Meeting: Adult Social Care, Health and Wellbeing Sub-committee

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Title: Cancer Services Update

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Service: NHS North Tyneside CCG

Wards affected: All wards

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1. Purpose of Report

The purpose of this report is to provide Adult Social Care, Health and Wellbeing Sub-Committee with an update about cancer services in the Borough, the impact of COVID-19 on the rates, treatment and outcomes for cancer in the Borough and action being taken to recover services.

2. Introduction

Cancer remains the most significant cause of premature mortality in North Tyneside with 876 deaths between 2017 and 2019.

The NHS Long Term Plan sets out a wide range of specific steps designed to increase prevention, speed up diagnosis, improve the experience of patients and help people living with and beyond the disease. North Tyneside CCG, Northumbria Healthcare NHS Foundation Trust, Newcastle upon Tyne NHS Foundation Trust, the North Tyneside Public Health Team, and the Voluntary Sector all work closely together to achieve the key milestones set out in the NHS Long Term Plan.

3. Details

Challenges

There is no doubt that there were a great deal of challenges during the COVID-19 pandemic for cancer service provision throughout the North East, and nationally, and did impact on services ability to diagnose and treat cancer patients within the national standards for a number of reasons.

However, it is important to state from the outset that cancer delivery has been a priority for primary and secondary care providers, as was ensuring that patient outcomes are the best they can be while working within guidelines. Staff have worked tirelessly and been adaptable throughout the pandemic to continue to deliver cancer services. Throughout the pandemic, Trusts maintained access to all cancer pathways. All services remain fully ‘online’ and work

continues as always to maintain and improve performance and quality. Cancer teams in Trusts have worked hard throughout the pandemic with support from their executive teams. GP Practices implemented systems to enable access for patients who needed to be seen. 2 week wait referrals continued to be made and seen.
Changes did have to be made, of course, to ensure adherence to strict infection control and prevention measures during the COVID-19 pandemic. This did result in longer patient pathways being experienced. For example, cleaning time required between patient appointments increased, social distancing rules meant that some treatments were more difficult to provide and and capacity constraints of buildings meant fewer people could be brought into outpatient clinics at any one time or could not be brought into hospital until separation between COVID and non-COVID units could be established.
The pandemic also had an effect on staffing at the Trusts and in primary care with staff testing positive for COVID-19, despite precautions taken while on duty, or having to self-isolate. However, cancer teams were ringfenced in Trust redeployment plans and did not have to be redeployed to other services even while the pandemic as at its height.
Also, because of the number of COVID-19 positive patients admitted to hospital, there were a limited number of beds and ventilators available. This was compounded by social distancing bed spacing which meant that there were fewer beds in wards.

As the first lockdown continued, it became clear that a prolonged cessation of elective services was not tolerable, therefore Northumbria Healthcare Trust introduced a "COVID lite" elective stream in July 2020. This allowed the Trust to ‘catch-up’ on operations for low risk cancers where other treatments had been used to temporise, and to reopen the full range of services ancillary to direct cancer treatment such as breast reconstruction which are key to patients‘ well-being. The Trust made significant investment in pre-procedure screening processes and access was fully reopened after a few weeks.

Newcastle Hospitals established a cancer group at the beginning of the pandemic which met weekly. As with Northumbria Hospitals, the Trust had to offer alternative methods of managing diagnostics. Radiotherapy offers an alternative option to surgery and this service did continue. Early implementation of hypo fractionated radiotherapy regimes was introduced which meant that the number of visits to the Cancer Centre could safely be reduced.

At the start of the initial lockdown there were pauses in some key diagnostic procedures, particularly endoscopy and radiology, while Trusts adapted to new ways of working to keep patients and staff safe. This did impact on diagnostic performance.

Independent sector provision was also nationally commissioned to provide additional support to the statutory sector during the pandemic and their role was particularly important in minimising backlogs in diagnostic capacity such as MRI scanning for cancer patients. Improvements in diagnostic activity have continued to improve since the last quarter of 2020/21.

Some treatment changes were implemented where appropriate. For example, in line with national guidance, increased use of hormone therapy for prostate and breast cancer patients was provided. Another example of appropriate treatment changes involved chemotherapy provision. At the beginning of the pandemic, national advice was followed which meant that all patients receiving Systemic Anti-Cancer Treatment (SACT), particularly palliative and adjuvant

patients, had a personalised evaluation of the risk/benefit in light of COVID-19. This led initially to a number of patient's SACT being suspended. However it became clear fairly early that COVID-19 should not have a significant impact on clinical decision to initiate or continue SACT . Where possible less myelosuppressive regimes were used this was enabled by NICE and NHS Blueteq.

It is also relevant to highlight that both Trusts provided national mutual aid during the pandemic. Newcastle Hospitals Trust provided support for COVID-19 positive patients to Trusts in London and Birmingham. The Trust also chaired the weekly surgical prioritization cell which was s set up across the region aiming to ensure that there was equitable access to cancer surgery based on clinical need. The Trust also provided cancer surgery for a number of patients who had colorectal, head and neck, urology and endocrinological cancers. Northumbria provided surgery for colorectal cancer to patients from North Cumbria, helping to provide equitable access to treatment across the region

One of the biggest challenges during the pandemic has been to encourage patients to contact their GP especially for suspected cancer and to attend hospital for cancer appointments. Some patients were unwilling or unable to attend diagnostic and treatment appointments when offered due to shielding, self-isolating or testing positive for COVID-19 after the referral. Communications were issued and repeated throughout the pandemic but, despite this, the number of people attending cancer appointments did drop.

Cancer screening

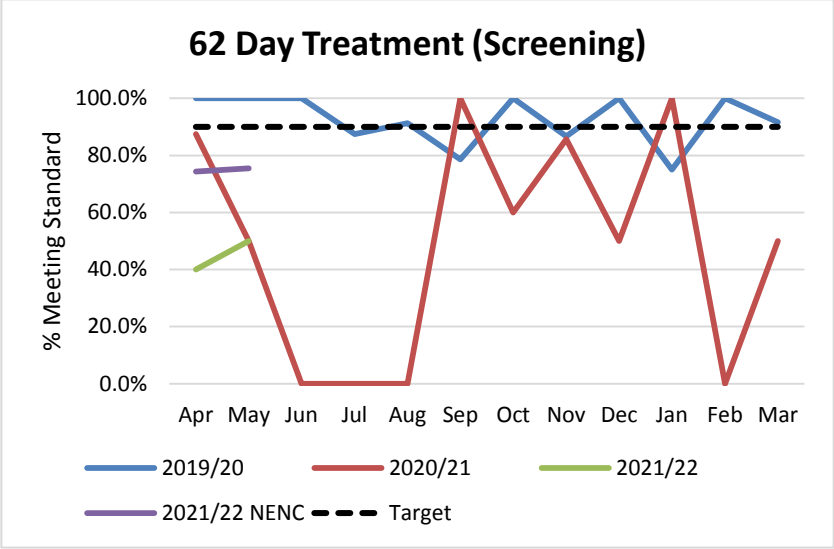
At the start of the pandemic, cancer screening was halted. Cancer screening numbers were severely impacted upon by COVID-19 due to the close nature of the screening methods which include cervical, breast and bowel. Additionally, the social distancing and hygiene requirements also impacted on how screening could be provided. Normally, the average screening appointment time is around 6-8 minutes but is now 8-10 minutes.

A comparison between cancer screening uptake has been undertaken to understand the difference in uptake from March 2020 compared ot August 2021. It should be noted that the data used for April 2020 is different to the August 2021 data is from different sources but it does provide a good estimate.

The key points are:

- Breast screening coverage dropped from 74% in March 2020, to 44% in August 2021
- Bowel screening coverage increased from 64% in March 2020 to 91% in August 2021
- Cervical screening coverage in the 25-49 age group remained broadly the same
- Cervical screening coverage in the 50-64 age group dropped from 76% in March 2020 to 64% in August 2021

In 2019/20, 150 patients started cancer treatment following a referral from an NHS cancer screening service. This reduced to 64 patients in 2020/21 which emphasises the need to have efficient, effective screening services.



Measures are being put in place to bring screening locally and nationally to increase cancer screening to expected levels. The national expectation is that all screening centres would be back within the 36 months round length by April 2022.

Regular meetings have been, and are continuing to take place with all screening centres to support restoration and clear backlogs. Each centre has predicted when they will clear the backlog. It is pertinent to note that this is fluid, though, as waves of COVID-19 infections continue.

Participants for screening are being invited via open invitations. This does have a considerable impact on the screening centre workforce, particularly for administrative staff who spend a large amount of time calling patients and scheduling appointments. A national review is taking place at present on this method of inviting participants and the findings are expected to be reported this month (September 2021).

National funding has been provided to screening centres. Capacity tools have been developed to help centres determine where additional capacity is needed and how the additional funding can be best used to improve capacity. The screening centres have been trying to put on additional lists extending the day and also at weekends to reduce the backlogs.
As at September 2021, bowel cancer screening centres have cleared the backlog, caused by the pause in screening between March – July 2020. All of the centres are planning to and are prepared to roll out the extension of bowel cancer screening to an increased age-range and are awaiting the go-ahead to do this. The age extension will be a gradual process over a 4-year period, starting with invitations being sent to those aged 56 years

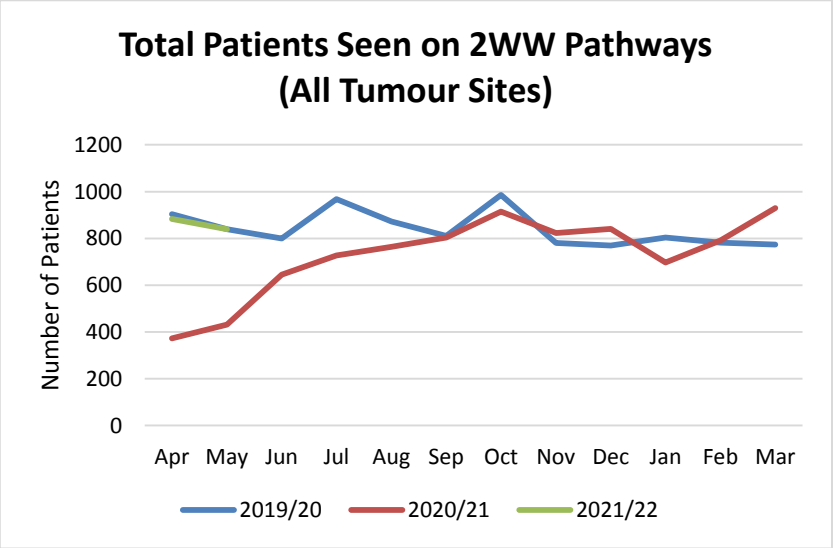
Cervical screening is provided at Gateshead Foundation Trust. It has been noted that the lab at the Trust experienceda higher level of activity than normal during the first quarter of this year. Samples received in January 2021 were in excess of pre-Covid-19 levels. However, the backlog of sending out invitations and reminders has been cleared and results letters are being sent out on time when the result is a "normal" result. The wait time for results which require cytology is a bit longer - approximately 5 weeks – and the Trust is working to reduce this.

Primary Care Networks identified that they would be able to undertake additional cervical screening if funding was available, and the Cancer Network did indeed provide additional funds for this purpose.

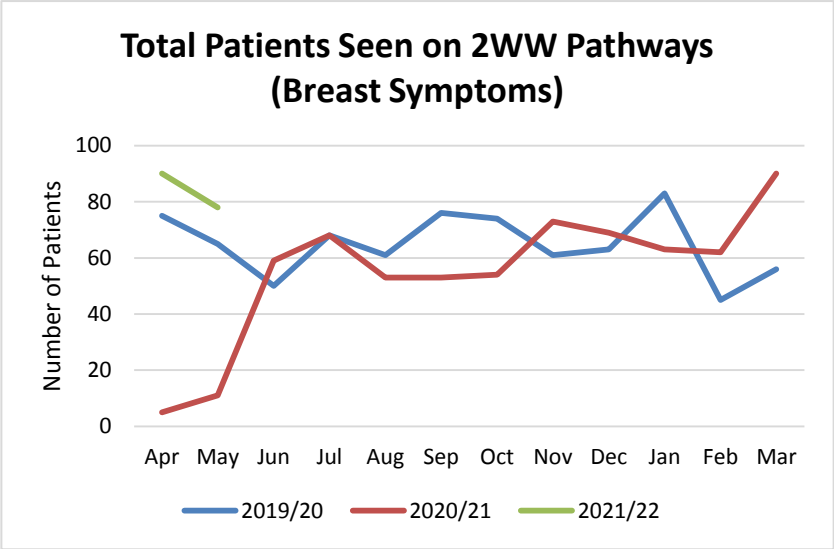
As with other screening programmes, breast cancer screening was initially suspended during the COVID-19 outbreak. Since it has been re-established, there continued to be catch-up from the backlog of referrals for a period of months and capacity issues were being experienced at Newcastle Hospitals, Additional screening vans had been secured, though, and we are awaiting data updates to understand the impact of this on the backlog.

Cancer Two Week Wait Referrals

The cancer two week wait standard is where a General Practitioner (GP) asks for an urgent referral because the patient has symptoms that might indicate that they have cancer.
The table below shows how in 2019/20, 10,086 referrals were made in North Tyneside. During the height of the pandemic in 2020/21 8,739 referrals were made, reflecting a reduction in referrals of 13% across the year with a significant reduction during the first lockdown in April and May 2020. However, it can also be seen in the chart below that, for 2021/22, referral numbers have returned to pre-pandemic levels for all tumour sites.



The cancer two week wait pathway for breast symptoms also been affected by the pandemic. Again, there was a reduction of referrals from 777 in 2019/20 to 660 in 2020/21 representing a reduction of 15% in referral numbers across the year. From the chart below, it clearly shows the drop in referrals in April 2020 and increasing trend through to March/April 2021 at its peak with 90 referrals per month. This is higher than pre-pandemic levels,

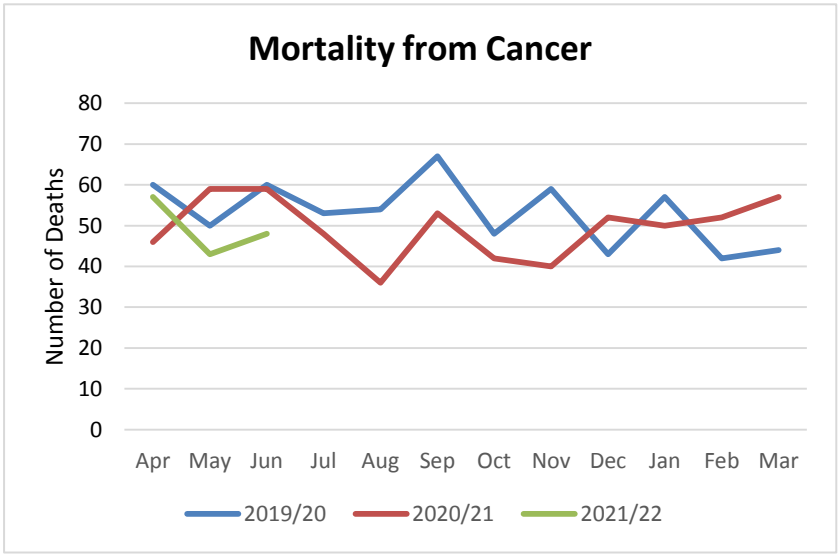


A knock-on effect of the COVID-19 pandemic is that patients have not been presenting to their GP at as early a stage as they would have done pre-pandemic. When patients are presenting, they are sometimes at a higher level of acuity than they may have been if they had presented earlier. This means that treatment options open to the patient may be reduced and applies to many service areas including cancer. This means that the level of interventions may be more complex and involved or are at a higher stage of cancer. This is being managed by the Trusts. This is already making itself apparent and is likely to continue for some time yet.

Performance Information

Published cancer data for June 2021 shows that the CCG did not meet seven of the eight cancer waiting time standards. Further detailed breakdown of these targets and trend data can be found in Appendix 1. This data applies to all tumour sites and provides a benchmark against the North East and North Cumbria (NENC) Integrated Care System 2021/22 performance against North Tyneside CCG from 20219/20, 2020/21 and 2021/22.

Mortality from cancer



The Office of National Statistics publishes mortality data which includes a subset which is of deaths by underlying cause of cancer. In 2019/20, there were 637 deaths by underlying cause of cancer while in 2020/21 there were 594 deaths by underlying cause of cancer. Comparing the number of deaths by Qtr. 1 from 2019/20, 2020/21 and 2021/22 there is a reducing trend. This does not mean that the number of deaths hadreduced, just that the number of deaths due to cancer has reduced over the last three years.

New Initiatives

During 2020/21, we have worked on several initiatives and measures aimed at achieving the Long-Term Plan requirements and delivering improved services and outcomes for patients.

Faecal Immunochemical Test (FIT Test)

The COVID-19 pandemic has had a significant impact on lower Gastrointestinal (GI) referral pathways and a concomitant reduction in the ability of providers to meet pre-COVID-19 demand. It was therefore recognised that post-COVID-19, significant changes to the referral process for lower GI would be needed if sustainability and achievement of the 2 week wait referral pathway is to be sustained and improved.
FIT testing is a bowel cancer test. The test finds if there is hidden blood in the stool, known as faecal occult blood (FOB), which can be an early sign of colorectal cancer.
The CCG therefore agreed to implement a standardised approach to identifying patients suitable for the FIT test. It is available for patients on the 2-week cancer pathway as well as low risk symptomatic patients and the CCG commissions the service based at Gateshead Foundation Trust. This provides a safer, more efficient pathway. It is expected that test results will be provided earlier and the number of colonoscopies within the lower GI pathway will be significant reduced.

Lung Cancer Case Finding

Diagnosing people faster and earlier is one of the most effective ways to identify cancer. In North Tyneside around 52% of cancers are detected in stages 1 and 2. However we know detection rates for lung cancer are mostly detected at stages 3 or 4 which is the more advanced stages of cancer.

The CCG has been working with the Northern Cancer Alliance on new approaches for referring and diagnosing lung cancer more quickly. We prioritised the rapid adoption of a new early diagnosis technique through the commissioning of a lung cancer case finding programme. This involves working primary care GPs identifying those patients eligible for a new screening programme that involves the use of low dose CT scanning and referring those patients to the programme.

The early detection lung cancer case finding pilot started in the Wallsend area of North Tyneside in December 2020. The GP Practices in that area, Northumbria Healthcare Trust and CCG are working closely together to review the pilot. Initial findings are that it is working well and, while the numbers of cases found to have lung cancer are not high, it is making a considerable impact on the treatment available and, consequently, on the quality of patients lives. Further work will take place to continue to review the service and consider how it can be rolled out further across North Tyneside during 2022/23.

Cervical Screening

As mentioned above, Primary Care Networks had raised that they wish to increase cervical smear capacity to help recover activity lost through the pandemic. Additional funding had been received from the Northern Cancer Alliance to facilitate this with a focus on targeting inequalities where possible. Each CCG area has worked to use this funding and additional cervical screening capacity is now available in North Tyneside.

Digital Dermatology

Traditional dermatology appointments require close proximity between patients and clinicians. Recognising that delivery of dermatology services while following social distance guidance is very difficult, the previous teledermatology pilot that had started in 2019 was reviewed. There was an immediate need to reduce the number of patients attending hospitals and to maintain social distancing to reduce the infection rate of COVID-19 but to still ensure that people with dermatology issues could be treated. A telehealth solution was therefore implemented whereby each primary care site has a Dermatoscope and dedicated smartphone. The CCG funded this specialist equipment and provided training for staff in GP Practices. This service was rolled out during the pandemic initially for 2 week wait urgent referrals for suspected cancer, though it has the potential to be used much more widely.

Feedback from clinicians from the Trusts is positive that this has been an effective way to manage patient referrals with many patients being diagnosed remotely. It is acknowledged that this is not an appropriate way to manage all suspected skin cancer referrals for all patients but, due to its successes, will continue in the future with work ongoing between GP Practices and the Trust to further refine the pathway.

Regional approach for cancer diagnoses & inequalities

As well as North Tyneside specific work on cancer as described above, work was also undertaken on a regional basis. We continue to work closely across all Cancer Alliance workstreams as key partners in shaping and influencing the design of tumour specific pathways and addressing challenges in the system, particularly in relation to access to diagnostics and workforce capacity.

During the pandemic, the Alliance provided information on resources and support networks available for people with cancer with a focus on addressing inequalities.The Cancer Alliance distributed £1.5m funding across the North Tyneside, Northumberland, Newcastle and Gateshead to facilitate recovery and accelerate rapid diagnostics pathways, again with a focus on targeting inequalities and where outcomes are often lower due to late or non-presentation. This has led to:

- Community awareness posts are working across the ICP to work with local communities promoting signs and symptoms.
- Cancer champions in practices are working to increase uptake of audits for patients who have had cancer diagnoses.
- NCA is leading an awareness campaign and this is being advocated locally through the CCGs to target specifically patients from hard to reach communities
- Increasing audits for cancer diagnoses in primary care helps understand where inequalities lie and how best to target such patients
- Establishment of a work-stream to continue to review activity and to address variation in the backlog of patients awaiting access to cancer services.

The Cancer Alliance has also been at the forefront of working with local systems on improving pathways including implementation of the Managed Clinical Network through the Alliance's breast pathways board and progressing the Rapid Diagnostics pathways.

Next Steps

Both Trusts are continuing to concentrate on cancer recovery plans focusing on recovering referrals, recovering treatments and clearing backlogs as well as organisational performance standards. The recovery plans have an emphasis on the front end of the pathway.

Support is being provided into the Trusts cancer teams through non-recurrent funding initiatives to address backlogs, increasing demand and decreased efficiency as a result of continued implementation of the infection prevention & control measures. Priority in the Trusts continue
A focus of much of the work will be to continue to address inequalities. The Cancer Alliance, working with CCGs and partners, have implemented several initiatives as described above. These will be evaluated for effectiveness and, where appropriate, consideration given as to how to continue or adapt the schemes.

Primary Care Network cancer work plans

Work is underway in each Primary Care Network to develop cancer work plans in line with the requirements of the national Direct Enhanced Services contract with PCNs to support early cancer diagnosis.
Support is being provided to the PCNs in North Tyneside from the Cancer Alliance and from various voluntary sector organisations to develop the cancer plans according to the needs of the populations in each area.
Initiatives include:

- A focus on cervical and bowel screening and on the learning disabilities population and to minimise inequalities in Whitley Bay PCN.
- Appointment of a range of posts such as Early Cancer Diagnosis and Cancer Screening Coordinator in Whitley Bay PCN, Non-Clinical Cancer Champions, Cancer Care Coordinators.
- Establishment of peer review groups.
- Reviewing data and information to identify variation across practices.
- Considering how to inform patients that they should attend their Practice for cancer screening and concerning symptoms.

Colorectal Stratified Follow up

Stratified follow up means patients, following treatment, are individually identified to self-manage their condition with back up from the clinical team and access to remote monitoring and re-entry pathways. A needs assessment is carried out and an individual care plan drawn up to address the needs of these individuals aimed at minimising risk and support to manage on-going conditions.

Across the North ICP, the pathway for colorectal cancer was identified as being appropriate stratified follow up. This pathway was developed during 2020/21 involving North Tyneside, Northumberland and Newcastle Gateshead CCGs as well as both Northumbria Healthcare Trust

and Newcastle Hospitals Trust. Various issues, such as how to manage taking bloods from patients, were reviewed and new systems were agreed. The new pathway will roll-out during 2022/23 and consideration is being given to development of a digital strategy for patient initiated follow up and stratified follow up.

Cancer Personalised Care

Personalised Care in relation to cancer provision used to be known as Living With & Beyond Cancer. It is a recovery package based around holistic needs assessments, care planning and health and wellbeing events and was primarily for patients who will undergo the cancer risk stratification process described above. It will mean that patients will not receive as many face to face appointments but they will still continue to be monitored by secondary care for a period of time.

Personalising aftercare and putting patients more in control of their recovery is an essential part of improving the patient experience. This means that receiving care is tailored to the needs of the individual and is expected to result in improved quality of life outcomes.

During 2020/21, North Tyneside CCG continued to work closely with Newcastle upon Tyne Trust and Northumbria Healthcare Trust to progress our ambition that every cancer patient receives four key interventions:

- **Health needs assessment** – Everyone with cancer is offered a holistic needs assessment and a personalised care plan that focusses on individual needs along with an end of treatment summary for the individual and those involved in their care.
- **Health and Wellbeing information and support** – Including the provision of accessible information about emotional support, coping with side effects, financial advice, getting back to work and making health lifestyle choices.
- **Risk stratification pathways and after care follow up and support for self-management -** Reduced time that professionals spend seeing patients who are doing well after treatment with rapid re-access to their cancer team, including telephone advice and support.
- **Primary Care Cancer Care Review** – A quality assured discussion between the individual and their GP/primary care nurse about their care journey.

Cancer personalised care and the work described above, is currently focussed on the breast, colorectal and prostate cancer pathways. The pathway for breast cancer has been worked through while the pathway for low-risk colorectal cancer is nearing completion, and work is continuing on the follow up requirements for those patients in terms of investigations. Work is now underway for the prostate cancer pathway.

The CCG and Trusts are working together to consider how personalised care will work within primary care ensuring practices have all of the relevant information to work with the trusts and with their patients to enable successful implementation.

Improving Patient Experience

In October 2018 the North Tyneside Cancer Locality Group made a decision to look at how it could involve the public (with lived experience) in the cancer plan and ensure patient experience was on par with clinical excellence. In 2019/20, the North Tyneside Cancer Public Engagement Forum was established, hosted by MacMillan with additional support from the North Cancer Alliance Communication and Engagement Lead. It is a sub-group of the Locality Group and is

set up to seek views on how patient outcomes can be improved, in terms of survival, quality of care and patient experience.
Due to the COVID-19 pandemic, different ways were needed to engage with members of the public. Discussions have therefore taken place to consider the focus of the engagement group going forward, the engagement plan and how patients can be represented on key groups going forward at both local level and regional level. These discussions continue going forward.

Conclusion

This paper describes the main challenges experienced in provision of cancer care throughout the COVID-19 pandemic and how services have worked to overcome those challenges and ensure that cancer provision can continue to be provided to patients in as safe a manner as possible. There is clearly further work needed to completely restore cancer provision to the levels that it had been operating, particularly with some of the screening programmes. Health Inequalities will be one of the main areas of focus moving forward and some of the initiatives which form part of the plan to manage health inequalities is described to provide information and reassurance to this Committee.

4. Appendices

Appendix 1 – Cancer Data Analysis August 2021