

Croydon Clinical Commissioning Group Operating Plan 2015/16

Programme:	Integrated Cancer Services	Domains:	① ② ④
Goal:	To improve outcomes for people with cancer	Outcomes:	① ② ④ ⑤ ⑥

The Case for Change	Achievements in 2014/15 (implementation and measurable)
<p>Cancer is the leading cause of death for those under 75 and is noted as the second leading cause of death overall in the capital. In the UK, there are approximately 1.8 million people living with and beyond Cancer. Croydon's performance is worse than the England average, with cancer incidence and screening rates for prostate and breast cancer highlighted as emerging issues. There are 540 new cancer diagnoses per 100,000 people each year. This is lower than the England average. The incidence of breast Cancer in Croydon shows there were (120 per 100,000) women is lower than the England average (164 per 100,000). There were 116 new urological cancer diagnoses per 100,000 people in your CCG in 2012. This is lower than the England average (130 per 100,000).</p> <p>Cancer waiting Times Performance: The other Cancer Waiting Times measures have generally been met nationally but particular issues with the 62 Day Urgent Referral which hasn't been met nationally for a while. Expectation is for CCG's to work with secondary care to meet this target.</p> <p>Variation: London experiences significant variation in the incidence and mortality rates of cancer patients across London with inequalities in access and outcomes.</p>	<p>Development and ratification of cancer strategy</p> <p>A Macmillan funded lead GP Post to develop initiatives to promote early detection and end of life care good practice. This GP worked across primary care to raise awareness of GP Cancer Profiles, audit tools, validated tools for detecting cancer, implementation of national guidance, and led the development and implementation of an end of life cancer strategy. This work included practiced visits, training events, promotion of national campaigns, newsletters, development of interventions and services and representation at South West and South East London networks.</p>

Priorities 2015/16					
National	London	South West London	Croydon CCG	Networks	PPI engagement
	<p>Cancer is one of the 13 transformation.</p> <p>The 5 year Cancer Strategy for London Priority areas of focus are:</p> <ol style="list-style-type: none"> 1. Prevention 2. Cancer screening: key to the early detection and awareness programme 3. Early diagnosis and awareness 4. Reducing variation and service consolidation 5. Chemotherapy 6. Radiotherapy 7. Patient experience due to the continuing poor patient experience in London 8. Living with and beyond cancer 9. End of life care 	<p>SWL Commissioning Intentions - Implementing the London Pathways to deliver the Cancer Strategy</p> <p>Cancer is Health Innovations Network Priority</p>	<p>Implementation of local Cancer Strategy:</p> <ul style="list-style-type: none"> - Prostate, breast, lung and colorectal cancer - Early detection Survivorship - Cancer waits Prevention - Cancer screening - Reducing variation - Living with and beyond cancer and end of life care 	<p>Identify, analyse and address any obstacles for Cancer patients in accessing and utilising full range of primary and secondary care services, across different practices and Networks.</p> <p>GP referrals into secondary care</p> <p>High referral rates for cancer in the Purley network which also has a high prevalence along with Thornton Heath. Challenges exist for both East Croydon, Mayday and Thornton Heath around levels of cancer screening; for the latter breast and bowel screening in particular</p>	<p>The strategy development group will engage a range of patient and community (WHEN) representatives to ensure that the strategy and the actions planned are SMART and wholly relate to improving the patient experience</p>

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What will look different by March 2016	What will look different in 5 to 10 years
Patients will be more empowered to make better choices about their healthcare and treatment and receive information earlier on in their treatment journey; thus improving rates of survivorship. Variations in care will be reduced and continuously tackled to ensure that there is equity at every stage of the patient journey regardless of age, ethnicity, gender, ability, class, sexuality.	Variations in care will be hugely reduced and robust systems in place to address where they occur. Survivorship rates for breast, lung, colorectal and prostate cancers will have improved through coordinated care, earlier detection and improved screening. Prevention messages supporting and encouraging lifestyle changes will have been introduced to children in early years. Cancer will be seen as a long term condition

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Outcomes (include % contribution to organisational outcomes and specific workstream outcomes)
Constitution Measure - E.B.6-7 - Maximum two week wait for first outpatient appointment for patientes referred urgently with suspected cancer
Constitution Measure - E.B.8-11 - Maximum 31-day wait from diagnosis to treatment
Constitution Measure - E.B.12-14 - Maximum 62-day wait from referral to first definitive treatment
Raising public awareness with NHSE 'Get to know cancer' campaign
Cancer pop-up shops and the recruitment of cancer activists_ -volunteers trained to talk about cancer within their local communities.
Work with GP's to developing three best practice, early detection care pathways for ovarian, lung and colorectal cancers to help make further improvements to patient outcomes and experience.
Reducing Variation in Secondary Care

Workstreams for 2015/16

Delivery Area	Implementation Plans	Date	Measure of Success
Prevention, Self care, Shared Decisi	Improved screening uptake (How)		
	Work PSSD Group to ensure that this area of work is embedded in practice across the pathway	30th March 2015	Improvement in this area is reported in the Patient Experience Survey. Case studies implemented to review progress reports improvement in this area
Urgent and Emergecnycy Care Primary care	Implementation plan (?)		Numbers of cases of cancer identified through emergency admission is
	Continual Learning/education in Primary Care	2015/16	
	Increase in NHS Cancer Screening Uptake	2015/16	
Community care	Work with primary care to identify blockages and gaps in the system that adversely impact early detection and GP, public and system delays		Increased numbers of cancer identified at earlier stages; improved survivorship for cancer patients who had an earlier diagnosis
	Review of referrals to community care including information available for signposting to eg social care, citizens advice, mental health services to ensure fit for purpose		Increased (appropriate)referrals to services ; patient surveys confirm that are more informed of services available and how to access
Acute care	Implementation of Pan London Cancer Commissioning Intentions	2015/16	Intentions fully implemented
Specialist care	Review of coordinate my care to identify best practice and gaps in delivery. Review		
Other	Establish Strategy Delivery Group	Apr-15	Strategy group has practically delivered actions identified within
	Cancer Patient experience in acute setting, managed thourgh the CQR	2015/16	Improvement in survey results