of cancer patients dying in their place of choice
N. We could do more to train the wider workforce on how to support patients who are palliative of at the end of life.

What we will do

Action 26:
We will standardise and improve the quality of holistic needs assessments at diagnosis

Action 27:
We will Standardise and improve coverage and quality of treatment summaries,

Action 28:
We will develop health and wellbeing clinics to increase coverage and uptake through providing a range of options to make the more accessible and meet the needs of the local population.

Action 29
We will improve the coverage, uptake and quality of cancer care reviews in primary care.

Action 30
We will commission a Physical Activity, Signposting and Recovery Package Support service for People affected by Cancer following the success of the pilot.

Actions 31:
We will develop stratified pathways, recognising their dependency on the availability of the Recovery Package

Action 32
We will Support managed follow up and or discharges of cancer survivors to within the community setting

Action 33:
We will develop plans to reduce crisis admissions for cancer patients

Action 34:
We will work as part of the CSESA, STP and Cancer Alliance on how cancer support and follow-up can be integrated with the on-going management of other long term conditions

Action 35:
We will ensure all staff feel increasingly confident and able to provide seamless and high quality services for patients whose disease or personal circumstances are complex and changing.

Action 36:
We will continue to promote the proactive care form/ end of life template to support management of patients in primary care at the end of active treatment

Action 37:
We will work to increase the numbers of patients dying in their place of residence.

Action 38:
We will increase and continue engagement with third sector and patient support groups

And we will:
Produce a strategy for embedding patient involvement into the work we do through this strategy (Action 23)

Carry out a wider Training Needs Analysis to access the workforce need across the cancer pathway (Action 39)

Develop a local training strategy to develop the wider workforce (Action 40).

Section 6 – Modernising Cancer Services

Evidence for change | Current Picture | Where do we want to get to? | What we will do

Achieving the very best outcomes will be dependent on the effort, dedication and passion of every part of the health and care system. This means that we must provide modern, high-quality equipment and environments, ensure access to the best treatments possible, and support and motivate our workforce.[40]

The National Cancer Strategy highlight the need to make the necessary investments required to deliver a modern, high quality service. This is dependent on the effort, dedication and passion of every part of the health and care system. NHS England recognises that they need to provide modern, high-quality equipment and environments, ensure access to the best treatments possible, and support and motivate our workforce such as the need to modernise radiotherapy machines.

This section covers.

- Developing the local workforce to have the right mix of skills, competencies and experience
- Strategic approach to workforce planning
- Bring care into the community
- Cancer drugs
- Supporting cancer research and access to clinical trials

[40] Achieving World Class Cancer Outcomes: Taking the strategy Forward (May 2016)

Evidence for change

In order to achieve any improvements in outcomes for patients and their families/ carers we need to make sure we have the right workforce with the right competencies in place in conjunction with the right equipment they need to carry out their duties.

In Brighton and Hove the Cancer Patient Experience Survey (CPES) showed that although the patient has a Clinical Nurse Specialist (CNS) they were not always able to contact them.
Nationally 90% of respondents were given the name of CNS which is the same percentage for Brighton and Hove, 87% Nationally said that it had been ‘quite easy’ or ‘very easy’ to contact their CNS but the figure for Brighton and Hove is 77%. Nationally 88% said when they had important questions to ask that they had got answers they could understand most of the time this figure is 85% for Brighton and Hove.

A training needs analysis recently highlighted the views of the professionals within primary care who responded to a survey as part of our recent education programme showed 48% felt that they needed more training on the support services available to patients both within and outside of the NHS. 44% of respondents would like training to support them to discus with the patient and their family their anxieties about a cancer diagnosis, prognosis, the dying process and what will happen. The respondents also asked for more opportunities for training on screening programmes as well as further information on some site specific cancers including lung, breast and prostate cancers.

The National Cancer Strategy makes it clear that, development and assurance of the future workforce will be paramount to a sustainable high quality service with Health Education England developing model of care which shape skills mix of the workforce required to deliver a modern, holistic patient-centred cancer service.

NHSE recognises that in order to provide the very best radiotherapy treatment to patients they need to urgently address the need to modernise radiotherapy machines.

The Kent, Surrey and Sussex Clinical Research Network (KSSCRN) incorporates Brighton and Hove and supports local research priorities for the area.

Current Position

A. We have an enthusiastic, energetic and willing wider workforce, committed to finding the best possible solutions for people effected by cancer
B. We have a broad range of good quality, evidence-based interventions and treatment across the cancer pathway
C. BSUH funded a new linear accelerator radiotherapy machine
D. We have an locally commissioned service for the administration of LHRH for prostate cancer
E. We have a training programme in place for part of the development of LCS which we will continue to develop to our primary care workforce.
F. We have some new initiatives which are developing staffs roles and responsibilities and may require additional skills to work effectively e.g. support workers and practice nurses carrying out cancer care reviews.
G. We are currently reviewing how we can build surveillance and monitoring of cancer into the community such as stable PSA levels
H. We are working with the SECN on developing the allied health professional role to support cancer patients and build upon the model of care.
I. That access to new drugs is being determined through NHS England's clinical commissioning policy process, with a mechanism for those drugs with uncertain potential to be considered for inclusion within the Cancer Drugs Fund.
J. There is a robust process for the formal adoption of NICE approved technology appraisals via the area prescribing committee and the joint formulary
K. Brighton and Sussex University Hospital NHS Trust recruited 356 patients to cancer trials in 2016/17

But we know

A. We have stretched workforce who are currently trying to meet the demand
B. There is a shortage of staff across the health service to meet demand e.g. clinical nurse specialists, radiographers, endoscopists
C. It is essential that healthcare professionals and other staff across health and social care have the right skills, knowledge and competence to provide high quality cancer care.
D. Equipment needs replacing within providers (this is also the case nationally)
E. KSSCRN is the lowest recruiting research network per capita for clinical trials, and pressures on service threaten research capacit

Where do we want to get to?

A. We would like to work with the workforce to understand their training needs
B. We would like to have a workforce in the community that understanding signs and symptoms of cancer but also how they can support cancer patients post diagnosis
C. We would like to have adequate workforce to meet the demand on services to ensure patients are seen in a timely way
D. We would like to see movement of activity into the community where appropriate to ensure care is closer home
E. We would like that there is adequate equipment to meet the demand
F. We would like there to be a range of treatment options for patients
G. We would like to improve access to cancer clinical trials by 10% from 2016/17 or meet targets per 100,000 served as set nationally

What we will do

Action 39:
We will carry out a wider training needs analysis to access the wider workforce need across the cancer pathway e.g. community services

Action 40:
We will develop a local training strategy to develop the wider workforce

Action 41:
We will work with Health Education England to identify local training and workforce needs

Action 42:
We will Work with the Cancer Alliance to look at how we can utilise the workforce such as allied health professionals

Action 43:
Work with NHSE to ensure that there is adequate equipment

Action 44:
We will continue to work with medicine management and NHSE to understand the development of new cancer drugs and access to these. including through clinical trials.

Action 45:
We will support the cancer research agenda and access to clinical trials in priority areas for Brighton and Hove

Section 7 – Commissioning, accountability and provision

Commissioning | Current Position | Governance | What we will do

Enablers such as robust governance and leadership at all levels across Brighton and Hove is essential to deliver improved outcomes which includes collaborative working across key stakeholders such as the public, patients and the third sector. This will be required to drive through delivery in primary, community and secondary care

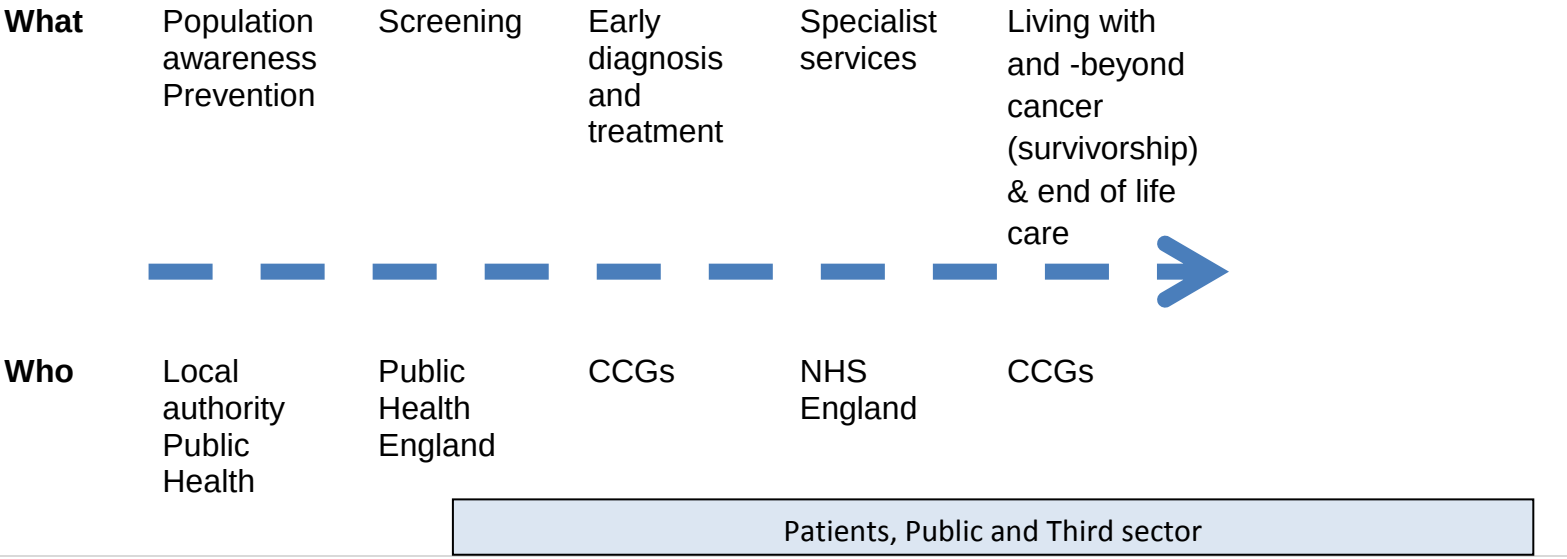
This section will cover:

- Cancer Alliances
- STP and CSESA
- Governance

Commissioning

April 2013, brought changes to the NHS with new commissioning arrangements covering the various parts of the cancer pathway as follows:

- **Public Health** teams within Local Authorities have taken on responsibility for prevention and population awareness of cancer signs and symptoms
- **Clinical Commissioning Groups** (CCGs) have responsibility for the commissioning of common cancer services as well as early diagnosis, services for patients living with and after cancer as well as end of life care
- **NHS England** has responsibility for the direct commissioning of specialist services including chemotherapy and radiotherapy and primary care (co-commissioning to commence in Brighton and Hove)
- **Public Health England** has responsibility for population screening



Current Position

Brighton and Hove CCG is part of a wider commissioning "footprint" with CCG's in Sussex and East Surrey[41] to deliver a Sustainability and Transformation Partnership ("STP")[42]. The STP cover a large and diverse region, with 23 organisations serving 1.7m people and recognises that there are significant challenges across the system including waiting times and cancer outcomes, alongside a relatively older population. There are several ambitions within the STP including improving health and wellbeing of the population, prevention, integrated care, shared records and more specialised services within the community. Underneath the STP there are three "Place-Based" areas each defined around local communities, empowered to co-design person-centred services, led by GPs with support from a wide range of professionals. Brighton and Hove CCG is part Central Sussex[43] and East Surrey Alliance Place based plan[44] which places integration at its centre, providing care and services closer to home. This could be done through a multispecialty community provider model.

It is recognised that it will be a challenge is to improve the health of our communities, make it quicker and easier to access services, to deliver improvements identified by regulators and find a way to do so within a tighter budget.

The formation of the Surrey and Sussex Cancer Alliance in 2016 is responsible for the local cancer agenda, monitoring local performance, and tasked with leading improvement in cancer outcomes for their population. The Cancer Alliance brings together system leaders to meet the recommendations in the National Cancer Strategy and will focus on initially on improving early diagnosis, the recovery package and the development of stratified pathways.

[41] This includes East Surrey CCG; Crawley CCG; Horsham and Mid Sussex CCG; Coastal West Sussex CCG; Brighton and Hove CCG; High Weald Lewes Havens CCG; Eastbourne Hailsham and Seaford CCG; Hastings and Rother CCG, Surrey County Council; West Sussex County Council; Brighton and Hove City Council; East Sussex County Council., First Community Health & Care; Queen Victoria Hospitals NHS Trust; Surrey and Sussex Healthcare NHS Trust; Sussex Community Foundation NHS Trust; Sussex Partnership Foundation NHS Trust; South East Coast Ambulance Service Foundation NHS Trust; Surrey and Borders Partnership Foundation Trust; Integrated Care 24; Western Sussex Hospitals NHS Foundation Trust; Brighton and Sussex University Hospitals NHS Trust; East Sussex Healthcare NHS Trust; GP providers

[42] The Sustainability and Transformation Plan Sussex and East Surrey 'footprint' (2016) http://www.brightonandhoveccg.nhs.uk/your-services/sustainability-and-transformation-plan

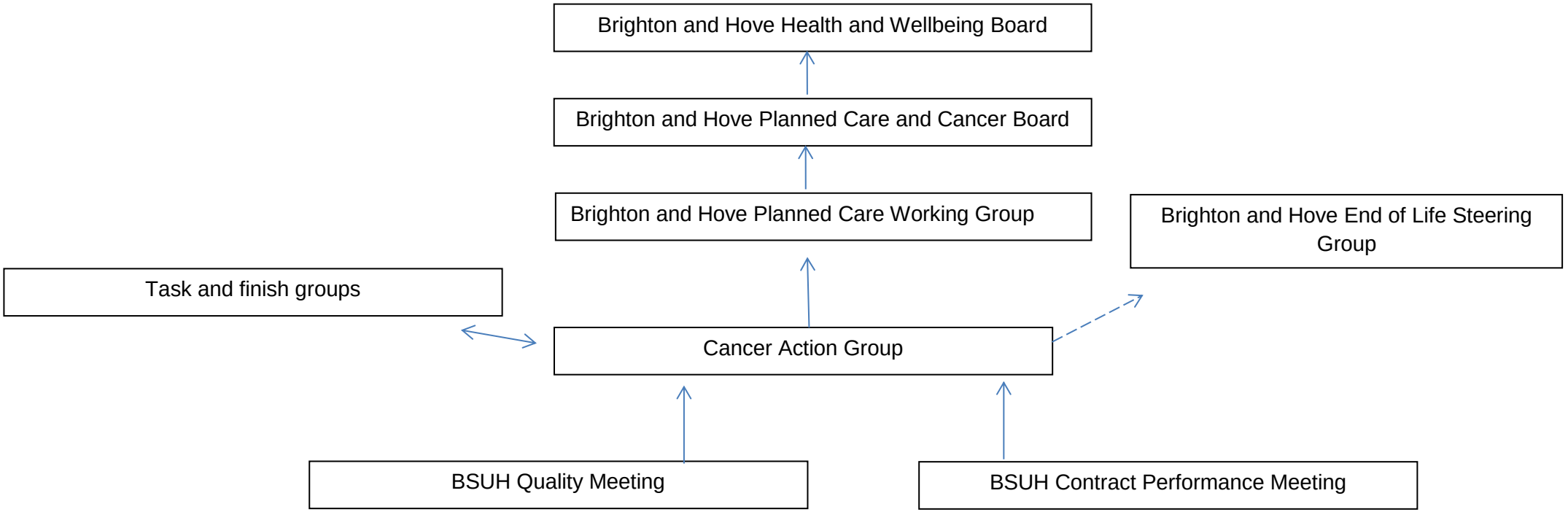
[43] This includes Brighton & Hove, High Weald Lewes Havens, Horsham & Mid Sussex, Crawley and East Surrey

[44] The Central Sussex and East Surrey Alliance (CSESA) Place Based Plan (2016) http://www.brightonandhoveccg.nhs.uk/your-services/sustainability-and-transformation-plan

Governance

We have Cancer Action Group to oversee our strategy and deliver the recommendation. We will continue to develop our membership which is drawn from a range of organisations and partners which has clear Terms of Reference and a clear reporting line to the Brighton and Hove Planned Care and Cancer Board.

Governance for Brighton and Hove Cancer Action Group



The Cancer Action Group was established to work collaboratively across integrated systems to deliver safe and effective care, improve cancer clinical outcomes and enhance patients' and carers' experience and quality of life. It focuses on increasing the uptake of screening, early diagnosis, survival of cancer and improve the patient experience of services and quality of life of people affected by cancer.

The Cancer Action Group will be responsible for monitoring progress against the action plan in this strategy and will form task and finish groups to meet the actions outlined. A risk log will be maintained with mitigating actions and will be regular reported on and reviewed.

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As demonstrated through this strategy there are several services commissioned to meet local population needs. All services have key performance indicators (KPI's), quality standards and outcome measures to monitor the effectiveness of the service and areas for development. Each Provider has regular contracting and quality meetings to review the service and address any issues.

NHSE is in developing a new Cancer Dashboard which will include new metrics such as the faster diagnosis standard and the long-term quality of life metric. Locally we have started to develop a dashboard to enable us to measure the impact of services on the cancer pathway.

What we will do

Action 46:
We will continue to develop and review the membership for the Cancer Action Group to ensure it covers the whole cancer pathway

Action 47:
We will develop best practice pathways to reduce variation and improve overall quality

Action 48:
We will ensure that providers have clear KPIs and outcomes to enable us to map the cancer pathway

Action 49:
We will further develop relationships with NHSE to align commissioning intentions and improve patient outcomes

Action 50:
We will implement appropriate national guidelines to ensure standard pathways
And we will:

Work across CSESA, STP and Cancer Alliance to ensure there is adequate diagnostic capacity (Action 22)

Section 8 Action Plan and Glossary

Baseline improvement

Action Plans

Glossary

ACTION PLAN

No	Action	Milestones	Risk level /Priority	Inter-dependencies	Timescale*	Lead
Section 2 –Prevention						
1	We will continue to promote healthy lifestyles across the city.	• We will continue to promote the work of the Healthy Lifestyles team in the City and offer this service to residents especially those living in the most deprived areas. • Increase the number of people accessing community, pharmacy & GP practice based smoking cessation services.	Low	Local services Pharmacies & GP practices	On-going	BHCC
2	Work with primary care to reduce variation in preventative services provided through Locally Commissioned Services& increase the uptake of heath improvement	• We will join up the commissioning of services in primary care through joint planning and contracting processes. • We increase the uptake of NHS Health Checks though targeting those surgeries	Medium	BH CCG Primary Care	From April 2017 Review April 2018	BHCC

	services particularly for those living the more deprived areas.	where it is low.				
3	We will update the JSNA for Brighton and Hove to ensure that our commissioning plans are informed by the latest intelligence on prevalence, incidence and outcomes.		Low	BHCCG	June 2017	BHCC
4	We will continue to develop Healthy Living Pharmacies across the city	• We increase the number of Healthy Living pharmacies across the City.	Medium	Pharmacies	From April 2017 Review April 2018	BHCC
5	We will skill up the workforce to provide brief advice and interventions in Making Every Contact Count	• We will work with the wider workforce through training (Action 40)	Medium	Primary Care Providers Community Outlets	From April 2017 Review April 2018	BHCC
6	We will play an active role in the local strategies for obesity, alcohol, tobacco and sun safety by ensuring there is target initiatives and campaigns	• We will provide targeted campaigns to reduce smoking prevalence in adults and young people	Medium	Primary Care Providers Community Outlets	April 2017	BHCC
7	We will increase participation in the national Workplace Wellbeing Charter	• We will work with local businesses & organisations to increase the accreditation of the Charter.	Low	Local businesses & organisations.	From April 2017 Review April 2018	BHCC
Section 3- Early Diagnosis						
8	We will continue to raise awareness of the early signs & symptoms of cancer across the city.	• We will work with commissioned services to ensure information is accessible • We will provide 4 or more targeted campaigns a year • We will work with the wider workforce on raising awareness through training	Low	BHCC BHCCG AITC Primary Care Community outlets Providers	From April 2017 Review April 2018	BHCC BHCCG

		(Action 40)				
9	We will provide targeted campaigns to promote screening and signs and symptoms of cancer	• We will develop a campaign and communication plan for the year • We will work with the Early Awareness Service to evaluate campaigns	Medium	BHCC BHCCG AITC Primary Care Community outlets Providers	April 2017	BHCC/ BHCCG
10	We will work with Public Health England on improving screening uptake to meet national targets	• We will play a proactive role in attending PHE Screening Board Meetings • We will work with PHE to develop services locally • We will work with the CRUK facilitator to visit practices to provide information on their practice screening data and how they could improve uptake.	Medium	PHE Primary Care Screening Hubs	From April 2017 Review April 2018	BHCC/ BHCCG
11	We will provide proactive follow up to non-responders of NHS National Screening Programmes within Primary Care building upon best practice	• We will roll out the LCS following the Pilot phase to all practices • We will evaluate the LCS impact and uptake.	High	Primary Care	April 2017 April 2018	BHCCG
12	We will work with practices to utilise cancer support tools to identify patients at risk of cancer	• We will ensure practices have access to support tools such as Cancer Risk Assessment Tool (RAT) and QCancer through the LCS • We will work with practices on uptake of the tools	High	Primary Care Cancer UK Facilitator	April 2017 April 2018	BHCCG
13	We will act upon the themes that come from cancer audits.	• NCDA cancer audit themes to be shared with practices • Themes from the LCS on significant event analysis to share across practices	Medium	Primary Care Cancer Research UK	June 2017	BHCCG

14	We will work towards the national target of 28 days to diagnosis or exclusion of cancer	• We will develop a framework to start shadow monitoring 28 days to diagnosis • We will work with the cancer alliance to ensure there are systems in place to record staging at diagnosis consistently and accurately.	Low	NHSE BSUH	April 2020	BHCCG
15	We will work across CSESA, STP and Cancer Alliance to ensure there is adequate diagnostic capacity	• We will review options for developing a diagnostic hub • If appropriate we will pilot a diagnostic hub • Roll out of diagnostic hub	Medium	CSESA STP Cancer Alliance	May 2017 April 2020	BHCCG
16	We will implement and monitor the impact of NICE Guidance 12 Suspected Cancer Referral and Recognition	• BSUH implementation plan • Education to primary care • NG12 is Live • Monitoring framework in place • Evaluation on impact of NG12	High	BSUH	April 2017 April 2018	BHCCG
Section 4- Patient Experience						
17	We will improve access to clinical nurse specialists	• We will look at the role of health support workers in supporting CNS	High	Macmillan	April 2019	BSUH
18	We will work with partners to provide emotional and mental wellbeing support for people affected by cancer	• We will work with partners to promote and ensure there is access to peer support • We will make sure bereavement support available at the horizon centre	Medium	BHCCG BSUH	From April 2017	Macmillan Horizon centre
19	We will work with partners to ensure there is adequate support for carers	• We will work with agencies to ensure they are aware of peoples individual needs through training and promotion	Medium	BHCCG BSUH	From April 2017 Review April 2018	Macmillan Horizon Centre
20	We will develop new model of care to improve discharge processes from care	• Review the feasibility of discharge meetings with partners and carers present to discuss the next steps	Medium	BHCCG	April 2018	BSUH

21	We will work with partners to ensure there is adequate information for patients and carers who are affected by cancer	• We will make access to financial and practical advice available at: The Horizon Centre, GP Practices, Pharmacies, Hospital, Citizens Advice Bureau	Medium	GP Practices, Pharmacies, Hospital, Citizens Advice Bureau	From April 2017	Macmillan Horizon Centre
22	We will ensure that there is access to the Sussex Interpreting Service (SIS) Volunteer Linguists who can act as intermediaries	• We will work with primary care to ensure interpreting needs are identified on TWW referral	Medium	BSUH BHCCG	April 2017	BHCCG BSUH
23	We will produce a strategy for embedding patient involvement into the work we do through this strategy	• We will work with partners on developing the peer researcher role • Patient Participation strategy has been written and will go out to consultation	High	BSUH Macmillan Horizon Centre BHCC	March/ April 2017 September 2017	BHCCG
24	We will continue to review patient experience surveys and take act upon the findings		Low	BSUH Primary Care	From April 2017 Review April 2018	CCG
25	We will roll out the patient portal to other tumour site groups	• Evaluation of current pilot sites • Implementation plan for role out	Low	Cancer Alliance Primary Care	April 2018	BSUH
Section 5- Living With And Beyond Cancer						
26	We will standardise and improve the quality of Holistic Needs Assessments (HNA) at diagnosis	• Review current format and process • Standardise template across TSSG • Produce a patient and carer information pack to accompany the HNA • Monitor and evaluate	High		April 2018	BSUH
27	We will Standardise and improve coverage and quality of treatment summaries,	• Review current format and process • Standardise template across TSSG • Monitor and evaluate	High	Primary Care BHCCG	April 2018	BSUH
28	We will develop health and wellbeing clinics to increase coverage and uptake through providing a range of options to make	• Review current format and process engaging with patients on what would be beneficial • Work collaboratively to develop Health	High	BSUH Macmillan Voluntary Sector organisations	April 2018	BSUH/ BHCCG

	the more accessible and meet the needs of the local population.	and Wellbeing events • Pilot different models • Evaluate and roll out a programme				
29	We will improve the coverage, uptake and quality or cancer care reviews in primary care.	• Development of a standardised template • Primary care nurse training	Medium	Primary Care	On-going	BHCCG
30	We will commission a Physical Activity, Signposting and Recovery Package Support service for People affected by Cancer following the success of the pilot.	• We will ensure that a new service is in place by September 2017 • Evaluation of service	Low		September 2017 Ongoing	BHCCG
31	We will develop stratified pathways, recognising their dependency on the availability of the Recovery Package	• We will initially role out to prostate and lung and evaluate the impact • We will work with the SECN on developing thresholds and models.	High	SECN Cancer Alliance	April 2019	BHCCG/ BSUH
32	We will support managed follow up and or discharges of cancer survivors within the community setting	• We will pilot nurse led clinics		SCFT Primary Care		BSUH
33	We will develop plans to reduce crisis admissions for cancer patients	• We will develop as part of the recovery package • We will education the wider workforce • See action 36 • See action 38 TNA • See action 39 training strategy		BSUH SCFT Primary Care		BHCCG
34	We will work as part of the CSESA, STP and Cancer Alliance on how cancer support and follow-up can be integrated with the on-going management of other long term conditions	• We will play an active part in contributing to the development of new model of care	Low	CSESA STP Cancer Alliance SECN	April 2020	BHCCG
35	We will ensure all staff feel increasingly confident and able to	• See action 38 TNA • See action 39 training strategy	Medium	HEE	April 2020	BHCCG

	provide a seamless and high quality services for patients whose disease or personal circumstances are complex and changing.					
36	We will continue to promote the proactive care form/ end of life template to support management of patients in primary care at end of active treatment	• Audit of Summary Care Record Advanced Information and Respect • Ambitions for Palliative Care self – assessment carried out • Monitoring through LCS	Medium	Primary Care End of life steering group	April 2018	BHCCG
37	We will work to increase the numbers of patients dying in their place of residence.	• We will work with Providers and patients to ensure end of life templates are completed and accessible. • See action 39 training strategy	Medium	BSUH Paramedics SCFT Nursing Homes	April 2018	BHCCG
38	We will increase and continue engagement with third sector and patient support groups	• We will map services and support groups available to Brighton and Hove Residents	Low	Macmillan BSUH SCFT Primary Care	August 2017	BHCCG
Section 6- Modernising Cancer Services						
39	We will carry out a wider TNA to access the workforce need across the cancer pathway	• We will extend this to allied health professionals, social care, voluntary sector and secondary care • We will feed back the findings to HEE and Providers	Medium		May 2017	BHCCG
40	We will develop a local training strategy to develop the wider workforce	• Accessing local need through action 38 • We will work with providers to ensure the workforce is developed • We will work with HEE to develop the local workforce	Medium	Providers	August 2017	BHCCG
41	We will work with Health Education England to identify local training and workforce needs		Low		On-going*	BHCCG
42	We will Work with the Cancer Alliance to look at how we can utilise		Low	SECN Providers	On-going*	BHCCG

	the workforce such as allied health professionals					
43	Work with NHSE to ensure that there is adequate equipment		Low	BSUH	On-going*	BHCGG
44	We will continue to work with medicine management and NHSE to understand the development of new cancer drugs and access to these, including through clinical trials		Low		On-going*	BHCCG
45	We will support the cancer research agenda and access to clinical trials in priority areas for Brighton and Hove		Low	BSUH	On-going*	BHCCG
Section 7- Commissioning Accountability And Provision						
46	We will continue to develop and review out membership for the Cancer Action Group to ensure it covers the whole cancer pathway	• Wider the membership to include community services and palliative care representation	Low		April 2017	BHCCG
47	We will develop best practice pathways to reduce variation and improve overall quality	• Development of the LCS • Mapping of pathways for each TSSG • Developing clear pathways	Medium	Providers	April 2018	BHCCG
48	We will ensure that providers have clear KPIs and outcomes to enable us to map the cancer pathway	• Applied as part the commissioning cycle and contracting	Medium		On-going*	BHCC/ BHCCG
49	We will further develop relationships with NHSE to align commissioning intentions and improve patient outcomes	• Improved communication, data flow and regular meetings with NHSE • NHSE attendance at specific partnership board meetings • Review and develop new models of care	Low	NHSE	On-going*	BHCC BHCCG
50	We will implement appropriate national guidelines to ensure standard pathways	• We will work with providers to implement NICE Guidelines • Ensure it is embedded into contracts	Low	BSUH SCFT BHCC	On-going*	BHCC/ BHCCG

***Actions which are ongoing will reviewed quarterly, developed and reviewed at the Cancer Action Group.

GLOSSARY OF TERMS

Brighton and Hove City Council (BHCC): has the responsibility for prevention and population awareness of cancer signs and symptoms

BHCCG Brighton and Hove Clinical Commissioning Group (BHCCG): have responsibility for the commissioning of common cancer services as well as early diagnosis, services for patients living with and after cancer as well as end of life care

Brighton University Hospital Trust (BSUH): Provides acute care for Brighton and Hove

Cancer Action Group A forum for collaborative working across partners and stakeholders

Cancer Alliance Plan cancer services in their particular population and design care pathways, provide improvement support, measure outcomes and engage with the public on cancer service changes.

Cancer Care reviews This is a discussion between a patient and their GP or practice nurse about their cancer journey. It helps the person affected by cancer understand what information and support is available to them in their local area, open up about their cancer experience and enable supported self-management.

Cancer Network An administrative body, working across organisations in an area to deliver consistency in cancer services.

Central Sussex and East Surrey Alliance The STP footprint made up of Crawley, East Surrey, High Weald Lewes Havens, Brighton and Hove, Horsham Mid Sussex

Clinical Commissioning Groups CCG's – are NHS organisations set up through the Health and Social Care Act (2012) to organise the delivery of NHS services in England.

Emergency presentation/admission Patients that have been seen in Accident and Emergency (A&E)
Emotional Wellbeing - defined as: "A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment."[45]

Health and Wellbeing clinics Part of the recovery package.-Supportive, group events that provide information, signposting and contact with peers

HealthWatch Under the NHS reforms HealthWatch will be the independent consumer champion for the public - locally and nationally - to promote better outcomes in health for all and in social care for adults. HealthWatch will be representative of diverse communities. It will provide intelligence - including evidence from people's views and experiences - to influence the policy, planning, commissioning and delivery of health and social care. Locally, it will also provide information and advice to help people access and make choices about services as well as access independent complaints advocacy to support people if they need help to complain about NHS services and will have a greater strategic role as it has a statutory place on the Health and Wellbeing Board.

Holistic needs assessment and care Planning Part of the Recovery Package- A Questionnaire that ensures that people's physical, practical, emotional, spiritual and social needs are met in a timely and appropriate way.

Improving Outcomes Guidance (IOG)

Joint Strategic Needs Assessment (JSNA) analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNA will underpin the health and well-being strategies, a proposed new statutory requirement and commissioning plans. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. The NHS and upper-tier local authorities have had a statutory duty to produce an annual JSNA since 2007.

[45] World Health Organization. 2007. The ICD-10 Classification of Mental and Behavioural Disorders: Clinical descriptions and diagnostic guidelines. Geneva: WHO.

Key Performance Indicators KPI's – a type of performance or success measure used to evaluate the success of an organisation or particular service or activity it engages in

Mental Wellbeing – defined as "A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"[46]

National Institute for Health and Care Excellence NICE - provides national guidance and advice to improve health and social care

Public Health England – An executive agency of the Department of Health that was set up in April 2013 as a result of the reorganisation of the NHS in England. Its main function is to protect and improve the nation's health and wellbeing, and reduce health inequalities

Patient Partnership Group (PPG) The local voice of the community on health matters. Their purpose is to gather views about the quality of services, monitor service gaps and their impacts, and make suggestions on improving the experience of the user of the service

Recovery Package The recovery package is a series of interventions that includes Holistic Needs Assessment and Care Planning, Treatment Summary, Cancer Care Review, Health and Wellbeing events and self-management.

Sussex Community Foundation Trust: Provides community services for Brighton and Hove such as occupational therapy, physiotherapy, dietitians

Sustainability and Transformation Plans The NHS and local councils have come together in 44 areas covering all of England to develop proposals and make improvements to health and care. These proposals, called sustainability and transformation plans (STPs), are place-based and built around the needs of the local population.

Treatment Summaries A document (or record) completed by secondary care professionals after a significant phase of a patients cancer treatment. It describes the treatment, potential side effects, and signs and symptoms of recurrence. It is designed to be shared with the person living with cancer and their GP

TSSG - Tumor Site Specific Group: A group of doctors, nurses and other allied health professionals in a network who get together to discuss the treatment of a particular type of tumour e.g. breast or lung. Patient representatives are also members

[46] World Health Organization. 2004. Promoting Mental Health: Concepts; emerging evidence; practice. Geneva: WHO.

Appendix 1 Brighton and Hove Cancer Action Group Membership

Representative Role	Organisation
Clinical Lead / Macmillan GP	B&H CCG
Commissioning Manager	B&H CCG
Commissioning Support Manager	B&H CCG
McMillian Primary Care Nurse	B&H CCG
Clinical Quality Manager	B&H CCG
Patient and Safety Manager	B&H CCG
Screening and Prevention	Public Health NHSE Surrey and Sussex
Lead Nurse - Cancer	BSUH
Cancer Directorate Manager	BSUH
Clinical Lead – Cancer	BSUH
Patient representative/s	Healthwatch
Development Manager	Macmillan
Screening & Prevention	Public Health B&HCC
Public Health Analyst	Public Health B&HCC
CRUK Facilitator	Cancer Research

Attendance by others

CCG: Commissioners and Clinical Leads for LTC/EOLC and Planned Care *(as deemed appropriate to agenda),* Neighbouring CCG's, NHSE Specialist Commissioning. *(as deemed appropriate to agenda)* SCFT/Proactive Care/First, Community / Hospices.
BSUH: MDT Leads *(as deemed appropriate to agenda).*