East Staffordshire Cancer Engagement Event

25th July 2017

Summary of Group Discussions and Progress Update

You Said	We Did / Plan to Do
Raising Public Awareness Many people thought that a focus on public awareness was needed particularly around promoting screening and raising cancer awareness. This would ensure diagnosis happens when cancer is at an earlier stage, possibly leading to increased chance of survival. Suggestions included: 1. Some targeted work to support practices who have least amount of people as a % of and therefore support earlier detection of cancer. 2. Medicines management to promote awareness through pharmacies 3. Engage big employers + charities e.g. YMCA 4. Cancer Research UK, East Staffs Clinical Commissioning Group and NHS England should work together to agreed patient engagement approach, targeting outlier populations. 5. Engage third sector to support this work 6. Education – harness other opportunities including schools 7. Consider "Points of Influence" eg support packs/training for clinicians 8. Signposting patients to resources is needed as often patients do not know what support is available to them 9. Developing a co-ordinated communications plan using national campaigns. How do we co-ordinate communications around national campaigns? 10. Provide support packs for Walk in Centres, GP surgeries, pharmacies, and patient participation groups	Over the summer and Autumn we have engaged with members of the public via a variety of events, workshops and support groups. We have gathered together the feedback and this will be used to support commissioning plans around cancer. Cancer Research UK are engaging with practices and supporting awareness raising through training of clinical and non-clinical practice staff. This will enable the staff to communicate the importance of early detection and to encourage their patients to attend National screening programmes and how to spot cancers early. Cancer Research UK also provide a variety of materials and methods to further support increased awareness. The CCG have communicated the importance of taking up this opportunity of support to all GP practices.
Increase Screening Uptake It was felt that considerations should be given to the causes of low uptake of screening including issues in the wider economy : 1. Patient transport has been an issue for some areas particularly impacting on breast screening uptake. 2. We should focus on GP surgeries which are outliers for screening 3. Do we chase people who don't attend screening appointments 4. Focus on hard to reach groups and tackle them 5. Targeted approach to demographic groups – multilingual 6. Looking at what populations are currently targeted-for prevention – equality 7. Mobile Screening Units	The CCG have engaged with NHS England to understand the areas which have the lowest uptake of cancer screening. This information has allowed Cancer Research UK to focus on the practices who are the biggest outliers with the aim to increase uptake in screening. In the meantime, NHS England have launched the new Breast Screening Service which is now provided by Derby Hospital Teaching Hospital Trust. Our Communication lead is working with Cancer

8. Sharing practice on screening across GP surgeries 9. Timing of screening clinics – tailoring 10. Accessibility of service for people 11. We need to understand impact of uptake of screening on diagnostics 12. Establish co-ordinated communications to promote screening 13. Piggy-back off national campaigns 14. Use Healthcare Practitioners and patients to get messages out there 15. Establish proactive follow up for people who do not attend screening	Research UK with the aim to support wider communications to our general public about the importance of attending national screening programmes.
Access to Faster Diagnostics Discussions were held around fast access to diagnostic tests and the speed of reporting test results. Suggestions were : 1. Multi Diagnostic Centre in Manchester allows patients to bypass their GPs. The patients have chest X-rays and the reporting radiographer refers direct to CT if any abnormalities are spotted. 2. BHFT are running a pilot Multi Diagnostic Centre for people with vague abdominal symptoms. This service provides GPs with direct access to a range of diagnostic test. This is picking up cancers earlier and also spotting other conditions that would otherwise go undetected. 3. Consideration should be given to extending the multi diagnostic pilot. 4. We need more understanding around why people are being diagnosed at a late stage 5. Every contact counts 6. When can the Trust extend the Multi Diagnostic Centre and allow all GPs to refer 7. Consider GP appointment access and other primary care provision 8. Consider multi diagnostic pathways for other symptoms other than abdominal eg lung	BHFT and commissioners have agreed a plan which focusses on improving the pathway from first referral to treatment for all cancers (62 days). Progress against the plan is monitored monthly and progress has been made and the Trust are confident they will meet the standard in December 2017. One of the main causes of delays against the standard is reporting of diagnostic tests. The Trust had actions to address this and progress has been made. The aim of the plan is to meet and maintain this standard before year end. Early evaluation of the multi diagnostics pilot scheme has shown that this supports earlier diagnosis of cancer and spots other conditions that would otherwise go undetected until later. The pilot scheme will be evaluated along with others in the Region in January and the results of this Regional evaluation will determine the model that will be introduced and embedded within existing cancer pathways. In the meantime, the CCG are supporting the Trust to implement improved pathways which should reduce the turnaround time from referral to diagnosis. These are being implemented in December and in the New Year.
Palliative Care and End of Life Planning Conversations were held around supporting people at end of life and the difference between palliative and end of life: 1. Consultants at BHFT need a Palliative Care contact at the CCG to unblock delays in discharges for people who wish to die at home. 2. We need a GP end of life lead to help unblock delays in discharge for people who wish to die at home.	A Task and Finish Group has been formed with membership from GPs, Virgin Care, commissioners and Nurse and Consultant at BHFT. Remedial actions were agreed to improve pathways and mobilise an escalation process that supports people to be discharged home quickly when they are at end of life and have stated that they wish to

3. BHFT need to know who the Virgin Care End of Life contact is. 4. Education required around DNAR and advanced care planning (Respect) 5. Transition from hospital to hospice Doctors - there is a perception that referral to palliative is "only for end of life." 6. There is a lack of engagement around care planning- we need more understanding around what patients want? 7. GPs are often wrongly perceived not to be part of the care process for end of life. We need a palliative care and end of life lead 8. "Palliative care pathway should be part of the overall cancer pathway" 9. Education in primary care required around end of life and palliative care	die at home. Once agreed the pathway will be communicated to all stakeholders. The next meeting of this Task and Finish Group
Other Stakeholders 1. Consider carers + family 2. Consider Patient & carer treatment 3. Patient and carer participation/engagement is needed. 4. We require improved understanding of patient experience and behaviour 5. Use third sector (including charities and voluntary ogranisations) network 6. There is a lack of formal arrangement around care planning and the impact this has on patients, friends and family. 7. Work with STP colleagues, St Giles, Consultants at BHFT.	Feedback from some of the public engagement sessions highlighted the need for signposting to support services, eg support groups, palliative care, carer support etc. We are working with our respective Communications leads to establish the best way to promote existing services that are not necessarily known to professionals or general members of the public. Cancer Research UK will be supporting us with this. We are also working with MacMillan and aim to secure a Nurse who will support improvements to pathways to ensure patients are aware of and receive support that they require.
Data Quality 1. Look at which populations are accessing screening to inform targeted prevention 2. Look at cancer screening rates by practice 3. Do GP practices hold data on main language in household for patients? 4. Need to use primary care data from practices? 5. Can we access more recent data using CCG profile or NHS England to generate localised profiles – by practice. 6. Identify practices and the potential issue around access to screening 7. Obtain live data from BHFT re pathway- individual pathways e.g. colorectal- owner BHFT/CCG 8. Gain insights from patients- narrative- why? –owner CCG 9. Look at all cancer sites- gather data on all cancer sites. 10. Emergency Presentations- Focus on this group and audit reasons for late presentation to cancer	The Right Care data packs used to inform discussions at this event will be updated by December 2017-January 2018. In the meantime Commissioners, have used local data to enhance their understanding of the issues outlined in the original Right Care data. The local and more recent data supports the original understanding. Work has therefore commenced with a focus on early detection, particularly for bowel cancers which has been identified being our area of largest concern and where our main area of improvement opportunity lies.

diagnosis 11. Audit small sample – track through the pathway to understand why they were diagnosed at late stage.	
STP Engagement 1. Engage with Cancer oversight board 2. Align at STP Level 3. All partners working together	East Staffordshire CCG is within the boundaries of Staffordshire STP footprint however Commissioners have engaged with both Staffordshire and Derbyshire STPs and aligned plans across both where possible.
National Benchmarking 1. What is the National Picture – Best and Worst 2. Understand stage distribution – what are other areas who are doing better doing that we can copy	Commissioners have identified where we benchmark compared with other similar CCGs and we have data which identifies which practices are in most need of support in terms of cancer screening, late diagnosis and survival.