

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

Date: 13 March 2014

Achievements In Period

- Recruitment of cancer GP leads- Catherine Zollman and Catherine Maytum. Kate Rush recruited as End of Life clinical lead
- Setting up of steering group and development of work plan during January, second meeting 7th March –work plan has 6 projects which span prevention, early detection, treatment and survivorship.
- Cancer steering group pledge NHS change day ‘to include patients at the heart of all we do’
- Patient Involvement- have 9 patient representatives wanting to work with the steering group, working out how to make best use of their input.
- System wide CQUIN for end of cancer treatment summaries agreed with UHB and NBT.
- Developing a PEC (PPI, Equalities and Communications) action plan as a ‘test group’ – will share learning with all other steering groups.
- C-DAPT project due to be implemented mid-April- pathway redesign for lung, colorectal and pancreas.

Issues

- Still a new steering group and progress on work plan reflects that.
- Changes with managerial lead- interim in place, CSU not yet confirmed permanent lead.

Risks

High Risk: Risk of further delays in prioritisation, implementation and service improvements if managerial issues and continuity are not addressed urgently

Medium Risk:

Low Risk:

Next Steps

- To confirm how we incorporate our patient representatives into our planning and implementing process.
- To begin to develop work plan projects - particularly our ‘survivorship programme’ and ‘early detection primary care support programme’ which are less clearly defined.
- To develop 5 year plan priorities for cancer- with specific indicators to measure success.
- To take work plan to locality groups and take project on ‘early detection primary care support programme’ to clinical forum for input.

Action required of the Steering Group

Date of next Report:

Cancer steering group – Strategic Ambitions & 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"> Cumulative effect of all work plan projects 	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"> MECCCa and Cancer Champions Bristol Primary Care Agreement- something around screening rates? GP reporting of screening rates for Adults with Learning Difficulties 	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 An significant reduction in late stage diagnosis	Monitoring of stage at diagnosis (reduction late stage 3/4- increase early 1/2) Cancers diagnosed following an emergency admission	<ul style="list-style-type: none"> Package of support for primary care to help deliver primary care early detection C-DAPT pathways 	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 Specific and marked improvement in screening uptake amongst groups in which uptake is normally reduced.	Screening rates Smoking cessation rates	<ul style="list-style-type: none"> Bristol Primary Care Agreement- something around screening rates? GP reporting of screening rates for Adults with Learning Difficulties 	Screening