



Thanet Clinical Commissioning Group

**WE ARE
MACMILLAN.
CANCER SUPPORT**



Thanet Cancer Strategy 2015-2020

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Authors

Background

The Department of Health in 'Improving Outcomes: A Strategy for Cancer 2011' made a pledge to set the following challenges;

- Reduce the incidence of cancers which are preventable
- Improve access to screening and introduce new screening programmes
- Achieve earlier diagnosis of cancer
- Ensure all patients have equal access to the best possible treatment

This has been developed further and in 2015 the National Cancer strategy was launched.

There has been considerable progress made on cancer over the past decade. Cancer mortality has fallen nationally, with the introduction of new treatments and drugs survival rates are improving for many cancers and patients' experience of their care has improved. Progress has also been made against smoking, detecting more cancers early through screening and delivering faster diagnosis and treatment. Multi-disciplinary teams now provide more coordinated and higher quality care for patients and there has been considerable financial investment in cancer which has helped to deliver an expanded cancer workforce and more equipment.

The third annual Improving Outcomes published Dec 2013: A Strategy for Cancer report, in partnership with NHS England and Public Health England, reports on:

- significant developments in cancer screening - particularly on the first phase of introducing Bowel Scope Screening (BSS)
- activity to promote earlier diagnosis of symptomatic cancers through the Be Clear on Cancer campaigns and the associated work with primary and secondary care
- progress in ensuring better access for all to the best possible treatment
- significant developments in the collection and reporting of new datasets and the analysis of information to drive improvements and inform patients

We are committed to continuously improving cancer care in Thanet and over the next 5 years we will continue to work with partners, including NHS England, Public Health England and Macmillan cancer support, on priority areas for action.

Introduction

Cancer is a group of conditions where cells in a specific part of the body grow and reproduce uncontrollably. There are over 200 different types of cancer, each with its own methods of diagnosis and treatment, with the four most common types of cancer being breast, lung, prostate and bowel and they account for around 53% of all new cases. The incidence of cancer is increasing, although the potential to save lives through earlier diagnosis is improving.

Cancer is a very common condition and more than one in three people will develop some form of cancer during their lifetime and it accounts for a quarter of all deaths in England. In 2011, almost 331,500 people in the UK were diagnosed with cancer.

In Thanet, the under-75 cancer mortality rate is statistically higher than the England average and the one year survival rate was the fourth lowest (64.1%) out of any CCG area nationally. High death rates due to lung cancer make a large contribution locally to the life expectancy gap with survival being generally lower among patients in more deprived areas.

Appropriate prevention, screening, diagnosis, treatment and rehabilitation and support services will be required to address the changing cancer agenda. This strategy document sets out how we will develop cancer care in Thanet over the next five years to tackle the identified challenges; this includes reducing cancer mortality rates and improving the health of our local population.

Some key actions over the next 5 years will be to ...

Prevention

- Promote health and wellbeing including:
- Campaigns promoting healthy eating and exercise such as Change4Life
- Target preventative messages to at risk communities and groups
- Actively promote the smoking cessation campaigns
- Deliver to recommendations identified within the alcohol strategy

Screening

- Reduce inequalities in uptake by targeting populations where uptake is low, using interventions based on the evidence

Early diagnosis & Referral

- Through our local Communications plan we will provide educational programmes of raising awareness and support early presentation.

Treatment

- We will improve services locally and measure this through compliance against National cancer Access Standards

Patient experience

- We will review and implement the recommendations of the national Cancer voices audit.

Living with and beyond cancer

- To Implement the local recommendations from the survivorship audit (2014)
- Support the implementation of a standardised local approach to Self Care to support independence and well being

End of Life

- To implement the recommendations of the EK End of Life strategy

Governance

- To ensure an effective electronic system is in place for the transfer of communications

The Case for Change

Thanet has the widest gap in life expectancy out of all of the Kent districts. The difference in life expectancy between the most affluent 10% and most deprived 10% is 10.9 years for men and 6.2 years for women. In Thanet, deprivation, crime and unemployment are all statistically higher than the England average. There are a higher proportion of some vulnerable populations in Thanet such as children in care, ex-offenders and people with a mental health condition which bring increasing health and social care problems. Areas where there is higher proportion of vulnerable and deprived communities often have worse data on lifestyles.

Thanet is statistically worse than the England average for a number of cancer indicators. These include under-75 incidence and mortality, prevalence, percentage of urgent GP referrals with cancer, stage at diagnosis and one year survival rate (Appendix 2). The one year survival rate is a particular issue, with Thanet being the fourth worst area in England for this indicator. Although this rate increased between 1997 and 2012, it was at a much lower proportion than in the other CCG areas across Kent.

Locally performances against National Cancer Access Standards have not always been achieved. As part of this Strategy we are determined to improve the pathways to treatment to ensure patients are seen, diagnosed and treated in a timely manner through working in partnership with providers and where necessary holding them to account for their performance of these standards. This will help Thanet CCG to achieve the world class cancer outcomes which are outlined below.



Aim of the Cancer Strategy

The aim of this strategy is to ensure that appropriate prevention, screening, diagnosis, treatment and rehabilitation and support services for cancer are in place to enable Thanet to improve considerably; reducing cancer mortality and improving the health of our local population.

We will raise the profile of cancer across Thanet to broaden the ownership of this critical issue, to ensure that priority is given to reduction of cancer excess mortality. We will work together with stakeholders to ensure the delivery of these outcomes is aligned to achieving World Class Cancer Outcomes.

Prevention

Preventing cancer is a local and national priority and will play a major part in the reduction of cancer deaths and ill health. It involves the promotion of health and wellbeing and the reduction of cancer risk factors. Prevention will have a strong focus on reducing inequalities in cancer mortality in Thanet. Reducing above average rates of smoking, poor diets and alcohol consumption will have significant impacts on our local population. Smoking is by far the most important preventable cause of cancer. It is responsible for one in four UK cancer deaths, and nearly a fifth of all cancer cases (Nice 2015). In Thanet, lung cancer has the highest mortality and years of life lost from any type of cancer and around 90% of lung cancer is attributed to smoking. After smoking, poor diet, obesity and lack of exercise are some of the most important avoidable causes of cancer.

Nationally smoking prevalence is reducing. In 1990 it was 30% and in 2013 it was 19%. The prevalence for Thanet in 2013 was 25%, although there was variation throughout the district. It is generally highest in areas of the highest deprivation (Figure 1). However rates of smoking are higher in men, in young adults, people in routine and manual occupations. Smoking during pregnancy is an issue in Thanet. In 2013/14, the percentage of pregnant women with a smoking status at time of delivery was 17% in Thanet compared to 12% in England as a whole.

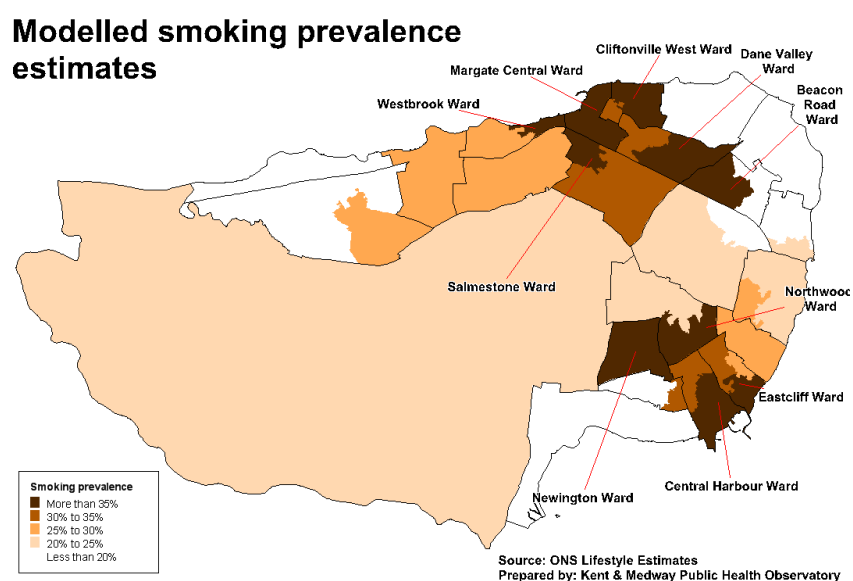


Figure 1: Modelled smoking prevalence estimates across Thanet

Regularly drinking alcohol (up to a pint of premium lager or a large glass of wine a day which contain around three units) can increase the risk of mouth, throat, oesophageal, breast and bowel cancers. A study published in 2011 found that alcohol is responsible for around 4% of UK cancers, about 12,800 cases per year (Parkin et al 2011). The proportion of cases down to alcohol was highest for mouth and throat cancers (around 30%), but bowel cancers accounted for the greatest overall number of cases linked to alcohol (around 4,800 cases a year). Figure 2 shows that alcohol specific hospital admissions increased in most parts of Thanet between 2006 and 2015. There was a slight decrease in Margate, although it was still higher than in other areas of Thanet.

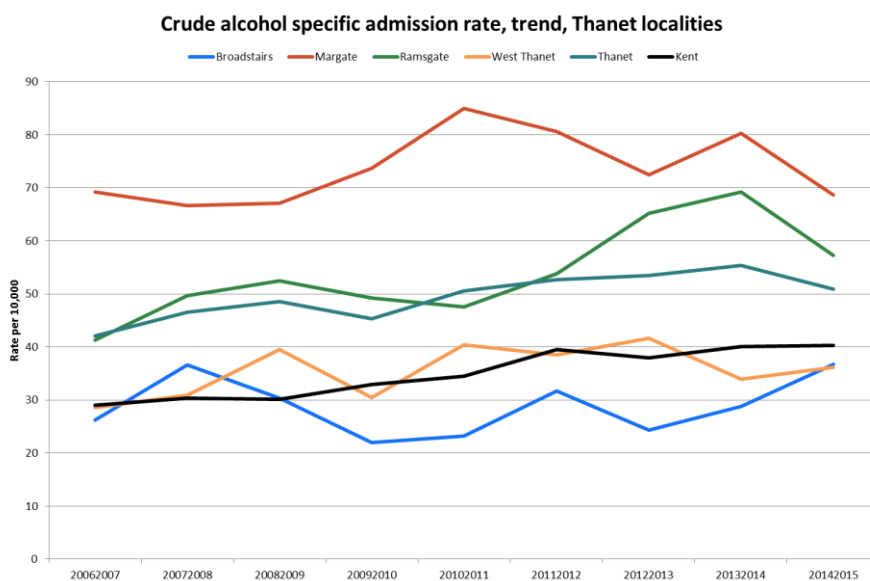
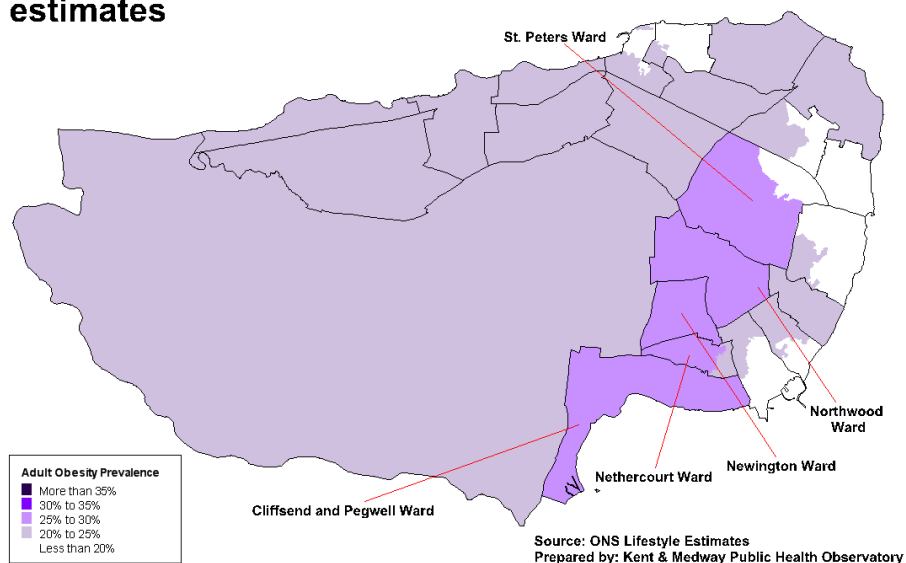


Figure 2: Alcohol specific hospital admission rates

In the UK, 4.4% of all cases of cancer per year in men and 8.2% of all cases of cancer per year in women were estimated to be attributable to obesity. This could increase in the future though because the obesity prevalence trend is increasing. Being overweight or obese is associated with an increased risk of a range of cancers including oesophageal, pancreatic, bowel, breast and rectum. Figure 3 shows the estimated obesity prevalence across Thanet.

Modelled adult obesity prevalence estimates



We Will;

- Ensure that public health services such as the stop smoking service use a more targeted approach to **increasing** access from the most deprived populations in Thanet
- Use social marketing data and methods to tailor preventative messages to at-risk communities and groups
- Build cancer awareness and knowledge of preventative interventions into the 'Make Every Contact Count' programme within health services and partner frontline agencies.
- Promote health and wellbeing through appropriate campaigns such as Change 4Life
- Promote confidence and resilience in children and young people to encourage healthy lifestyle choices and raise their awareness of cancer prevention.

Screening

Screening for cancer aims to find cancers as early as possible. This involves looking for early signs of a particular cancer in healthy people who do not currently have any symptoms. There are three National Screening Programmes established for breast, bowel and cervical cancers.

Screening data for Thanet varies. For breast screening, CCG uptake rates in Kent, Surrey and Sussex range from 58% to 78%. Thanet has an uptake rate of 75% so one of the higher rates for the region. Uptake rates for cervical screening in the region range from 71% to 84%. Thanet has an uptake rate of 76% so close to the average for the region. For bowel screening, regional uptake rates range from 51% to 65%. Thanet's rate is below the regional median— 54%

Generally, populations from more deprived areas are less likely to participate in a screening programme in comparison to those from more affluent areas. The data in appendix 2 shows this to be the case in Thanet with higher screening rates in areas where there is less poverty. This could be due to people with high socioeconomic status being more likely to have more knowledge or sources of care regarding cancer screening services such that they are more motivated to undertake certain types of medical care (Lin 2008)

We Will;

- **Increase awareness and uptake of screening across Thanet**
- **Increase screening rates in low uptake areas by working with specific groups/neighbourhoods/localities**
- **Ensure evidence-based interventions and national guidance is implemented and that new initiatives have audit built in at the planning stage**

Early Diagnosis & Referral

For many cancers, the earlier a cancer is diagnosed and treated, the greater the prospect of survival and improved quality of life. We must continually raise public awareness of cancer symptoms, encouraging people to seek help early and promote early diagnosis in primary care.

We Will;

- **Map differences in cancer presentation, registration and staging ,treatment adherence and survival geography defined by deprivation scores.**
- **Use an established differential needs assessment to target programmes of awareness raising and support early prevention.**
- **Undertake an audit across the whole pathway –focussed on Bowel Cancer initially.**
- **Undertake a reflective audit in practices for patients diagnosed with cancer not on a 2ww pathway.**
- **We will ensure that capacity is available in order to meet the recent changes from the NICE guidance.**

Treatment

Cancer care is complex and relies on highly skilled staff using the most up to date evidence and equipment to provide the best care possible for patients.

Great efforts have been made to ensure timely and high quality care for cancer patients in Thanet. A number of drivers for ensuring better treatment have been introduced nationally, at a regional level and local level.

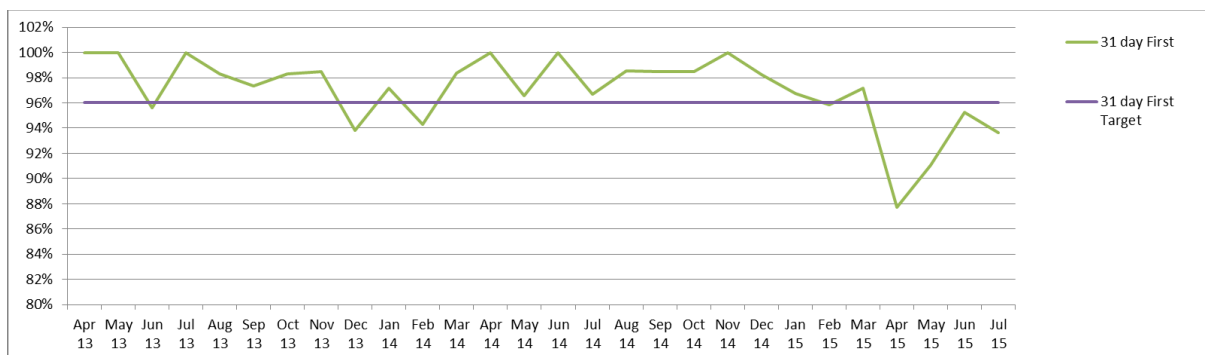
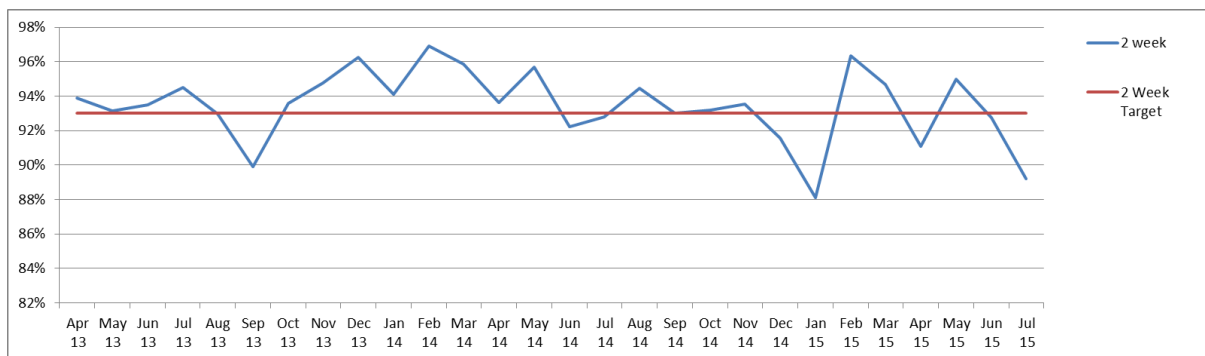
Currently, Thanet patients may access treatment at a number of local hospitals, including the Queen Elizabeth the Queen Mother Hospital, Kent and Canterbury, William Harvey and further afield in Maidstone and specialist hospitals in London.

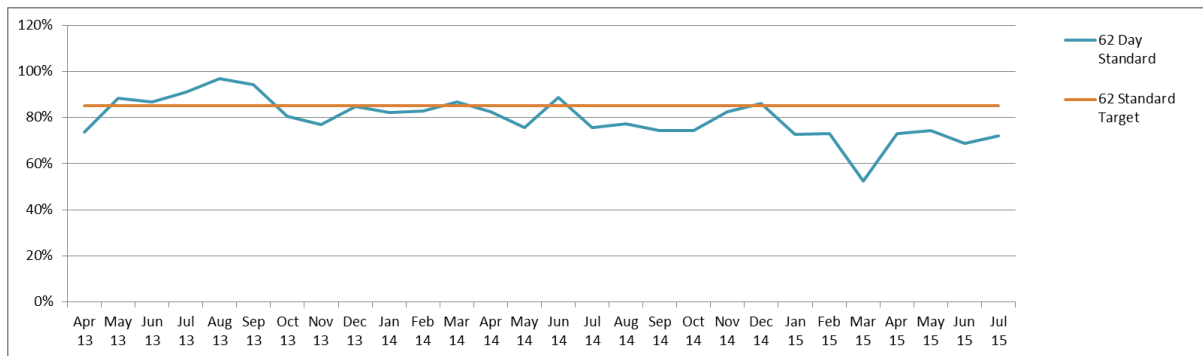
The CCG is committed to ensuring the safe and effective care and treatment is provided ensuring a balance is maintained between centralisation of services and local accessibility.

The current cancer performance has been inconsistent and through this strategy we intend to improve compliance against the national targets

The current Cancer wait targets can be seen in the tables that follow.

**Figure 4 - Cancer Wait Times Performance
Thanet CCG - All Providers**





We Will;

- Focus effort on improving the diagnosis and referral of patients to hospital at Primary Care level through improved awareness amongst GPs.
- Ensure a Cancer Access Standard recovery plan is developed by East Kent Hospitals University Foundation Trust and that this includes Tumour site specific actions that will improve performance.
- We will review the appropriateness of MDT being necessary for all patient reviews for example Prostate cancer.
- We will ensure the patient is central to this process

Patient experience

In October 2011 the NHS National Quality Board (NQB) agreed on a working definition of patient experience to guide the measurement of patient experience across the NHS. This framework outlines those elements which are critical to the patients’ experience of NHS Services.

- **Respect for patient-centred values, preferences, and expressed needs**, including: cultural issues; the dignity, privacy and independence of patients and service users; an awareness of quality-of-life issues; and shared decision making;
- **Coordination and integration of care** across the health and social care system;
- **Information, communication, and education** on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion;
- **Physical comfort** including pain management, help with activities of daily living, and clean and comfortable surroundings;
- **Emotional support** and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances;
- **Welcoming the involvement of family and friends**, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as care-givers;

- **Transition and continuity** as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions;
- **Access to care** with attention for example, to time spent waiting for admission or time between admission and placement in a room in an in-patient setting, and waiting time for an appointment or visit in the out-patient, primary care or social care setting.

Patients express the view that their experience of care is around clinical effectiveness and safety. They want to feel informed, supported and listened to so that they can make meaningful decisions and choices about their care. They want to be treated as a person not a number and they value efficient processes.

Macmillan's 'Nine Outcomes': What matters most to people with cancer

Cancer in the UK 2014 examines the state of cancer in the UK in terms of the nine issues that people affected by cancer have told Macmillan matter most to them. These issues include clinical outcomes as well as the impact of cancer on the whole of a person's life.



Living with and beyond cancer

The cancer story is changing: there are two million people living with or beyond cancer in the UK. This figure is set to rise to four million by 2030.⁹ Cancer incidence is increasing and survival rates are improving. While there is plenty of information and support available to people during their treatment, it can be hard to adjust afterwards and get back to as normal a life as possible. Patients and families may be left with physical, psychological, social and economic effects following diagnosis and treatment. We will support and encourage local people to manage their own conditions and create a pathway of care focused on the needs of patients and families linking with the South Tyneside Pioneer project. Staff across health, social care and the third sector will work collectively on a joined up self-care 'offer' to reduce fragmentation of service delivery and improve the lives of local people. To help support local patients and their families' access is available to emotional and practical support to help people who are trying to return to 'normal life' after the roller coaster experience of cancer. Cancer Connections and Coping with Cancer are both local charities whose work is carried out by volunteers, most of whom have first-hand experience of cancer.

Thanet CCG has contributed to the South East Coast Clinical Networks review of the implementation of the Cancer Recovery Package. A number of recommendations have been made and the CCG is committed to implementing these recommendations locally.

We Will;

- **Ensure that patients, carers and families of those who have had cancer have access to quality information and support services, including access to physical psychological, social and economic support when needed**
- **Support the implementation of a standardised local approach to Self Care to support independence and well being**
- **Raise the awareness to ensure all health professionals are vigilant for signs of recurrence or treatment complications**
- **Contribute to the development of a clear vision and five year strategy for the commissioning and implementation of the Recovery Package.**
- **Work with the Strategic Cancer Network to gather evidence and good practice examples and facilitate the sharing of good practice and knowledge across the CCG.**
- **Implement locally the recommendations of the Cancer Recovery package**

End of Life

A significant proportion of all deaths in Thanet are due to cancer and so ensuring appropriate end of life services and support are available in the right place at the right time is essential. We must ensure that appropriate support is provided that meets the needs of both the person who is dying and the people close to them. There will be a strong focus ensuring that the recommendations of the East Kent Strategy are implemented so that people have the best possible end of life experience and will be;

- treated as an individual, with dignity and respect
- should have access to appropriate medication and support to manage their symptoms
- in familiar surroundings
- in the company of close friends and/or family
- able to be cared for and die in the place of their choice.

Regardless whether the patient is young or old they should receive high quality end of life or palliative care from their GP, nurse, case manager, therapist, hospice, hospital, voluntary organisations and any other professional who is involved in their care. They should be supported physically, psychologically, socially and emotionally and their own personal needs and preferences will be paramount in their care. Carers and families will also receive the help and support they need.

We Will;

- **Implement the recommendations of the East Kent EOL Strategy**
- **Ensure patients preferred place of care is achieved**
- **Review and re design current EOL pathway and services**
- **Ensure and appropriate electronic system is in place for communication of patients wishes at Ends of Life**
- **Ensure EOL training is mandatory for all organisations**

Governance

We are committed to continuously improving cancer care in Thanet and to support us in achieving our goal we have identified a number of cross pathway priorities.

The monitoring and delivery of this strategy will be overseen by the Thanet cancer Steering group which will report to the CLT

We Will;

- **Ensure an effective electronic system to transfer of communications is implemented**
- **Ensure there is effective, safe speedy communication for professionals involved in the care of cancer patients**

How will the Cancer Strategy be implemented?

NHS Thanet Clinical Commissioning Group Cancer Strategy maps out the key priorities and actions for improving the quality of cancer care in Thanet. It is a strategic plan which requires the involvement of key partners and stakeholders.

Clinical Leadership

NHS Thanet CCG has a dedicated Clinical Lead, Public Health Lead, Macmillan GP and Primary Care Nurse for Cancer who have been heavily involved in the development of this strategy and will be tasked with jointly delivering it. The development of this strategy has not been undertaken in isolation and nor will its delivery.

Working with Stakeholders

NHS Thanet CCG will not be able to realise this strategy without working closely with other key stakeholders including local provider organisations (EKHUFT, KCHFT, KCC, Pilgrims hospices), Primary Care, third sector partners and patients, carers and others who are affected by cancer. We will develop models of delivery with our stakeholders to ensure the successful delivery of the actions linked to this strategy. (See Appendix 3)

Communication Plan

To support the delivery of this strategy NHS Thanet CCG will develop a dedicated communication and engagement plan.

To ensure successful implementation we will review the Terms of Reference and membership of the group to ensure there is representation from all relevant groups necessary to oversee the delivery of this strategy. This will ensure that the level of representation is sufficient to provide comprehensive leadership.

Measures of Success

In measuring the success of this strategy Thanet CCG are reliant on data which can be retrospective.

In order to address this we are building in milestones that will demonstrate the effectiveness of the actions contained within the delivery plan.

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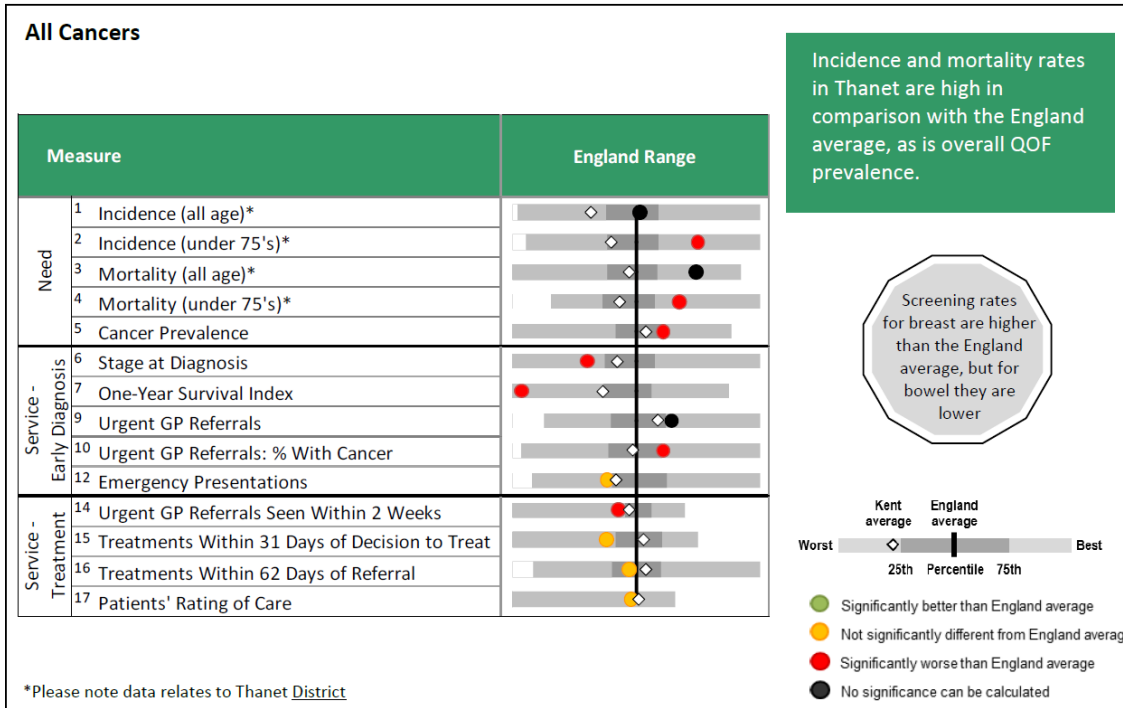
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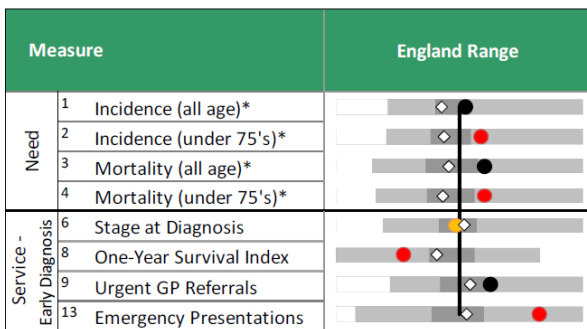
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South Tyneside Partnership (2014) Cancer Strategy

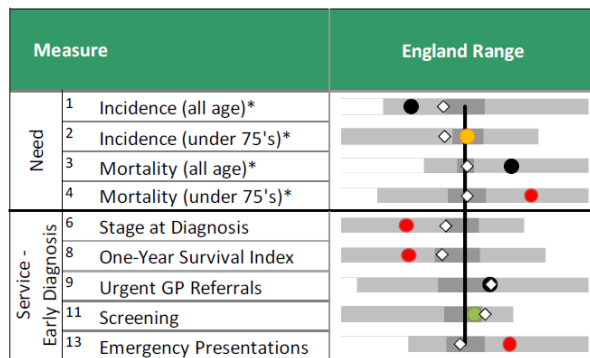
Appendix 1- Thanet cancer profile



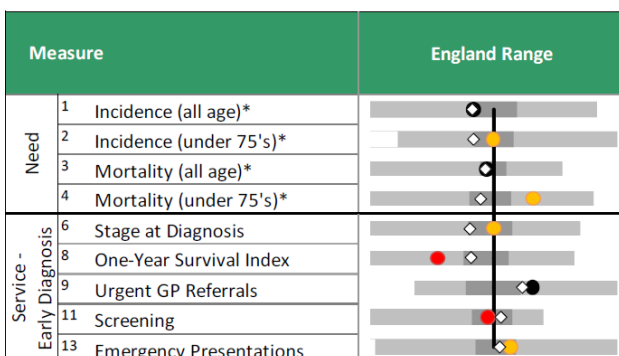
Lung Cancer



Breast Cancer

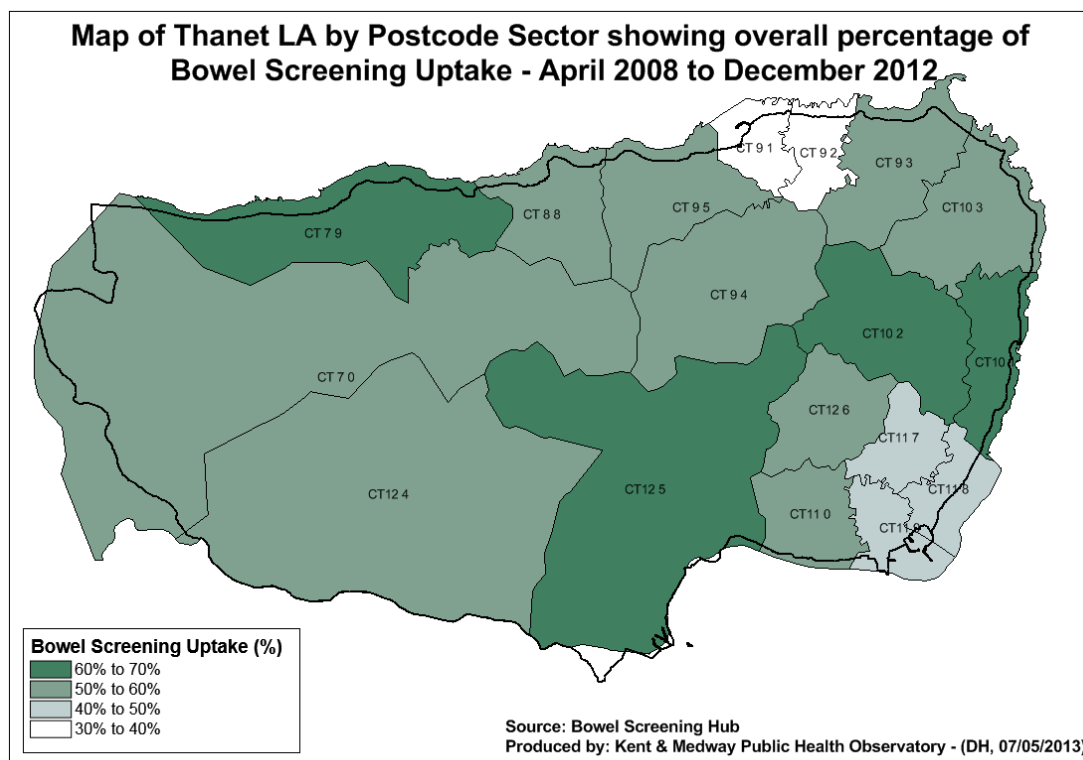


Colorectal Cancer



1/2. Incidence: DSR – HSCIC, 2012. 3/4. Mortality: DSR – HSCIC, 2013. 5. Cancer prevalence (QOF) – HSCIC, 2012/13. 6. Stage at diagnosis: % diagnosed at Stage 1 or 2 – CCT, 2012. 7. One-year survival index – ONS, 2012. 8. One-year survival index: Breast, colorectal & lung cancers combined – ONS, 2012. 9. Urgent GP referrals: Crude rate – CCT, 2013 GP Profile. 10. Urgent GP referrals: Conversion rate (% with cancer) – CCT, 2013 GP Profile. 11. Screening: % of eligible patients screened – CCT, 2013 GP Profile. 12. Emergency presentations (%) – CCT, July-December 2012. 13. Emergency presentations (%) – 'Routes to Diagnosis 2006-2010', NAEDI. 14. Urgent GP referrals seen within 2 weeks (%) – CCT CCG Profile, 2013/14. 15. Treatments within 31 days of decision to treat (%) – CCT CCG Profile, 2013/14. 16. Treatments within 62 days of GP referral (%) – CCT CCG Profile, 2013/14. 17. Patients' rating of care: % cancer patients rating their care as 'excellent' or 'very good' – Cancer Patient Experience Survey 2014.

Appendix 2 – Local screening data



Cervical Cytology Screening for Thanet CCG Patients - Jan 2007 to Dec 2012 (pooled data) by age band

Thanet CCG Practices	Practice Name	Percentage screened by age band										All Ages
		25-29	25-64	30-34	35-39	40-44	45-49	50-54	50-64	55-59	60-64	
G82796	THE ALBION ROAD SURGERY	87.10	92.75	97.67	97.78	98.15	93.33	90.16	89.22	92.31	85.19	92.37
G82674	CLIFTONVILLE SURGERY	82.93	89.32	82.50	87.50	91.53	95.92	91.04	90.18	95.45	84.62	89.10
G82219	ST PETER'S SURGERY	81.73	87.36	89.47	90.38	91.60	92.45	90.70	84.00	84.21	76.11	86.80
G82107	MINSTER SURGERY	74.29	85.92	90.10	88.56	87.76	90.27	87.10	83.97	85.91	78.90	85.28
G82810	GARLINGE SURGERY	73.40	85.07	89.77	89.81	86.30	90.08	86.84	82.49	80.23	77.19	84.12
G82210	OSBORNE ROAD SURGERY	71.93	83.91	83.64	79.41	84.52	91.55	91.67	86.10	77.19	86.96	83.69
G82650	MOCKETT'S WOOD SURGERY	71.70	83.02	84.82	81.75	92.19	88.17	86.43	80.87	73.95	81.17	82.41
G82079	WESTGATE SURGERY	76.21	81.45	86.32	86.19	83.14	83.73	83.61	79.01	76.40	76.08	81.21
G82649	UNION ROW SURGERY	71.29	81.72	84.72	80.25	87.91	93.51	90.28	78.23	71.74	58.62	79.83
G82020	THE GRANGE PRACTICE	71.14	79.09	84.18	82.18	80.66	83.24	82.74	76.89	75.10	71.53	78.68
G82126	EAST CLIFF MEDICAL PRACTICE	69.61	78.74	80.53	83.55	86.41	85.92	78.24	73.59	73.65	68.03	77.83
G82812	WICKHAM SURGERY	74.07	78.20	83.33	82.00	89.83	71.43	86.27	74.64	65.12	70.45	77.53
G82150	NEWINGTON ROAD SURGERY	69.75	77.90	79.61	81.73	83.60	83.33	81.77	75.15	68.98	73.50	77.53
G82666	BIRCHINGTON MEDICAL CENTRE	72.54	76.63	80.86	83.89	82.64	79.46	73.33	71.86	70.04	72.27	76.35
G82630	THE BROADWAY PRACTICE	61.18	77.04	75.93	87.73	86.34	82.00	79.38	73.14	71.26	67.68	76.17
G82046	SUMMERHILL SURGERY	65.17	75.84	80.21	79.37	81.95	77.03	79.10	74.14	70.27	71.23	75.43
G82105	BETHESDA MEDICAL CENTRE	66.94	75.39	73.64	78.70	80.00	81.03	76.70	74.63	74.19	72.41	75.36
G82064	DASHWOOD HOUSE	61.98	75.21	79.84	78.11	81.96	82.04	78.19	72.57	72.30	64.57	74.68
G82052	THE LIMES	60.15	73.73	78.19	80.07	78.11	77.38	79.25	72.61	72.22	65.00	73.67
G82066	NORTHDOWN SURGERY	64.56	73.57	77.88	77.21	77.85	77.19	79.18	70.89	67.06	66.06	73.15
G82769	CECIL SQUARE SURGERY	51.25	69.23	66.22	80.60	78.08	76.06	77.08	67.24	58.62	61.54	68.59
Thanet CCG Average		70.42	80.05	82.35	83.66	85.26	84.53	83.29	77.69	75.06	72.81	79.51

Breast Screening Coverage - Thanet CCG Patient - April 2009 to March 2012 (pooled data)

Practice Name	Percentage Screened in 3 year period to March 2012
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BIRCHINGTON MEDICAL CENTRE	81.09
MINSTER SURGERY	80.00
ST PETER'S SURGERY	79.76
WESTGATE SURGERY	78.87
THE GRANGE PRACTICE	78.75
SUMMERHILL SURGERY	78.40
OSBORNE ROAD SURGERY	78.23
THE BROADWAY PRACTICE	77.73
CLIFTONVILLE SURGERY	77.18
EAST CLIFF MEDICAL PRACTICE	76.90
MOCKETTS WOOD SURGERY	76.06
NORTHDOWN SURGERY	75.93
THE ALBION ROAD SURGERY	75.71
GARLINGE SURGERY	75.70
DASHWOOD HOUSE	75.15
BETHESDA MEDICAL CENTRE	73.35
NEWINGTON ROAD SURGERY	72.52
THE LIMES	72.33
WICKHAM SURGERY	69.80
UNION ROW SURGERY	67.54
CECIL SQUARE SURGERY	59.86
	77.88

Appendix 3 – NHS Thanet CCG Cancer Work Plan

Cancer framework action plan

Action Number	Improvement Action Plan	Actions required	Leads, Timescales & Comments
1	<i>To develop a cancer strategy for TCCG</i>	<p>To review current data for Thanet and prioritise key recommendations</p> <p>To present this at CLT and hold a PLT session around cancer to launch the document</p> <p>To arrange PLT session FH to speak with HP</p> <p>To learn from other similar areas with regards to strategy development (ie South Tyneside)</p>	<p>CT/FH/GB Oct 2015</p> <p>CT/FH/GB Oct 2015</p> <p>FH Jul 2015</p> <p>FH Jul 2015</p>
2	<i>Improvement in health promotion</i>	<p>To liaise with Comms team around developing a Comms and engagement strategy to raise health literacy within the population. Promoting key messages to general public and professionals.</p> <p>To link with Public Health Stop smoking and health promotion teams and Macmillan to develop some local events in libraries, one stop shops A& E dept etc.</p> <p>FH to liaise with Mark Holmes Macmillan public engagement officer.</p>	<p>FH/CT/GB/SJ Jul 2015</p> <p>FH/CT/GB Sep 2015</p> <p>FH Sep 2015</p>

3	Two week wait referrals Thanet CCG has a higher rate of referrals than the national figure.	Practice profiles will be available July 15 and CT to compile narrative to go along side data With conversion rates	CT Jul 2015
4	Emergency admissions with cancer per 100,000 population Thanet CCG has a higher rate of emergency cancer admissions than the national average	To present audit to practice managers meeting 17/06/15 To commence a Cancer Emergency Presentations Audit with the top 11 Practices	FH Complete Dr C Neden and FH To commence Sep 2015
5	Percentage of diagnostic tests from GP direct access Thanet CCG has a lower rate referred via GP direct access for chest x-rays, brain MRIs and ultrasounds compared to the national average	Consider in line with recently published NICE guidance approach to raise awareness within General Practice.	Dr C Neden/ Dr J Neden Sep 2015
6	Screening uptake breast, For breast screening Thanet has an uptake rate of 75% so one of the higher rates for the region.	Some issues around 6 month review letters being sent to practices. CT to speak with JR re process	CT Sept 2015
7	Screening uptake cervical, Thanet has an uptake rate of 76% so close to the average for the region.	Obtain data from Public Health on a quarterly basis.	CT Oct 2015
8	Screening uptake bowel Thanet's rate is below the regional median– 54%	To review current equity of service- in particular pathway for colonoscopy	GB/FH Aug 2015
9	Routes to diagnosis Thanet CCG is above the national median rate	To commence a Cancer Emergency Presentations Audit with the top 11 Practices	Dr C Neden and FH To commence Sep 2015

	of patients diagnosed via emergency routes for Lung, Breast and Colorectal Cancers		
10	Age standardised under 75 mortality rate: all cancers Thanet CCG is above the national average and has the highest rate in the region.	Implement Thanet Strategy	All Nov 2015
11	1 year survival rate for all cancers The latest figures indicate that Thanet CCG has 1 year survival rates that are below the regional and national averages and one of the lowest in the region.	Implement Thanet Strategy	All Nov 2015
12	Staging for all cancers Thanet CCG had 37.4% of cancers that were diagnosed at stage 1 or 2 which was below the regional average and below the national average.	To review current data for Thanet and prioritise key recommendations To present this at CLT and hold a PLT session around cancer to launch the document To arrange PLT session FH to speak with HP	CT/FH/GB Oct 2015 CT/FH/GB Oct 2015 FH Jul 2015
13	Review Current Performance standards Achievement of the Cancer wait standards has fluctuated from month to month.	Review data monthly and highlight and address underperformance.	GB Ongoing
14	Cancer Recovery Plan EKHUFT have developed a Cancer Recovery Plan for Urology and Lower GI to address performance issues.	Oversee, contribute and monitor delivery of recovery plans.	Dr C Neden/GB Oct 2015

Appendix 4 - Glossary