



South Yorkshire and Bassetlaw Accountable Care System

South Yorkshire,
Bassetlaw & North Derbyshire
Cancer Alliance

Wednesday 17 January 2018



Membership: Cancer Alliance Context

£ £4.5 billion total health and social care budget

 1.8 million population

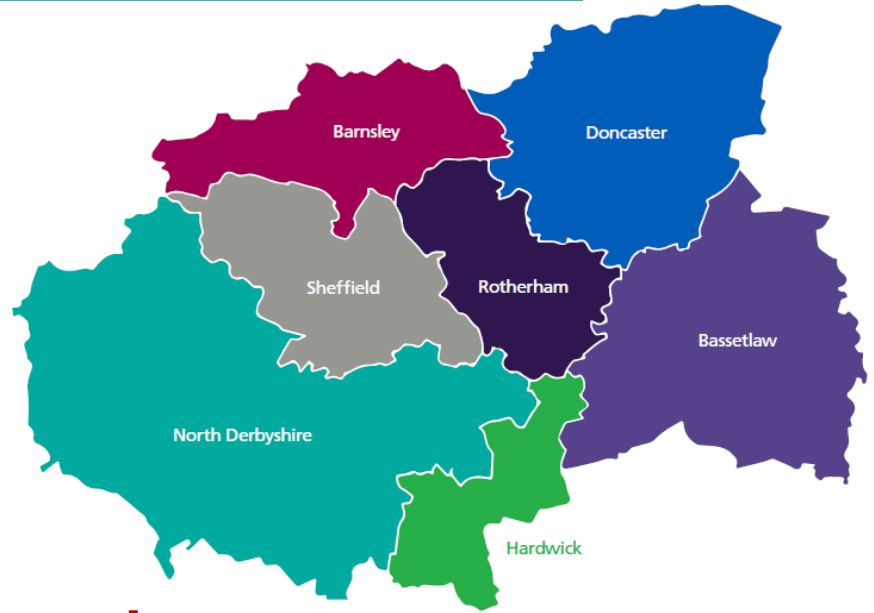
 2 STPs

 243 GP practices

 6 local authorities

 7 acute hospital & community trusts

 7 clinical commissioning groups





Partners: Cancer Alliance Context

Sheffield Teaching Hospitals NHS Foundation Trust

South West Yorkshire Partnership NHS Foundation Trust

Sheffield Clinical Commissioning Group

Rotherham Doncaster and South Humber NHS Foundation Trust

Barnsley Healthcare Federation

Sheffield City Council

Chesterfield Royal Hospital NHS Foundation Trust

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Rotherham Metropolitan Borough Council

AURORA NHS Foundation Trust

Sheffield City Council

Barnsley Hospital NHS Foundation Trust

Bassetlaw DISTRICT COUNCIL — North Nottinghamshire —

Doncaster Metropolitan Borough Council

The Rotherham NHS Foundation Trust

North Derbyshire Clinical Commissioning Group

DERBYSHIRE County Council

CANCER RESEARCH UK

Health Education England

WE ARE MACMILLAN. CANCER SUPPORT

derbyshire voluntary action Supporting Health & Wellbeing

Rotherham Clinical Commissioning Group

VoluntaryAction Rotherham

Doncaster Clinical Commissioning Group

CHESTERFIELD BOROUGH COUNCIL

Sheffield Health and Social Care NHS Foundation Trust

North East Derbyshire District Council

Derbyshire Community Health Services NHS Foundation Trust

Barnsley Clinical Commissioning Group

BARNESLEY Metropolitan Borough Council

Bassetlaw Clinical Commissioning Group



ACS Commitments for Cancer

- 1 Establish Cancer Alliance to deliver National Cancer Taskforce recommendations
- 2 Improve early diagnosis – proportion of cancers diagnosed at stage 1 and 2
- 3 Reduce proportion of cancers diagnosed as emergency presentation
- 4 Improve 1 year survival rates for all cancers
- 5 Deliver 62 day target
- 6 Support introduction of new screening models e.g. FIT, HPV and increase uptake of existing programmes
- 7 Roll out recovery package and risk stratified follow-up

Cancer Work stream: Top 3 Priorities

1

Early Diagnosis:
↑ *cancers at stage 1/2 & 1 year survival rate*
↓ *emergency presentation*

- Social movement to increase public awareness
- Targeted work to improve screening access & uptake
- Primary care initiatives
- Introducing new screening programmes & technologies e.g. FIT and primary HPV testing
- Introduce FIT in symptomatic population

2

Quality of Life:
↑ *patient experience*

- Roll out recovery package and risk stratified pathways
- Advanced cancer: embedding choice and shared decision making
- Chemotherapy: access & delivery models

3

Delivering Cancer Waiting Time Targets:
62 Day/FDS

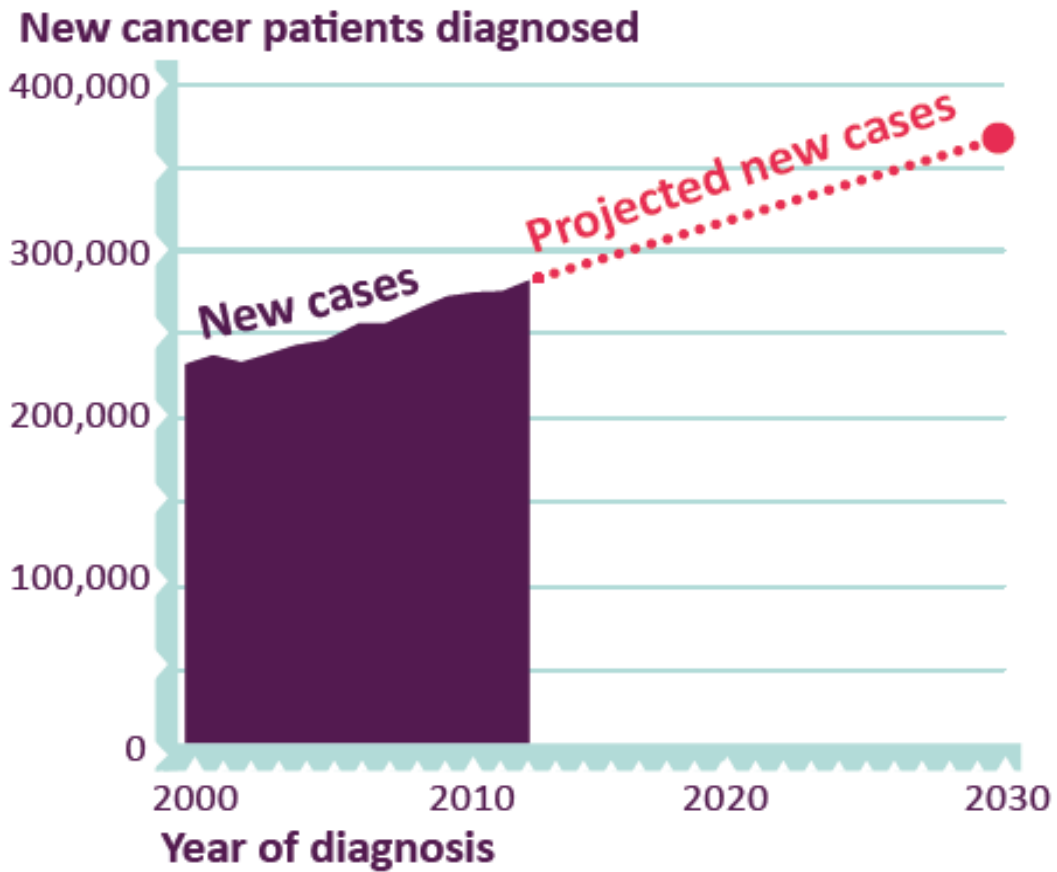
- introduction of new diagnostic models and pathways, for example rapid diagnostic and assessment centres.
- Joint demand & capacity work with Elective & Diagnostics Programme (CT, MR, Endoscopy).
- Embedding optimal pathways



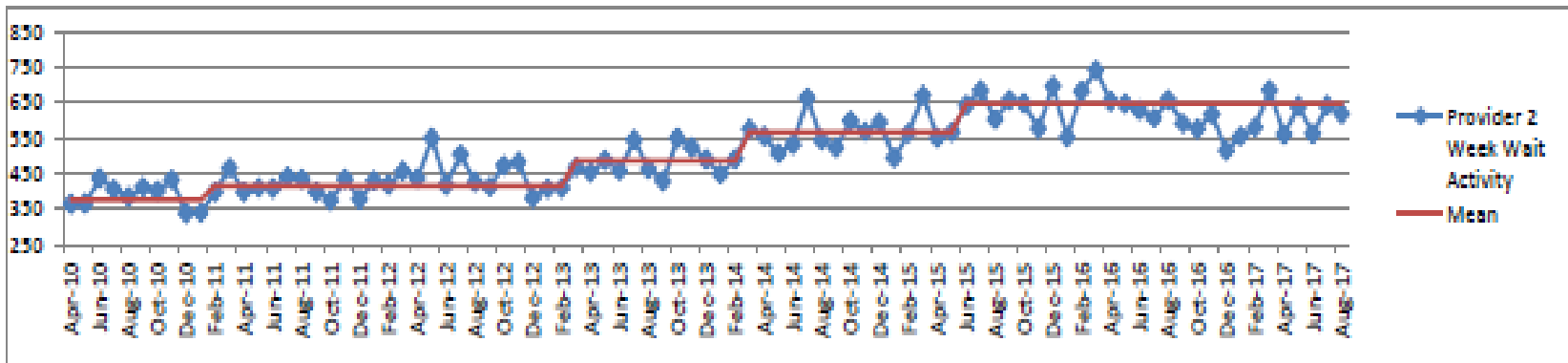
Increasing Demand: Cancer Alliance Context

In 2013 280,000
new diagnoses

80,000
additional cases by
2030

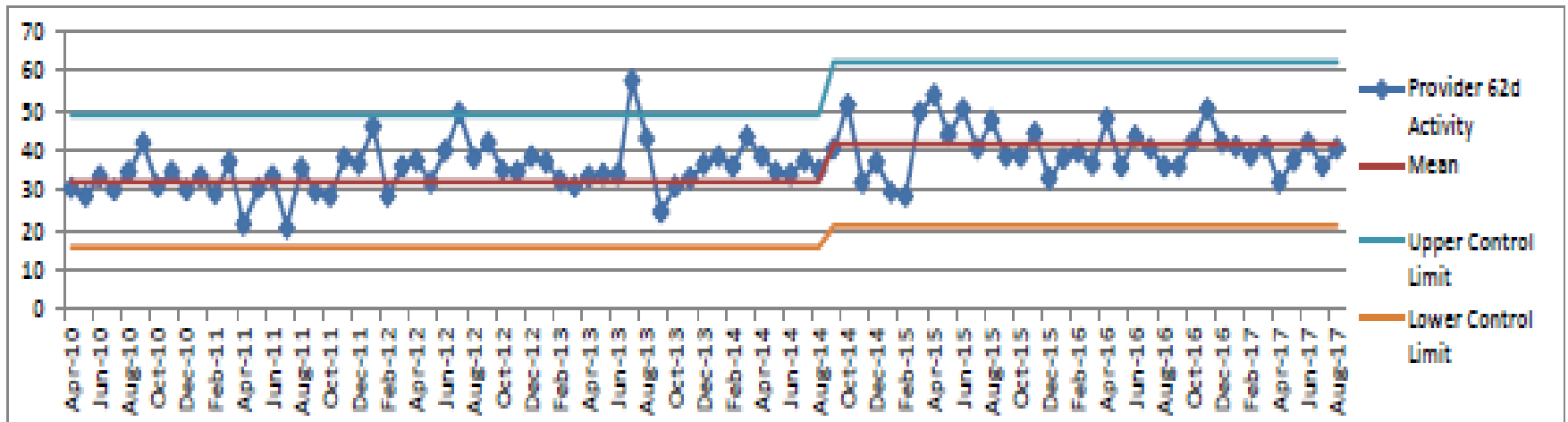


Demand : BHFT 2ww referrals



There has been a 55% increase in 2ww activity over the past 7 years – the last 2 years have been stable

Demand: 62 day activity



There has been an associated increase in 62 day activity of 30%

Conversion rates remain low across the Alliance – pilot data 8% in Rotherham

Outcomes

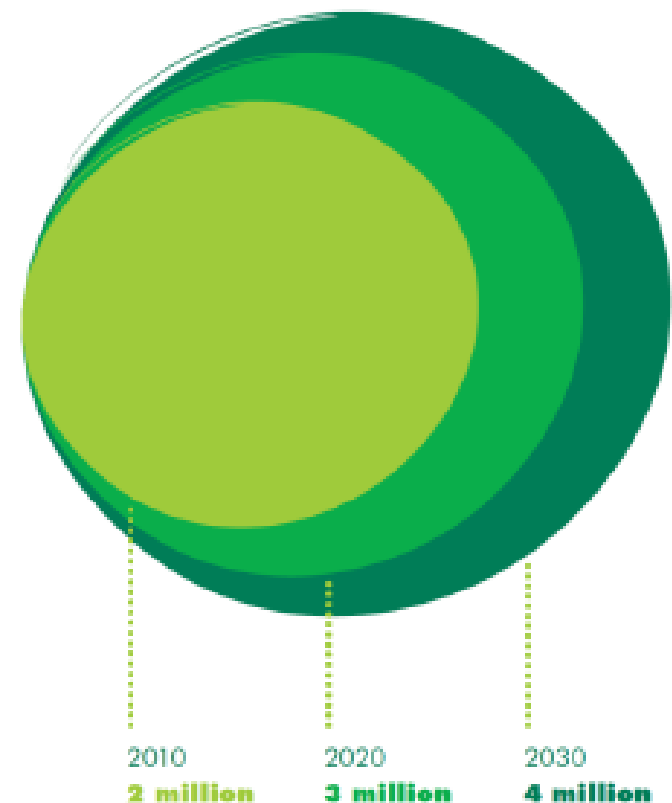
Indicator	DATA SOURCE	TYPE	TIME PERIOD	Cancer Alliance Variation	ENGLAND	Cancer Alliance	BARNSELEY CCG	BASSETLAW CCG	DONCASTER CCG	HARWICK CCG	NORTH DERYSHIRE CCG	ROTHERHAM CCG	SHEFFIELD CCG
Incidence	PHE	per 100,000 population	2014	77	608	636	622	670	659	675	621	607	598
Under 75 mortality from Cancer considered preventable	PHE	per 100,000 population	2013 - 2015	14.8	81.1	94.2	88.3	89.8	102.9	103.1	89.8	95.1	90.3
Screening coverage													
Cervical	HSCIC/PHE	% Annual	2016	6.4	72.7	77	77.3	77.4	75	78.9	80.2	76.3	73.8
Breast	HSCIC/PHE	% Annual	2016	3.7	75.5	79	79.9	79.2	76.2	78.5	79.7	79.5	77.7
Bowel	NSCIC/PHE	% 6 monthly	2016	4.8	57.9	61	60.2	62.3	60.7	59.2	64	59.5	59.5
Proportion (%) of cancers diagnosed at stage 1 and 2	NCIN: cancer outcome metrics	1 year avg	2012 q4	16	44	34	38	25	26	39	41	36	36
			2015 q1	11	52	46	46	41	42	49	52	41	52
			Trend		+8	+12	+8	+16	+16	+10	+11	+5	+16
Proportion (%) of cancers staged	PHE	%	2014	22.6	75.8	66.3	71.7	53.7	56.5	74.3	76.3	56.8	75
Survival - 1 year	ONS	% All Cancers	2016		72.3	71.2	71.7	71.2	70.3	69.8	72.1	70.7	72.6
Emergency presentation	NCIN: cancer outcome metrics	% 1 yr avg	2016 q1	4	20	23	24	22	25	24	21	22	25
Overall patient experience Patients average rating of care scored from very poor to very good	CPES	/10 Annual	2016	0.3	8.7	8.7	8.9	8.4	8.7	8.8	8.7	8.7	8.8

Prevalence

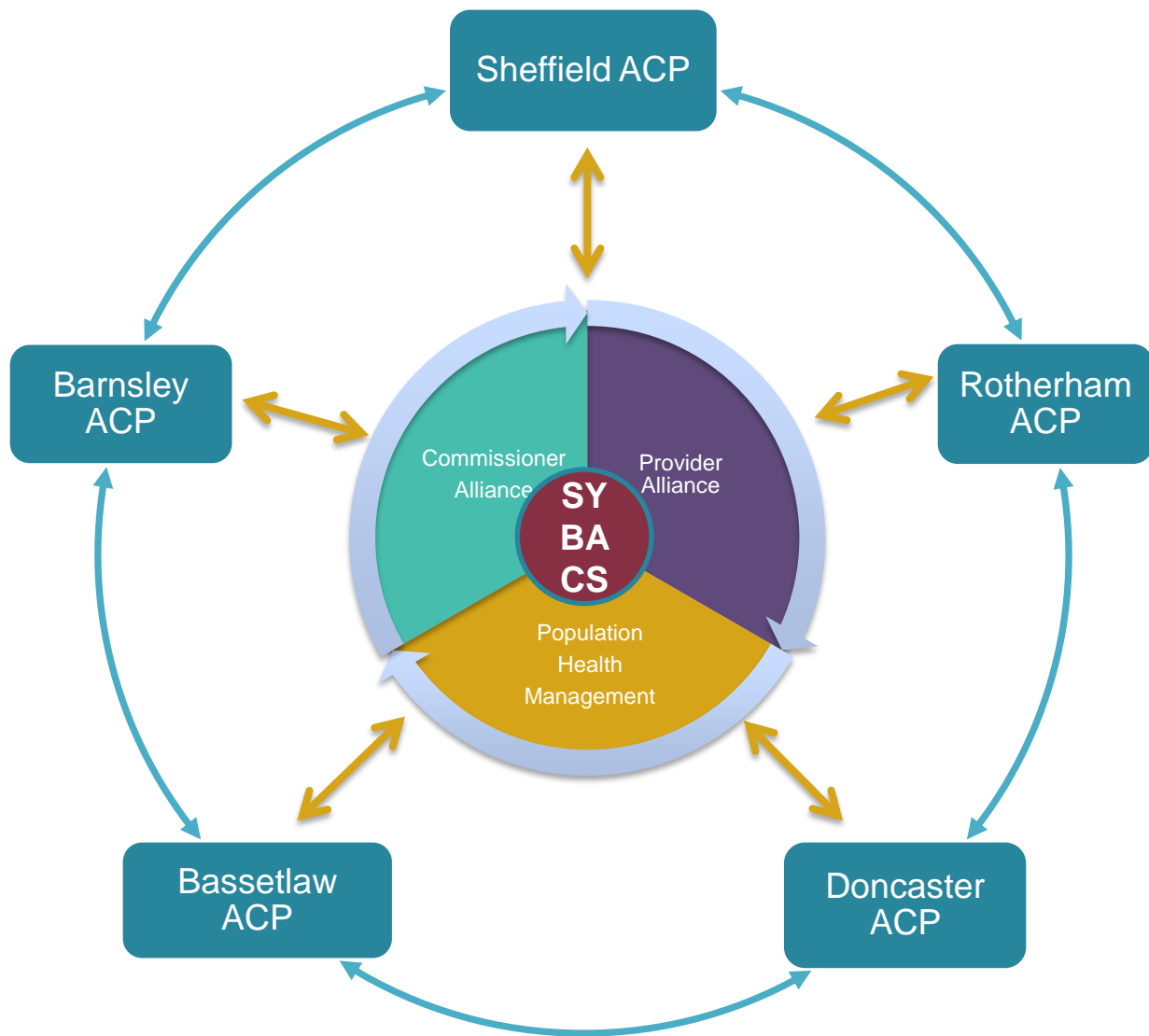
Changes over time

- The number of older people (aged 65 and over) living with cancer has grown by 300,000 (or 23%) in the five years to 2015³.
- The number of people who have survived five or more years since diagnosis has increased by over 260,000 (or 21%) in the five years to 2015³.
- The number of people living with cancer in the UK is increasing by 3% every year⁴.
- The number of cancer survivors in the UK is projected to increase by approximately one million per decade from 2010 to 2040; resulting in four million people living with cancer in 2030⁴.

Number of people living with a cancer diagnosis in the UK



SYB System Relationships



SYB ACS

PLACE/ACS RELATIONSHIP

- Support
- Resourcing
- Information Sharing
- Shared decision making

PLACE TO PLACE RELATIONSHIP

- Information Sharing
- Communication/Networking
- Collaboration

POPULATION HEALTH MANAGEMENT

Understanding population health needs, eg, health needs assessments and determining population health outcomes

PROVIDER ALLIANCE

Boards and committees in common for provider organisations, eg the Provider Federation Board

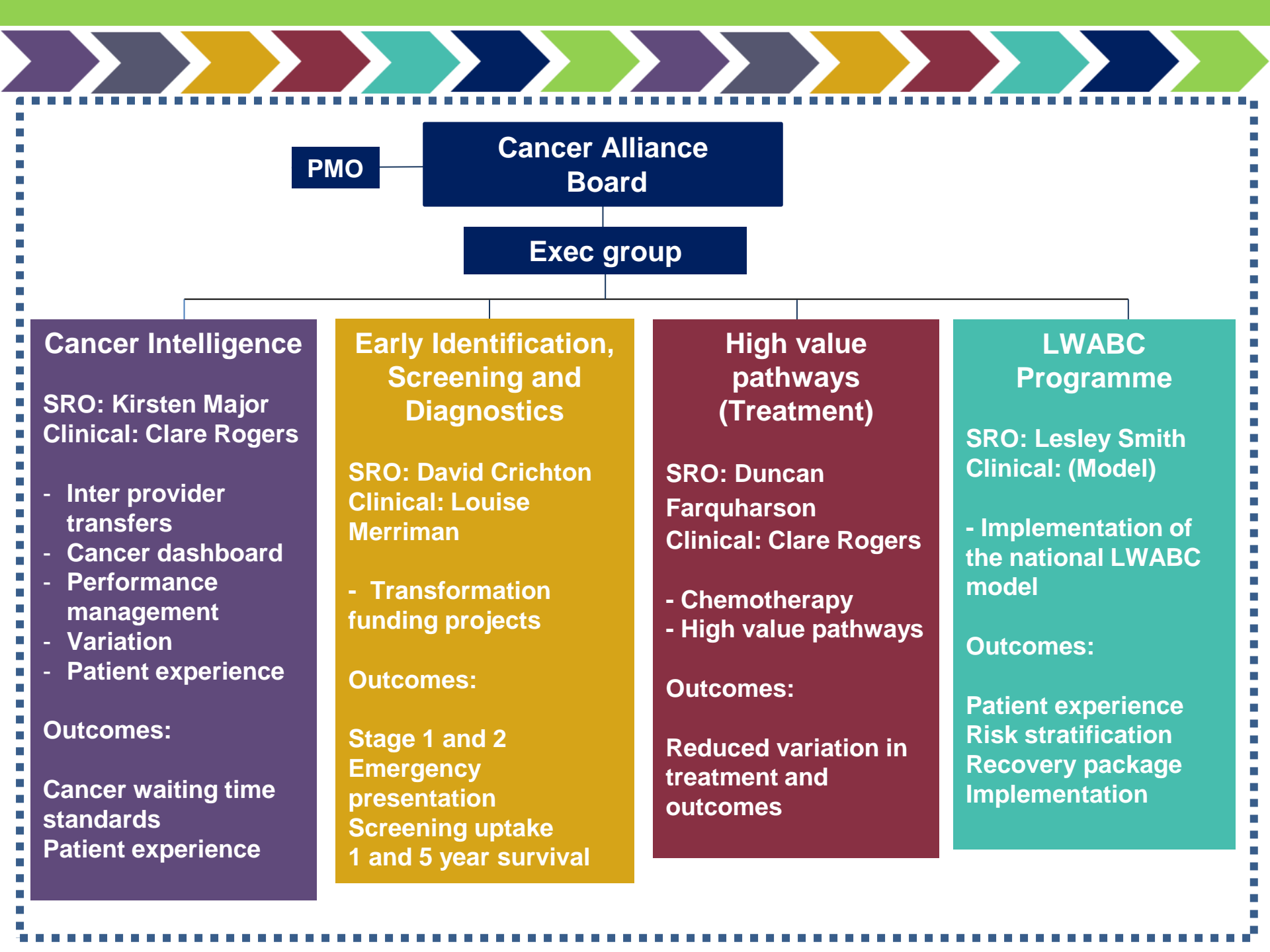
COMMISSIONER ALLIANCE

Boards and committees in common for commissioners, eg the Joint Committee of Clinical Commissioning Groups

ACCOUNTABLE CARE PARTNERSHIPS

Local places working as ACPs bring together health and care at a local level





PMO

Cancer Alliance Board

Exec group

Cancer Intelligence

SRO: Kirsten Major
Clinical: Clare Rogers

- Inter provider transfers
- Cancer dashboard
- Performance management
- Variation
- Patient experience

Outcomes:

Cancer waiting time standards
Patient experience

Early Identification, Screening and Diagnostics

SRO: David Crichton
Clinical: Louise Merriman

- Transformation funding projects

Outcomes:

Stage 1 and 2
Emergency presentation
Screening uptake
1 and 5 year survival

High value pathways (Treatment)

SRO: Duncan Farquharson
Clinical: Clare Rogers

- Chemotherapy
- High value pathways

Outcomes:

Reduced variation in treatment and outcomes

LWABC Programme

SRO: Lesley Smith
Clinical: (Model)

- Implementation of the national LWABC model

Outcomes:

Patient experience
Risk stratification
Recovery package
Implementation



TSSGs: Next Steps

1

Lung & Prostate

Embed timed pathways including straight to test (CT and MRI)

2

Upper GI & CUP

Re-design to a system wide single operating model (independencies with radiology and pathology workstream and STH transformation)

3

Lower GI

Optimal/timed pathways expected early 2018.

4

Head and Neck



Social Movement –

Be Cancer SAFE

- We launch this week
- Social movement across South Yorkshire, Bassetlaw and North Derbyshire will raise awareness of cancer screening and aim to increase the numbers of people diagnosed earlier – particularly in disadvantaged/seldom heard groups and communities. Therefore, primary care may start to experience an increase of requests for information and uptakes to attend screening appointments may also increase.
- Working closely with health and voluntary organisations in Barnsley, priorities will include Breast Cancer, Lower Gastro, Lung and Urology and concentrate in the areas with higher incidences of cancer – eg Stairfoot, St Helens and the Dearne.
- Five providers across the patch will be co-ordinating activities and recruiting ‘Cancer Champions’ who will use their existing networks, experience, knowledge and passion to support those at risk of developing cancer.
- Voluntary Action Rotherham (VAR) will work in conjunction with Voluntary Action Barnsley.
- This will use social media and other channels and will be co-ordinated by the Cancer Alliance PMO.
- Look out for more information about the movement over the coming months.

Be Cancer SAFE

Be Cancer SAFE



Contact Us

[Cancer Alliance Website](#)

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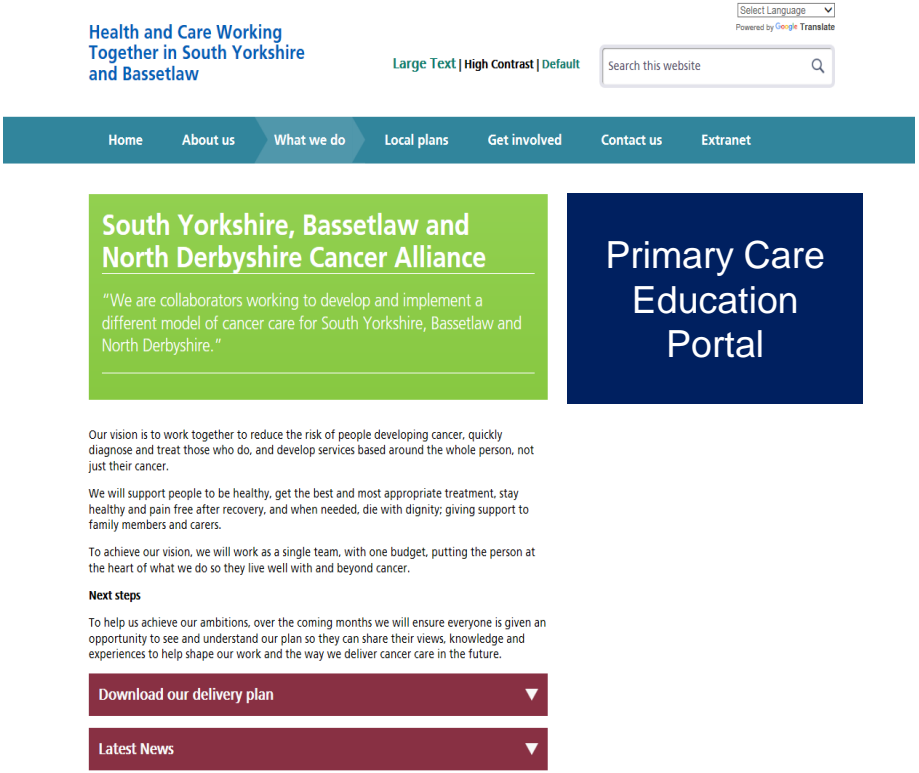
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Comments/information

- Please keep in touch
- [Cancer Alliance](#) webpages/resources with email notifications to keep up to date
- Local baseline survey to inform future events: paper copies printed today, please complete before you leave today

Thank you



The screenshot shows the website for Health and Care Working Together in South Yorkshire and Bassetlaw. The header includes the organization's name, a search bar, and a language selection dropdown. The navigation menu contains links for Home, About us, What we do, Local plans, Get involved, Contact us, and Extranet. The main content area features a green box with the text: "South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance" and a quote: "We are collaborators working to develop and implement a different model of cancer care for South Yorkshire, Bassetlaw and North Derbyshire." To the right is a dark blue box labeled "Primary Care Education Portal". Below the main content, there are two red buttons: "Download our delivery plan" and "Latest News".

Health and Care Working Together in South Yorkshire and Bassetlaw

Select Language
Powered by Google Translate

Large Text | High Contrast | Default

Search this website

Home About us What we do Local plans Get involved Contact us Extranet

South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance

"We are collaborators working to develop and implement a different model of cancer care for South Yorkshire, Bassetlaw and North Derbyshire."

Primary Care Education Portal

Our vision is to work together to reduce the risk of people developing cancer, quickly diagnose and treat those who do, and develop services based around the whole person, not just their cancer.

We will support people to be healthy, get the best and most appropriate treatment, stay healthy and pain free after recovery, and when needed, die with dignity, giving support to family members and carers.

To achieve our vision, we will work as a single team, with one budget, putting the person at the heart of what we do so they live well with and beyond cancer.

Next steps

To help us achieve our ambitions, over the coming months we will ensure everyone is given an opportunity to see and understand our plan so they can share their views, knowledge and experiences to help shape our work and the way we deliver cancer care in the future.

Download our delivery plan

Latest News