CANCER STRATEGY
2017- 2020
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Introduction

This Cancer Strategy has been written to provide an agreed plan to improve cancer care for the patients in North Hampshire. Our strategy for cancer care closely aligns to the vision of North Hampshire CCG “To make a positive difference to the health and wellbeing of our population by delivering excellent patient experience and clinical outcomes and to see a better integrated health and social care system for the future”.

North Hampshire CCG has identified Cancer as a commissioning priority. Hampshire County Council Joint Needs Assessment informs us that “Cancer is the main cause of premature death. Rates of deaths from cancer in people under 75 years old have remained relatively flat for males but have decreased for females over the last few years. However this hides inequalities that exist in mortality rates between those living in the most and least deprived areas and those with different cancer types. There are also differences in the access to services with those who have the highest mortality rates having lower access to services. The NHS five year forward plan highlights the need to increase survival rates through better prevention, better uptake of screening and quicker access to diagnostics and treatment.” JSNA 2015

This strategy outlines the actions North Hampshire Clinical Commissioning Group will take to improve our patient’s cancer journey by focussing on the quality of services provided to our patients and ensuring equitable and efficient access to these services whilst achieving key performance standards relating to Cancer care.

Workforce is a key enabler to delivering improvement in cancer care. The CCG are keen to engage all our providers of care to develop a culture amongst our collective workforce that delivers the ambitions of this strategy. By developing new ways of working we will improve patient experience and create new models of care that will be fit for the future.

Whilst we are keen to work with our partners to deliver the ambitions in this strategy we must recognise the financial limits of the local healthcare system in which we work. There is limited financial growth at the same time as increasing demand caused by an increasing and aging population and advances in medical technology. In order to achieve our ambitions we need to ensure sustainable transformation of services to improve cancer care to patients.

In developing this strategy we consulted our stakeholders who enthusiastically engaged with us to feedback their comments and ideas, these have been incorporated into the final document and we would like to thank those who took their time to input into this process. We will continue to involve our stakeholders as we work through the delivery phase of this strategy over the next three years.

The strategy will be reviewed on an annual basis to ensure it remains up to date and informed.
Our Ambition

The strategy focuses on a number of ambitions that North Hampshire Clinical Commissioning Group aspires to achieve in the next three years. The document is designed to reflect the end to end pathway for patients in the local area whilst providing the right care for patients at the right time and in the right place. We are committed to improving the overall health and wellbeing of our local population through programmes of prevention and screening. North Hampshire Clinical Commissioning Group already achieves good results for screening uptake and received an award last year for being in the top twenty commissioning groups to improve one year survival. Over the next three years we will maintain these standards and strive to improve services for patients through the actions identified in this strategy. Underpinning the achievement of these ambitions is our intention to work in partnership across the local health system including providers of care, the voluntary sector and our patients to ensure that care is delivered in the most appropriate place, the interface between Primary and Secondary care continues to be a focus area for commissioners across specialities.

Our ambitions focus on the following areas of care:

1. Prevention
2. Screening and Early Diagnosis
3. Access to Services: Investigation and Treatment
4. Living with and Beyond Cancer
5. Improving Patient Experience
6. Access to Clinical Trials
7. End of Life Care

By 2020 North Hampshire will measure the success of this strategy on its improvements achieved in the following areas:

- improved early diagnosis
- better cancer survival rates
- improved patient experience
- less people smoking
- more people with a healthy weight
- more people dying with cancer in the place of their choice

National and Local Context

Hampshire and Isle of Wight Sustainability and Transformation Plan

North Hampshire Clinical Commissioning Group has been fully involved with the development of the Hampshire and Isle of Wight Sustainability and Transformation Plan (STP). The plan sets out six core delivery programmes and four enabling programmes which describe the priority work that partners in the health and care system are undertaking together to transform outcomes, improve satisfaction of patients and communities and deliver financial sustainability.

Effective prevention, early intervention and self-care are fundamental to improving the health and wellbeing of the people of North Hampshire and ensuring the sustainability of our health and care services. In line with the Prevention work stream of the STP, we aim to improve the health and wellbeing of our population by:

- supporting more people to be in good health for longer (improving healthy life expectancy) and reducing variations in outcomes (improving equality)
- delivering essential and accessible screening and vaccination services
- targeting interventions to improve self-management for people with key long term conditions (Diabetes, Respiratory, Cancer, Mental Health) to improve outcomes and reduce variation
- developing infrastructure, using technological (including digital) solutions to reduce demand for and dependency on health and care services
- developing our workforce to be health champions; having ‘healthy conversations’ at every contact.
**CCG Demographics / Population Health Needs**

North Hampshire Clinical Commissioning Group comprises 19 GP Practices and is responsible for supporting the health needs of a population of 226,000.

The population in North Hampshire is getting older and also becoming more diverse. People are living longer with life expectancy increasing; however, the years of healthy life for both men and women is decreasing. The gap means that around 15 years for men and 18 years for women are spent in ill health or high levels of need towards the end of their life.

There is also significant variation in life expectancy between the least and most deprived areas, and the difference between the areas has increased over the past 10 years.

Cancer is one of the main causes of the life expectancy gap in North Hampshire.
Cancer Strategy v 6.4 5th October 2017

NHCCG Cancer Prevalence
The proportion of our population who have cancer compared to the national prevalence

NHCCG Incidence of Cancer
The proportion of newly diagnosed cancer cases compared to the national average
### Local Cancer Services

Cancer services are currently provided by a number of organisations including the NHS, local authority and the voluntary sector.

The majority of patients in North Hampshire are seen and treated at Hampshire Hospitals NHS Foundation Trust, although some patients may require specialist care from a “tertiary” hospital. These are:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Secondary Care Provider</th>
<th>Trust referred to for treatment/tertiary provider</th>
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<tbody>
<tr>
<td>Breast</td>
<td></td>
<td>Salisbury NHS Foundation Trust or Royal Surrey County Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td>Urology</td>
<td></td>
<td>Prostate (Royal Surrey County Hospital NHS Foundation Trust)</td>
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<tr>
<td></td>
<td></td>
<td>Kidney (Frimley Health NHS Foundation Trust)</td>
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<td></td>
<td></td>
<td>Testicular (Royal Marsden)</td>
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<tr>
<td>Brain</td>
<td>Hampshire Hospitals NHS Foundation Trust</td>
<td>Southampton General Hospital</td>
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<tr>
<td>Lower GI</td>
<td></td>
<td>Southampton General Hospital (Occasionally Anal)</td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td>Southampton General Hospital (Melanoma)</td>
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<tr>
<td>Gynaecology</td>
<td></td>
<td>Southampton General Hospital</td>
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<tr>
<td></td>
<td></td>
<td>Royal Surrey County Hospital NHS Foundation Trust – Radiotherapy / Stereotactic Body Radiation Therapy</td>
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<tr>
<td></td>
<td></td>
<td>University Hospital Southampton NHS Foundation Trust – Radical radiotherapy</td>
</tr>
<tr>
<td>Upper GI</td>
<td></td>
<td>Southampton General Hospital, Royal Surrey County Hospital NHS Foundation Trust or Portsmouth Hospitals NHS Trust</td>
</tr>
<tr>
<td>Haematology</td>
<td></td>
<td>Southampton General Hospital</td>
</tr>
<tr>
<td>Sarcoma</td>
<td></td>
<td>Nuffield @ Oxford/Royal Marsden</td>
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<tr>
<td>Head &amp; Neck</td>
<td></td>
<td>Royal Surrey County Hospital NHS Foundation Trust</td>
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There are also a range of voluntary sector organisations providing services to support patients and their families locally

**Macmillan Cancer Support** from diagnosis, through treatment and beyond. Macmillan Cancer Support provide a source of support, giving a person the energy and inspiration they need to help them feel more like themselves. [https://www.macmillan.org.uk](https://www.macmillan.org.uk) there is a Macmillan information point situated in Basingstoke Hospital.

**Cancer Research UK’s** “vision is to bring forward the day when all cancers are cured”. CRUK are involved in national policy development and are committed to funding cancer research of the highest international calibre [https://www.cancerresearchuk.org](https://www.cancerresearchuk.org)

**Victoria’s Promise** have dedicated themselves to providing care in areas that are currently grossly under catered for. Young women facing cancer treatment face a variety of challenges over and beyond the already daunting prospect of diagnosis and medical care. They aim to alleviate those concerns, by providing vital support in areas such as specialist skin care tutorials, chemotherapy beauticians, wig funding and personal advice and mentoring services, monthly health workshops, domestic cleaning, child therapy and childcare services. Victoria’s Promise and their partners are pioneering training and supportive services so that we can hand hold young women throughout their cancer journey and give them every chance of the best possible outcome. Whilst ensuring the journey back to health is as small an ordeal as it possibly can be. Victoria’s Promise are also pioneering the researching, developing and delivering of health and wellbeing workshops for local schools, universities and businesses in the promotion and progression of cancer prevention. [http://victoriaspromise.com](http://victoriaspromise.com)

**St. Michael’s Hospice** (North Hampshire) enables anyone faced with a life-limiting illness, their families and carers, to attain the highest possible quality of life by providing a choice of specialist care and support. [https://www.stmichaelshospice.org.uk](https://www.stmichaelshospice.org.uk)

There are other local and national charities e.g. The Pink Place, HASAG Asbestos Charity, Wessex Cancer Trust, this list is not exhaustive and the CCG are keen to work with all partners and agencies.

North Hampshire Clinical Commissioning Group is committed to strengthening our working relationships with public sector partners and the voluntary sector. We will continue to involve our public sector partners and voluntary providers in wider stakeholder engagement with service users, hospitals and primary care.
Ambition 1: Prevention

It is estimated that more than 4 in 10 cancer cases could be prevented by modifying aspects of our lifestyles which we have the ability to change for example not smoking, maintaining a healthy weight through a balanced diet and active lifestyle, reducing alcohol intake, enjoying the sun safely and reducing risk of infection such as HPV.

In North Hampshire we aim to prioritise wellbeing over treatment through public awareness, patient education and engaging patients in healthy conversations at every point of contact they have with local care givers.

The Sustainability and Transformation Plan for Hampshire supports this approach through its prevention at scale work programme which has been established to deliver improved health and wellbeing to our population.

1.1 Smoking

Smoking is the largest avoidable cause of cancer. The chart below shows North Hampshire CCG smoking prevalence against the average for England. Currently 1 in 5 Cancer deaths are caused by tobacco, with tobacco use associated with increased risk of 14 different types of cancer.

In relation to lung cancer in the UK there were:

- 46,403 new cases of lung cancer
- 35,895 deaths from lung cancer
- 89% preventable cases of lung cancer

It has been observed that incidence of some smoking related cancers is decreasing however without further progress in reducing tobacco exposure (active and environmental) this is expected to slow and stop.

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Cancer Strategy v 6.4 5th October 2017
1.2 Obesity, Diet and Physical Activity

It is estimated that excess bodyweight is linked to 5% (17,000) of cancer cases a year as well as being linked to a number of other long term conditions. Keeping a healthy weight can help reduce the risk of cancer and other diseases. Low intake of fruit, fibre and non-starchy vegetables combined are associated with 30,000 cancer cases in the UK each year. It is estimated over 11,000 cases of cancer could be prevented if the population increased its level of exercise.

1.3 Alcohol

Alcohol accounts for 23,300 cases of cancer in the UK a year and is linked to 7 different types of cancer. An estimated 54% of people exceed the recommended daily alcohol limit at least once a week. The more alcohol a person drinks the more their cancer risk increases.

1.4 Sun Exposure

Melanoma is readily preventable with sensible precautions and if found early, treatment can reduce the potential loss of many years of life. While the numbers are relatively small compared to other cancers, the latest figures show Hampshire to have a significantly higher than national or regional incidence of malignant melanoma. The variation across Hampshire shows generally higher levels in the southern Districts compared to the more northerly ones

- Malignant Melanoma incidence in Basingstoke and Deane is high
- Disproportionally affects younger adults and outdoor workers
- 89% preventable
Overexposure to Ultra violet light from the sun and sunbeds are the main cause of skin cancer in the UK. All practices in North Hampshire have a dermoscope and a trained GP that patients can see if they have suspicious skin lesions.

1.5 Our Commitment to Improve Prevention

The prevention strategy for cancer includes a number of actions which will successfully target one or more of the risks identified above. There are also a number of actions which are risk specific. It is important to note that this approach may be applied across all long term conditions to improve the overall health and wellbeing of the North Hampshire population.

- A consistent and repeated programme of education to be delivered to Health Care Professionals to ensure patients at risk are identified and targeted for advice to improve their lifestyle and reduce their risk.
  - Healthy conversations training for health care professionals to ensure these are initiated at every patient contact
  - Initiate communication training for health professionals in behaviour change

- Ensure smoking cessation, diet, exercise and alcohol advice can be given or signposted at every point in the patients pathway for example:
  - Local promotion of Public Health campaigns by primary, community and secondary care i.e. Be Clear on Cancer
  - Make every contact count in Primary, Secondary and Community care.
    - All health care providers to take every opportunity to advise patients on the importance and benefits of maintaining a healthy weight.
    - Identification of excess alcohol intake and advice to be delivered in primary and secondary care. Screening at new patient registration to be continued. Local focus to be applied to alcohol link to cancer.
    - Promote and provide opportunities to train staff in motivational interviewing and health coaching

- Patient education on healthy lifestyle to continue past diagnosis and before treatment

- Patient education to continue beyond cancer recovery to prevent incidence of secondary cancer

- Support Health Care Professionals to deliver full implementation of NICE Guideline PH48 to help people to stop smoking in acute, maternity and mental health services
• We will use the Cancer Research UK project to scope smoking cessation services across Wessex to identify service gaps and work closely with Public Health England to address support required.

• Work to reduce smoking rates and increase cessation rates especially in highest prevalence age groups (20 – 24 and 25 -34 years). Reduce smoking prevalence to below 13% by 2020.

• STP Prevention at Scale work programme to co-ordinate a programme to identify and provide support to patients with long term conditions who smoke.

• Work with stakeholders to improve public awareness through the utilisation of available digital channels including the use of educational and motivational videos, literature, talks, seminars and/or workshops.

• Continue to work with partners to achieve the aims of the Hampshire Healthy Weight Strategy and promote increased referral to local weight management and services that support increased activity.

• Work closely with public sector partners and the voluntary sector to promote physical activity initiatives.

• Targeted approach across stakeholders to increase awareness of Sun Safety and symptom recognition.

• Roll out of PAM (Patient Activation Measures) to establish baselines and review patient’s activation levels, in engaging in self-management activities. - 5000 licenses awarded to NHCCG from NHSE to be used over next 5 years.

• Focus developments in self-management to the most vulnerable patient groups, e.g. mental health, learning disability and older adults.

• Support the roll out of the National Diabetes Prevention Programme whilst not cancer specific, is an intense 9 month programme of weight management, physical activity and healthy eating which will support patients to achieve a healthy weight and an active lifestyle.
Ambition 2: Screening and Early Diagnosis to Improve Outcomes and Survival

Cancer screening is nationally available to test apparently healthy people for the signs of cancer - early detection of cancer is key to improving patient outcomes and survival.

Cancer screening programmes are in place for Cervical, Breast and Bowel cancer as follows:

- Cervical Cancer screening is offered to women between the ages of 25 – 49 every three years and those who are 50 – 64 years every five years
- Breast Cancer screening via mammogram is offered to women aged 50 – 70 every three years
- Bowel cancer screening is provided via Faecal Occult Blood test: home testing kits are sent to all men and women aged 60-74 every two years
The five year forward view identifies key improvements in 2017-19 to expand screening services to improve prevention and early detection this includes the introduction of a new bowel screening test for over 4 million people April 2018 with a view to one fifth more cancers being caught and the introduction of primary HPV testing for cervical screening from April 2019 which could prevent over 600 cancers a year.

Early stage diagnosis is paramount to improving cancer survival, it is dependent on people being aware of symptoms and signs of cancer and approaching their GPs. Health services must be quick to respond to patients, provide a swift diagnosis and treatment.

2.1 Our Commitment to Improve Early Diagnosis and Screening Uptake:

2.1.1 North Hampshire Clinical Commissioning Group will prioritise increased uptake of cervical, bowel and breast screening through

- Work to tackle inequalities of health by ensuring services are accessible and accessed by those populations who are less able to access services
- Local recall initiatives, a letter from a patients practice/GP can be more effective for recall than a national recall letter
- The introduction of bowel scope screening to be offered to all men and women at the age of 55
- The NHS Screening and Immunisation team with Macmillan GP team in Wessex are visiting practices to share best practice with tips to improve cervical screening uptake focussing on underperforming practices.
- The local Macmillan GP will visit all practices to share their cancer care data and specifically looks at screening rates with most recent data
- Clinical lead practice visits to practice outliers – low uptake practices, benchmarking and data sharing. STP work programme to pilot practice engagement methods.
- Support national and local screening awareness campaigns, use communications team to access social media, media and local events
- Promote public awareness to recognise common cancers, symptoms and to access their GP e.g. Be Clear on Cancer
o Outcomes to be measured and reported on increased uptake, reduced variation and mortality rates for breast, bowel and cervical cancer

2.1.2 North Hampshire Clinical Commissioning Group will improve Early Stage Diagnosis through a programme of

o GP education to improve recognition and prompt action on early signs in line with NICE Guidelines June 2015

o Work with providers ensuring the 2 week wait pathway is effective.

o Promote use of 2 week wait referral template with GPs to ensure patients are made aware of their need to be available for an appointment during this time.

o Facilitate improved communication between primary and secondary (potential to use Clinical Discussion Forums) care to develop joined up clinical pathways, advice and guidance, referral thresholds.

o Improve access to diagnostics for GPs, increase imaging capacity and develop a pathway for direct access to CT scans.

o Consider Cancer nurse specialist role in Primary care to support education and training and management of the end to end patient pathway for Cancer.
2.2 Mental Health

People who have cancer may find the physical, emotional, and social effects of the disease to be stressful. Those who attempt to manage their stress with risky behaviors such as smoking or drinking alcohol or who become more sedentary may have a poorer quality of life after cancer treatment. In contrast, people who are able to use effective coping strategies to deal with stress, such as relaxation and stress management techniques, have been shown to have lower levels of depression, anxiety, and symptoms related to the cancer and its treatment.

Depression in people with cancer can often be overlooked as it is assumed that this is part of a natural reaction to cancer.

A recent study by Oxford and Edinburgh universities found that a new treatment programme called ‘Depression Care for People with Cancer (DCPC) significantly reduced depressive symptoms. In their study of about 500 patients, the therapy halved the depression scores of more than 60%.


Talking therapies are commissioned locally for generalized anxiety and depression. The Wessex Cancer Trust also provide in reach counselling services in Basingstoke. HHFT counselling services see cancer patients referred by Clinical Nurse Specialists, the Palliative Care team and Consultants.

Services are supported by voluntary sector organisations such as Winston’s Wish and Daisy’s Dream who provide psychological support for children and their families. Volunteers also provide befriending services to patients and carers.

2.2.1 Our Commitment to Improve Access to Psychological Support to People with Cancer

- Engage with commissioned talking therapies service, italk to explore training in approaches specifically for people with cancer
- The CCG is committed to expanding italk services in the future to include patients with chronic diseases including cancer with available resources.
- Support initiatives where possible to maximise third sector funding to improve psychological services available to people with Cancer
Ambition 3: Access to Services: Investigation and Treatment

3.1 Vision for acute care

The impact of seamless care is recognised on the organisation’s opportunity to deliver high quality patient outcomes and excellent patient experience. The key areas above will positively impact on this delivery and enhance our cancer services. Each area will identify priorities over the next 3 years, which are detailed below.

3.2 Best Practice Treatment Pathways

3.2.1 Cancer Waiting Times (CWT)

The NHS Constitution states, “Patients can expect to be treated at the right time and according to their clinical priority. Patients with urgent conditions, such as cancer, will be able to be seen and receive treatment more quickly. Organisations’ performance is monitored across all waiting time pledges”.

Both the CCG and our local hospitals strive to ensure patients are seen as quickly as possible.
These are listed below with the operational targets.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Definition</th>
<th>Target</th>
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<tbody>
<tr>
<td>2 week GP referral to 1st outpatient</td>
<td>From the date referral is received in the Trust, the patient must have their first outpatient appointment within 14 calendar days. This can include a straight to test appointment</td>
<td>93%</td>
</tr>
<tr>
<td>Breast 2 week wait symptomatic (cancer is not suspected)</td>
<td>From the date referral is received in the Trust, the patient must have their first outpatient appointment within 14 calendar days. This can include a one-stop clinic or OPA</td>
<td>93%</td>
</tr>
<tr>
<td>31 day diagnosis to treatment for all cancers</td>
<td>Patients should wait no longer than 31 calendar days from the “decision to treat” date their first treatment (TCI date) – new or recurrent cancers</td>
<td>96%</td>
</tr>
</tbody>
</table>
| 31 day second or subsequent treatment (surgery) | One month (31 calendar days) from decision to treat or earliest clinically appropriate date (ECAD) to subsequent treatment (surgery, drugs or radiotherapy) for all cancer patients  
  e.g. a patient who requires surgery after chemo – surgery must take place within 31 calendar days (chemo = 1st definitive treatment, surgery = subsequent treatment) | (Surgery) | 94%     |
| 31 day second or subsequent treatment (drug)  | e.g. a patient who requires chemotherapy (drugs) after surgery – chemo must take place within 31 calendar days (surgery = 1st treatment, chemo = subsequent)                                             | (Drug therapy) | 98%     |
| 31 day second or subsequent treatment (radiotherapy) | e.g. a patient who requires chemotherapy (drugs) after surgery – chemo must take place within 31 calendar days (surgery = 1st treatment, chemo = subsequent)                                             | (Radiotherapy) | 94%     |
| 62 days urgent referral to treatment of all cancers | Two months (62 calendar days) from urgent GP referral OR consultant upgrade referral (due to suspected cancer) receipt date to first definitive treatment                                                   | 85%     |
| 62 day referral to treatment from screening   | Two months (62 calendar days) from urgent GP referral receipt date for NHS Cancer Screening Programmes to first definitive treatment (this includes screening for breast, cervical and bowel) | 90%     |

3.2.2 Our Commitment to Improve Waiting Times for Patients

- By 2020, 50% of all patients should be diagnosed within 2 weeks and 95% within 4 weeks.
3.2.3 Treatment pathways priorities

The majority of patients in North Hampshire are seen and treated at Hampshire Hospitals NHS Foundation Trust, although some patients may require specialist care from a “tertiary” hospital. Our local providers are identified in the Local Service section of this strategy on page 8.

3.2.4 Our Commitment to Improve Treatment Pathways for Patients

Whilst performing well in all pathways is important, we will be prioritising targeted work with Hampshire Hospitals NHS Foundation Trust in the following:

- Urology – improving waiting times, MRI requests, optimum pathway etc
- Lung – earlier diagnosis
- Breast – Stratified pathways/patient initiated follow-ups
- Colorectal/prostate – Stratified pathways
- Dermatology – use of technology to reduce unnecessary referrals
- Developing a “cancer of unknown origin” clinic for those patients with symptoms that do not fall into a specific two week rule pathway

3.3 Best Practice Diagnostics

In 2015, the National Institute of Clinical Excellence (NICE) produced guidance to assist with increasing earlier diagnosis of cancer. These recommendations also included recommendations to make pathways more effective by introducing “direct access” diagnostics. This is when a test is performed and the GP retains clinical responsibility throughout, including acting on the result (which may contrast from historic practice where a patient may have an outpatient appointment prior to their diagnostic test and would be required to attend the hospital to obtain the result).

The CCG is committed to implementing best practice for diagnostic services, which will reduce unnecessary outpatient appointments, empower GPs and service users and enhance early diagnosis

3.3.1 Our Commitment to Improve the Provision of Direct Access Diagnostics

- North Hampshire Clinical Commissioning Group will commission services to comply with NICE guidance and recommendations
- Commissioners will work with providers to provide appropriate diagnostic capacity for the flow of service users and patients through an agreed implementation plan measured against current provision.
- Priority diagnostics will be identified for direct access in 2017-18
• Implement safety netting protocols to ensure the results of investigative tests are reviewed and acted upon especially in cases where symptoms persist and further testing maybe required
Ambition 4: Living with and Beyond Cancer including Supportive and Palliative Care

Advances in diagnosis and treatment means that more people are now living with active cancer as a long term condition and also that many more are effectively cured.

Unfortunately many patients experience long term effects of the treatment they have had and it is important to recognise the ongoing care of these patients after they are discharged from treatment.

At the end of 2010, around 5,775 people in NHS North Hampshire CCG were living up to 20 years after a cancer diagnosis.

The National Cancer Survivorship Initiative (NCSI) is a partnership between NHS England and Macmillan Cancer Support. The aim of the NCSI is to ensure that those living with and beyond cancer get the care and support they need to lead as healthy and active a life as possible, for as long as possible “not only adding years to live, but adding life to years”.

“The impact of cancer often doesn’t end when treatment does. The consequences of cancer and its treatment include chronic fatigue, sexual difficulties, mental health problems, and pain. Six months after the end of their cancer treatment around 50% of people will have one or more unmet health need. Many of these problems can persist for years and even decades. Having cancer can also impact on all other aspects of people lives; including their social life and family relationships.”

The Macmillan Recovery Package is recognised in the NHS England Five Year Forward View and the Cancer Taskforce Strategy which outlines a commitment to ensuring that ‘every person with cancer has access to the elements of the Recovery Package by 2020’.

4.1 Our Commitment to Supporting People Living with and Beyond Cancer including Supportive and Palliative Care

- The elements of the recovery package will be implemented through the Wessex Transformation Fund project to provide an innovative pre-cancer treatment service for patients in each Trust, this will
  - Support the delivery of a Holistic Needs Assessment and Care Plan to all patients within 31 days of diagnosis
  - Ensure all patients have access to a Cancer Nurse Specialist or other key worker to provide acute support and support to patients living with and beyond
  - Ensure the recovery package has been implemented within six weeks of the end of an acute period of treatment.
- Improve the communication between primary and secondary care through the use of meaningful treatment summaries for every patient

- Work with Hampshire Hospital NHS Foundation Trust to implement risk stratified pathways for the follow up of cancer patients. This will reduce unnecessary outpatient follow up, ensuring that patients can be discharged from routine follow up but have direct access back into the service if this is required at any point in the future. NHCCG have identified breast cancer and prostate cancer pathways as a priority.

- Support and encourage effective communication links between all care givers to implement the recovery package whilst recognising the resource implication on the Clinical Nurse Specialists working within Cancer to achieve this.

- Ensure that a good quality and holistic cancer care review is completed by the GP within six months of a cancer diagnosis to include post treatment support and information to enable self-management.

- Work with third sector to improve awareness of services available and provide care to support the patient’s action plan for post treatment support and self-management

- Increased care provision outside of hospital by primary care with support from secondary care as it is needed.

- Educate and encourage our primary care workforce to see cancer as a long term condition and offer a holistic cancer care review for all patients who have been diagnosed with cancer

- Work with the Macmillan Supportive Care Lead (to be employed by Hampshire Hospitals NHS Foundation Trust) in their role to develop a range of supportive care pathways and services that focus on recovery, health and well-being and reablement following cancer treatment.

- Encourage primary care to maintain the palliative care register of patients and hold MDT meetings to discuss patient management in line with the Quality and Outcomes Framework and the Gold Standards Framework

- Improve specialist Palliative Care integration with Primary Care Teams and ensure patients have good access to Palliative Care if required
• Engage with 3rd sector organisations to deliver patient centred palliative care

• Ensuring clinicians continue to have “healthy conversations” at every opportunity with patients after treatment has finished to maintain patient health and avoid recurrence

• Ensure existing Self-Management work streams in North Hampshire are embedded in how we care for patients living with and beyond Cancer.

• Identify gaps in self-management opportunities for people diagnosed with cancer
Ambition 5: Improving Patient Experience

Since 2010 an annual National Cancer Experience Survey has been undertaken it is important that patient experience is used to continually develop and improve services.

Results are reported at both a National and Local level, by Trust and by CCG, the following results were published in July 2017 for the survey undertaken in 2016.

The Executive Summary identifies the following for North Hampshire Clinical Commissioning Group.

Asked to rate their care on a scale of zero (very poor) to 10 (very good), respondents gave an average rating of 8.8.

The following questions are included in phase 1 of the Cancer Dashboard developed by Public Health England and NHS England:

75% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment

91% of respondents said that they thought the GPs and nurses at their general practice would support them through their treatment

87% of respondents said that it had been ‘quite easy’ or ‘very easy’ to contact their Clinical Nurse Specialist

90% of respondents said that, overall, they were always treated with dignity and respect while they were in hospital

95% of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital

65% of respondents said that they thought the GPs and nurses at their general practice definitely did everything they could to support them while they were having cancer treatment.
The following table highlights the results which scored outside of the expected range for patients of North Hampshire CCG.

### Questions which scored outside expected range

<table>
<thead>
<tr>
<th>Question</th>
<th>2016 Case-mix Adjusted</th>
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<tbody>
<tr>
<td></td>
<td>North Hamshire CCG</td>
</tr>
<tr>
<td></td>
<td>Unweighted Unweighted</td>
</tr>
<tr>
<td></td>
<td>Weighted Weighted</td>
</tr>
<tr>
<td>Seeing your GP</td>
<td></td>
</tr>
<tr>
<td>Q1 Saw GP once / twice before being told had to go to hospital</td>
<td>298</td>
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<tr>
<td>Diagnostic tests</td>
<td></td>
</tr>
<tr>
<td>Q2 The length of time waiting for the test to be done was about right</td>
<td>328</td>
</tr>
<tr>
<td>Support for people with cancer</td>
<td></td>
</tr>
<tr>
<td>Q20 Hospital staff gave information about support groups</td>
<td>279</td>
</tr>
<tr>
<td>Hospital care as an inpatient</td>
<td></td>
</tr>
<tr>
<td>Q35 Patient was able to discuss worries or fears with staff during visit</td>
<td>185</td>
</tr>
<tr>
<td>Q36 Hospital staff definitely did everything to help control pain</td>
<td>223</td>
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<tr>
<td>Home care and support</td>
<td></td>
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<tr>
<td>Q50 Patient definitely given enough support from health or social services during treatment</td>
<td>130</td>
</tr>
<tr>
<td>Care from your general practice</td>
<td></td>
</tr>
<tr>
<td>Q52 GP given enough information about patient’s condition and treatment</td>
<td>319</td>
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Detailed results for these and other questions are set out in the full survey report which can be found at [www.ncpes.co.uk/index.php](http://www.ncpes.co.uk/index.php)

#### 5.1 Our Commitment to Improve Patient Experience

The recommendations made are based on our local score in relation to the national average score and are also reflected in other recommendations throughout this strategy.

- Improve working across primary, community and hospital teams to ensure patients receive a seamless service
- Provide the ability to discuss worries and fears during consultation with a clinician
- Improve information given to patients by care givers on getting financial help
- Improve information given to patients by care givers on the impact cancer could have on day to day activities
- Improve patient involvement in decisions about care and treatment
- Ensure easy to understand written information about the type of cancer a patient has is available

- Improve CCG engagement with service users by using existing patient forums to test pathway developments and identify gaps where these do not exist (e.g. rarer cancers)

- Work with 3rd sector to improve the overall patient experience and reduce reliance on health care professionals
Ambition 6: Access to Clinical Trials

North Hampshire Clinical Commissioning Group is committed to supporting research, innovation and growth through the following initiatives as identified in its Operational Plan:

- Support the Department of Health and the Health Research Authority in their ambition to improve the UK’s International ranking for health research
- Implement research proposals and initiatives in the NHS England research plan
- Measurable improvement in NHS uptake of affordable and cost effective new innovations
- To assure and monitor NHS Genomic Medicine Centre performance to deliver the 100,000 genomes commitment

Research and Growth Cancer Research UK suggests that survival rates have doubled since the 1970’s due to research.

Participants in clinical trials not only have access to promising new interventions which are not generally available outside of a clinical trial but the results of the trial may also help other people needing cancer treatment in the future.

According to the findings of the National Cancer Patient Survey 2014 (Trust Level) access to information about and the proportion of patients entering clinical trials is highly variable.

Due to North Hampshire’s location in relation to a tertiary centre it is the perception locally that patients miss out on potential new treatments via clinical trials.

6.1 Our Commitment to Improve Access to Clinical Trials

- North Hampshire Clinical Commissioning Group will work with secondary care clinicians to improve opportunities for our patients to access to clinical trials.
Ambition 7: End of Life Care

Unfortunately Cancer is the leading cause of death in North Hampshire so it is vital that we prioritise high quality End of Life Care for our patients. It is good to note that at present the proportion of deaths in a hospice or at home, (the place most patients choose to die) compared to deaths in hospital are higher than the national average.

High Quality End of Life Care:
- recognises the individual patient needs
- ensures dignity and respect for the patient, their families and carers
- ensures the patient is informed and involved in decisions made about their care and treatment
- provides high level face to face communication between care givers, the patients, their families and carers
- enables patients to die in the place of their choice

7.1 Our Commitment to Increase the Number of Patients with Cancer Who Die in the Place of Their Choice

- Encouraging the use of the “Future planning template” www.futureplanning.org.uk or other approved care plans across local care providers

- Work with Hampshire Hospitals NHS Foundation Trust to align patient plans with hospital pilot commencing September 2017 to embed ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) www.resus.org.uk

- Improve access to education and support for health care professionals having the “difficult conversation”.

- Raise awareness of education available to health care professionals on the management of common symptoms and highlight the importance of good palliative care

- Support the use of the EPaCCS system to link information across provider systems and develop effective care plans

- Improve access to 24/7 end of life care for patients identified as needing it

- Align work to the National Council for Palliative care to promote public awareness of dying, death and bereavement through the Dying Matters www.dyingmatters.org
References

To gain a full insight into the principles of cancer care endorsed by North Hampshire Clinical Commissioning Group and to assist in the reading of this document, this cancer strategy should be read in conjunction with:

- NHS Five Year Forward View [https://www.england.nhs.uk/five-year-forward-view]
- Wessex Cancer Strategic Clinical Network “ A Strategic Vision for Cancer” [www.wessexscn.nhs.uk]
- National Institute for Health and Care Excellence (NICE) Guidelines - Suspected Cancer Recognition and Referral NG12 (June 2015) [www.nice.org.uk/guidance]
- NICE Guideline PH48 [https://www.nice.org.uk/contents/item/display/30835]
- National Cancer Survivorship Initiative [www.ncin.org.uk]
- Public Health England, Public Health Profiles [www.fingertips.phe.org.uk]
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<td>29/06/17</td>
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