

## Improving Cancer Early Diagnosis and Current Cancer Restoration Position

### **Purpose**

- 1.1 The purpose of this report is to provide the Overview & Scrutiny Committee (OSC) with an overview and update about the work being undertaken to improve the early diagnosis of cancer. It is also to provide the OSC with an overview of the impact of COVID on cancer early diagnosis and services for people who have cancer.
- 1.2 In addition, it will aim to instil confidence in elected members and the Barnsley public that actions are in place to reduce the impact of the COVID pandemic.

### **2 Introduction and Background**

- 2.1 The NHS Long Term Plan also known as the NHS 10-Year Plan was a document published by NHS England on 7 January 2019. It sets out the cancer and early diagnosis priorities for healthcare over the next 10 years. It was published by NHS England chief executive Simon Stevens and Prime Minister Theresa May.
- 2.2 The NHS Long Term Plan ambition is for 75% of cancer patients to be diagnosed at Stage 1 or 2 by 2028. (Staging is how a cancer is measured at diagnosis. With stage one and two being the best stage to be diagnosed and a better outcome and prognosis for the person). Barnsley reported 44% in 2018. This is a 31% gap from the national ambition. This will require significant transformation which will only be achieved by a partnership approach across Barnsley with partners across primary, secondary and community care working together and with patients and communities.
- 2.3 Lung cancer is responsible for the greatest proportion of cancer deaths in Barnsley (24.2% of all male and 24.4% of all female cancer deaths). 72% of lung cancer cases in the UK are caused by tobacco use; the largest contributor to preventable deaths. For men in Barnsley, prostate cancer is the second largest cause of death, being responsible for 11.8% of all male cancer deaths. In women, breast cancer is the second major cause of death from cancer, accounting for 12.4% of all female cancer deaths. Head and neck cancers are also high rates for Barnsley.
- 2.4 Once a year an operational planning guidance is produced that sets out the NHS 2021/22 cancer priorities for the year ahead. This year it tells us to:
  - support the challenge to restore services
  - meet new care demands
  - reduce the care back logs that are due to the COVID impact
  - recognise staff recovery as they have had more work to do over the past year due to COVID
  - take further steps to address inequalities in access, experience and outcomes
- 2.5 For 2021/22 the planning guidance expects from April 2021 to September 2021 for the CCG with partners to deliver the following actions:
  - getting more patients to come forward - work with GPs and the local population to increase the number of people coming forward and being referred with suspected cancer, with a particular focus on groups under-represented and who have not come forward to pre-pandemic levels
  - GP practices to complete the Quality Outcomes Framework Quality Improvement module (to demonstrate measurable improvement) on early cancer diagnosis. This has continued into 2021/22 as part of GP contract arrangements
  - work with NHS England public health commissioning teams to increase take up of new ways of working such as colon capsule endoscopy (the use of miniature cameras) and Cytosponge (used to detect abnormal cells in the oesophagus) to support effective clinical prioritisation for diagnostics. Barnsley is trialling the new colon capsule endoscopy

- accelerate the development of rapid diagnostic pathways for those cancer pathways which have been most challenged during the pandemic
- move back to meet the new Faster Diagnosis Standard from Q3 ( from October 2021 ) to be introduced initially at a level of 75% of people i.e. that people will know within 28 days after referral by a GP whether they have cancer or not
- ensuring that the capacity is in place to meet the restoration demand in diagnostic testing at the start of the cancer pathway
- restoring and maintaining screening programmes
- minimising harm to people whom are waiting for tests/treatment or choosing to delay their cancer referral or treatment due to COVID fears

### **3 Current Progress**

3.1 The current position and progress for improving early cancer diagnosis and restoring services to a pre-Covid position is:

- Cancer services have remained open throughout the COVID pandemic
- GP's continue to prioritise patients with suspected cancers for appointments and treatment
- Patient and public involvement and their feedback are being used to ensure services continue to address people's needs about what they want from services. Also, about how the COVID pandemic has impacted on their experiences of services
- Restoration of the cancer two week waiting time of a referral from a GP to the Hospital is on track
- The hospital continues to run additional appointments slots in the evening and weekends to reduce appointment waiting times and to meet the increase in referral compared to pre-Covid
- Work is in place and progressing to 'nudge' people back whom have chosen to not present to services or requested to pause their referral or treatment due to Covid concerns. This is via a behavioural Insights Project
- Cancer Screening services are restored
- The Breast screening back log is reducing for people whom are waiting for an appointment. This built up due to no service being able to run for 6 months. Also due to the need for additional space at the hospital to be able to run at the same level as before Covid and still keep people safe from Covid
- Additional funding to speed up the restoration of diagnostic and cancer service delivery has been requested from NHS England/Improvement

3.2 The biggest risk to increase early diagnosis in cancer in Barnsley is if people do not go to their GP practice early if they suspect cancer. To reduce this risk services are working together to let people know what is a cancer symptom. They are also working on ensuring that people are seen as quickly as possible and know if they have cancer within 28 days from being referred.

### **4 Roles, Responsibilities & Governance**

#### Barnsley Clinical Commissioning Group

- 4.1 NHS Barnsley Clinical Commissioning Group (CCG) has overall responsibility to ensure the NHS Long Term Plan actions in relation to early diagnosis and cancer recovery are delivered locally. This is to ensure Barnsley people live a long and healthy life and, if they get cancer, it is picked up early so their survival rates are not affected. It also has responsibility to ensure that GP practices deliver the services outlined within their individual NHS Contracts.
- 4.2 The NHS Barnsley Clinical Commissioning Group, represents 32 GP practices and over 230,000 patients. Commissioning is a process of planning and buying services to ensure that the people who live in the borough have the right healthcare.
- 4.3 It has a governing body that is made up of 12 people including: GPs; a chief nurse, lay members; a secondary care consultant and senior officers.
- 4.4 The CCG progress with delivering this responsibility is actioned via The Cancer Steering Group. This meets 6 weekly and is made up of multi-agency/providers and the public, and via a number of Sub-Groups. This includes the hospital, local authority, hospice and patients

- 4.5 In addition, Barnsley CCG and providers are part of the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) Cancer Alliance work – a collaboration working together to develop and implement new models of cancer care for South Yorkshire, Bassetlaw and North Derbyshire.

#### Barnsley CCG Cancer Steering Group

- 4.6 The Barnsley CCG Cancer Steering Group provides the CCG Governing body with a six-monthly progress position report, which is also available to the public.
- 4.7 The steering group is also the route by which the SYB ICS Cancer Alliance work is delivered within Barnsley. Group members attend the Cancer Alliance sub-groups including the Early Diagnosis and Screening group and ensure Barnsley priorities are taken into account.

#### Barnsley Hospital Cancer Services (BHNFT)

- 4.8 Cancer services at Barnsley Hospital (BHNFT) have a key role in helping the care of patients to be delivered in a timely and coordinated way; providing a high-quality service which meets the national cancer waiting times standards.
- 4.9 The cancer services team co-ordinate patient pathways subject to national cancer waiting times, and organise 2 week wait urgent referrals.
- 4.10 Cancer services also provide managerial oversight of the Acute Oncology nursing service. The Acute Oncology team provide expert input in to the care of patients admitted to the hospital with acute complications of cancer.
- 4.11 Barnsley hospital provides cancer services for the following tumour groups:
- Bone
  - Breast
  - Colorectal
  - Dermatology
  - Gynaecology
  - Haematology
  - Head and Neck
  - Lung
  - Upper gastro intestinal
  - Urology
- 4.12 Each of these cancers has a team of experts who attend team meetings where decisions are made regarding the care and treatment of cancer patients.

#### SYB Integrated Care System (ICS) Cancer Alliance

- 4.13 The SYB Integrated Care System (ICS) Cancer Alliance is a collaboration that works together to develop and implement a new model of cancer care for South Yorkshire, Bassetlaw and North Derbyshire.
- 4.14 Their Long Term Plan implementation response includes a number of deliverables consisting of targeted regional interventions to improve screening coverage alongside transformational work programme, such as the introduction of the Lower gastro-intestinal (Lower GI) pathway using FIT (Faecal Immunochemical Test) for the management of low risk patients with suspected colorectal cancer; the introduction of lung health checks (started in Doncaster April 2021 – may be extended to Barnsley by 2022); and rapid diagnostic provision to enable earlier and faster cancer diagnosis.

#### Primary Care Networks (PCN)

- 4.15 Over a number of years, GP Practices in Barnsley have come together, firstly to create Barnsley Healthcare Federation and then to form Barnsley Primary Care Network (Barnsley PCN).

4.16 Barnsley PCN is made up of 29 member GP practices which are independently managed but share a common purpose to increase the level of Primary Care support available within the borough through one large PCN, the largest PCN in the country, supported by six neighborhoods. All patients across the PCN in Barnsley have access to, and are part of, the programme of improvements.

|               |            |
|---------------|------------|
| Network one   | Penistone  |
| Network two   | Central    |
| Network three | North      |
| Network four  | North East |
| Network five  | Dearne     |
| Network six   | South      |

4.17 Barnsley PCN is a key part of the NHS Long Term Plan, with general practices forming a network covering over 230,000 patients. Barnsley PCN provides the structure and funding for services to be developed locally and in response to the needs of the patients in Barnsley.

4.18 Barnsley's PCN team, from Practice Nurses to Clinical Directors is committed to strengthening primary care resilience and enhancing patient care with our partnership approach. This will enable service development on an unprecedented scale that can share resources effectively directing additional roles across neighborhoods.

4.19 By bringing Practices together as one, this enables greater joined up working across the health and care system in Barnsley. The PCN is committed to working as one team within the community, hospital and social care to ensure that Primary Care has a single approach to integration ensuring that no practices are left behind in being able to offer the best care for their patients.

4.20 As part of the PCN deliverables GP practices sign up to delivering a cancer early diagnosis specification that expects the practice to:

- review referral practices for suspected cancers, including recurrent cancers and for those people delaying referrals or treatment due to COVID
- contribute to improving local uptake of National Cancer Screening Programmes especially cervical screening restoration
- establish a community of practice between practice-level clinical staff to improve early diagnosis of cancer.
- to target actions to groups that do not usually come forward to their GP practice at an early stage e.g. men; people from more deprived areas or groups
- reducing the differences in early diagnosis and screening rates between different practices across the PCN

4.21 Throughout the COVID pandemic GP Practices have remained open to face to face and telephone appointments for anyone whom suspects they have cancer. This includes providing cervical screening appointments to women except during a two months period, when COVID first occurred.

## 5 Public Health Prevention Work

5.1 Unfortunately, we cannot prevent everyone from getting cancer but living a healthy life does make it less likely. Over a third of cancers are can be postponed or are preventable (Cancer Research UK, 2015). The public health team at Barnsley Council (BMBC) leads a variety of programmes working with partners across Barnsley to help people live healthier, happier lives.

- 5.2 There are 7 key ways to help reduce the risk of cancer, these are; be smoke free, keep a healthy weight, stay safe in the sun, drink less alcohol, eat a high fibre diet, cut down on processed meat and be more active.
- 5.3 A sub group of the Barnsley Cancer Steering Group is due to be set up that will specifically look at cancer prevention. This group will link in with the wider public health work across the borough which includes:

#### Smoke free

- 5.4 Smoking is the largest cause of cancer in the UK therefore not smoking is the biggest thing a person can do to reduce their risk of cancer. The Barnsley Tobacco Alliance led by BMBC public health is the strategic group to reduce smoking prevalence across Barnsley. It consists of key partners who are all able to contribute to the shared vision of seeing the next generation of children in Barnsley born and raised in a place free from tobacco, where smoking is unusual. Current key actions in tobacco control for Barnsley include:
- Make Smoking Invisible – a programme of work to create outside smoke free areas across the borough to de-normalise smoking in order to reduce the number of children and young people taking up smoking. The latest areas to be launched as smoke free include Hoyland Town Centre and the roads around Barnsley Hospital
  - Community Stop Smoking Service – the current offer of free expert support to quit to all smoking residents is currently being extended. With extra funding that has become available, it has been agreed that the Council will replicate the North East Area model of having a specialist Stop Smoking Advisor for three other areas: Dearne, Central and South. This will enhance the local offer in these key areas of higher smoking prevalence
  - The Alliance is looking into an incentive scheme for pregnant smokers
  - Smoking amongst people with a serious mental illness is significantly higher than the Barnsley average so a deep dive will be undertaken to see what more can be done
  - Working with Barnsley college and schools to help reduce uptake of smoking
  - The Tobacco Alliance Action Plan is currently being refreshed

#### Healthy Weight

- 5.5 Overweight and obesity is the UK's biggest cause of cancer after smoking. To maintain a healthy weight people are encouraged to eat healthy and increase their physical activity.

#### 5.6 Healthy eating:-

- The BMBC Food Plan addresses the inequalities related to healthy weight and associated chronic illnesses, focusing on a whole system approach to food ensure accessible quality food for all. It is currently being refreshed for a 2022 relaunch – currently consulting with services and organisations from all sectors across Barnsley to established collective priorities.
- Working alongside the Good Food Barnsley Partnership to improve food access and nutrition knowledge throughout the borough.
- Through consulting planning applications, we are limiting the growth of additional hot food takeaways across the borough, particularly those nearby schools.
- We are working to introduce a Healthier Advertising Policy to reduce exposure to junk food advertising and promote healthier products.
- Working towards Barnsley adopting a Healthy Weight Declaration; a strategic, system-wide commitment to promote healthy weight and good overall health and wellbeing in communities.
- Tier 2 Weight Management Service – Barnsley's specialist weight management service can support obese residents in Barnsley to achieve a healthier weight. The aim of the service is to reduce health risks and encourage a healthy and active lifestyle with an overall improvement in health and wellbeing. We have recently received additional funding from central government that is being used to expand and improve the quality of the existing service, delivered by Barnsley Premier Leisure.

5.7 In Barnsley, we are taking a systems approach to developing physical activity. This is led by the Active in Barnsley partnership who is a group of organisations in Barnsley working collaboratively to help reduce inactivity and sedentary behaviour. This is done via our Active in Barnsley strategic plan which sits under the Public Health Strategy focussing in on our 5 key priorities – Active Communities, Active Workplaces, Active Schools, Active Space and Professional and volunteer networks. The work is built on a number of programmes and approaches that sit under these priorities such as the What's Your Move campaign, Moving Mental Health Forward scheme, Beat the Street, Health Referral Scheme and our Active Schools Group.

### Alcohol

5.8 Cutting down on alcohol can help reduce the risk of cancer. Drinking alcohol increases the risk of 7 different types of cancer. This includes; breast and bowel cancer (two of the most common types), mouth cancer, some types of throat cancer: oesophagus (food pipe), larynx (voice box), and pharynx (upper throat) and liver cancer. The Barnsley Alcohol Alliance is the strategic group that leads alcohol prevention work across the borough. The purpose of the Alliance is to develop a system wide approach to address the availability, affordability and acceptability of alcohol in Barnsley. This Alliance brings together a wide range of partners with the aim of working together to implement, manage and evaluate the alcohol plan, alcohol improvement plan and a range of alcohol related targets. Examples of work by the Alliance includes:

- Developing resources and toolkits to provide information and support to a range of frontline services such as the Older Peoples Alcohol Toolkit
- Develop and deliver training to frontline professionals on alcohol
- Work closely with BHNFT to support the Alcohol Care Team
- Effective commissioning of the Community Drug and Alcohol Service- currently Recovery Steps
- Rollout of the DrinkCoach app which offers a number of digital products to encourage self-assessment, monitoring and behaviour change related to alcohol use

### Communications

5.9 The communications teams across BMBC, CCG and BHNFT work together to share key cancer prevention messages throughout the year. Examples of this include sun safety in summer encouraging people to use sun cream and the national cancer awareness days/ months. They are also targeting areas in Barnsley that have higher levels of lung cancer rates.

### Healthy Lives Programme at Barnsley Hospital

5.10 The NHS Long Term Plan has a strong focus on the treatment and prevention of illness by supporting patients to adopt improved healthy behaviours. This will both help people to live longer, have healthier lives, and reduce the demand for and delays in treatment and care. Barnsley Hospital is leading the way with their Healthy Lives Programme, which aims to embed prevention into secondary care. New programmes of work include:

- The QUIT programme - a new initiative which transforms the way tobacco addiction is tackled in secondary care, offering all patients who smoke access to effective treatments and support as part of their routine care. All smoking patients are referred to the in-house stop smoking service for treatment and expert advice.
- Alcohol Care Team – Barnsley Hospital was chosen to be one of the first sites in the region to create an Alcohol Care Team (ACT). This service will provide specialist interventions and input into the care of alcohol dependent patients and provide advice and support for anyone drinking more than the recommended unit allowance. By identifying and providing treatment for patients with alcohol dependence, this can reduce the likelihood of future ill health and reduce readmissions.
- Healthy Lives Facilitators - each in-patient is seen by a Healthy Lives Facilitators staff who are on hand to support patients into the right services for their health and wellbeing needs. Through very brief advice and referral onto expert services the healthy lives facilitators can support people with a wide variety of other issues that are affecting their health and wellbeing. This can include a range of issues such as healthy weight and physical activity- referral can be made into Barnsley's wellbeing service delivered

by Barnsley Premier Leisure where patients can receive 12 weeks free gym membership and nutrition advice.

## **6 Screening**

- 6.1 NHS England/Improvement (NHSE/I) are accountable for ensuring that the local screening providers deliver against the national service specifications; nationally agreed population uptake and coverage levels; key performance indicators (KPIs) and standards. Robust contract monitoring ensures that screening pathways are effective, high quality and safe.
- 6.2 NHS screening programmes in Barnsley are commissioned by NHS England and NHS Improvement (NHSE/I) Public Health Commissioning Team Yorkshire and Humber (Yorkshire and North East NHSE/I).
- 6.3 Public health advice on the programmes is provided by the local Public Health England (PHE) Screening and Immunisation Team (SIT) embedded within NHSE/I local Screening and Immunisation and Co-ordinator.

### Public Health England

- 6.4 The Public Health England Screening Quality Assurance Service (PHE SQAS) assesses the quality of screening programmes, monitors compliance with standards, supports services with improving quality and undertakes regional quality assurance visits. PHE SQAS also supports the investigation and management of incidents that occur within any of the national screening programmes. Public Health England (PHE) also produces information on behalf of the NHS to allow people to make informed choices about screening tests offered to them.
- 6.5 Screening is the process of identifying apparently healthy people who may have an increased chance of a disease or condition. It can help spot cancers or disease at an early stage, when treatment is more likely to be successful and the chances of survival are much better. In some cases, it can prevent cancers from developing at all, by picking up early changes that can then be treated to stop them turning into cancer.
- 6.6 Screening is a personal choice and is a pathway (not just a test) and people should be supported to make informed decisions on whether or not they chose to attend screening appointments. The screening provider offers information; further tests; treatment; advice and support at all stages; in order to reduce associated problems or complications. Whilst screening can save lives or improve quality of life through early identification of a condition and reduce the chance of developing a serious condition or its complications, it should be recognised that it does not guarantee protection. Receiving a low chance result does not prevent the person from developing the condition at a later date. To help mitigate against this, the cancer screening programmes continue at agreed intervals over a number of years as determined by the UK National Screening Committee (UKNSC).
- 6.7 Screening is not 100% accurate and there is also a small possibility of false positive or false negative results, which can cause unnecessary further tests and anxiety or misplaced reassurance. The large majority of people who attend population screening will be found to have no abnormality. People who are picked up with a positive screening test result will require further tests or investigations to diagnose or rule out the disease. Where disease is confirmed, people are referred urgently to treatment services.
- 6.8 Every year across the UK approximately:
- 5,000 deaths are prevented by cervical screening
  - 2,400 bowel cancer deaths are avoided through screening
  - 1,300 women are prevented from dying of breast cancer every year
  - 2,500 men have a potentially life-threatening aneurysm detected
- 6.9 There are three cancer prevention and detection screening programmes – Breast, Bowel and Cervical.

## Breast Screening

- 6.10 Breast screening aims to find breast cancer early, detecting cancers when lumps cannot be felt or seen. If its detected early, treatment is more likely to be successful and patients are more likely to make a good recovery. Around 1 in 8 women in the UK are diagnosed with breast cancer during their lifetime.
- 6.11 The likelihood of getting breast cancer increases with age. Breast screening is offered to women aged 50 up to their 71st birthday. Invitations will stop being sent out after the age of 71 however women can still arrange for breast screening by contacting their local unit after age 71.
- 6.12 Breast screening is provided at BHNFT whom are contracted by NHS England and NHS Improvement (NHSE/I). Following screening, around 1 in 25 women will be called back for further assessment.
- 6.13 About 1 in 4 women who are called back for further assessment are diagnosed with breast cancer. One in every hundred women screened are diagnosed with breast cancer.

## Bowel Screening

- 6.14 Bowel screening is provided by home testing kit (Faecal Immunochemical Test) – patients, male and female aged 60-74, are identified from the GP register and every two years are automatically sent an information leaflet along with an invite letter which is then followed up with a FIT kit. Uptake of bowel screening has increased following the introduction of the FIT test, as this is simpler to use and more acceptable to individuals.
- 6.15 If further investigation is required people go to BHNFT for a colonoscopy following a positive test. This test identifies early bowel cancer.

## Cervical Screening

- 6.16 Cervical screening is a test to help prevent cancer by checking the health of the cervix. Human Papillomavirus (HPV) plays a crucial role in the development of cervical cancer and has been detected in 99.7% of cervical cancers.
- 6.17 Following the National Screening Committee (NSC) UK recommendation, this new HPV screening test replaced the screening of abnormal cells (cytology). This test is more sensitive, will identify more people at risk of cancer and could prevent around 600 cancers a year.
- 6.18 Samples testing positive for HPV are sent for cytology which looks for cell changes. Following a national procurement of cytology laboratories in 2019, all samples taken in Yorkshire & the Humber (Y&H) are screened by Gateshead Health Foundation NHS Trust. If cell changes are detected, women are invited for further tests/management at the colposcopy unit at Barnsley NHS Foundation Trust. In order to improve the turnaround times for women receiving their results letters, primary HPV screening was introduced in Barnsley (via Sheffield Lab) in September 2018 (ahead of the national roll out during 2019).
- 6.19 In England, the majority of cervical screening is carried out in general practices. Screening is available to all women aged 25 to 64 with all eligible women who are registered with a GP automatically receiving an invite by post. Women aged 25 to 49 are eligible for screening every three years, whilst women aged 50 to 64 receive invitations every five years. Finding abnormal changes/detecting HPV early means women can be monitored or treated, so these changes are prevented from turning into cervical cancer.
- 6.20 It is important that women who have had the HPV vaccine still attend for cervical screening when invited as whilst the vaccine protects against at least two high-risk types of HPV (16 and 18) causing about 70% of all cervical cancers, there are cervical cancers caused by other HPV types.
- 6.21 Whilst trans men (assigned female at birth) who are registered at the GP practice as a male do not automatically get invited for screening, they remain eligible while ever they have a cervix. These individuals would be referred by their GP.

## 7 COVID Impact on Cancer Services

7.1 The COVID pandemic has had an impact on early diagnosis and people with cancer in a number of ways. The main impact is that:

- Services need increased space requirement to deliver the same pre-covid activity as before. This is because more space is needed to have the same amount of people in the clinic and keep the people safe from contracting COVID. This still continues to be a problem in the hospital – the numbers of appointments or tests that can be provided in one day have to be reduced.
- Some people will need to go to Sheffield hospitals for treatment. They have a backlog too due to needing more space and having to reduce appointment and treatment slots over the last 18 months
- Some people decided to not attend appointments or wanted to delay coming to the hospital until after COVID has stopped or they have been vaccinated. So a number of people are on a backlog waiting list until they decide to come back.
- A backlog has built up in some areas, as there is fewer slots for people to attend for tests or for an appointment but referrals have increased dramatically. BHNFT had to close theatres a few times.
- All people whom are referred by their GP practices for suspected cancer are being prioritised by the hospital for tests and treatment. They are seen as quickly as a test or appointment is available. Clinicians also look at the referrals for people waiting regularly and those who need to go first are prioritised.
- Certain groups and people in certain area of Barnsley have not returned back to services as quick as other people. So services and BMBC are targeting them with numerous messages, to ask them to come back as services are safe and open
- Breast screening services for all women had to pause for 6 months (due to COVID restriction) and now have a backlog to clear. They also have had to reduce appointments by 50%, this is due to less space available to ensure social distancing is in place.

## 8 Cancer Services - COVID Recovery Plans

8.1 The hospital has seen a stage shift during the COVID pandemic from the first wave reduction, to the pause in Endoscopy Services, to the increase in referral rates and delays to treatment due to bed pressures. However, throughout the past 18 months Cancer services have continued to be maintained and patient referrals and treatments have progressed.

8.2 Cancer services have been fully staffed throughout this period and continue to be fully staffed. Staff from cancer services have not be moved to respond to the COVID demand unless really necessary and only at the highest COVID peaks. This has ensured that Cancer services have been running throughout the whole last 18 months.

8.3 The table below show the main areas that BHNFT are currently working on to deliver and improve patient experience and restore compliancy standards.

| Area of Challenge           | Mitigating Actions to Meet Challenge   |
|-----------------------------|--|
| Referral Volume and Quality | <p>C the Signs referral system in GP Practices will improve the consistency</p> <p>High quality patient information in place so patients aware that on a suspected cancer referral and that need to attend asap</p> <p>Understanding patient numbers accessing GP's compared to patients whom go straight to have a test instead of an avoidable appointment first</p> |
| Pre-Work in GP Practices    | <p>FIT test for lower GI – ensuring all tests undertaken before the referral</p>   |

|   |   |
|---|---|
|   | Performance status of patients collected to improve speed of referral process   |
| Access to Straight to Test for Referrals  | Using rapid diagnostic project to improve all pathways performance<br><br>Working on having 'one stop' Upper GI journey for the patient – that has the least possible steps in place and appointments on one day  |
| Improving Turn Around Times in Histopathology* and Radiology  | Joint workforce increased by working with Universities and Colleges<br><br>Working on 10 days from request to report  |
| Urology pressures   | Expand on Mid Yorkshire Hospital working model to increase capacity and less invasive diagnostic testing  |
| Meeting 28 days faster diagnosis by October 2021 , April validated performance is 62.1% compared to 75% | Design of template letters to support Consultant dictation to be much quicker so patients are told if have cancer or not<br><br>Increasing endoscopy capacity to meet the targets   |
| Management of the Volume of Patients  | Additional post in the referral team to support administration and triage of referrals and less burden on Clinician so can focus on complex patients<br><br>Creating local demand and capacity planning so that can anticipate the surge and change capacity to meet demand much quicker<br><br>Increasing navigator roles in 5 tumour referral areas so patients whom are referred have one point of contact in the hospital |

\* Histopathology – the study of changes in tissue caused by disease

## 9 Screening Services - COVID Recovery Plans

### Pre – Covid Position

9.1 Pre-Covid, Barnsley continued to have overall above average screening rates but a wide variation in performance across practices, as the table below indicates:

| Screening          | Barnsley Average 2018/19 | National Average 2018/19 | Barnsley GP Practices variation |
|--------------------|--------------------------|--------------------------|---------------------------------|
| Breast screening   | 77.8%                    | 72.1%                    | 69.7% - 84.0%                   |
| Bowel screening    | 60.8%                    | 59.6%                    | 47.1% - 70.2%                   |
| Cervical screening | 76.2%                    | 71.7%                    | 62.0% - 81.9%                   |

9.2 The paper submitted to the Barnsley Overview and Scrutiny Meeting on 31<sup>st</sup> March 2020 provides an overview of NHS England and NHS Improvement commissioned Public Health Section 7a programmes, in particular the NHS Cancer Screening Programmes: Breast, Bowel and Cervical, and provides detail regarding the position pre Covid-19 pandemic.

## Current Position

- 9.3 Nationally there is an expectation that all screening programmes will recover any backlog by March 2022. To support this ambition NHS England and Improvement (NHSEI) Public Health Commissioning Team, Public Health England (PHE) Screening and Immunisation Team and PHE Screening Quality Assurance Service (SQAS) continue to work with providers of the three cancer screening programmes across Barnsley.
- 9.4 Robust governance arrangements are in place to support restoration of the cancer and non-cancer-screening programmes which includes regular review of programme backlogs. The Screening and Immunisation Oversight Group – South Yorkshire and Bassetlaw has stepped up frequency of meetings from six monthly to quarterly. Both Barnsley Metropolitan Borough Council and Barnsley CCG are members of this group and place-based programme restoration updates are shared with all key partners across the ICS geography.

## Breast Screening

- 9.5 Barnsley Hospital NHS Foundation Trust (BHNFT) paused breast screening during the first pandemic surge between March and September 2020. BHNFT are continuing to work through their backlog and are currently inviting women with a delayed screening from September 2020.
- 9.6 NHSEI have made available funding to support the national ambition of the full recovery of screening services by March 2022. The programme plan to utilise this by leasing a screening van to offer additional screening capacity from Monday to Friday and increasing the workforce to support this mode of delivery. The funding is subject to confirmation of recovery by March 2022 and return of a forecast recovery trajectory against which the monthly activity will be monitored. The BHNFT Board maintain oversight of this process. NHSEI will continue to robustly monitor recovery through review of the backlog data, restoration meetings, programme board and the South Yorkshire and Bassetlaw Screening and Immunisation Oversight Group (SYB SIOG).
- 9.7 The programme is exploring to move the current unit to a specialist standalone facility within the Barnsley town centre. This proposal is awaiting final confirmation of funding streams. This would-encourage uptake of screenings in a more accessible site, as compared to the current hospital site. This has been identified as a barrier to some people in accessing the service. This proposal is anticipated to support the reduction in health inequalities.
- 9.8 In addition, the Screening and Immunisation Team have developed evidence informed text messaging and provider and GP led letters to people, based on behavioural insight work, to promote and encourage uptake within the breast screening programme. The evidence has informed behavioural science nudges which have been trialled in the cervical screening programme. The behavioural techniques focus on framing the message in a positive way to reduce anxiety and are made more powerful by utilising ‘norms’ which recognise that people are strongly influenced by what others do, as well as providing ‘incentives’ for people to attend.
- 9.9 Following the successful first meeting of the NHSEI led NEY Breast Screening Clinical Directors forum in April 2021, there are plans for a workshop to be held in September 2021 to focus on supporting the administration function within programmes. Strong clinical leadership, collective problem solving and sharing of best practice is anticipated to support programmes effectively.

## Bowel Screening

- 9.10 Nationally the NHS Bowel Screening Programme are working towards the implementation of the age extension programme. NHSEI Commissioners and the Screening Quality Assurance Service are supporting the South Yorkshire and Bassetlaw (SYB) Bowel Screening Centre in preparation for the Age Extension Programme covering the 50-60-year-old cohort, beginning with 56 years old. Implementation is dependent on the programme meeting nationally set criteria to ensure the extension is safe and effective.
- 9.11 The SYB Bowel Screening Centre are currently working through their backlog to ensure they are ready to implement age extension, as well as working with each Trust to support the development of capacity and demand plans in preparation for the Age Extension Programme (expected September 2021).

- 9.12 The South Yorkshire and Bassetlaw NHS Bowel Screening Programme continues to progress through their recovery plan, ensuring a timely recovery before March 2022. The current uptake across South Yorkshire and Bassetlaw is reported to be higher than pre-Covid 19.
- 9.13 PHE Screening and Immunisation Co-ordinator (SIC) is currently working across Barnsley with Barnsley Metropolitan Borough Council and Barnsley CCG to implement a flagging system within the service user's health record, to highlight those individuals with learning disabilities. Consequently, easy read patient information (invitation letter and screening kit instructions) are made available.

### Cervical Screening

- 9.14 Cervical sample activity remains high across the North East and Yorkshire (NEY) and the regional lab, based at Gateshead Health NHS Foundation Trust (GHFT) are currently receiving 25% more samples than during pre-Covid times. The 14-day turnaround standard means that all women should receive their screening result within 2 weeks of their test. In NEY, turnaround times for cervical samples requiring cytology continue to breach the national 14-day target, this equates to approximately 15% of the laboratory workload. Currently, turnaround times for HPV positive samples is 31 days. This has significantly reduced from 46 days during mid-May. The turnaround time for HPV negative samples (approx. 85% of the laboratory workload) is less than 14 days.
- 9.15 NHSEI continue to robustly monitor GHFT's restoration plan which includes reference to recruitment and associated staff initiatives to support recovery.
- 9.16 The NHSEI Public Health Commissioning Team continues to receive fortnightly cervical screening information describing primary care screening activity at practice level and working in partnership with the CCG, practices are contacted as required if their activity is lower than expected.
- 9.17 The data and supporting information demonstrate that all practices are continuing to offer cervical screening. Barnsley are seeing increased numbers of cervical screening month on month and the out-of-hours service delivered by i-Heart Barnsley has continued to provide screening throughout the pandemic.
- 9.18 The collaborative partnership with the Cancer Alliance and Cancer Research UK (CRUK) continues to support the implementation of the innovative behavioural science approach, using nudges and bespoke targeted messages in GP practices, to reach underrepresented groups and influence their behaviour to partake in the cervical screening programme.
- 9.19 Introductory meetings have been held across the Neighbourhoods with keen interest for the Health and Wellbeing Coaches and Care Coordinators involvement. NHSEI are keen for cervical screening to be offered by the Integrated Sexual Health Service to vulnerable women who may not attend the GP for their screening appointments. Discussions are taking place with Barnsley Metropolitan Borough Council Public Health Team to try and facilitate this.
- 9.20 As expected, the Barnsley Hospital NHS Foundation Trust colposcopy service have seen a significant increase in cervical screening referrals since January 2021. This is due to the implementation of the HPV primary screening pathway. The service has added two further clinics per week on evenings or Saturdays to meet the demand. Whilst there are no significant issues regarding waiting times for urgent or routine referrals, this continues to be monitored closely.

## **10 Referrals for People whom Suspect they have Cancer - COVID Recovery Plans**

- 10.1 The main target for early diagnosis referrals is that 85% of people within 62 days from referral from a GP practice will have a treatment date. This target is not now being met due to the impact of COVID on services. The latest validated performance is 78.8% at April 2021.
- 10.2 Before the Covid pandemic only 8-10 people were waiting over 62 days after being referred by the GP practice. There are now about 163 people who are waiting for a diagnosis or treatment date.
- 10.3 The June 2021 latest local hospital data for the number of people whom have been urgently referred as they may have cancer is 881 people. As the table below indicates. With 163 people whom are waiting

more than 62 days after being referred by their GP for a treatment date or to have to have a test to check if they have cancer.

| <b>Tumour Referrals</b> | <b>0-33 days</b> | <b>34-62 days</b> | <b>63-104 days</b> | <b>&gt;104 days</b> | <b>Total</b> |
|-------------------------|------------------|-------------------|--------------------|---------------------|--------------|
| Lower GI                | 152              | 113               | 50                 | 43                  | 358          |
| Urological              | 48               | 40                | 24                 | 11                  | 123          |
| Gynaecological          | 62               | 40                | 6                  | 1                   | 109          |
| Skin                    | 45               | 26                | 4                  | 1                   | 76           |
| Upper GI                | 44               | 19                | 9                  | 1                   | 73           |
| Head and Neck           | 28               | 19                | 7                  | 1                   | 55           |
| Lung                    | 29               | 8                 | 2                  | 0                   | 39           |
| Breast                  | 18               | 13                | 2                  | 0                   | 33           |
| Haematological          | 9                | 4                 | 1                  | 0                   | 14           |
| Other                   | 1                | 0                 | 0                  | 0                   | 1            |
| <b>Grand Total</b>      | <b>436</b>       | <b>282</b>        | <b>105</b>         | <b>58</b>           | <b>881</b>   |

10.4 Some people are also still choosing to delay coming to the hospital or are waiting for the right time to be able to self-isolate before they can attend. This is 40 people at this time whom are in this group.

#### Current Position

10.5 During the pandemic referrals for people whom have had a referral by a GP because they suspect cancer dipped dramatically in June 2020 to less than 60 compared to over 400 per week. Referrals have been steadily rising since January 2021 to 683 and are now above pre-Covid rates by 27% and to an average of 800 referrals a week coming into the hospital.

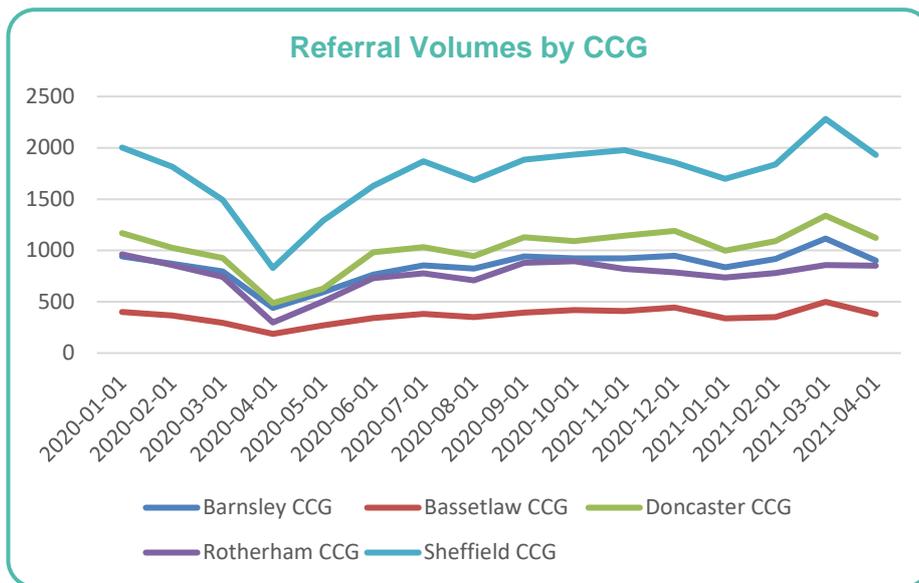
10.6 To address this change in referral numbers the services have:

- Used a variety of methods to let people know that they should continue to contact their GP practice if were worried about having cancer and why it was really important. e.g. articles in the Barnsley Chronicle; and key messages promoted via social media and through patient groups
- Public and patient feedback was used to tailor these messages and ensure they made the most impact. This action did have an impact and increased referrals from a 76% reduction back up to pre-COVID level.
- BHNFT set up a more robust recording system to ensure patients were prioritised based on clinical need and will continue to keep prioritising patients treatments based on clinical need. This is the same for Sheffield Teaching Hospitals NHS Foundation Trust (STHT) and Weston Park patients (that provide chemotherapy and radiotherapy services).
- All patients on the BHNFT or STHT treatment and referral pathway were contacted multiple times to ensure appointments occurred. These appointments in the majority moved to virtual i.e. by telephone. Face to face clinics at BHNFT clinics continued if a patient wanted to attend in this manner. The majority of appointments are now being delivered face to face.
- Chemotherapy continued to be offered and alternative treatment options were provided if the patient chose to not attend.

10.7 The continuation in increased referrals is now having an impact on restoring services back to pre-Covid targets and standards especially for lower stomach problems. This is because during a 3 month period all endoscopy tests had to stop (due to covid infection risk.) There has also been an increase in referrals for the hospital to manage.

10.8 The table below shows this increase in the numbers that are occurring. BHNFT continue to be prioritising patients whom are on a referral urgent list by increasing diagnostic test slots in the evening or at the

weekend. They are also ensuring people waiting are contacted and people are prioritised first based on their symptoms.



10.9 This is on the back of a reduction in diagnostic slots at BHNFT due to social distancing rules and at Sheffield hospital particularly for lower stomach or urology symptoms.

10.10 To address this risk Barnsley services are:

- Contacting frequently anyone whom is waiting more than 62 days or more to check their wellbeing and any anxieties they may have about the waiting time.
- Been adjusting services to reduce patient concerns e.g. offering an appointment on Monday to reduce the days patients will lose salary and offering transport
- Introduced C-theSigns, a clinical decision support tool to help GPs rapidly identify and manage patients at risk of cancer at the earliest and most curable stage..
- Encouraging people to use the independent sector hospital provision and some people have used this services
- Produced a guidance document for clinician and patients around what they can expect around social distance restrictions i.e., that they can be accompanied for cancer appointments at the hospital
- Weston Park introduced the option for patient carer/relatives to be included virtually during appointments
- Introduced a lower stomach test (FIT) that GP's can use at the first appointment to check if the person has cancer. This has reduced already the number of people whom do not need to go the hospital. It also has freed up slots at the hospital for people whom need to go or are waiting for an appointment.
- Applying for extra funding from NHS to increase diagnostic equipment and to have more space to run the cancer identification tests and breast screening services.
- The hospital continues to run additional appointment slots in the evening and the weekend to reduce the people whom are waiting.
- Receptionists in GP Practices are being provided with additional training about cancer symptoms. This is so that they can be more effective about how they manage patient calls for the GP.

## 11 Supporting People Living With or Beyond Cancer - COVID Recovery Plans

11.1 Across Barnsley, services, staff and volunteers adapted quickly to the challenges of the pandemic and lockdown restrictions. Support for people living with cancer continued, albeit in very different formats to how they had been previously been delivered.

11.2 Support and services switched to telephone and online delivery, staff and volunteers worked from a variety of locations to keep services running, and on top of continuing offering support conversations. For example the choir continued virtually, Support Workers/Volunteers rang everyone regularly.

## Current Position

- 11.3 The current position is that the Well Centre, located near the transport interchange in Barnsley town centre, is open and now has increased services being delivered from it e.g. benefits advice; Macmillan information hub has been established; self-management sessions have increased.
- 11.4 The Well Centre is run by BHNFT for cancer patients offering support and advice to manage stress and anxiety, beauty and complementary therapies before, during and after a cancer diagnosis and treatment. It is for any patient receiving treatment at Barnsley Hospital or living within the Barnsley area.
- 11.5 There is also an increase in cancer support workers being recruited both in the hospital and across the primary care practices to support people at referral position and afterwards.
- 11.6 The hospice was closed to in-patients for a short time but continued with telephone or digital contacts instead but is now fully open and starting face to face appointments soon.
- 11.7 The Hospice is also trialing a six week self-management course for people whom may be dying within the next 6-12 months. This is not only for cancer people but for anyone whom would like this support. The sessions focus around sleep, fatigue management, breathlessness management, uncertainty, hygiene etc.
- 11.8 There is also a free Macmillan Funded Bupa Counselling and Emotional Support that provides counselling and emotional support to people living with cancer when they need support to cope emotionally. It offers up to six sessions of free one-on-one counselling over the phone or by video call from a qualified counsellor.

## **12 Reducing the Gap in Referrals by People Whom have not returned**

- 12.1 The current position, from looking at initial current referral data compared to pre-Covid figures, is that:
- The age demographic in 2021 of urgent referrals continues to be 'younger' compared to 2019
  - Cancer diagnosis rates are not increasing in proportion to the increase in referrals. This means that more people are going to their GP but after having a test do not have cancer
  - There is some link between deprivation (income levels) and referral rates increase and recovery. i.e. there is now an increase in referrals from people in more deprived areas of Barnsley
  - Lung and Skin referrals have not seen as strong a recovery in referrals
  - The neighbourhoods and primary care practices previously identified as the most impacted by COVID all show signs of recovery, but still have challenging backlogs and difference in rates of recovery within one area
- 12.2 To change this position, Barnsley Cancer Steering Group are undertaking a Behavioural Insights Project. This work will build on the Be Cancer Safe cancer champions whom have continued.
- 12.3 The overarching ambition of the project is to get people and services to work together to reduce harm, tackle inequalities and save lives. This will be by nudging people whom do not usually come forward early to go to GP Practice if they are worried Three target cancers have been identified based on data showing inequalities around accessing services and an impact from Covid: Lung, Head and Neck and Upper GI.
- 12.4 Barnsley is one of three pilot areas and is deploying three trials to test the application of behavioural science in specific settings. This is overseen by a local Operational Group to guide it, that includes the local authority staff; Barnsley voluntary sector. The three trials are at Barnsley Food Bank and Dove Valley (central area) and Hollygreen Medical Practices (Dearne area).
- 12.5 The trials are adjusting current text, letters and trialling the way they talk to people, to 'nudge' them to come forward if they are worried about cancer. All the staff has been trained in how to change their language to encourage people to make the decision to not sit at home if they have symptoms and to go to their GP Practice early. The hospital is also using this way of working to encourage more people to complete their treatment regime and not stay away because they fear getting COVID.

## 13 Future Plans & Challenges

- 13.1 The biggest risk to increase early diagnosis in cancer in Barnsley is if people do not go to their GP practice early if they suspect cancer. To reduce this risk services are working together to let people know what is a cancer symptom. They are working on ensuring that people are seen as quickly as possible and know if they have cancer within 28 days from being referred.
- 13.2 Cancer rates can be lowered if people have access to services that will help them lead healthier lifestyles i.e. to stop smoking; reduce their weight and to be more physically active. Barnsley has a variety of services available to people to support this to occur and screening services to pick up cancer early.
- 13.3 These services have been impacted on by the COVID pandemic but are either back to normal or on the path to pre-COVID restoration. The services that still have backlogs to manage this risk are ensuring that people whom are at more at clinical risk if they wait are prioritised first for appointments and treatment. The hospital also continues to run additional appointment slots in the evening and the weekend to reduce the time people are waiting for an appointment or treatment.
- 13.4 Additional funding is also being sourced by the CCG, NHS England Public Health team and partners to increase diagnostic and screening capacity within services.
- 13.5 There are also a number of actions being delivered to ensure those people whom have not returned to services but are at more risk of having cancer return back as soon as possible. This includes ensuring people can continue to access GP practice appointments easily.

## 14 Glossary

|           |   |
|-----------|---|
| BCSP      | Bowel Cancer Screening Programme                  |
| BSP       | Breast Screening Programme                        |
| CCG       | Clinical Commissioning Group                      |
| DHSC      | Department of Health & Social Care                |
| FIT       | Faecal Immunochemical Testing                     |
| GI        | Gastro-Intestinal                                 |
| HPV       | Human Papillomavirus                              |
| ICsctor S | Integrated Care System                            |
| KPIs      | Key Performance Indicators                        |
| NHSE/I    | NHS England/Improvement                           |
| NSC       | National Screening Committee                      |
| OSC       | Overview & Scrutiny Committee                     |
| PHE       | Public Health England                             |
| PCN       | Primary Care Network                              |
| QA        | Quality Assurance                                 |
| SQAS      | Screening Quality Assurance Service               |
| STHT      | Sheffield Teaching Hospitals NHS Foundation Trust |
| SYB       | South Yorkshire & Bassetlaw                       |