Cancer Delivery Plan

2016 – 17

October 2016

Abertawe Bro Morgannwg University Health Board

1. Background and context

"Together for Health – a Cancer Delivery Plan" was published in 2012 and provides a framework for action by health boards and NHS trusts working together with their partners to improve cancer services. It sets out the Welsh Government's expectations of the NHS in Wales to tackle cancer in people of all ages, wherever they live in Wales and whatever their circumstances. The Plan is designed to enable the NHS to deliver on their responsibility to meet the needs of people at risk of cancer or affected by cancer. It sets out:

- The population outcomes we expect.
- The outcomes from NHS treatment we expect.
- How success will be measured and the level of performance we expect.
- Themes for action by the NHS, together with its partners.

What do we want to achieve?

The Cancer Delivery Plan sets out action to improve outcomes in the following key areas between now and 2017:

- Preventing cancer
- Detecting cancer quickly
- Delivering fast, effective treatment and care
- Meeting people's needs
- Caring at the end of life
- Improving Information
- Targeting research

2. Abertawe Bro Morgannwg University Health Board's Delivery Plan

This is the 5th annual ABMU Cancer Delivery Plan

In 2015 Abertawe Bro Morgannwg University Health Board (ABMU) set up a Cancer Commissioning Board (CCB). The CCB takes a strategic overview of the entirety of the cancer pathway in ABMU, looking at the best way to prudently commission services for our population- based on need, with an emphasis on prevention, early detection, and the interface between primary and secondary care. CCB activities are highly congruent with the CDP and with the 2015/16 National Priorities. The CCB constructively monitor progress against both of these.

Over 2015/16 it was planned that the CCB will develop a systematic, data-driven process for the selection of suitable topics from across the whole pathway of cancer care. This will significantly inform the ABMU HB cancer delivery plan from 2016/17 onwards.

ABMU produced its first delivery plan in December 2012. In last year's delivery plan, in addition to the national priorities, we set the following priorities for 2015/16, to reflect the needs of the local population:

Preventing cancer

- To integrate Public Health and Primary Care into the ABMU cancer services commissioning process
- To understand better at a local level the factors that affect healthy behaviour, in order to tailor schemes the needs of individual communities
- To integrate processes with the ABMU C4B Long Term Conditions work stream.

Detecting cancer quickly

- To understand in more detail the factors causing late or unplanned presentation of cancer, starting with lung cancer
- To improve the uptake of cancer screening services
- To coordinate with mobile breast screening in order to plan for changes in patient flow
- Improved communication at the interface between primary care and hospital diagnostic clinics
- To reduce delays in diagnostic biopsy

Delivering fast, effective treatment and care

- Implementation of the Single Cancer Pathway for referral of suspected cancers
- The establishment of a Cancer Operational Delivery Board.
- Cancer MDT-led development of specific cancer pathways
- Review of individual MDT functionality and requirements for time and staffing.
- Annual audit and outcome programme for each MDT.
- Development of the surgical pathway for Metastatic Spinal Cord Compression in conjunction with the South Wales Cancer Network
- To develop internal standards for radiotherapy waiting times

Meeting people's needs

- Strategic development of the ABMU cancer Clinical Nurse Specialist (CNS) establishment
- MDT-led patient experience surveys

Caring at the end of life

- Advance care planning, training and implementation
- Improve public awareness of death and dying.
- Improve communication skills support and training.
- Improve information provision.

Targeting research

- To expand our research portfolio by opening more high-quality multicentre trials, especially in radiotherapy and surgery.
- Development of infrastructure and human resources to facilitate an expanding research base.

Improving information

- To improve our ability to routinely access patient-specific information about cancer presentation, access to treatment, and outcomes, including survival data
- Further development and utilisation of the national Radiotherapy Dataset (RTDS)
- Further development and utilisation of the national Systemic Anticancer Therapy (SACT) dataset

Considerable progress has been made against the 2015/16 priorities as highlighted below:

ABMU Cancer Commissioning Board

- The ABMU Cancer Commissioning Board (CCB) was convened in February 2015.
- The CCB is Co-chaired by a GP and a hospital consultant, and also includes the ABMU Director of Strategy, ABMU Cancer Lead, the ABMU GP lead, Public Health, and representatives of the third sector.

Over 2015/16 the CCB has made progress in developing a systematic, data- driven process for the selection of suitable topics from across the whole pathway of cancer care.

Following a stakeholder engagement, the CCB set 4 initial priorities;

- Early detection of lung cancer
- Early detection of colorectal cancer
- Better interface between primary and secondary care
- To redesign the service model for oesophageal and gastric cancer to meet population need.

These are long-term projects, which emphasise Public Health and Primary Care. Given the complexity of the issues, detailed data is necessary: at present this is not always available. Solutions will likely need to be tailored for different problems and communities.

Detecting cancer quickly

- A better interface between primary and secondary care is required. This is often inefficient, and is recognized as a major cause of delays. Following a visit to Denmark to review their model of care at the GP/hospital interface for suspected cancers, early planning is underway to pilot a Danish-style GP access diagnostic model at Neath Port Talbot Hospital (NPTH.)This has startedin 2016 with a pilot of an improved radiology diagnostic pathway for suspected lung cancers, initially with referrals from the NPTH GP clusters. If this is successful, a wider implementation will follow, possibly leading to the development of a comprehensive Yes-No clinic. .
- In ABMU approximately 30% of new lung cancer cases present at A&E, and 50% of new lung cancer cases are stage IV at presentation. This roughly mirrors the UK experience. Our lung cancer resection rates are lower than they should be. ABMU is undertaking an external review of lung cancer surgery.
- A new lung cancer oncologist was appointed in Spring 2016.
- The CCB is tasked with establishing a collaborative work programme, involving primary and secondary care, to detect lung cancer early and improve outcomes for patients. The Lung Cancer Services will work collaboratively with the Commissioning Board to progress improvements in these areas. Increasing public awareness will be key. A Stakeholder Workshop was organised and took place on 13th May. The outcome from this was an agreement for a lung cancer diagnostic pathway from Primary care to MDT. The pathway was launched across ABMU in July in readiness for the National Lung Cancer awareness campaign.
- The pathway dramatically reduces the time to CT & MDT referral compared to previous examples in GP SEA reports and improves equity across the HB.
- Audits of performance are to be received by the CCB shortly and this is being led by the Commissioning Intelligence function (CICOE).
- Improving the interface between primary and secondary care – taking on feedback from the SEA reports in primary care and the lung cancer Stakeholder Workshop on 13th May, the Executive Team in ABMU signed off a proposal to pilot a rapid diagnosis centre at Neath Post Talbot Hospital. This is currently in the early planning and design phase and an expression of interest has been submitted to the Cancer Pathway Innovation Fund.
- Macmillan F4C – Dr Heather Wilkes was appointed Macmillan Lead GP and commenced in July 2016. Agreed 4 main work streams will be the focus:
    1. Trialling the CCB vision of improving Primary and Secondary care. Communication and trialling the concept of a Rapid Diagnosis Centre – to provide rapid access to GP's to investigations and assessment for patients with vague but potentially serious cancer symptoms, proving the concept with a view to roll out across ABMU/SW Wales
    2. Working with Cancer MDT's to look at ways to improve communication with Primary Care
    3. Working with MDT's to develop ways in which Primary Care input into the Peer Review process can be routinely established
    4. Investigating the Primary & Community aspects into the AOS in ABMU.

- The uptake of bowel screening is low, particularly in men from more deprived Lower Super Output Areas (LSOAs). A pilot has taken place to improve bowel screening coverage. The CCB gained engagement & participation from all 32 GP practices in 4 ABMU clusters with historically low bowel screening take up – the evaluation is due to be completed by PHW and CCB in late 2016.

- Breast screening uptake was slightly higher in 2014-15 than 2013-14. Breast and bowel screening uptake in ABMU were higher than the all Wales average, although bowel screening uptake participation rates dropped from 53.7% in 2013-14 to 51% in 2014-15.

- The appointment of an ABMU Breast Surgeon to the role of Breast Test Wales Quality Assurance Surgical Lead has enhanced communication and there is a good working relationship between the two organisations.

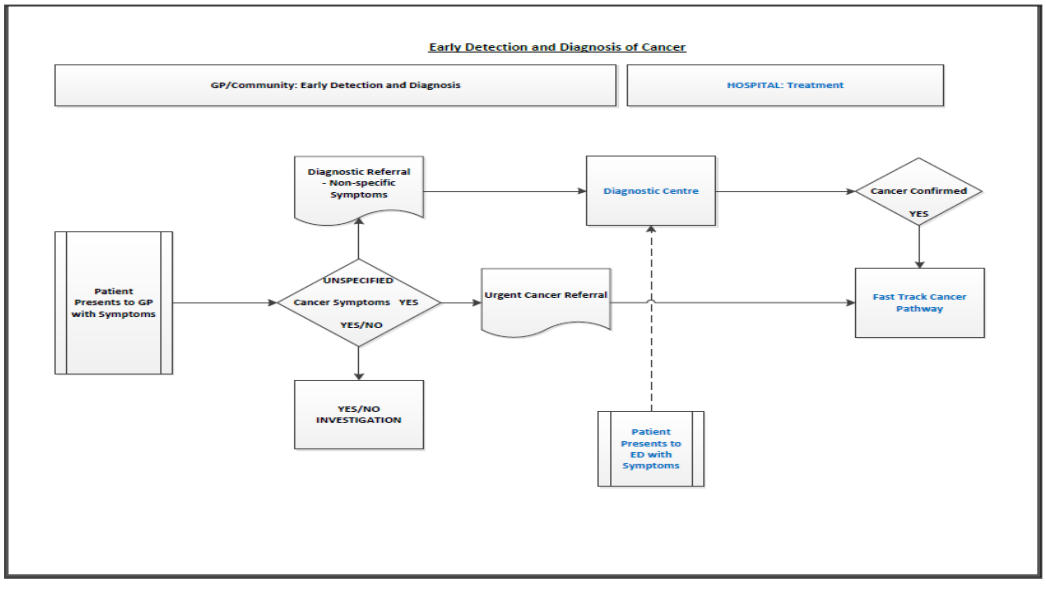
- Breast Test Wales is working closely with Radiology in ABMU to see how they can support further appointments in breast radiology that would benefit both the screening and the symptomatic service.

- Cervical screening coverage has fallen slightly from 77.9% - 77.3%, and is lower in ABMU than the all Wales average of 78.0% and the target of 80%. Cervical Screening Wales is currently working with ABMU to improve turnaround times for results back into standard

Progress with delays in diagnostic testing

The Danish Model

The following process map is an initial attempt to describe the ideal process for early detection and diagnosis of cancer. The diagram is informed by the pathway information from the Danish Model, the Liverpool BTS work and the Roy Castle organisation.



- 50% of patients with cancer will not have specific symptoms, they will present with vague or common symptoms. GP suspicion that cancer is a possible diagnosis has a high prognostic index.
    - 1/3 of population will experience abdominal bloating in any 4 week period.
    - Only 1/3 of patients will visit their GP if they experience rectal bleeding.
- Current practice means that patients are then investigated in a slow stepwise manner or may be placed on incorrect USC pathways. The diagnostic hub will speedily assess all patients with the same "package" of investigations within 1 week. It has be shown that this is an effective and efficient use of resources – these patients are receiving investigations currently – but often too late for their diagnosis to be treated in a manner that will improve survival. The highest pick-up cancers in these centres have been shown to be lung, haematology, colon, prostate, pancreas. These patients can then be rapidly seen in the appropriate MDT
- If, despite the initial package of investigations, the diagnosis is unclear, a general physician will further assess and investigate.
- In our current climate of difficulty recruiting and retaining newly qualified GP's and physicians, a centre of excellence such as this will be a highlight.
- Local general practice in Port Talbot – an area of high deprivation and poor employment, is at risk of deteriorating
- Training schemes that have such an innovative centre on the doorstep, post qualification schemes that include sessions in local "at risk" practices, sessions in a new forward thinking innovative diagnostic unit, that could be coupled with experience in intermediate care/act team already placed in NPTH would be highly desirable for new GP's & physicians. In other words, this scheme will help make General Practice in Neath Port Talbot more sustainable.
- This scheme may also help to drive IT improvements across secondary care.

Delivering fast, effective treatment and care

In delivering our services for patients with cancer, there are a number of service improvements that we have implemented locally that have had a real impact on patient care. Examples of this include:

- ABMU treated its 1000th Intensity Modulated Radiotherapy (IMRT) patient in April 2016 and now consistently ranks in the top UK quartile for % radical patients treated with IMRT(we were #3 in UK in January 2016.)
- Shortening the time from surgery to adjuvant radiotherapy for patients with Head & Neck cancer. This work was presented and well received as oral presentation at the NCIN Cancer Outcomes Conference in Belfast in Summer 2015. The radiotherapy department at the SWWCC is now piloting a 'Fast Track H&N pathway' and already utilising developments such as remote radiotherapy planning and paperlite pathways in all other cancer subsites. Remote radiotherapy plan approval is being piloted in Upper GI. These developments mean that the pathway is not as dependent on the geographic location of oncology consultants as has previously been the case.
- Appointment of a Speech and Language Therapist and a Dietician within Head & Neck services allows for better multidisciplinary working.

- The Acute Oncology Service is in the process of being rolled out at Singleton and Morriston hospitals and in Hywel Dda following a successful six-month trial last year.
- Ward based thoracic ultrasound introduced.
- Radio frequency ablation (RFA) service introduced in Swansea and funded following a successful bid to the Cancer Implementation Group.
- A pleural service was commenced in October 2015, based in Singleton Hospital. This service is led by a Respiratory Physician and is delivered in a dedicated day unit area.
- A medical thoracoscopy service commenced in April 2016 benefiting respiratory patients in Swansea and Neath Port Talbot.
- See-and-treat dermatology clinics provide rapid referral-to-treatment times for a majority of patients.
- Routine use of GP e-photo referrals by the dermatology department to triage pigmented lesions, has reduced clinic appointments and added speed and flexibility to the urgent new case appointments.
- The routine use of Oncotype Dx breast cancer genomic profiling reducing numbers of patients having chemotherapy
- Appointment of a Urology Consultant Nurse Specialist for the prostate service to aid in reduction in waiting times for first appointment, diagnosis and treatment where appropriate
- Introduction of electronic booking forms for Chemotherapy. This has now been rolled out to Hywel Dda also as part of collaborative working.
- Establishment of a South West Wales Anti-Cancer therapy Safety Group – ABMUHB led, working to shared protocols. This has allowed patients previously treated at the South West Wales Cancer Centre to be treated closer to home in Hywel Dda
- Increase in CDU capacity and improved patient experience due to a Service Improvement Project increasing capacity in CDU by 7 patients per day, with the proportion of chemotherapy actually available when patients arrive increased and sustained each day by 50%.
- Post-menopausal bleeding / Hysteroscopy service – Nurse Practitioner lead– improving initial component of the gynaecology pathway
- Development of a surgical Lymphatic venous anastomosis service for lymphoedema patients.

3. **The vision**:

For our population we wa**n**t:

- To improve the health of our community and to deliver effective and efficient healthcare where our patients and users feel cared for, safe and confident.
- The people of South West Wales served by Abertawe Bro Morgannwg University Health Board to have cancer-related health outcomes on par with equivalent populations in the UK and Europe and to receive the best evidence-based treatments at all levels delivered in a timely and appropriate manner.
- To prudently commission services based on need.
- To improve the emphasis on prevention, early detection, and the interface between primary and secondary care.

- To create new models of care and service configurations with partners which shift care to the left side of the pathway, aiming to reduce and prevent future demand rather than simply managing existing demand
- To engage citizens as well as clinicians in decisions to change or remove elements of service or pathways in the system.
- To provide care that is safe and compassionate, meeting agreed national standards, providing excellent outcomes and an experience that is as good as it can be.

4. **The drivers**:

There are clear reasons why cancer remains a top priority for the Abertawe Bro Morgannwg University Health Board (ABMU HB).

It is estimated that around 1 in 3 people in Wales will be diagnosed with cancer before age 75. Around 4 in 10 will be diagnosed with cancer during their lifetime. The incidence rate is increasing. For the period 1995-2009, there was an average of around 16,100 new cases of cancer per year (cancer incidence increased by around 0.6% per year) and around 8,400 people died from cancer each year (an average decrease in death rates of 1% each year).

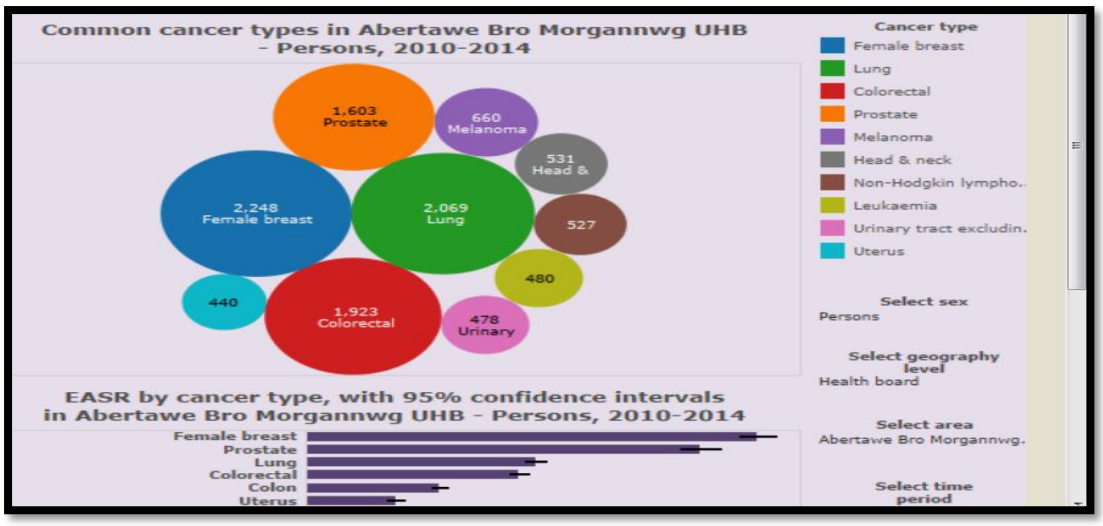
The South East Wales Transforming Cancer Services (TCS) programme is strategically planning the future of their non-surgical oncology services based on the following projections:

- 2% annual increase in cancer incidence
- 5% annual increase in systemic anti-cancer therapy (SACT, aka chemotherapy) demand
- 2% annual increase in radiotherapy demand, with an access rate of 40% of cancer patients
- 10-20% annual increase in demand for anti-cancer immunotherapy drugs

TCS is only considering non-surgical services. The ABMU cancer delivery plan has to consider all aspects of the pathway, and these projections have profound implications for diagnostic and surgical services, amongst others. There is no reason to assume that the projections for ABMU and South West Wales will be significantly less than those for South East Wales.

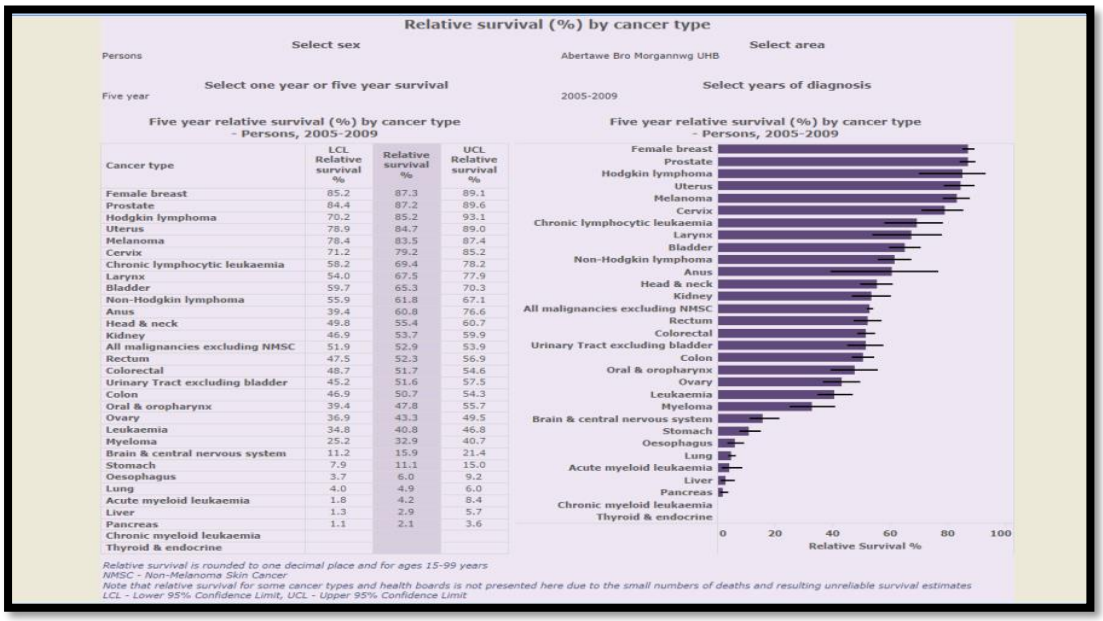
More people surviving cancer

Cancer survival is improving in Wales. Over 70% of people diagnosed with cancer survive for at least one year and over 50% survive for at least 5 years.
In ABMU HB nearly 34,000 people will be living with cancer by 2030.
Survival varies considerably by cancer site. One year survival for ABMU HB is similar to the Welsh average but 5-year survival is statistically significantly lower than the Welsh average.



ABMU has the highest health board one year survival for female breast cancer and melanoma, but the lowest for prostate cancer (although the difference is small.) One year survival for ovarian cancer is higher than Wales as a whole, but oesophageal cancer is lower

Five year survival is lower than Wales for oesophageal, bowel (colorectal), head & neck and lung cancer, but considerably higher for ovarian cancer



Cancer type	LCL Relative survival %	Relative survival %	UCL Relative survival %
Female breast	85.2	87.3	89.1
Prostate	84.4	87.2	89.6
Hodgkin lymphoma	70.2	85.2	93.1
Uterus	78.9	84.7	89.0
Melanoma	78.4	83.5	87.4
Cervix	71.2	79.2	85.2
Chronic lymphocytic leukaemia	58.2	69.4	78.2
Larynx	54.0	67.5	77.9
Bladder	59.7	65.3	70.3
Non-Hodgkin lymphoma	55.9	61.8	67.1
Anus	39.4	60.8	76.6
Head & neck	49.8	55.4	60.7
Kidney	46.9	53.7	59.9
All malignancies excluding NMSC	51.9	52.9	53.9
Rectum	47.5	52.3	56.9
Colorectal	48.7	51.7	54.6
Urinary Tract excluding bladder	45.2	51.6	57.5
Colon	46.9	50.7	54.3
Oral & oropharynx	39.4	47.8	55.7
Ovary	36.9	43.3	49.5
Leukaemia	34.8	40.8	46.8
Myeloma	25.2	32.9	40.7
Brain & central nervous system	11.2	15.9	21.4
Stomach	7.9	11.1	15.0
Oesophagus	3.7	6.0	9.2
Lung	4.0	4.9	6.0
Acute myeloid leukaemia	1.8	4.2	8.4
Liver	1.3	2.9	5.7
Pancreas	1.1	2.1	3.6
Chronic myeloid leukaemia			
Thyroid & endocrine			

An Increasing number of people diagnosed with cancer

There were 19,118 people in Wales diagnosed with cancer in 2014; over 14% increase since 2005.

In 2014, ABMU HB are reported to have had 3,004 new cases of cancer, over 10% increase since 2005

Between 2005 and 2014, ABMU HB has seen a 20% increase in female breast cancer; 17% increase in colorectal cancer; 8% increase in lung cancer and 2% increase in prostate cancer incidence.
ABMU area contains some of the most and least deprived areas in Wales. Overall 25% of Lower Super Output Areas (LSOAs) in ABMU fall within the most deprived quintile of LSOAs in Wales. There are clear correlations between deprivation and modifiable risk factors, route of presentation, cancer incidence, stage at presentation, and survival.

Less people are dying from cancer
The mortality rate for those aged under 75 has reduced by 14% over the last 10 years in Wales
There has been a 1% decrease in cancer mortality between 2004 and 2014 in ABMU.
Between 2013 and 2014, there has been an increase of 13% mortality in men (highest deaths recorded in the 70 -74 age group) and a 2% decrease in the mortality of women (highest death rate recorded in the 80 - 84 age group)
In 2014, lung cancer accounted for more deaths (343) in ABMU, than colorectal (159) and prostate cancer (109). There were 93 deaths from Breast cancer.

Preventing cancer
Smoking rates continue to fall (currently at 20%), as does the rate of adults reporting binge drinking (currently at 24%) and 31% of adults report being physically active on five or more days. This demonstrates that as a nation we are putting in place some key actions to prevent cancer.
Smoking continues to be a major driver of ill health and health inequalities across the ABMU area. The trend is down (40% in 1978) but it is faltering. Based on our present trajectory ABMU is unlikely to meet the Welsh Government target for smoking prevalence of 16% by 2020. National and Local data also show that smoking is more prevalent in our most deprived areas, amongst the unemployed, offender populations and populations in psychiatric facilities.
The *Start Here* stop smoking service is now available at more than 70 pharmacies across Swansea, Bridgend and Neath Port Talbot. The service offers smokers support to quit, using a combination of one-to-one support and nicotine replacement products for up to 12 weeks.
ABMU HB has worked in collaboration with the British Lung Foundation to hold a lung screening event. The aim of the event was to help find the thousands of local residents estimated to be living with undiagnosed Chronic Obstructive Pulmonary Disease (COPD), so that they can get the support and help they need. The event was held at the Aberafan Shopping Centre in March 2016. The event offered the opportunity for those who have had a persistent cough for three weeks or more, or who often feel breathless or wheezy, to speak to specialist BLF nurses for free advice, information and lung function tests. Stop Smoking Wales was also at the event to provide advice and support.

Saving lives through cancer screening and immunisation
The successful roll out of the HPV vaccination programme will protect many young women from cervical cancer. Over 83% of Welsh girls aged over 15 years have received all three doses of the human papillomavirus vaccine. This is also helping to reduce the rate of cervical abnormalities detected through cervical screening and is expected to ultimately lead to a reduction in cervical cancer.
More than 700,000 people were invited to participate in breast, bowel or cervical cancer screening.
For the population of ABMU HB, breast screening uptake was slightly higher in 2014-15 than 2013-14. Breast and bowel screening uptake were higher than the all Wales average,

although bowel screening uptake participation rates dropped from 53.7% in 2013-14 to 51% in 2014-15.
Cervical screening coverage within ABMU HB has fallen slightly from 77.9% & 77.3%, and is lower in ABMU than the all Wales average of 78.0% and the target of 80%.

Diagnosing cancer as early as possible
Working with MacMillan Cancer Support, the NHS in Wales has invested time and resources to support GPs with early diagnosis. There were over 72,000 suspected cancer referrals last year. The framework for cancer in primary care has seen the establishment of an infrastructure to oversee an exciting and innovative programme to support earlier diagnosis and patients living with the impact of cancer in the 2

Community Health boards throughout Wales are currently appointing people to posts who will deliver this programme.

ABMU strives to meet the cancer SaFF targets, but recognises that these are an imperfect surrogate measure of the quality and safety of the entirety of the cancer pathway, for which ABMU has a comprehensive responsibility. A large amount of work is ongoing to understand the overall cancer patient pathway for our patients, in general and for individual cancer subsites, with the institution of appropriate data collection, measures and processes.
A basic principle is that patients should get their diagnosis of cancer and start treatment as soon as possible. Cancer treated at an early stage has better outcomes in general. Collection of long term outcome data is poor. There has been no specific audit of outcomes comparing patients treated within and without SaFF target dates. It is clear however that patients have a difficult experience waiting for possible diagnosis and treatment of cancer, and that this in itself is a worthy incentive for reducing waits.

ABMU cancer site-specific Multidisciplinary Teams (MDTs) are responsible for the appropriate and timely management of patients, including work-up, diagnosis, first definitive treatment, and any adjuvant or follow on treatments. MDTs have a central role in service improvement, given their site-specific cancer expertise. From March 2016 ABMU has provided each cancer MDT lead a monthly list of SaFF breaches for their comments and actions.

Over the last 18 months new in ABMU to direct improvements in cancer performance:

1. Cancer Services Delivery Board (CSDB) chaired by the ABMU Chief Operating Officer. The CSDB reviews performance against SaFF, analyzing and identifying themes, and directing improvements, both operational and strategic.
2. The weekly meetings led by Executive Directors and involving each Delivery Unit and other key personnel to manage the delivery of this and other key Tier 1 targets continue to be held.
3. The Corporate Cancer team continue to refine, develop and support each Delivery Unit with Information to support their delivery of targets. Service Directors of Delivery Units now also receive their performance reports on a weekly basis.
4. Weekly Service Delivery Unit Cancer Tracking Meetings, which are usually chaired by a Service Delivery Unit Director

Improvements in cancer staging Staging gives us an indication as to how well our services are performing with regard to early diagnosis. Three years ago less than 42% of all cancers had their stage recorded. This year almost 75% of all cancers are now having their stage recorded on CANISC.

Investments in acute oncology

Too many patients are diagnosed through an emergency route. Our investment in an Acute Oncology Service (AOS) will support early assessment by a specialist oncologist to ensure that the patient is promptly started on the appropriate cancer pathway.

The Acute Oncology Service is in the process of being rolled out at Singleton and Morriston hospitals and in Hywel Dda following a successful six-month trial in 2015. Its aim is to streamline the care of cancer patients when they come to hospital. Patients will not all be admitted to an oncology ward, so this service sets out to support them no matter where they are being cared for, to make sure they receive the relevant specialist input and treatment.

For some, the AOS may help fast track a return home. For others it may mean that hospital admission can be avoided in the first place.

After funding from ABMU and Macmillan Cancer Support, the AOS now comprises a doctor and two clinical nurse specialists looking after patients at the Swansea hospitals as well as four clinical nurse specialists working in Hywel Dda. They will be supported by radiology, pathology and palliative care services.

Besides a 24-hour triage hotline since April 1st 2016 there are daily multidisciplinary team conferences – with staff taking part via video link from different sites.

Investment in clinical research

We have invested £4.5 million over the next three years in the Wales Cancer Research Centre. The centre will undertake and support cancer research of the highest quality, building on Wales' international research reputation, with a clear focus on collaboration, innovation and improved patient outcomes. This year there has been a 3.8% increase in participation in clinical trials to 18.2%, considerably ahead of the 15% target.

Clinical research is important in improving patient care. It develops the expertise of ABMU staff, informs gold-standard service development, and offers more options to patients.

ABMU continues to expand its portfolio of high quality clinical research, particularly in the areas of biological and immunological therapies, and in precision radiotherapy. This has been an historic strength of the South West Wales Cancer. Importantly, ABMU is now joining surgical trials, which involve the participation of the wider multidisciplinary team.

Surgical trials remain a priority and collaboration with one of the colorectal surgical teams has led to successful recruitment into a randomised controlled trial looking at closure techniques to reduce the incidence of incisional hernias.

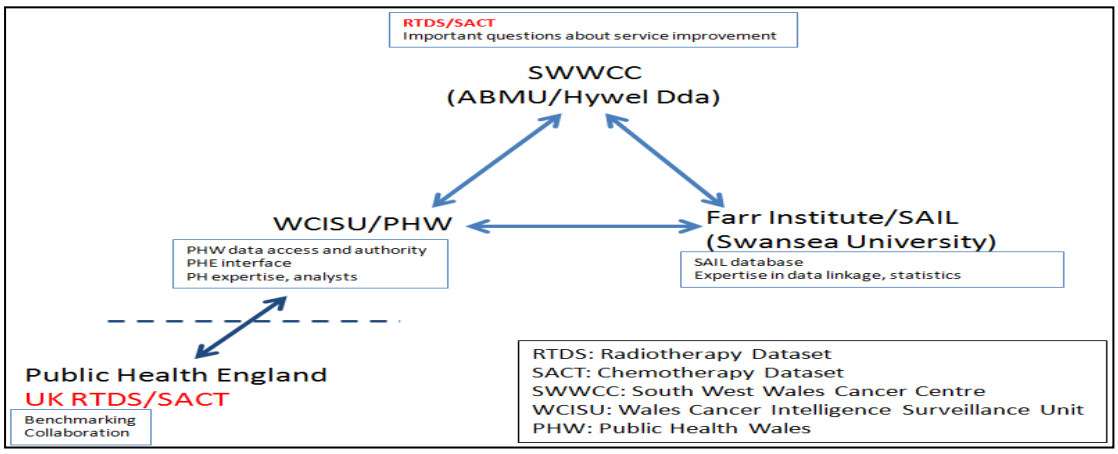
With investment for research equipment from R&D we have had another successful surgical collaboration this time with one of the Urology surgeons. This has enabled us to recruit into a trial requiring specialist equipment for diagnosing intermediate and high risk non muscle invasive bladder cancer

Successful trials that we have recruited patients into and have resulted in changes to practice and treatments are highlighted below :-

- Kidney cancer research is a strength of our clinical trials unit and one of the trials we have been involved in this year has shown positive results in patients with advanced or metastatic renal cell cancer. The trial has demonstrated that the new immunotherapeutic agent, nivolumab, increased median survival of patients from 19.6 months for standard second line everolimus to 25.0 months. Nivolumab will become the standard second line treatment for renal cancer as result of this trial. The results of this trial have been accepted for publication in the New England Journal of Medicine.
- The Stampede trial continues to recruit successfully and as of March 2016 we are the 5th highest recruiter in the UK recruiting 181 patients.
- The RECCORD study (audit) looked at data of around 750 patients in the UK with metastatic renal cancer. The study emphasised that lack of access to 2nd line treatment in Wales and Scotland meant patients' survival was significantly less than that of patients in England who have access to 2nd line treatment through the Cancer Drugs Fund.
- The Oncology trials unit was the top recruiter in the UK for the Oscar 1 study.

An exciting new avenue for research is the use of data. South West Wales automatically collects comprehensive datasets on all radiotherapy (RTDS) and chemotherapy (SACT) activity for its catchment across South West Wales. This has tremendous potential for benchmarking our service against England, informing service development, and for pure research. Over the last 12 months we have established a secure interface through Public Health Wales to share our SACT and RTDS with Public Health England. We regard it as critical that we can benchmark our performance against the wider UK.
A secondary benefit is that we are collaborating with both the Wales Cancer Intelligence Surveillance Unit (WCISU) which is part of Public Health Wales, together with the Farr Institute at Swansea University. The Farr Institute hosts the Secure Anonymised Information Linkage (SAIL) dataset, which contains patient data from a very wide range of sources, which can be linked with SACT and RTDS to provide practical new insights into how we serve our population. Hopefully this project can be expanded to include the whole of Wales in the long run.

Diagram of the 3-way collaboration between the South West Wales Cancer Centre, WCISU, and the Farr Institute, and the interface with Public Health England.



Areas to improve
We know there is much more to do to maximise the scope to improve cancer care in Wales, including improving patient outcomes for rarer cancers, preventing cancers developing in the first place, early diagnosis of symptomatic cancers, improved access to treatment and better care for cancer patients and survivors.

Late diagnosis
Despite the improvements noted above, we will continue to tackle late diagnoses. Too many people are diagnosed through emergency routes. This will require us to focus upon the hard to diagnose cancers, in particular lung cancer, where survival rates remain lower than other parts of Europe.
The South Wales Cancer Network lung pathway improvement tool has been discussed locally and plans are in place for key members of the team to meet, review and agree on next steps. This tool is intended to help the team to identify steps in the pathways where delays occur and then set the order to improve the steps in line with the potential benefit to the patients.
The current pathway for early detection of lung cancer is being reviewed with a view to developing and implementing a consistent equitable pathway. This is to be driven by the CCB.
A key area of improvement for the lung cancer team lies in the MDT's ability to increase the percentage of NSCLC patients undergoing curative surgery.

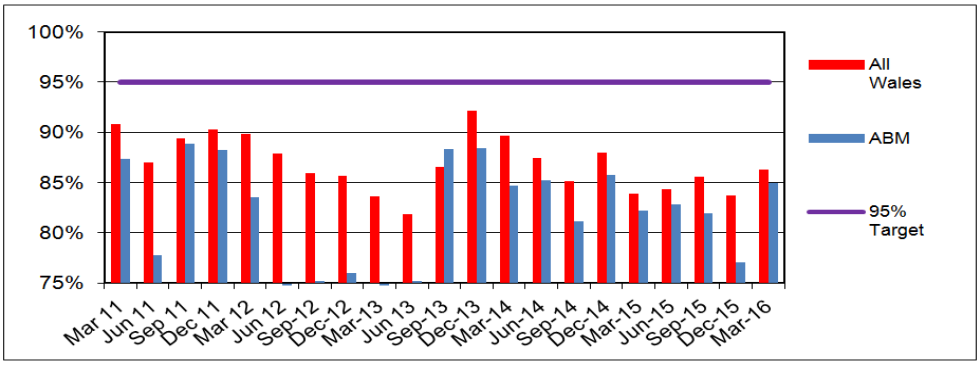
Improve access to diagnostic tests
Through the cancer innovation fund we will work with primary care and other partners to ensure there is sufficient diagnostic capacity to support the earlier diagnosis of cancers.
Princess of Wales Delivery Unit were successful with their funding bid for CT Colonography.

Improving treatment times
Performance against waiting times has been challenging. We have seen a huge increase in referrals, including 56% more urgent GP referrals for suspected cancer than five years ago. However although the targets have not been consistently achieved this year more patients are actually being treated within the target times than previously.
Our aim is to treat patients as efficiently and effectively as possible. In Wales there are two targets for waiting times: USC (62 days) and non-USC (31 days). We aim to meet the waiting times on a consistent basis. Unfortunately, as both the ABMU and the all-Wales figures show, the USC targets are consistently not met.

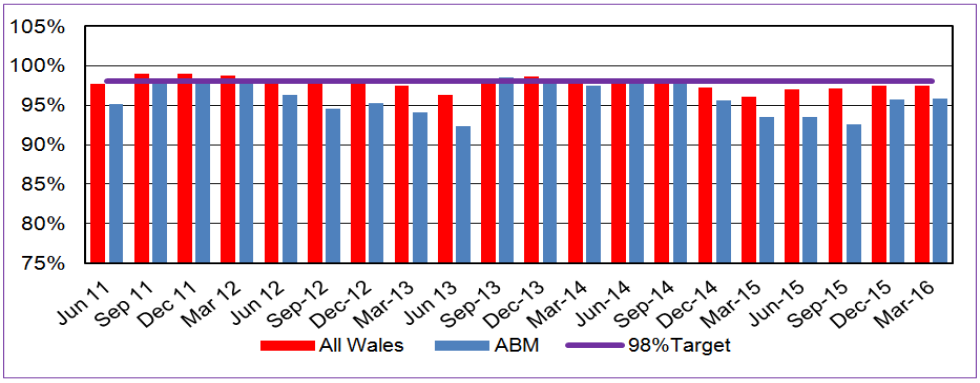
The non-USC target is widely viewed to be a flawed measure. Work is ongoing in Wales to merge the USC and non-USC targets into a single measurement, which should be more consistent and useful than at present. It is likely that the non-USC statistics conceal a number of problems which will become obvious once a single cancer target had been implemented.

USC and Non-USC targets

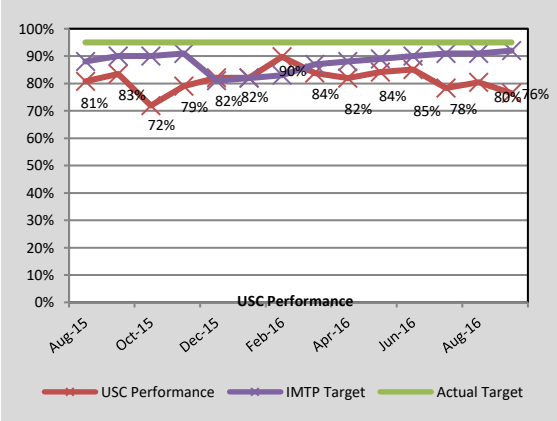
USC referrals: percentage of people starting within 62 days, ABMU and all-Wales

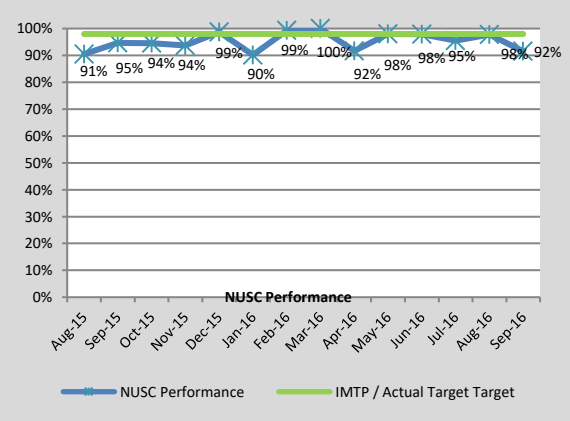


Non-USC referrals: percentage of people starting within 31 days, ABMU and all-Wales



ABMU USC and non-USC performance August 2015-September 2016

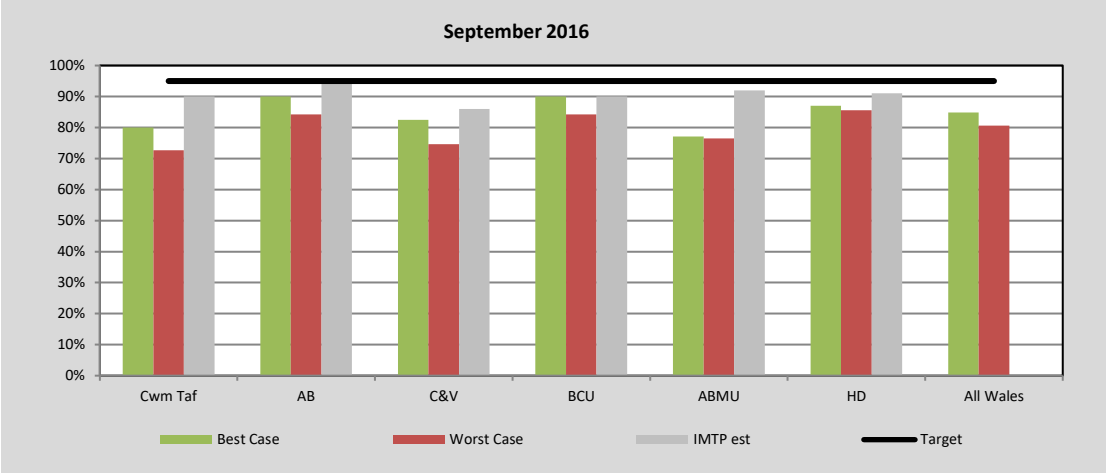




These preliminary figures demonstrate there has been no improvement in performance against the USC pathway with 77% of patients treated in target. It is estimated this figure will be 78% when submitted to WG.

The NUSC pathway demonstrate improvement from July 97% of patients treated in target. It is estimated this figure will be 98% when submitted to WG and within tolerance.

The following graph shows the comparison for September 2016 performance by Health Board – data as at 17/10/2016.



Delivery of the 62 day cancer access targets for USC referrals (95% of all patients) has remained a significant challenge for ABMU. The profile submitted in the Integrated Medium Term Plan for 2015 /2016 highlighted that achievement of the targets would be a challenge for us given the numbers of referrals but also the actual number of more complex cancer treatments we undertake as both a Tertiary centre for many tumour sites for other health boards.

ABMU information and tracking processes are constantly being reinforced and improved, and a focus on learning from our breaches has been developed further in the form of a monthly report. These highlight that we still have further work to do on the two consistent themes which are:

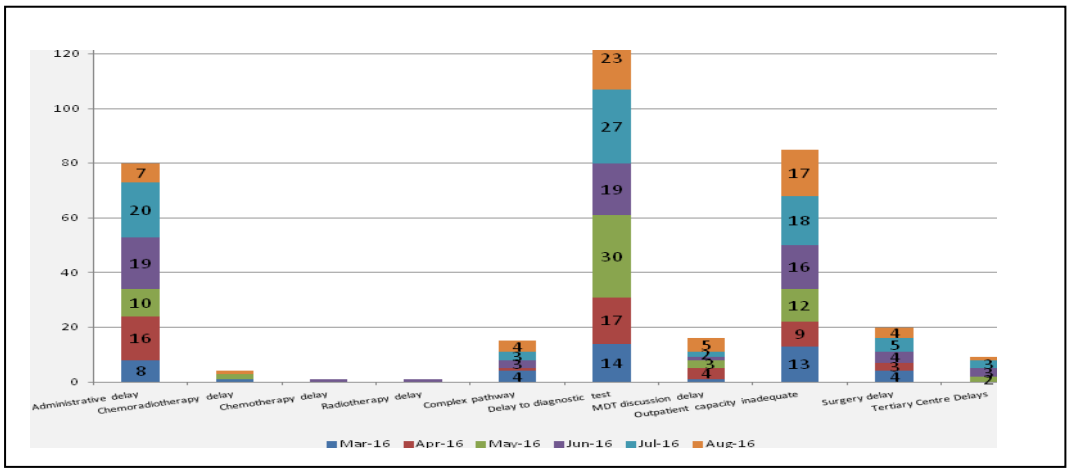
1. access to first appointments within 10 days,
2. access to diagnostics.

In addition, the Executive led Cancer Supporting Delivery Board (CSDB) has been providing a much more focused approach on specific tumour site issues including capacity problems, process, and resource issues. In September 2015 the CSDB developed a 100 day action plan and also a regional plan both of which are focussed on tumour site specific issues and the plans we have in place to tackle them. The 100 day plan is a continually evolving strategic overview that has already delivered a number of key solutions in the previously identified areas of pressure.

The Peer Reviews that have been held in 2015-16 have been very helpful in discussing the challenges and for giving some further clarity on actions that can help both with the pathways in general and with improving the access to high quality treatment for our patients.

Whilst there have been some improvements in the waiting times for both 1st appointments and diagnostics, the issue of capacity still presents the health board with challenges in both recruiting to senior clinical posts and in providing timely diagnostics, oncology, and bed capacity

Summary of USC breach reasons since March 2016



It can be seen that the reasons for USC breaches are variable. In some cases recurrent breaches may be caused by a particularly difficult set of issues.

Capacity is a general problem, with variable but increasing numbers of referrals.

Addressing the issues listed above has been, and will continue to be our focus going forward, to improve processes, reduce delays, provide additional capacity and managerial grip in these areas and ensure the pathway for the patient is the most efficient one giving them the best possible outcome.

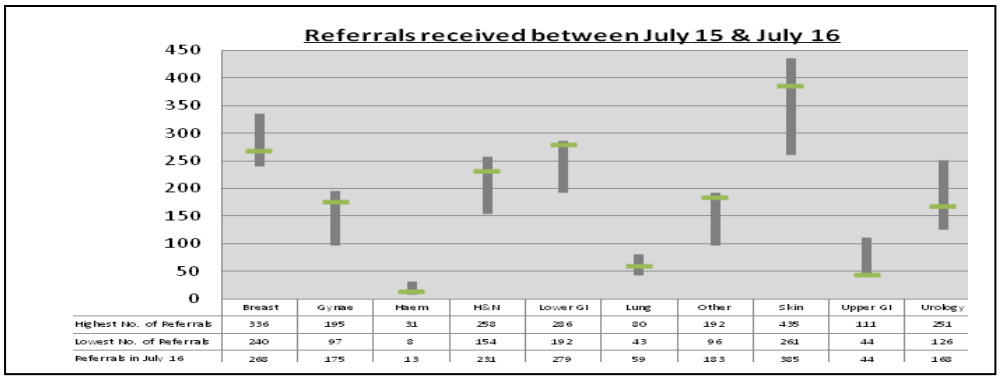
The table below, for a single month, demonstrates the number of weeks patients waited to complete their pathway following breach. A significant proportion of the breaches are within 2 weeks of target. Had small gains been possible, ABMU would have been reporting closer to 84% achievement against the USC target.

Breach within 1 week following target (63 – 69 days)	Breach within 2 weeks following target (70 – 76 days)	Breach within 3 weeks following target (77 – 83 days)	Breach greater than 3 weeks following target (84 days and over)
8	8	4	8

The following table shows the total number of referrals received during the period August 2015-August 2016. Those numbers in red show months where the number of referrals are above the average for the 13 months. Although ABMU has consistently failed to meet USC targets, it has maintained a fairly consistent performance despite a general increase in the numbers of new referrals over the last 12 months.

Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Average in 13 month period
1496	1463	1752	1646	1456	1596	1667	1634	2048	1859	1878	1807	1930	**1710**

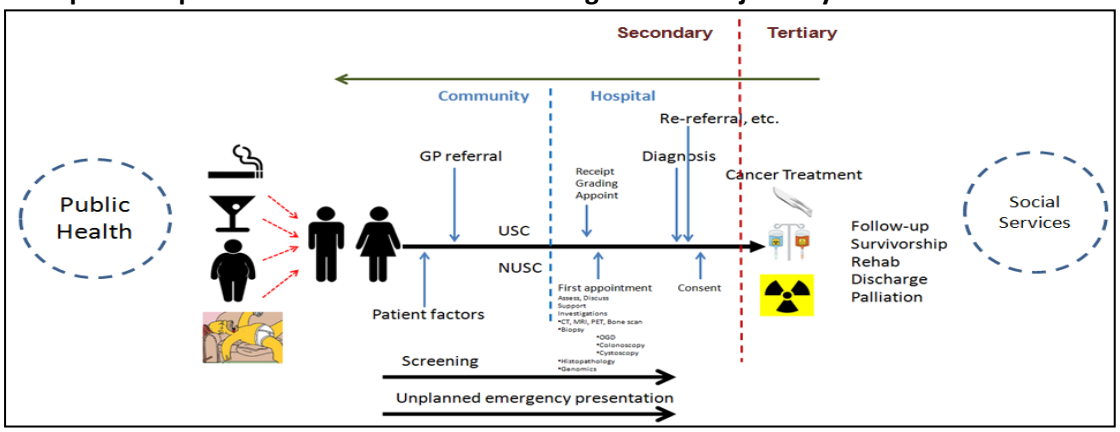
The chart below demonstrates, by cancer sub-site, the range between the lowest and highest number of USC referrals received in any month between August 2015 and August 2016 and where August 2016's referral numbers sit within the range. With many of the pathways running at or beyond capacity, the flexibility to deal with variation in USC referrals is limited.



	Breast	Gynae	Haem	H&N	Lower GI	Lung	Other	Skin	Upper GI	Urology
Highest No. of Referrals	336	195	31	258	286	80	192	435	111	251
Lowest No. of Referrals	240	97	8	154	192	43	96	261	44	126
Referrals in July 16	268	175	13	231	279	59	183	385	44	168

The 31 and 62 day SaFF targets themselves can sometimes distract from other issues. The priority should be to treat patients as soon as possible, both for better outcomes and for peace of mind. It should also be recognised that a patient's cancer journey has a large number of steps, some of which may be just as important as the first treatment. Given that the journey frequently takes place between different health boards, hospitals, departments, and clinicians, it can be difficult to ensure that everything is properly coordinated and reliable: this requires constant monitoring.

A simplified representation of factors influencing the cancer journey



M Rolles, SWCC

Focus on lung cancer

There has been a special focus on improving the outcomes of patients with lung cancer, given their poor survival and experience of cancer service throughout the UK. The recently reported National Lung Cancer Audit has shown that Wales has significantly improved the proportion of cases undergoing curative surgery. However, the lung resection rates in ABMU remain amongst the lowest in Wales and the UK. Moreover, there are differences in resection rates for patients from Hywel Dda compared to ABMU, though both sets receive their surgery at the same unit in Morriston Hospital.

An external review has been commissioned to clearly understand why there are different levels of lung resections across the MDTs and what options there are to bring them in line to a higher level. The aim is to ensure equitable access to care for the population served ABMU HB to improve outcomes.

Tackling lifestyle risks

There is still a lot to be done to ensure we address the wider lifestyle risks for cancer and there is a need to tackle inequalities in access to cancer services and outcomes for patients. Understanding in practical terms how to manage the consequences of inequality for cancer is challenging. However, there are potential opportunities to make a large difference to the health of our population in the long term.

Different communities within the ABMU catchment will have different needs. Detailed understanding of local issues is necessary. One-size-fits-all solutions may be of limited use. The expertise and authority of Public Health and Primary Care has to be fully integrated into ABMU's approach to commissioning cancer services: this is not just about specialists working in hospitals. To reduce health inequalities in our most vulnerable and disadvantaged communities the Staying Healthy Project in ABMU is currently making good progress with its reduce smoking priority.

Patient experience

It is important to ensure everyone has the best possible experience whilst undergoing cancer treatment. Key workers are an essential element of the patient experience. We will make sure that all patients have a key worker and that this is recorded.

In October 2015 Welsh Government and Macmillan Cancer Support invited NHS colleagues to a workshop event to explore learning from the first Wales Cancer Patient Experience Survey and provide an opportunity to influence the next survey, which is planned to be run in 2016.

The PES Project Team have requested the support of the patient experience leads at all Health Boards in recruiting volunteers to take part in cognitive testing interviews for the Welsh Cancer Patient Experience Survey. ABMU HB are fully engaged with the process.

Donations to the Wales cancer bank

ABMU successfully recruits into the Wales Cancer Bank. Over the last 3 years, the percentage of ABMU patients donating tissue samples to the Wales Cancer Bank has increased very slightly, against an overall decrease in Wales. 371 patients were consented in ABMU between 1st April 2014 and 31st March 2015. Cancer Bank staff work throughout the health board in collaboration with the multi disciplinary teams to agree which cancer sites to recruit patients from.

5. ORGANISATIONAL PROFILE

Organisational Overview

We are a University Health Board responsible for improving health and delivering integrated healthcare for over 500,000 people. With a turnover of over £1.2 billion and employing 16,500 staff, the Abertawe Bro Morgannwg University Health Board delivers tertiary, acute, intermediate, mental health, community and primary care services to people in Swansea, Bridgend, Neath Port Talbot and beyond. Our Welsh Centre for Burns and Plastic Surgery is also responsible for patients in the South West of England. As a University Health Board, we work in close partnership with Swansea University and other Welsh universities with a strong research and development and training agenda.

We are highly ambitious for the communities we serve and the people we employ, with exciting plans for the future. We have clear values about how we do business which underpin everything we do – caring for each other; working together and always improving.

In 2015 our management arrangements were redesigned to ensure they underpin the achievement of these ambitions and plans.

6. PERFORMANCE MEASURES/MANAGEMENT

Together for Health – a Cancer Delivery Plan (2012) contained an outline description of the national metrics that LHBs and other organisations will publish:

- Outcome indicators which will demonstrate success in delivering positive changes in outcome for the population of Wales.
- National performance measures which will quantify an organisation's progress with implementing key areas of the delivery plan.

Progress with these outcome indicators form the basis of each health board's annual report on cancer. We have already produced three annual reports that highlight our progress against these measures. Our next annual report will be published in December 2016.

How well are we doing in ABMU Health Board?

We are using three outcome indicators to measure and track how well cancer services are doing over time. These are:

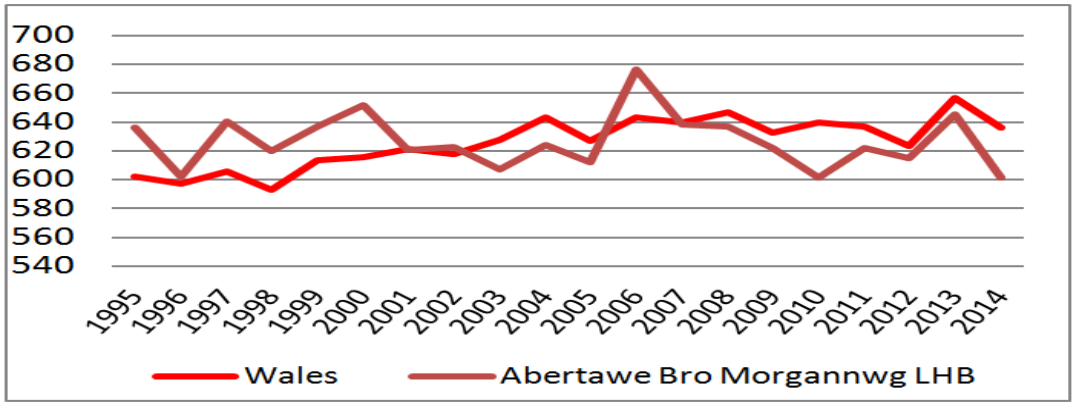
- Cancer incidence rate
- Cancer mortality rate
- One and five year survival rate

Outcome One – Cancer incidence rate

This measures how many new cases of cancer are found each year and tells us how well we are doing at preventing cancer in Wales. If we are achieving our objectives, we would expect to see over time:

- A slower rise in the rate of increase compared with what might be expected to happen in line with past experience.
- A reduced gap between the most and least deprived areas of our region.
- Incidence rates comparable with the best in Europe[1].

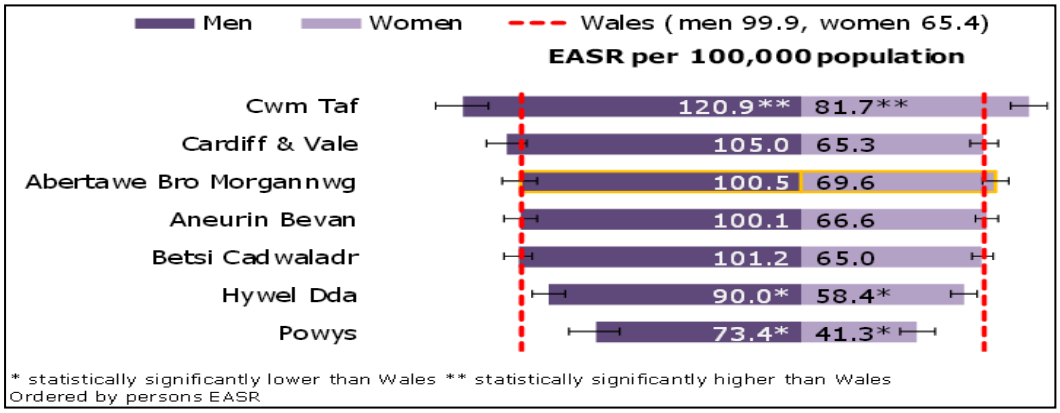
Cancer Incidence Rate (European age standardised rate)



[1] Those countries with cancer registration and mortality covering the whole population

For the last few years, the cancer incidence rate for the ABMU population has been below the all-Wales figure. This is hopeful, but needs to be interpreted with caution: the incidence rate is influenced by how good we are at actually picking up new cancers in the first place. Better screening and more early diagnosis will put up the incidence rate, something which is, perversely, desirable.

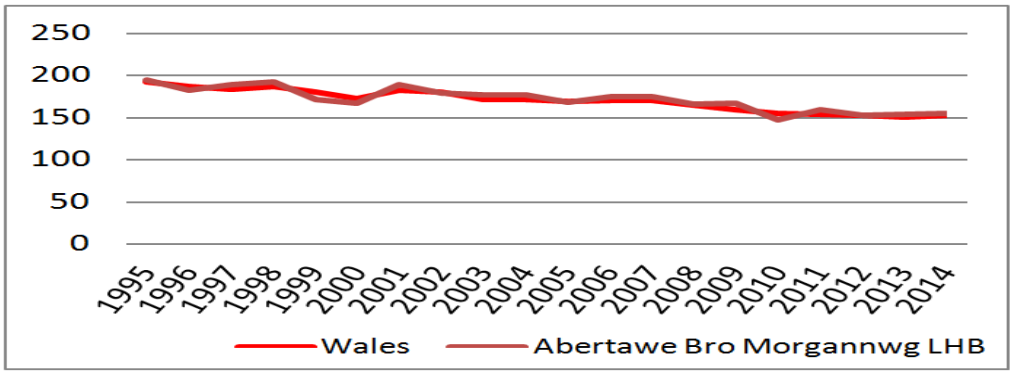
Lung Cancer: The age standardised incidence rate in ABMU is similar to the rate for Wales in men and slightly higher than the Wales rate in women



Outcome Two – Cancer mortality rate

This tells us how many people die from cancer each year[2]. If our strategy is successful, over time we would expect to see:

A continued fall in the rate of deaths from cancer.
A reduced gap between the most and least deprived areas of our region.
Mortality rates comparable with the best in Europe.

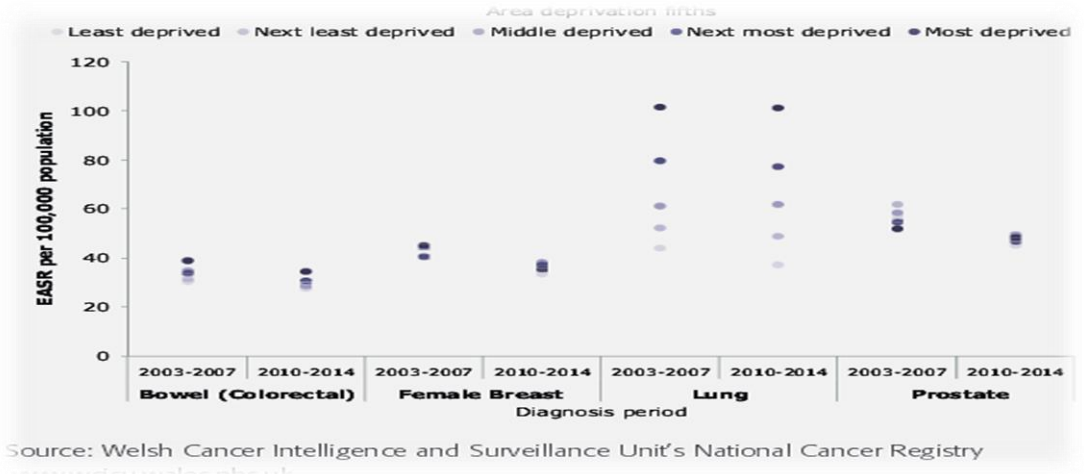


The most recent statistics demonstrate a steady decrease in the Cancer Mortality Rate. ABMU mirrors the Welsh figures. Early diagnosis, better treatments, and for those who are not cured, a longer life with cancer, all contribute to the steady decline in mortality. ABMU likewise mirrors the all-Wales trends for increasing 1 and 5 year cancer survival rates.

[2] Expressed as an age standardised rate to allow comparisons between years and countries

Incidence and mortality for many cancers, as with a number of other significant non-cancer conditions are closely linked to deprivation. These inequalities are most striking for lung cancer.

Changes in area deprivation inequalities in mortality rates from different types of common cancers – all Wales



Source: Welsh Cancer Intelligence and Surveillance Unit's National Cancer Registry

7. Priorities for the coming year

The Together for Health Cancer Delivery Plan sets out action to improve outcomes in key areas between now and 2017. For 2016/17 the following national priorities have been agreed:

- Improved access to diagnostics, through the piloting of new innovative approaches that can be shared across Wales
- The continued development and roll out of primary care oncology
- Develop and improve cancer pathways, including the implementation of a single cancer pathway
- Further developments around patient experience: namely increasing access to key workers and conducting a survey to understand patient experience
- A focus upon improving outcomes for lung cancer patients.

In ABMU health board will support the implementation of the national priorities by:

- Ensuring that the actions outlined in the cancer delivery plan are fully embedded into strategic direction of the HB
- Ensure that the actions outlined in the cancer delivery plan are fully embedded into the operational plans of all localities/directorates within the HB
- Need to ensure that there is a formal framework for embedding cancer delivery plan and MDT objectives into medical and non medical appraisals of all MDT staff across localities/directorates within the HB.

In addition to these national priorities, the 2016-17 ABMU Cancer Action Plan highlights priorities which reflect the needs of the local population.

8. ACTION PLAN 2016 – 2017

	Preventing cancer				
Priority	**Actions required 2016 - 17**	**Actions Required 2017 - 18**	**Lead**	**Due Date**	**Expected Outcomes**
To further integrate Public Health and Primary Care into the ABMU cancer services commissioning process	Public Health and Primary Care membership of the Cancer Commissioning Board	Multi-topic behaviour change interventions, based on the Making Every Contact count approach are systematically implemented in all Health and Healthcare settings which focus on the leading causes of preventable ill health	Cancer Commissioning Board	Ongoing	To understand better at a local level the factors that affect healthy behaviour, in order to tailor schemes the needs of individual communities
	Detecting cancer quickly				
Priority	**Actions required 2016 - 17**	**Actions Required 2017 - 18**	**Lead**	**Due Date**	**Expected Outcomes**
To understand in more detail the factors causing late or unplanned presentation of cancer, starting with lung cancer	Undertake an analysis of disease presentation by GP practice / stage at presentation / performance status	To develop and improve on the lung cancer diagnostic pathway from Primary care to MDT. Analysis of GP SEA reports and provide equity across the HB. Audits of performance are to be received by the CCB and are being led by the Commissioning Intelligence function (CICOE).	Cancer Commissioning Board	Ongoing	Improved commissioning and earlier presentation of cancer.
Improvements of screening services.	To improve the uptake of cancer screening services	Earlier detection of Bowel Cancer – pilot taken place to improve bowel screening coverage. The CCB gained engagement & participation	Public Health	Ongoing	Improved commissioning

		from all 32 GP practices in 4 ABMU clusters with low bowel screening take up – the evaluation is due to be completed by PHW and CCB. To develop action plans following receipt of results			
Improved communication at the interface between primary care and hospital diagnostic clinics	Develop robust communication and referral pathways	Communication and trialling the concept of a Rapid Diagnosis Centre – to provide rapid access to GP's to investigations and assessment for patients with vague but potentially serious cancer symptoms, proving the concept with a view to roll out across ABMU/SW Wales	Cancer Commissioning Board	Ongoing	Reduce delays in diagnostics, alleviating anxiety for patients and earlier detection of cancer.
Assess impact of adopting new NICE guidelines and plan for the extra capacity required		Work with diagnostic teams to assess impact of adopting new NICE guidelines and plan for the extra capacity required	Cancer Commissioning Board	Ongoing	Reduce delays in diagnostics, alleviating anxiety for patients and earlier detection of cancer.
Improve GP awareness of new NICE guidance		Communicate new NICE referral guidelines to all GP practices	Cancer Commissioning Board	April 2017	
	Delivering fast, effective treatment and care				
Priority	**Actions required 2016 - 17**	**Actions Required 2017 - 18**	**Lead**	**Due Date**	**Expected Outcomes**
Implementation of the Single Cancer Pathway for referral of suspected cancers	Collaboration with Welsh Government	Collaboration with Welsh Government	Corporate Cancer Team	Ongoing	Full implementation of the Single Cancer Pathway

To actively participate in the peer review programme to drive improvement through self assessment.	Develop improvement action plans in response to findings of review to develop and improve services	Develop improvement action plans in response to findings of review to develop and improve services	Cancer Lead Clinician (MR) & Quality & Standards Cancer Manager (MS)	Ongoing	Sustainable, high quality services and performance which are compliant with the National Cancer Standards.
MDT development	Cancer MDT-led development of specific cancer pathways Review of individual MDT functionality and requirements for time and staffing. Annual audit and outcome programme for each MDT	Review of job planning requirements for core team members. Macmillan GP Lead to working with Cancer MDT's to look at ways to improve communication with Primary Care Macmillan GP Lead to work with MDT's to develop ways in which Primary Care input into the Peer Review process can be routinely established	Cancer Lead Clinician (MR) & Quality & Standards Cancer Manager (MS)	Ongoing	Efficient and effective MDT function and improved communication between Primary and secondary care.
Development of the surgical pathway for Metastatic Spinal Cord Compression in conjunction with the South Wales Cancer Network	Collaboration with the South Wales Cancer Network and Cardiff & Vale HB.	Collaboration with the Wales Cancer Network and Cardiff & Vale HB.	Macmillan Team Lead Physiotherapist Specialist (KE)	Ongoing	Access to emergency spinal surgery

Reduced waiting times for radiotherapy	To develop internal standards for radiotherapy waiting times	To further develop internal standards for radiotherapy waiting times	Consultant Clinical Oncologist (RB)	Ongoing	Improved patient experience and outcomes
	Meeting people's needs				
Priority	**Actions required 2016 - 17**	**Actions Required 2017 - 18**	**Lead**	**Due Date**	**Expected Outcomes**
Strategic development of the ABMU cancer Clinical Nurse Specialist (CNS) establishment	Establish a working group to gather baseline data in order to provide recommendations to the Health Board MDT-led patient experience surveys	Establish a working group to gather baseline data in order to provide recommendations to the Health Board MDT-led patient experience surveys	Executive Nurse	Ongoing	Sustainable CNS service and improved patient care and experience
Implementation of All Wales Strategy		Collaboration with the Wales Cancer Network	Executive Nurse	December 2017	Provide a coordinated implementation plan to identify cancer specific Patient Reported Outcome measures (PROMS) and Patient Reported Experience Measures (PREMS)
Consolidate Key Worker guideline implementation.		Collaboration with the Wales Cancer Network	Executive Nurse	Ongoing	Report quality of implementation incorporating patient experience
	Caring at the end of life				
Priority	**Actions required 2016 - 17**	**Actions Required 2017 - 18**	**Lead**	**Due Date**	**Expected Outcomes**
Advance care planning, training and implementation.	Adopt appropriate documentation. Training of staff in administering documentation.	Adopt appropriate documentation. Training of staff in administering documentation.	End of Life Care Group	End of 2017	Better anticipatory decision making with people nearing end of life

Improve public awareness of death and dying.	Active engagement with public health colleagues within ABMU HB and nationally improve signposting.	Active engagement with public health colleagues within ABMU HB and nationally improve signposting.	Director of Public Health (SH)	End of 2017	Healthier attitudes to death and dying.
Improve communication skills,support and training	Deliver training in communication skills	Deliver training in communication skills	End of Life Care Board, Director of Workforce & OD Andrews Task Force	Ongoing	Better Care and reduced incidence of distress through poor communication
	Improving information				
Priority	**Actions required 2016 - 17**	**Actions Required 2017 - 18**	**Lead**	**Due Date**	**Expected Outcomes**
Improved data access	Work with HIW to improve Canisc functionality Establish links with SAIL Work with Public Health Wales to re-establish access to patient specific survival data from the Office of National Statistics	Work with HIW to improve Canisc functionality Establish links with SAIL Work with Public Health Wales to re-establish access to patient specific survival data from the Office of National Statistics	Corporate Cancer Team/ Health Board Cancer Lead (MR)	.	Ability to routinely access patient-specific information about cancer presentation, access to treatment, and outcomes, including survival data to inform commissioning
Further development and utilisation of the national Radiotherapy Dataset	Continued liaison with NATCANSAT and Public Health England for development of RTDS	Continued liaison with NATCANSAT and Public Health England for development of RTDS	Cancer Lead Clinician (MR)	Ongoing	Sophisticated live audit data to inform commissioning.

Further development and utilisation of the national Systemic Anticancer Therapy (SACT) dataset	Commercial collaboration for development of SACT project	Commercial collaboration for development of SACT project			
	Targeting research				
Priority	**Actions required 2016 - 17**	**Actions Required 2017 - 18**	**Lead**	**Due Date**	**Expected Outcomes**
Expand research portfolio	Opening high-quality trials including radiotherapy and surgical trials. Development of research infrastructure and HR to support an expanding portfolio	Opening high-quality trials including radiotherapy and surgical trials. Development of research infrastructure and HR to support an expanding portfolio	Research Network Manager & NISCHR CRC Cancer Lead. (JC)	Ongoing	Improved patient choice Quality assured service development
	Supporting national priorities				
Priority	**Actions required 2016 - 17**	**Actions Required 2017 - 18**	**Lead**	**Due Date**	**Expected Outcomes**
Focus on lung cancer	See 'Detecting Cancer Quickly' above				
Develop and improve cancer pathways, including the implementation of a Single Urgent Cancer Pathway	See 'Delivering fast, effective treatment and care' above				
Diagnostic Improvement Programme	See 'Detecting Cancer Quickly' above				

Primary Care Oncology	Collaborate with Wales Cancer Network		Cancer Commissioning Board	Ongoing	
Patient experience Survey	Collaborate with Welsh Government.		Cancer Commissioning Board	Ongoing	