

**Item 8.6**

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| **Report to:** | Primary Care Commissioning Committee |
| **Date of Meeting:** | 26th June 2020 |
| **Title of Report:** | Network DES – Early Cancer Diagnosis  |
| **Presented by:** | Nikki Dunlop, Head of Integrated Delivery, Hull CCG |
| **Author:** | Nikki Dunlop, Head of Integrated Delivery, Hull CCG |

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| **STATUS OF THE REPORT:** | x |
|  To approve | To endorse |
|  To ratify | To discuss |
|  To consider | For information |
|  To note |  |

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| **PURPOSE OF REPORT:**The purpose of this report is to provide the Primary Care Commissioning Committee with an update on the Network DES - Early Diagnosis in Cancer and local delivery plans.**RECOMMENDATIONS:**It is recommended that the Primary Care Commissioning Committee consider the contents of this report and endorse the proposed delivery plan.  |

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| **REPORT EXEMPT FROM PUBLIC DISCLOSURE** | xNo | Yes |
| If yes, detail grounds for exemption  |  |

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| **CCG STRATEGIC OBJECTIVE** *(See guidance notes on page 4)* Integrated Delivery |
| The updates contained within this report support the CCG objective of Integrated Delivery through the development of primary care medical services. |

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| **IMPLICATIONS:** (*summary of key implications, including risks, associated with the paper*),  |
| Finance | There are no financial implications currently identified.  |
| HR | There are no financial implications currently identified.  |
| Quality | Quality implications where relevant are covered within the report |
| Safety | Safety implications where relevant are covered within the report. |

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| **ENGAGEMENT:** (*Explain what engagement has taken place e.g. Partners, patients and the public* *prior to presenting the paper and the outcome of this*) A HC&V delivery group has been established with representatives from the Cancer Alliance and local CCGs. Further engagement will take place with PCNs and patients/public as identified within the delivery plan.  |

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| **LEGAL ISSUES:** (*Summarise key legal issues / legislation relevant to the report*) None |

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| **EQUALITY AND DIVERSITY ISSUES:** (*summary of impact, if any, of CCG’s duty to promote equality and diversity based on Equality Impact Analysis (EIA).* ***All*** *reports relating to new services, changes to existing services or CCG strategies / policies* ***must*** *have a valid EIA* *and will not be received by the Committee if this is not appended to the report*)

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|  | ***Tick relevant box***  |
| An Equality Impact Analysis/Assessment is not required for this report. | *√* |
| An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment. |  |
| An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.  |  |

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| **THE NHS CONSTITUTION:** (*How the report supports the NHS Constitution*) The report supports the delivery of the NHS Constitution as the commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges: 1. The NHS aspires to the highest standards of excellence and professionalism
2. NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
3. Quality of care
4. You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.
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**ENHANCED PRIMARY AND COMMUNITY SUPPORT TO CARE HOMES**

**1 INTRODUCTION**

The purpose of this report is to provide the Primary Care Commissioning Committee with an update on the Network DES - Early Diagnosis in Cancer and local delivery plans.

**2 BACKGROUND**

**2.1 National context**

The NHS Long Term Plan sets two bold ambitions for improving cancer outcomes:

* By 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise to 75 per cent.
* From 2028, 55,000 more people each year will survive their cancer for at least five years after diagnosis.

Early diagnosis is key to ensuring that the above is achieved, with primary care having an important role to play. To this end, NHS E/I have introduced a Network Contract Directed Enhanced Service (DES) - Early Cancer Diagnosis to be delivered at Primary Care Network level. PCNs will begin to deliver the DES from 1st October 2020 and focusses on:

1. Reviewing referral practice for suspected cancers, including recurrent cancers
2. Contributing to improving local uptake of National Cancer Screening Programmes
3. Establishing a community of practice between practice-level clinical staff to support delivery of a) and b).

Cancer Alliances each have a local trajectory for improving early diagnosis rates set through the NHS Long Term Planning process and, by delivering the activity set out in these service requirements, PCNs will contribute to their realisation.

Achieving 75 per cent early diagnosis will not be easy and cannot be delivered through more of the same. The ambition will only be achieved through dedicated and collaborative efforts right across the health and care sector, including Cancer Alliances, Regional Directors of Public Health, and Regional Directors of Public Health and Regional Directors of Primary Care and Public Health - and each are receiving additional support in their engagement with PCNs.

**Local context**

To support the delivery of the national primary care ambitions locally, a “Primary Care Strategy and Delivery” group has been established including local representatives from the Cancer Alliance and includes the CCGs across Humber, Coast and Vale. The group will support delivery of the national long term plan outcomes, the Primary Care DES and recovery planning in relation to COVID19 focussing on:

**Cancer Prevention** - support uptake of healthy lifestyles public health programmes (smoking cessation etc) through primary care particularly targeting areas of high deprivation

* + **Cancer Screening** - reduce inequalities in access to screening (breast, bowel and cervical cancer) and provide advice for PCNs to implement at least one action to target a group where participation is low. Support participation in other programmes which can identify cancer earlier e.g. Lung Health Checks
	+ **Early Diagnosis and Referral –** understand variation in cancer outcomes across the Alliance footprint and work towards reducing unwarranted variation. Encourage a transparent approach and openness to adopting new practice. Standardise practice where possible whilst giving clinicians the freedom to act (e.g. safety netting, and patient information)
	+ **Living with and Beyond Cancer** – support implementation of the Cancer Care Review (link with LWBC Board)

The Primary Care Delivery Group will provide leadership for the development of a primary care strategy and delivery plan, co-ordinating relevant activities and organisations and identifying opportunities for collaboration, efficiency and sharing of expertise across the Humber, Coast and Vale Cancer Alliance region.

Whilst the primary care strategy will be developed at a HC&V footprint, the delivery of the plan will be devolved to local level. Hull CCG and East Riding CCG are working collaboratively to develop local plans to support PCNs in the implementation and delivery of the DES.

Appendix 1 is a draft delivery plan with sets out the requirements of the Network DES and the anticipated support required to deliver this locally.

**4 RECOMMENDATION**

It is recommended that the Primary Care Commissioning Committee consider the contents of this report and endorse the proposed delivery plan.

**APPENDIX 1**

DRAFT - Delivery Plan for Network DES - Early Cancer Diagnosis

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|  | **DES Objective (S7.4)** | **Requirements** | **Key actions/support** | **Lead** | **Timescales** | **Source of data/support** |
| A. | DiagnosisReview/Improve referral processes for suspected cancers **and recurrent cancers**, with a focus on safety netting, ensuring that all patients receive information on their referral | (i) review quality of referrals (NG12 recommendations)a. utilise clinical decision toolsb. provide practice level data for local patterns of presentation and diagnosisc. RDC pathway for serious non-specific symptoms | Ensure PCNs have access to Clinical Decision Tools and support to review referral practiceUnderstand the data:Provide support to collect data at practice/PCN level from cancer referrals across agreed timeframe – establish benchmark against neighbours and nationalProvide support to audit referrals/data (prior to 1 Jan 2018 – template available from NCDA) and review against NG12 recommendationsReview pathways and ensure communicated and freely accessibleEnsure RDC pathways are communicated and accessibleSupport and encourage practices to take part in 2019/20 NCDA | ND/AW/VR |  | Fingertips dataCRUK facilitatorCCGNICE NCDA auditRDCMacmillanCancer allianceLocal partners |
| (ii) Safety netting – develop consistent approach to monitor patients for urgent referrals or further investigations to exclude cancer (NG12) | Review of existing safety netting pathways across PCN, collect data to review and identify patterns/trendsProvide support to develop/introduce safety netting consistency through training/pathways (in line withNG12 recommendations) | ND/AW/VR |  | CRUK FacilitatorShared learning eventsPeersCCG |
| (iii) ensure pts are signposted / receive information on referral inc. Why, access to further support and importance of appt attendance | Review / collate what material already exists / is being utilised across the landscapeReview of resources available to patients and support development where improvements could be made  | ND/AW/VR |  | CRUK materialCRUK FacilitatorCCGPublic HealthPharmacies? |
| B. | ScreeningContribute to improving local uptake of National Cancer Screening Programmes  | (i) working with local system partners i.e Public Health and Cancer Alliance work to agree what contribution will be by a PCN which builds on existing actions must include 1 specific action for engagement with low participating group | Collect data on screening uptake for individual practices and across PCNs Identify low participation areas and agree 1 action per PCNDeliver Cancer Champion programme to non-clinical staff | ND/AW/VR |  | FingertipsCCGPHELocal authority data collectionLinks to providers for Smoking cessation, substance misuse and managing obesity  |
| (ii) Provide contribution agreed as above within timescales agreed by system partners  | Agree over what timeframe the actions related to (ii) above will be in place/provided | ND/AW/VR |  |  |
| C. | Shared LearningSupport the delivery of (1) and (2) above through a community of practice which supports peer to peer learning events, and engagement with local system partners | (i) conduct peer to peer learning events to review diagnosis data and trends – specifically repeated patient presentation before referral/late diagnosis | Utilise in-house/PCN PTLs to conduct peer to peer review and to review dataUtilise citywide PTL event for cross collaboration and knowledge sharing with workshop style presentationsProvide support to rollout Gateway C module | ND/AW/VR |  | CRUK FacilitatorsCCGPeer to peer across PCNLocal authorityPublic HealthGateway C |
| (ii) engagement with local system partners ie patient participation, secondary care, Public Health and Cancer alliance | Setup regular meetings, access to forums shared learning workspace | ND/AW/VR |  | CCGPeersSecondary care trustsPublic healthCancer alliance |