



Leeds Cancer Strategy

Public launch event

13th July 2017

Joanna Bayton-Smith,

Macmillan Leeds Cancer Programme Manager

Joanna.bayton-smith@nhs.net / 0113 8435634

Professor Sean Duffy,

Strategic Clinical Cancer Lead, Leeds Cancer Centre

Karen Henry,

Lead Cancer Nurse, Leeds Teaching Hospitals NHS Trust

Welcome

- Introductions
- Housekeeping
- Aim – the event aims to:

‘Raise awareness of the Leeds cancer strategy and explore opportunities to involve patients, carers and the public in its development and delivery’

- Quiz
- Follow the conversation here:
<https://www.leedswestccg.nhs.uk/leedscancerstrategy/>
- Use the following hashtag on social media:
#LeedsCancerStrategy
- **Wifi password:** To get online, select Leeds Free Wi-Fi and register once using your current email address



There's also a chance to win a **£25** voucher in our strategy quiz

Agenda

10:00 Welcome

10:05 Scene setting

10:25 Our cancer priorities in Leeds
(Group work – Session 1)

11:05 Peoples' stories and patient engagement

11:30 Getting involved
(Group work – Session 2)

12:00 Close, lunch and networking

- **Other thoughts.....**

Cancer facts - Leeds

4000 diagnosed cancers a
year

More cancers will be
diagnosed as a result of our
aging population

1850 cancer deaths a
year across Leeds

More people die of lung
cancer in Leeds than any
other disease

Around 25,700 people in
Leeds are currently living
with or beyond cancer.

Inequalities in cancer

- Rising incidence of cancers across whole population, especially in our most vulnerable populations
- Health inequalities in potential years of life lost
- Higher incidence of prostate cancer in Black ethnic group
- Screening uptake is lower in more deprived populations
 - Trends suggest falling rates in Breast/ Cervical
 - Bowel – lower than average
- Lung cancer incidence increases with deprivation. This is also seen in some other cancers



Preventable risk factors

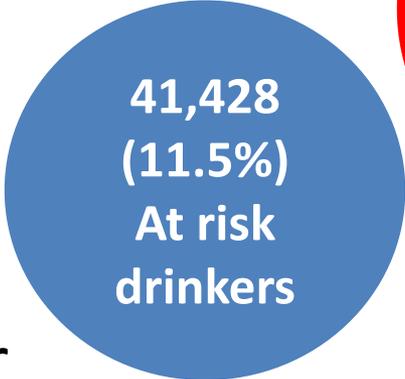
42% of cancers are preventable:

**1,680 Preventable cancers
per year across Leeds**

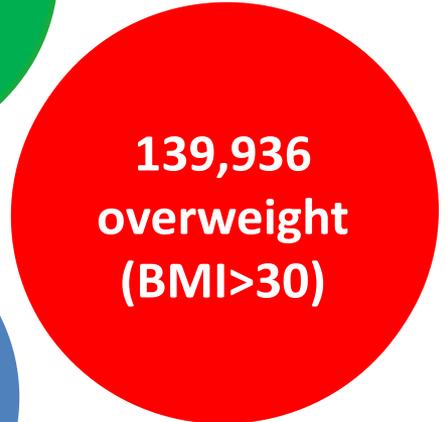
Large numbers of people are engaging in behaviours that are preventable risk factors for cancer.



**19,045
smokers
(19.8%)**



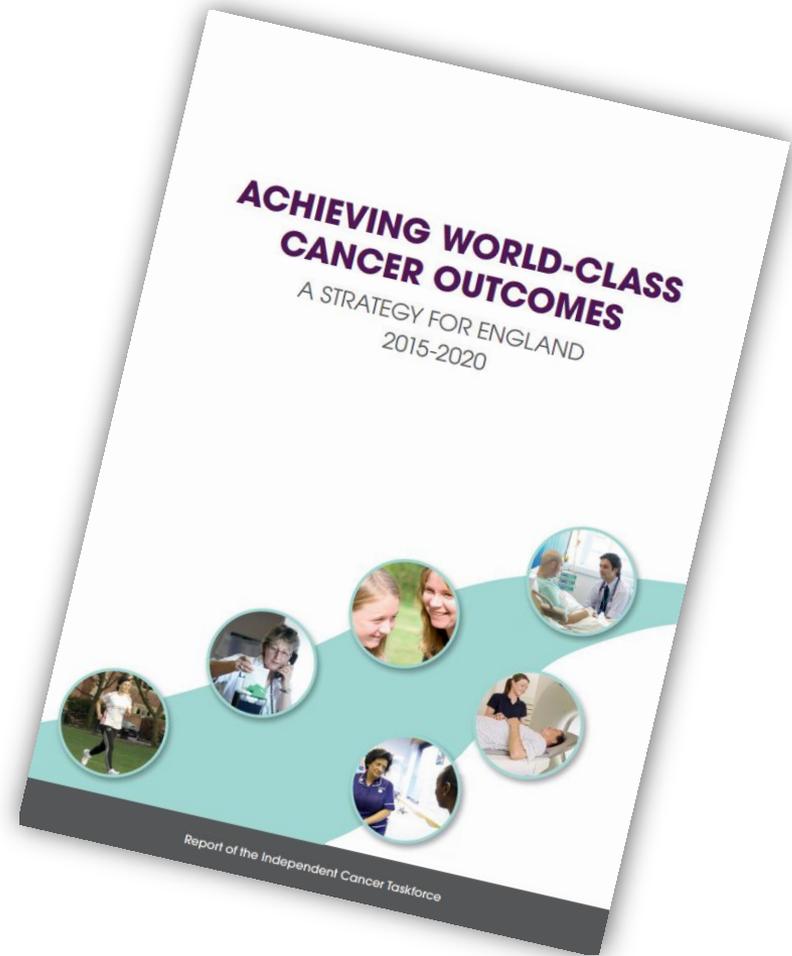
**41,428
(11.5%)
At risk
drinkers**



**139,936
overweight
(BMI>30)**

National Cancer Strategy 2015

- Prevention and public health
- Early diagnosis
- Living with and beyond cancer
- Modern high quality services
- Patient experience
- Commissioning, provision and accountability



The Leeds Cancer Strategy

**We want to deliver the best cancer outcomes
for Leeds patients.**

**We will achieve this by working collaboratively across
the range of health and social care organisations to
ensure we provide patient driven, quality care to the
people of Leeds.**

Partnership working

We know that there are lots of public, voluntary, community and faith sector organisations supporting people with cancer.



your help through the toughest times



CANCER
RESEARCH
UK



MESOTHELIOMA UK
Supporting People With This Asbestos Cancer



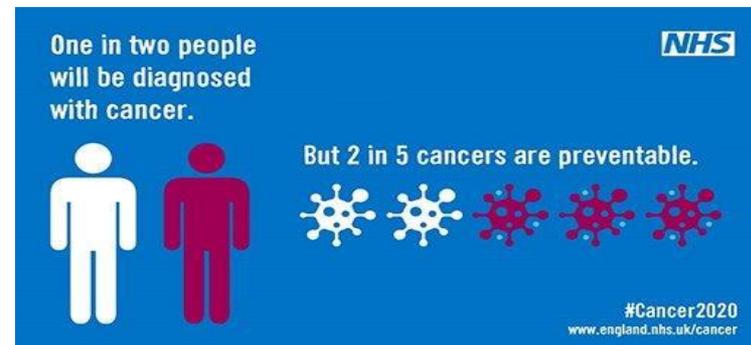
There are lots more informal networks that we want to involve in the strategy.

1. Prevention, Screening and Awareness

We want to see a fall in the number of new cases of preventable cancer year on year and a faster fall in more deprived populations.

In order to achieve this we need to:

- Raise awareness of signs and symptoms of cancer
- Prevent cancer through smoking reduction
- Increase screening uptake through GP based cancer screening champion programmes
- Focus on areas of need

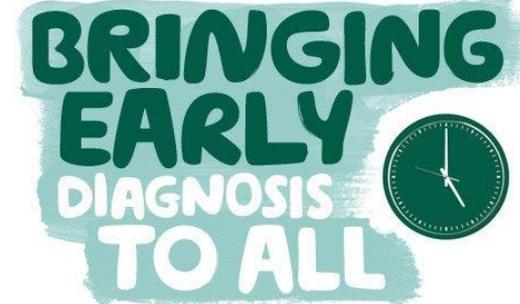


2. Early Diagnosis

We want to ensure our patients receive a cancer diagnosis at the earliest stage and maximise potential for curative treatment.

In order to achieve this we need to:

- Diagnose our patients quicker
 - ACE model for non – specific symptoms
- Avoid patients being referred to multiple services at the same time
- Focus on patient experience and improved communications
- Speed up access to services through self-referral



3. Living with and Beyond

We will provide the best support we can to patients to lead as full and active lives as possible to live with, or beyond a diagnosis of cancer.

In order to achieve this we need to:

- Use best practice to guide our follow-up pathways with patients
- Ensure joined up support to patients from wherever/ however it is accessed
- Develop support for patients 'closer to home'
 - Cancer Care Review delivery model
- Ensure all patients have access to ongoing support/ services



4. High Quality Modern Service

Leeds will be recognised for its excellence in pioneering research, training, development and delivery of cancer treatments and survivorship.

In order to achieve this we need to:

- Explore ways to deliver cancer treatments ‘closer to home’ for our patients
- Work with partners to deliver world class cancer research
- Ensure we are at the forefront of using new technologies in the delivery of cancer treatments
- Ensure best and targeted use of the Leeds £



What difference will it make to you?

- More awareness campaigns
- Improved screening
- Opportunities for self referral
- Quicker diagnosis
- Better communication
- More joined up services
- Care 'closer to home'
- Better access to aftercare and support
- Access to new technology

What's important to you?

Group work – Session 1:

On your table consider what priorities are important for you and your community in the allocated work stream of the Leeds Cancer Strategy:

Consider:

- What are the priorities for you and your family?
- Who else lives in Leeds, what might their priorities be?
 - Consider the needs of a diverse community

Patient experience

We want the best patient experience and quality of life to be what drives improvements in care and we will work with patients and the public to ensure their opinion informs re-design of cancer services

In order to achieve this we need to continue to:

- Listen and act!
- Proactively use feedback from patients and data to influence how we change and improve our services
- Demonstrate the impact that the patient/ public voice has in the re-design of our services

National Cancer Patient Experience Survey Results 2015/16

Q9. Patient felt they were told sensitively that they had cancer

Leeds 83%/
National 84%

Q37. Always treated with respect and dignity by staff

Leeds 86%/
National 87%

Q54. Hospital and community staff always worked well together

Leeds 60%/
National 61%

Q59. Patients average rating of care scored from very poor to very good

Leeds 8.7
National 8.7

Q8. Patient told they could bring a family or friend when first told they had cancer

Leeds 75%/
National 79%

Q17. Patient given the name of the CNS who would support them through their treatment

Leeds 93%/
National 90%

How we use your feedback:

Your feedback.....	Progress	Changes...
<p>Patient was able to discuss worries or fears with staff during visit: Our score 43% / average 61%</p>		<p>CNS's now seeing patients on the ward pre-op to allow them time to express concerns/worries</p>
<p>Patient told they could bring a family member / friend when first told they had cancer: Our score 63%/ national average 77%</p>		<p>Letter now confirms this detail</p>
<p>The length of time waiting for the test to be done was about right: Our score 84%/national average 90%</p>		<p>Patient pathway with expected timescales included with clinic invitation letter + on display posters</p>
<p>Patient definitely given enough support from health or social services during treatment: Our score 43% NA52% (Gynaecology)</p>		<p>Focus on identifying which patients would benefit from additional support on discharge</p>
<p>Hospital staff gave information on getting financial help our score: Our score 51%/ national average 57%</p>		<p>Ensure patients are given the opportunity to consider all concerns and anxieties</p>

Getting involved: Peoples' stories

How people are currently supporting cancer work.....

- Macmillan examples

<https://www.youtube.com/watch?v=fBsBBrnMp2A>

<https://www.youtube.com/watch?v=FkVCiSi64IU&feature=youtu.be>

- Clinical Commissioning Group example
- Leeds Teaching Hospitals NHS Trust / Robert Ogden examples

Getting involved: **Group work – Session 2**

On your table consider how you would like to get involved in the cancer strategy

Consider:

- Different ways people might like to get involved
- Individual and strategic involvement
- Practical involvement
- How can we work with organisations to encourage more people to get involved?

Close and thankyou

- What happens next?
- Follow up and staying in contact
- Complete evaluation for a chance to win the £25.00 voucher
- Visit the stalls
- Other thoughts.....

Lunch.....