

## CCG Cancer Assessment 2017/18

### INDEPENDENT PANEL COMMENTARY

#### Overview

1. The CCG Improvement and Assessment Framework provides information to health care organisations, professionals and patients about how their local NHS services are performing and is used by national teams to drive organisational improvement through focused support. The cancer independent advisory panel has a role in advising on assessment methodology, reviewing and moderating the data, and providing guidance on communication to CCGs and the public. The panel has not personally inspected CCGs (inspection is not part of the CCG IAF process) or moderated any of the individual CCG ratings in the current year.
2. The NHS Cancer Strategy for England, published in July 2015, sets an ambitious vision for cancer care in England. Specifically it sets the following ambitions in relation to the cancer indicators measured in the CCG IAF:
  - a. One-year survival should reach at least 75% by 2020/21 for all cancers combined;
  - b. At least 62% of cancers should be diagnosed at stage 1 or 2 by 2020/21
  - c. At least 85% of patients should meet the 62 day standard from urgent referral by a GP to the start of treatment
  - d. Continuous improvement in overall patient experience with a reduction in variation
3. The Cancer Taskforce predicted that implementing the cancer strategy in full would save an additional 30,000 lives a year. Over the past year, we have seen CCGs, Trusts and other local stakeholders doing some fantastic work together across boundaries in Cancer Alliances to begin to make the Taskforce ambitions a reality for all patients. This is very positive given that Alliances are relatively new organisations.
4. The 2017/18 CCG IAF cancer assessment shows the improvement made against all four metrics, which we welcome as a panel. The distribution of CCGs across the ratings shows a reduction in those rated 'inadequate' (27 to 22) and 'needs improvement' (79 to 64) and an increase in 'good' (81 to 93) and 'outstanding' (22 to 28). The methodology and scoring system for the assessment is described in Annex A.
5. Now that Cancer Alliances are more established, we expect the pace of improvement to pick up significantly to ensure that the Taskforce's ambitions are met by 2020/21. This gives us a solid foundation to build on as the long-term plan for the NHS is developed and begins implementation over the next year.

## Performance on individual metrics

6. There are four key metrics, which have been selected for their alignment with the priorities outlined in the cancer strategy. NHS England has provided full detail of the methodology of assessment along with the ratings. For each of the metrics, there is a time lag in the data being available which means that they do not completely reflect the most recent work underway within the NHS to improve cancer services.

7. We are encouraged by the modest improvements that have been made against all four metrics:

Table 1 - National performance against the CCG IAF indicators for cancer

	2017/18	2018/19
One-year survival	71.6% (diagnosed in 2014)	72.3% (diagnosed in 2015)
Stage at diagnosis	52.1% (2015)	52.6% (2016)
62 days	82.0% (2016/17)	82.3% (2017/18)
Patient experience	8.70 (2015)	8.74 (2016)

## Overall cancer rating

8. We would like to highlight and congratulate the 14 CCGs who have been consistently rated 'outstanding' this year and last:

- NHS Eastern Cheshire CCG
- NHS South Cheshire CCG
- NHS Stockport CCG
- NHS Harrogate and Rural District CCG
- NHS Solihull CCG
- NHS Cambridgeshire and Peterborough CCG
- NHS Richmond CCG
- NHS West Hampshire CCG
- NHS Bath and North East Somerset CCG
- NHS Dorset CCG
- NHS Surrey Downs CCG
- NHS Wiltshire CCG
- NHS Northern, Eastern and Western Devon CCG
- NHS South Devon and Torbay CCG

9. It is equally important to recognise, and warmly congratulate, the 4 CCGs who have made the most improvement in their overall rating between this and last year:

- NHS Greater Preston CCG
- NHS Oxfordshire CCG
- NHS Dudley CCG
- NHS Waltham Forest CCG

## Driving improvement through Cancer Alliances

10. Cancer Alliances are now the main driver of transformational change in cancer services, and we know that we will see greater gains in improvement through the Alliances driving collaborative approaches across health economies.
11. To support Alliances easily understand the performance of the CCGs in their areas, we have classified Alliances into three broad categories. The breakdown of Cancer Alliances and their CCGs into these categories is shown in the annex to this narrative.
  - Cancer Alliances in which a significant proportion of the constituent CCGs have been rated 'outstanding' or 'good' – 8 Alliances
  - Cancer Alliances in which the constituent CCGs have received a mixed picture of ratings – 7 Alliances
  - Cancer Alliances in which a significant proportion of the constituent CCGs have been rated 'requires improvement' or 'inadequate' – 4 Alliances
12. Over the next 12 months, Cancer Alliances will want to continue to support the CCGs in their areas to improve their performance on these four key metrics, focussing support on the areas where CCGs need additional support as shown by the data. We strongly encourage NHS England and Cancer Alliances to involve patients in that support, and to prioritise reducing health inequalities. It will be important as part of this that rarer cancers in particular are included in transformation projects.
13. Cancer Alliances have been accessing £200m of transformation funding over this and the last financial year to drive improved outcomes for patients. The impact of their work is already starting to show in some of the improvements we have seen in the CCG IAF ratings this year. We want to highlight some particularly strong examples from Alliances below. For further information about the Alliances and their work, please see the [NHS England website](#).

### **Case study: West London pilot on faster, more accurate prostate cancer diagnosis**

The NHS is using cutting edge technology to reduce diagnosis times for prostate cancer from six weeks to one day in a world-leading new approach that minimises the risk of sepsis.

Under the new 'rapid pathway' approach, men have a scan, get their results and can have any necessary biopsy, using new FUSION technology, in one day, rather than multiple outpatient visits over four to six weeks.

This new approach is being piloted by the North West and South West London Cancer Alliance using national cancer transformation funding at Charing Cross Hospital, Epsom Hospital and Queen Mary's Hospital in Roehampton.

### **Case study: Speedier diagnosis for skin cancer patients in Leeds**

An innovative tele-dermatology service introduced by the West Yorkshire and Harrogate Cancer Alliance is leading to faster diagnosis and treatment for people with suspected skin cancer.

Supported by tele-dermatology and tele-dermoscopy, all suspected skin cancer patients are referred from primary care through a two-week-to-wait pathway with an embedded image of the suspected skin cancer. This is then reviewed by a consultant dermatologist within 48 hours of receipt of referral to enable the early diagnosis and treatment of patients.

The service is now being rolled out across Leeds following a successful pilot in which the service was viewed positively by patients and GPs. The pilot also showed that patients with harmless and non-cancerous skin conditions received faster reassurance without the need for a hospital appointment. It also gave those with a potentially more serious condition faster access to further diagnostics and appropriate treatment.

14. We know that the NHS can achieve even more for patients, and that an appropriately trained and supported workforce will drive these improvements further and faster. With a ramping up of improvement over the next few years, backed by significant investment in both personnel and diagnostic equipment, the NHS can truly achieve outcomes for patients that match the best in Europe. Building on the work to date to implement the Taskforce strategy, investing more now will ultimately save money and reduce cancer deaths in years to come.

EMMA GREENWOOD, CANCER RESEARCH UK  
CHARLOTTE BEARDMORE, SOCIETY OF RADIOGRAPHERS  
FRAN WOODARD, MACMILLAN CANCER SUPPORT  
JOHN REEVE, PATIENT  
RICHARD ROOPE, ROYAL COLLEGE OF GPs

## Annex A – Methodology and scoring system for assessment

For each CCG, each of the four cancer indicators was given a score derived using a statistical control limit approach, with limits set at 2 standard deviations (equivalent to a 95% confidence level). The banding method and benchmark used to assign a score are shown in table 1.

**Table 1 - Indicator banding method<sup>1</sup>**

Indicator (Latest time period used)	Indicator scores	Benchmark
Cancers diagnosed at early stage (2016)	Significantly below the national benchmark = 0 Below the national benchmark but not significantly = 0.75 Above the national benchmark but not significantly = 1.25 Significantly above the national benchmark = 2	National trajectory to national ambition (53.5%)
People with urgent GP referral having definitive treatment for cancer within 62 days of treatment (2017/18)	Significantly below the national standard = 0 Below the national standard but not significantly = 0.75 Above the national standard but not significantly = 1.25 Significantly higher than the national standard = 2	National Standard (85%)
One-year survival from all cancers (2015)	Significantly below the national benchmark = 0 Below the national benchmark but not significantly = 0.75 Above the national benchmark but not significantly = 1.25 Significantly above the national benchmark = 2	National trajectory to national ambition (72.4) <sup>2</sup>
Cancer patient experience (2016)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	2015 National mean (8.74)

The mean score for the four indicators was calculated. The thresholds shown in table 2 were used by the panel to derive the rating for each CCG.

**Table 2 - Assessment thresholds**

Rating	Score range
Outstanding	Above or equal to 1.3
Good	Above or equal to 0.7 and below 1.3
Requires Improvement	Above or equal to 0.3 and below 0.7
Inadequate	Below 0.3

<sup>1</sup> The one-year survival indicator is case-mix adjusted to account for differences in the demographic profile of CCG populations. At present the early stage diagnosis indicator is not case-mix adjusted, however adjustment of scores for the relative incidence of different cancer types may be explored for future years. The cancer patient experience indicator is the average score (on a scale of 0 to 10), and includes a case mix adjustment that provides a fairer comparison between CCGs.

<sup>2</sup> This is not the same value as used in the 2017/18 assessment. This is due to a change in the standardisation method use by the ONS to facilitate comparisons across time and geographies. To allow comparison over time, in the latest publication, the new standardisation method has been applied to previous years.

## Annex B – CCG cancer assessment ratings 2017/18

### Cancer alliances:

In which a significant proportion of the constituent CCGs have been rated 'outstanding' or 'good'	North East and Cumbria Cheshire and Merseyside Wessex Thames Valley Somerset, Wiltshire, Avon and Gloucestershire Peninsula North West and South West London East of England
In which the constituent CCGs have received a mixed picture of ratings	West Yorkshire Lancashire and South Cumbria Greater Manchester West Midlands East Midlands Surrey and Sussex North Central and North East London
In which a significant proportion of the constituent CCGs have been rated 'requires improvement' or 'inadequate'	Humber, Coast and Vale South Yorkshire Kent and Medway South East London

<b>North East and Cumbria</b>	<b>Rating</b>
NHS Hambleton, Richmondshire and Whitby CCG	Outstanding
NHS Darlington CCG	Good
NHS Hartlepool and Stockton-on-Tees CCG	Good
NHS Northumberland CCG	Good
NHS South Tees CCG	Good
NHS South Tyneside CCG	Good
NHS Newcastle Gateshead CCG	Good
NHS North Tyneside CCG	Good
NHS North Durham CCG	Requires Improvement
NHS Sunderland CCG	Requires Improvement
NHS Durham Dales, Easington and Sedgefield CCG	Inadequate
NHS Cumbria CCG	Inadequate

<b>Cheshire and Merseyside</b>	<b>Rating</b>
NHS Eastern Cheshire CCG	Outstanding
NHS South Cheshire CCG	Outstanding
NHS Vale Royal CCG	Outstanding
NHS Knowsley CCG	Good
NHS South Sefton CCG	Good
NHS Southport and Formby CCG	Good
NHS St Helens CCG	Good
NHS Warrington CCG	Good

NHS West Cheshire CCG	Good
NHS Wirral CCG	Good
NHS Liverpool CCG	Good
NHS Halton CCG	Requires Improvement

<b>Wessex</b>	<b>Rating</b>
NHS West Hampshire CCG	Outstanding
NHS Dorset CCG	Outstanding
NHS North Hampshire CCG	Good
NHS Fareham and Gosport CCG	Good
NHS Portsmouth CCG	Good
NHS South Eastern Hampshire CCG	Good
NHS Southampton CCG	Good
NHS Isle of Wight CCG	Requires Improvement

<b>Thames Valley</b>	<b>Rating</b>
NHS Oxfordshire CCG	Outstanding
NHS Windsor, Ascot and Maidenhead CCG	Outstanding
NHS Bracknell and Ascot CCG	Good
NHS Chiltern CCG	Good
NHS North & West Reading CCG	Good
NHS Slough CCG	Good
NHS South Reading CCG	Good
NHS Aylesbury Vale CCG	Good
NHS Wokingham CCG	Good
NHS Newbury and District CCG	Requires Improvement
NHS Swindon CCG	Requires Improvement

<b>Somerset, Wiltshire, Avon and Gloucestershire</b>	<b>Rating</b>
NHS Bath and North East Somerset CCG	Outstanding
NHS Wiltshire CCG	Outstanding
NHS Bristol CCG	Good
NHS North Somerset CCG	Good
NHS Somerset CCG	Outstanding
NHS South Gloucestershire CCG	Good
NHS Gloucestershire CCG	Requires Improvement

<b>Peninsula</b>	<b>Rating</b>
NHS Northern, Eastern and Western Devon CCG	Outstanding
NHS South Devon and Torbay CCG	Outstanding
NHS Kernow CCG	Good

<b>North West and South West London</b>	<b>Rating</b>
NHS Croydon CCG	Outstanding
NHS Kingston CCG	Outstanding

NHS Richmond CCG	Outstanding
NHS Brent CCG	Good
NHS Hounslow CCG	Good
NHS Hammersmith and Fulham CCG	Good
NHS Harrow CCG	Good
NHS Merton CCG	Good
NHS Sutton CCG	Good
NHS Wandsworth CCG	Good
NHS West London CCG	Good
NHS Central London (Westminster) CCG	Good
NHS Ealing CCG	Requires Improvement
NHS Hillingdon CCG	Requires Improvement

<b>East of England</b>	<b>Rating</b>
NHS Cambridgeshire and Peterborough CCG	Outstanding
NHS South Norfolk CCG	Outstanding
NHS West Essex CCG	Outstanding
NHS Bedfordshire CCG	Good
NHS Ipswich and East Suffolk CCG	Good
NHS Great Yarmouth and Waveney CCG	Good
NHS Luton CCG	Good
NHS Mid Essex CCG	Good
NHS North Norfolk CCG	Good
NHS Norwich CCG	Good
NHS West Norfolk CCG	Good
NHS West Suffolk CCG	Good
NHS Castle Point and Rochford CCG	Good
NHS East and North Hertfordshire CCG	Good
NHS Milton Keynes CCG	Requires Improvement
NHS Herts Valleys CCG	Requires Improvement
NHS North East Essex CCG	Requires Improvement
NHS Thurrock CCG	Requires Improvement
NHS Basildon and Brentwood CCG	Requires Improvement
NHS Southend CCG	Requires Improvement

<b>West Yorkshire</b>	<b>Rating</b>
NHS Harrogate and Rural District CCG	Outstanding
NHS Airedale, Wharfedale and Craven CCG	Good
NHS Leeds North CCG	Good
NHS Leeds West CCG	Good
NHS Leeds South and East CCG	Good
NHS Bradford Districts CCG	Requires Improvement
NHS Calderdale CCG	Requires Improvement
NHS Bradford City CCG	Requires Improvement
NHS Greater Huddersfield CCG	Requires Improvement

NHS North Kirklees CCG	Requires Improvement
NHS Wakefield CCG	Requires Improvement

<b>Lancashire and South Cumbria</b>	<b>Rating</b>
NHS Greater Preston CCG	Outstanding
NHS Chorley and South Ribble CCG	Good
NHS Morecambe Bay CCG	Good
NHS Blackburn with Darwen CCG	Requires Improvement
NHS East Lancashire CCG	Requires Improvement
NHS West Lancashire CCG	Good
NHS Fylde & Wyre CCG	Requires Improvement
NHS Blackpool CCG	Inadequate

<b>Greater Manchester</b>	<b>Rating</b>
NHS Bolton CCG	Outstanding
NHS Stockport CCG	Outstanding
NHS Bury CCG	Good
NHS Tameside and Glossop CCG	Good
NHS Trafford CCG	Good
NHS Wigan Borough CCG	Good
NHS Oldham CCG	Requires Improvement
NHS Heywood, Middleton and Rochdale CCG	Requires Improvement
NHS Salford CCG	Requires Improvement
NHS Manchester CCG	Inadequate

<b>West Midlands</b>	<b>Rating</b>
NHS Solihull CCG	Outstanding
NHS Coventry and Rugby CCG	Good
NHS Dudley CCG	Good
NHS Herefordshire CCG	Good
NHS Redditch and Bromsgrove CCG	Good
NHS Shropshire CCG	Good
NHS South East Staffordshire and Seisdon Peninsula CCG	Good
NHS South Warwickshire CCG	Good
NHS South Worcestershire CCG	Good
NHS Birmingham CrossCity CCG	Good
NHS Birmingham South and Central CCG	Requires Improvement
NHS Cannock Chase CCG	Requires Improvement
NHS North Staffordshire CCG	Requires Improvement
NHS Warwickshire North CCG	Requires Improvement
NHS Sandwell and West Birmingham CCG	Requires Improvement
NHS Stafford and Surrounds CCG	Requires Improvement
NHS Stoke on Trent CCG	Requires Improvement
NHS Telford and Wrekin CCG	Requires Improvement
NHS Wolverhampton CCG	Requires Improvement

NHS Wyre Forest CCG	Requires Improvement
NHS East Staffordshire CCG	Inadequate
NHS Walsall CCG	Inadequate

<b>East Midlands</b>	<b>Rating</b>
NHS Rushcliffe CCG	Outstanding
NHS Corby CCG	Good
NHS Newark & Sherwood CCG	Good
NHS Nottingham North and East CCG	Good
NHS Nottingham West CCG	Good
NHS South Lincolnshire CCG	Good
NHS East Leicestershire and Rutland CCG	Requires Improvement
NHS Erewash CCG	Requires Improvement
NHS Nene CCG	Requires Improvement
NHS Southern Derbyshire CCG	Requires Improvement
NHS Lincolnshire East CCG	Inadequate
NHS Leicester City CCG	Inadequate
NHS Lincolnshire West CCG	Inadequate
NHS Mansfield and Ashfield CCG	Inadequate
NHS Nottingham City CCG	Requires Improvement
NHS South West Lincolnshire CCG	Inadequate
NHS West Leicestershire CCG	Inadequate

<b>Surrey and Sussex</b>	<b>Rating</b>
NHS Guildford and Waverley CCG	Outstanding
NHS Surrey Downs CCG	Outstanding
NHS East Surrey CCG	Good
NHS Horsham and Mid Sussex CCG	Good
NHS North West Surrey CCG	Good
NHS Surrey Heath CCG	Outstanding
NHS North East Hampshire and Farnham CCG	Good
NHS Eastbourne, Hailsham and Seaford CCG	Requires Improvement
NHS Coastal West Sussex CCG	Requires Improvement
NHS Crawley CCG	Requires Improvement
NHS High Weald Lewes Havens CCG	Requires Improvement
NHS Brighton and Hove CCG	Inadequate
NHS Hastings and Rother CCG	Inadequate

<b>North Central and North East London</b>	<b>Rating</b>
NHS Camden CCG	Good
NHS Enfield CCG	Good
NHS Islington CCG	Good
NHS Tower Hamlets CCG	Good
NHS Waltham Forest CCG	Good
NHS Barnet CCG	Good

NHS Haringey CCG	Requires Improvement
NHS Havering CCG	Requires Improvement
NHS Barking and Dagenham CCG	Inadequate
NHS City and Hackney CCG	Inadequate
NHS Newham CCG	Requires Improvement
NHS Redbridge CCG	Inadequate

<b>Humber, Coast and Vale</b>	<b>Rating</b>
NHS East Riding of Yorkshire CCG	Good
NHS Hull CCG	Requires Improvement
NHS North Lincolnshire CCG	Requires Improvement
NHS Vale of York CCG	Requires Improvement
NHS North East Lincolnshire CCG	Inadequate
NHS Scarborough and Ryedale CCG	Inadequate

<b>South Yorkshire, Bassetlaw, North Derbyshire and Hardwick</b>	<b>Rating</b>
NHS Barnsley CCG	Good
NHS Sheffield CCG	Good
NHS Bassetlaw CCG	Requires Improvement
NHS North Derbyshire CCG	Requires Improvement
NHS Doncaster CCG	Inadequate
NHS Rotherham CCG	Inadequate
NHS Hardwick CCG	Inadequate

<b>Kent and Medway</b>	<b>Rating</b>
NHS Dartford, Gravesham and Swanley CCG	Good
NHS West Kent CCG	Good
NHS Ashford CCG	Requires Improvement
NHS Canterbury and Coastal CCG	Requires Improvement
NHS Medway CCG	Requires Improvement
NHS South Kent Coast CCG	Requires Improvement
NHS Swale CCG	Requires Improvement
NHS Thanet CCG	Requires Improvement

<b>South East London</b>	<b>Rating</b>
NHS Bexley CCG	Good
NHS Lambeth CCG	Good
NHS Bromley CCG	Requires Improvement
NHS Greenwich CCG	Requires Improvement
NHS Lewisham CCG	Requires Improvement
NHS Southwark CCG	Requires Improvement