

Clinical lead: Catherine Maytum & Catherine Zollman  
 Lead Director : Alison Moon

Date: 13 March 2014

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| <p><b>Achievements In Period</b></p> <ul style="list-style-type: none"> <li>Recruitment of cancer GP leads- Catherine Zollman and Catherine Maytum. Kate Rush recruited as End of Life clinical lead</li> <li>Setting up of steering group and development of work plan during January, second meeting 7<sup>th</sup> March –work plan has 6 projects which span prevention, early detection, treatment and survivorship.</li> <li>Cancer steering group pledge NHS change day ‘to include patients at the heart of all we do’</li> <li>Patient Involvement- have 9 patient representatives wanting to work with the steering group, working out how to make best use of their input.</li> <li>System wide CQUIN for end of cancer treatment summaries agreed with UHB and NBT.</li> <li>Developing a PEC (PPI, Equalities and Communications) action plan as a ‘test group’ – will share learning with all other steering groups.</li> <li>C-DAPT project due to be implemented mid-April- pathway redesign for lung, colorectal and pancreas.</li> </ul> | <p><b>Risks</b></p> <p><b>High Risk:</b> Risk of further delays in prioritisation, implementation and service improvements if managerial issues and continuity are not addressed urgently</p> <p><b>Medium Risk:</b></p> <p><b>Low Risk:</b></p>   |
| <p><b>Issues</b></p> <ul style="list-style-type: none"> <li>Still a new steering group and progress on work plan reflects that.</li> <li>Changes with managerial lead- interim in place, CSU not yet confirmed permanent lead.</li> </ul>  | <p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>To confirm how we incorporate our patient representatives into our planning and implementing process.</li> <li>To begin to develop work plan projects - particularly our ‘survivorship programme ‘and ‘early detection primary care support programme’ which are less clearly defined.</li> <li>To develop 5 year plan priorities for cancer- with specific indicators to measure success.</li> <li>To take work plan to locality groups and take project on ‘early detection primary care support programme’ to clinical forum for input.</li> </ul> <p><b>Action required of the Steering Group</b></p> <p><b>Date of next Report:</b></p> |

## Cancer steering group – Strategic Ambitions &amp; Objectives 2013/14 -2017/18

| Strategic Ambitions   | Core Outcomes  | Indicators  | Interventions- 2014/15 work plan  | Pathway section                      |
|---|--|---|---|--------------------------------------|
| Reduce the mortality rate of people with cancer under the age of 75   | Increased survivorship, increased early detection, improved treatment  | Survivorship rates  | <ul style="list-style-type: none"> <li>Cumulative effect of all work plan projects</li> </ul>   | Whole pathway                        |
| Reduce inequalities in cancer by focusing on improving access to earlier diagnosis for the less advantaged groups of population | Targeted public health campaigns   | Bowel cancer screening uptake for men. Screening uptake for people with learning difficulties. Deprivation link with cancer related mortality | <ul style="list-style-type: none"> <li>MECCCa and Cancer Champions</li> <li>Bristol Primary Care Agreement- something around screening rates?</li> <li>GP reporting of screening rates for Adults with Learning Difficulties</li> </ul> | Early Diagnosis- health inequalities |
| Achieve earlier diagnosis of cancer to increase the scope for successful treatment  | A significant reduction (target?) in the numbers of patients who are diagnosed with cancer in A&E<br>An significant reduction in late stage diagnosis                        | Monitoring of stage at diagnosis (reduction late stage 3/4- increase early 1/2)<br>Cancers diagnosed following an emergency admission         | <ul style="list-style-type: none"> <li>Package of support for primary care to help deliver primary care early detection</li> <li>C-DAPT pathways</li> </ul>   | Early Diagnosis                      |
| Support public health partners to reduce incidence of cancers preventable by primary (lifestyle) and secondary (screening) work | To increase the uptake of all screening programmes for all people<br>Specific and marked improvement in screening uptake amongst groups in which uptake is normally reduced. | Screening rates<br>Smoking cessation rates  | <ul style="list-style-type: none"> <li>Bristol Primary Care Agreement- something around screening rates?</li> <li>GP reporting of screening rates for Adults with Learning Difficulties</li> </ul>                                      | Screening                            |