

7. CANCER PLANNING FRAMEWORK

7.1 Analysis of Local Position

7.1.1 The CHP has a key role to play in the delivery of the cancer planning framework. Local planning for cancer services is co-ordinated through the Community Planning Group Healthier Renfrewshire (prevention, screening and addressing inequalities) and the Palliative Care Joint Planning, Performance and Implementation Group (JPPIG). Renfrewshire's Community Plan 2008-2017 commits planning partners to a number of high level objectives which will impact on cancer:

- We live longer, healthier lives
- There is a significant reduction in the number of people whose consumption of alcohol is beyond safe levels
- There is a significant reduction in the number of people who smoke
- People enjoy a healthy diet and can make informed choices about nutrition
- People enjoy an active lifestyle.

This is supported by more detailed targets and indicators in the Single Outcome Agreement.

7.1.2 The Health Improvement Team leads campaigns and programmes to raise awareness of behaviours which heighten the risk of cancer. In particular, they focus on smoking (prevention and cessation), alcohol (awareness and co-ordinating the screening and brief intervention programme), diet and physical activity. There are HEAT targets associated with each of these areas.

7.1.3 Renfrewshire CHP, with Education Services, organised a successful HPV campaign, achieving an uptake rate for the 1st dose of 93.2% at February 2010 for girls in second, fourth and fifth years in school year 2009/10.

Area	HPV immunisation uptake rates for girls in secondary school in second, fifth and sixth years (S2, S5 and S6) in school year 2008/09			Interim HPV immunisation uptake rates by mid-February 2010, for girls in secondary school in second, fourth and fifth years (S2, S4 and S5) in school year 2009/10		
	% uptake of 1st dose	% uptake of 2nd dose	% uptake of 3rd dose	% uptake of 1st dose	% uptake of 2nd dose	% uptake of 3rd dose
Renfrewshire	95.2	93.7	90.3	93.2	86.2	--
Greater Glasgow & Clyde	95	94	91	89.7	77.4	--
Scotland	94.2	93.1	89.8	89.8	81.9	--

7.1.4 CHP staff in primary care and health improvement strive to increase screening rates for breast, bowel and cervical cancer.

7.1.5 Palliative care remains a priority for the CHP, working in partnership with the acute sector, the two hospices in Renfrewshire (St Vincent's and Accord), Renfrewshire Council and GPs. The Palliative Care JPPIG secured funding from MacMillan

Cancer Support to carry out a rapid appraisal of current palliative and end of life care services in Renfrewshire. This aimed to identify current services, good practice and gaps in service, producing a report with recommendations for service improvement published in January 2010. This project also enabled the development of a palliative care service directory which is available to professionals and the public in hard copy or via the CHP website.

7.2 Numeric Analysis

- 7.2.1 In 2000, the cancer mortality rate in those under 75 years was 188.9 per 100,000 population (actual number: 307). This rate dropped to 184.2 per 100,000 population (actual number: 293) in 2004 and to 183.6 per 100,000 population (actual number: 289) in 2008.

The Renfrewshire cancer mortality rate in those under 75 years was slightly lower than the Greater Glasgow and Clyde rate in 2000 and 2004 (190.2 in 2000 and 193.1 per 100,000 in 2004). In 2008, the Greater Glasgow and Clyde rate reduced to 175.9 per 100,000 population.

The cancer mortality rate in those under 75 years is higher in the 20% most deprived data zone areas in Renfrewshire. Rates in 2004 were 238.0 per 100,000 population (29% above the Renfrewshire average) and 233.2 per 100,000 population (27% above the Renfrewshire average) in 2008.

The incidence of cancer (all cancers) in Renfrewshire between 2002-2006 was 64.8 per 10,000 people in the 16+ age group. This rate increases to 74.4 per 10,000 people in Quintile 1 (most deprived area).

Approximately 890 new cancer cases are registered annually in Renfrewshire.

- 7.2.2 A snapshot (from SPARRA data) of the number of patients with life limiting conditions in Renfrewshire showed that there were 330 patients with a diagnosis of cancer.
- 7.2.3 The two hospices in Renfrewshire each provide 8 in patient beds and a range of outreach and support services.

7.3 Health Gap and Key Issues

- 7.3.1 The Smoking Cessation worker within our Health Inequalities Project, focuses on supporting smokers in Renfrewshire's more deprived areas to stop smoking. The approach is tailored to the individual's needs, as often this population does not engage with our mainstream group sessions. As the funding for this project ceases in March 2011, we are challenged with incorporating this more individual approach in our other smoking cessation services.

- 7.3.2 We have recently completed a rapid appraisal of cancer palliative care services. The main areas for action are:

- Improved staff education
- Dedicated palliative care dental services
- Closer working with the voluntary sector
- Palliative care pharmacy network
- Review of palliative care in nursing homes

7.4 Outcomes Table

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Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
1. The incidence of cancer among the population is reduced through primary prevention, including: <ul style="list-style-type: none"> - Improved public awareness of cancer risk - Improved population lifestyles, i.e. improved diet, increased exercise, reduced alcohol intake and smoking 	Locally promote national cancer awareness campaigns (No Smoke Day, Sun Awareness etc.)	To achieve comparable cancer incidence rates with the lowest European quartile by 2015. NHS QIS Standards NHSGGC PHSU Annual Report
	Deliver a range of health improvement programmes / interventions including for Smoking, Alcohol Physical Activity, Diet	Availability of designated palliative care pharmacies within Renfrewshire
	Implementation of HPV vaccination programme	Uptake Rates
	Implement Alcohol Brief Interventions	Uptake rates
2. Patients' survival rates and quality of life are improved by detecting cancer as early as possible, including <ul style="list-style-type: none"> - Improved public awareness about symptoms 	Provide access to cancer information for patients particularly supporting patients at the time of diagnosis	Patient views
	Detect and treat Hepatitis C	Number of patients commencing treatment with Interferon and Ribavirin.
	Promotion of a focus on cervical screening including among patients with learning disability;	
3. Patients with cancer have equity of access and improved access to services in the right place at the right time: <ul style="list-style-type: none"> - For local and WoS - regional services, with timely information, diagnosis, treatment and - For rehabilitation services 		

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Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
	Develop relationships with voluntary and charitable organisations, e.g. Cancer Charities, support Groups, Cancer Coalition to support patients at home and preventing unnecessary hospital admission/readmission	Measurement needs developed e.g. changes to commissioning patterns. RCHP will establish relationships with local hospices and voluntary sector. HEAT T12
	Participate and review Macmillan Pharmacy PC Demonstrator to develop the role of community pharmacy as lead care manager developed and implemented	Determine benchmark and set target of numbers. RCHP, via Palliative Care JPPIG, will develop relationships and networks with community pharmacies
4. Patients with cancer have improved access to palliative care at the right time and in the right setting, and that meet or surpass the national standards:	Deliver generalist and specialist palliative care when and where required Establish diagnosing 'dying' and communicate this appropriately	Evaluate current pilots on Supportive and palliative Action Register (SPAR) work (nursing care homes and now developments in residential care and continuing care bed settings) and roll out as appropriate. Plans via Palliative Care JPPIG in RCHP to develop SPAR in 3 LA care homes during 2010-2015.
	Deliver better end of life care through Liverpool Care in all care settings and roll out through established NHSGGC plan	Demonstrate through Audit LCP in place and being used appropriately in all care setting. Rollout to 30 GP practices and audit impact 2010-2013
	Address Symptom relief in all care setting: GGC symptom relief algorithms when approved to be rolled out to all care settings and care equitable provided across patient pathways specifically including OOH	RCHP will monitor rollout and impact of symptom relief via application of LCP during 2010-2015.
	Improve access to Psychological, social,	Audit of DES and LCP

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Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
	emotional and spiritual needs across all care settings with partners in providing palliative care Acute plan - awaiting steer from national work	Each CHCP/CHP has palliative care plan for implementing this
	Ensure 24 hour support through Community nursing, Home care and other services such as equipment to support people as near to home for as long as possible	Part of ongoing audit Each CHCP/CHP has palliative care plan for implementing this. 24 hour community nursing in place. Equipment will be provided via Equipu contract.
	Support all staff through appropriate training to support patients who are dying and their carers through communication and competency in providing good quality care including pain management in all care settings.	Monitor progress against sector plans, Acute, Community and Care Home. Education will be provided to GP practice teams; community nurses and care home staff via LCP rollout plan and introduction of SPAR in 3 LA care homes.
5. Patients with cancer experience high quality services which are safe, effective and efficient: - Effective planning systems in place - Clinical audits undertaken and acted upon - Service sustainability plans in place	Review effectiveness and efficiency of cancer nurse led clinics and the role of Clinical Nurse Specialists Following rapid appraisal of palliative care services, review work with nursing homes and with dental services.	Role and remit of RCHP MacMillan nurse specialist was reviewed and revised in 2009. RCHP will participate in NHSGGC review of CNSs.
6. Cancer health inequalities between deprived and non-deprived population are identified and reduced	Undertake ongoing EQIAs for planning and delivery of cancer services	Number to be agreed

7.5 Finance and Workforce

- 7.5.1 A financial framework is being developed through the Palliative Care JPPIG, incorporating funding for Marie Curie and the Liverpool Care Pathway Project, and funding from MacMillan Cancer Support. Outcomes will be achieved from existing resources.