

**Oxfordshire Joint Health and Overview & Scrutiny Committee**

**Wednesday 06 March 2024**

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**Title:**                **Cancer summary for Oxfordshire Health Overview Scrutiny  
Committee Meeting 6th March 2025**

**Status:**            **For Information**

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**Board Lead:**    **Chief Operating Officer**

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**Confidential:**    **No**

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## 1. **Executive Summary**

1.1 This paper aims to provide a summary of some of the key activities currently being undertaken within the Cancer service for Oxford University Hospitals NHS Foundation Trust (OUHFT).

1.2 It encompasses the outcomes of the 2023 Cancer Patient Experience Survey (CPES), which was conducted by the Picker Institute on behalf of NHS England. In addition to the survey results.

1.3 The paper elaborates on the annual cancer standards, which are aligned with the national benchmarks, including the 28-day Faster Diagnosis Standard (FDS), the 31-day standard from decision to treat, and the 62-day standard from referral to commencement of treatment.

1.4 Furthermore, the document presents detailed information on the Cancer Outcomes and Data Set (COSD). The COSD is a pivotal component in the collation and analysis of cancer-related data, which is essential for continuous improvement in cancer care services. The collection of this data set is nationally mandated.

1.5 The report also explains the development and implementation of the Personalised Care Agenda, which is an integral part of the national plan aimed at providing tailored care to cancer patients. This agenda focuses on addressing the individual needs of patients, ensuring that they receive the most appropriate and effective care throughout their treatment journey.

1.6 In summary, this paper is intended to offer assurance to the Oxfordshire Health Overview Scrutiny Committee regarding the ongoing progress and achievements within the Cancer service, highlighting the commitment to maintaining and enhancing the quality of care provided to patients.

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## 2. Cancer Patient Experience Survey

**2.1 The national Cancer Patient Experience Survey (CPES) 2023;** carried out by Picker Institute on behalf of NHS England is an annual patient experience survey designed to monitor local and national progress on improving patient experience in cancer care.

2.1.1 A total of 2,872 OUH NHS FT patients treated during April- June 2022 were eligible to take part, of which 1,571 returned a completed questionnaire giving a response rate of 55%. The national response rate was 52%.

2.1.2 18 question responses scored higher than the national expected range. No responses scored lower than the expected range. Positive questions identified included:

- Staff provided the patient with relevant information on available support
- Patient was definitely involved as much as they wanted to be in decisions about their treatment
- Patient was always treated with respect and dignity whilst in hospital
- Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment
- Patient had confidence and trust in all of the team looking after them during their stay in hospital
- Cancer research opportunities were discussed with patient

2.1.3 Results are available where there are 10+ responders for each question. It should be noted that not all tumour sites (Brain and central nervous system, Sarcoma) have published results on individual questions due to requirement of <10 responses.

Patients are asked to provide an overall care score out of 10, within 2023 OUHFT maintained the trusts score from previous years.

Question	OUHFT 2018 result	OUHFT 2019 result	OUHFT 2021 result	OUHFT 2022 result	OUHFT 2023 result
Overall score for care /10	8.8 ↔	8.8 ↔	9.0 ↑	9.0 ↔	9.0 ↔

### 2.2 Outcomes

Each tumour site has identified 3 key actions for improvement, with 3 overarching areas for trust focus.

OUHFT priorities developed on this feedback are therefore:

2.2.1To improve sensitivity in delivering Cancer diagnosis. We recognise the importance of delivering a cancer diagnosis with utmost sensitivity and empathy. By implementing change, we aim to ensure that every patient receives their diagnosis with the sensitivity and compassion they deserve, thereby improving their overall experience during a difficult time.

2.2.1To improve how a cancer diagnosis explained in a way the patient could completely understand. The current data indicates that there is a reduction in the number of patients

who feel that their cancer diagnosis is explained in a way they can completely understand. It is vital to ensure all patients feel supported and informed throughout their treatment pathway.

2.2.3 Enhance Patient Comprehension of Immunotherapy Information. Our goal is to increase the proportion of patients who feel they have received clear and comprehensible information about immunotherapy. This will ensure that patients are well-informed about their treatment options, leading to better decision-making and improved overall care experiences.

### 3 Cancer Standards

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3.1 From 1 October 2023, the national standards measuring waiting times for cancer diagnosis and treatment were modernised and simplified. The changes were developed by clinical experts and are supported by leading cancer charities. The NHS moved from the 10 different standards to three:

- 3.1.1 **Faster Diagnosis Standard:** Communication of cancer diagnosis or benign reassurance to patient **within 28 days** of Urgent Suspected Cancer referral (or screening programme recall).
- 3.1.2 **31-day treatment standard:** Treatment should be offered **within 31 days** of a decision for treatment agreed with patient. This includes second treatments or treatments for recurrences/secondary cancers.
- 3.1.3 **62-day treatment standard:** Applies to new cancer diagnosis only. Start treatment from **62 days** from Urgent suspected cancer referral, Screening programme recall or consultant upgrade to an urgent cancer pathway to start of first treatment.

The main changes were:

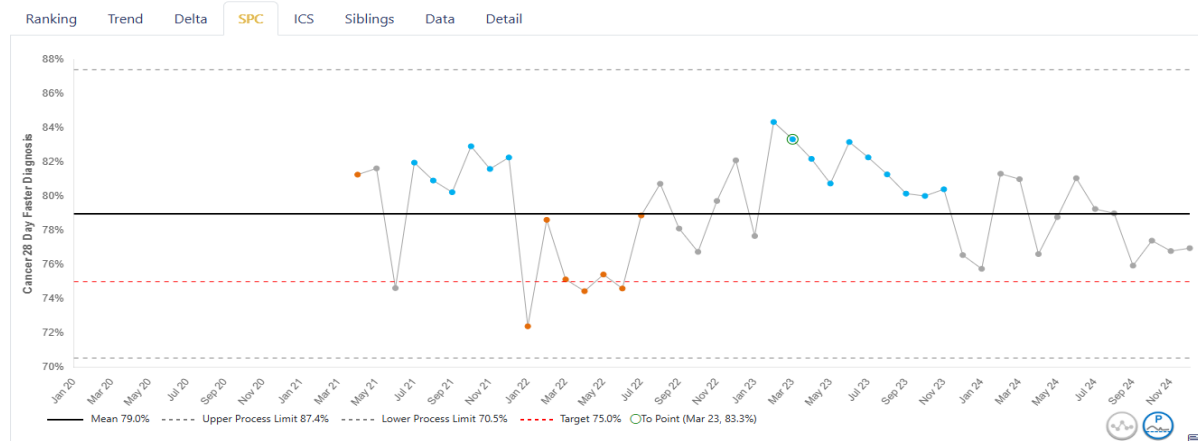
- 3.1.4 Removal of the Two Week Wait standard requiring a first appointment within two weeks.
- 3.1.5 Combining the first and subsequent treatment 31-day standards to create one headline performance standard.
- 3.1.6 Combining the Urgent Suspected Cancer GP referral, Urgent Screening and Consultant Upgrade 62-day standards to create one headline performance standard for all patients.

3.2 Overall, OUHFT has achieved the Faster Diagnosis standard. The Trust is actively working to enhance performance against the 31-day and 62-day treatment standards, implementing recovery plans across key tumour sites with assistance from our quality improvement team.

### 3.2.1 OUHFT 28-Day Faster Diagnosis Standard

Cancer 28 Day Faster Diagnosis

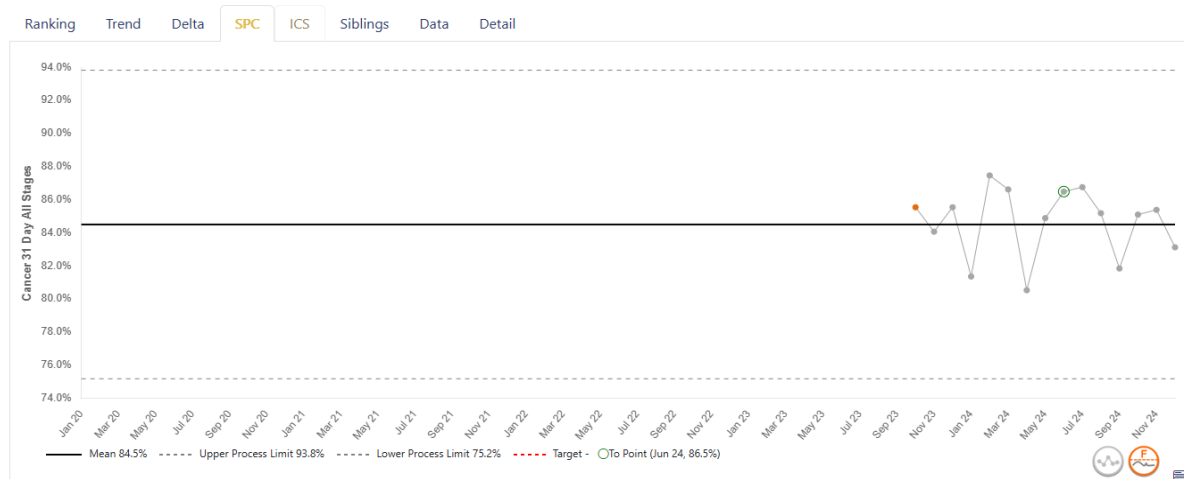
Dec 24 Performance: 77.0% | Rank: 90<sup>th</sup> of 135



### 3.2.2 OUHFT 31-Day Treatment standard

Cancer 31 Day All Stages

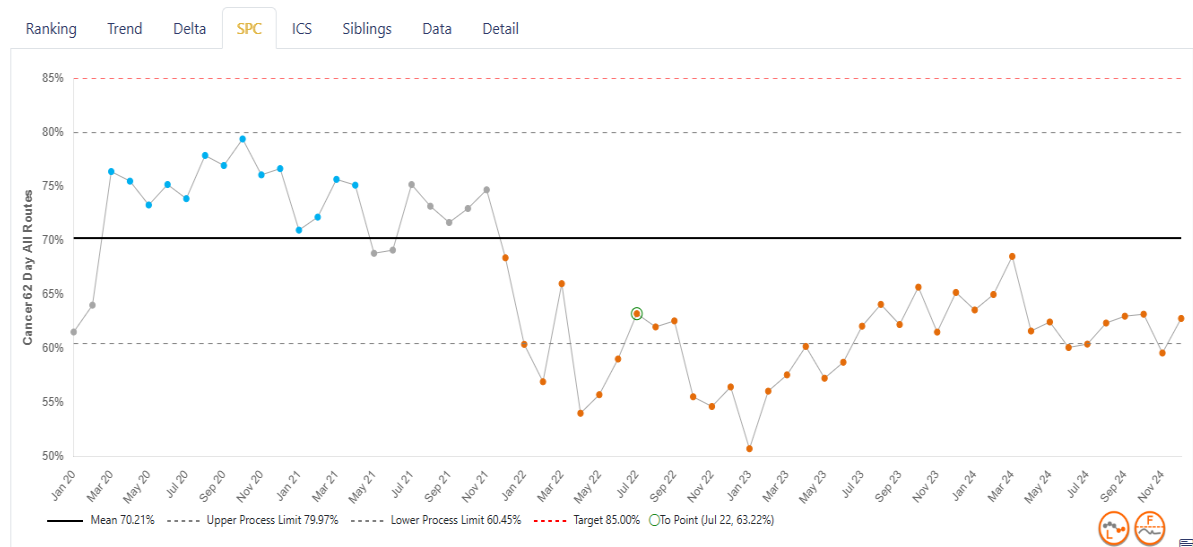
Dec 24 Performance: 83.1% | Rank: 124<sup>th</sup> of 136



### 3.2.3 OUHFT 62-Day standard

Cancer 62 Day All Routes

Dec 24 Performance: 62.78% | Rank: 114<sup>th</sup> of 137

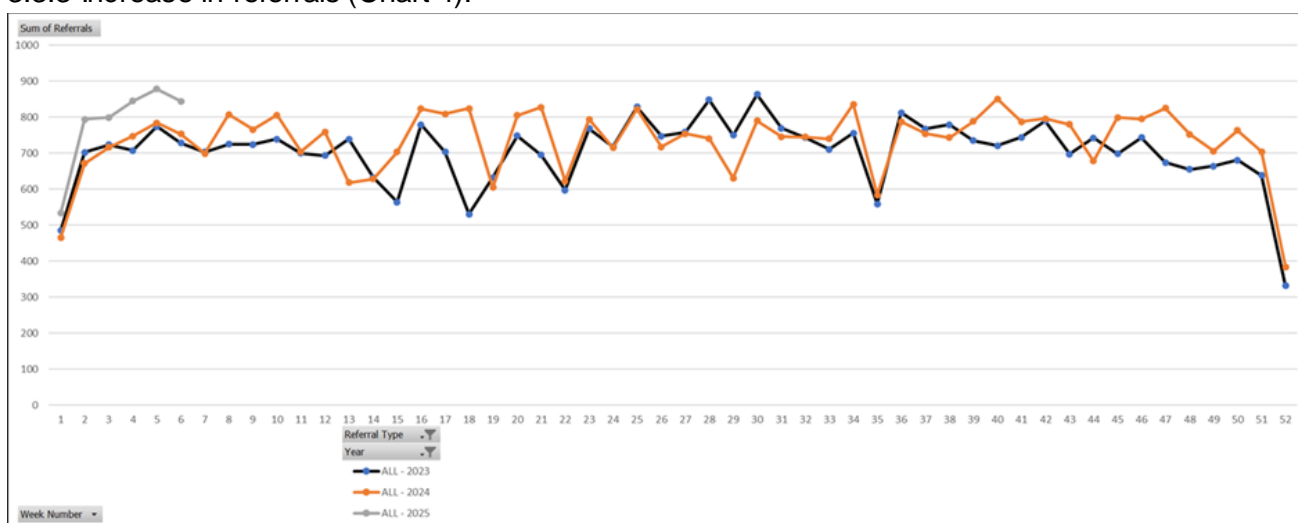


### 3.3 Referrals

3.3.1 The Trust has observed significant increases in referrals, with overall Urgent Suspected Cancer Referrals rising due to factors such as population growth, the impact of public awareness campaigns, and an ageing population. At OUHFT, we have noted an overall increase of 100-150 referrals per week compared to the same weeks in 2024 (Chart 4). We continue to work with all local providers whose patients may access our services to ensure the right patient is referred at the right time for cancer services. Specifically, we are working with the Thames Valley Cancer Alliance (TVCA) to develop a comprehensive inter-provider transfer pathway for all tumour sites.

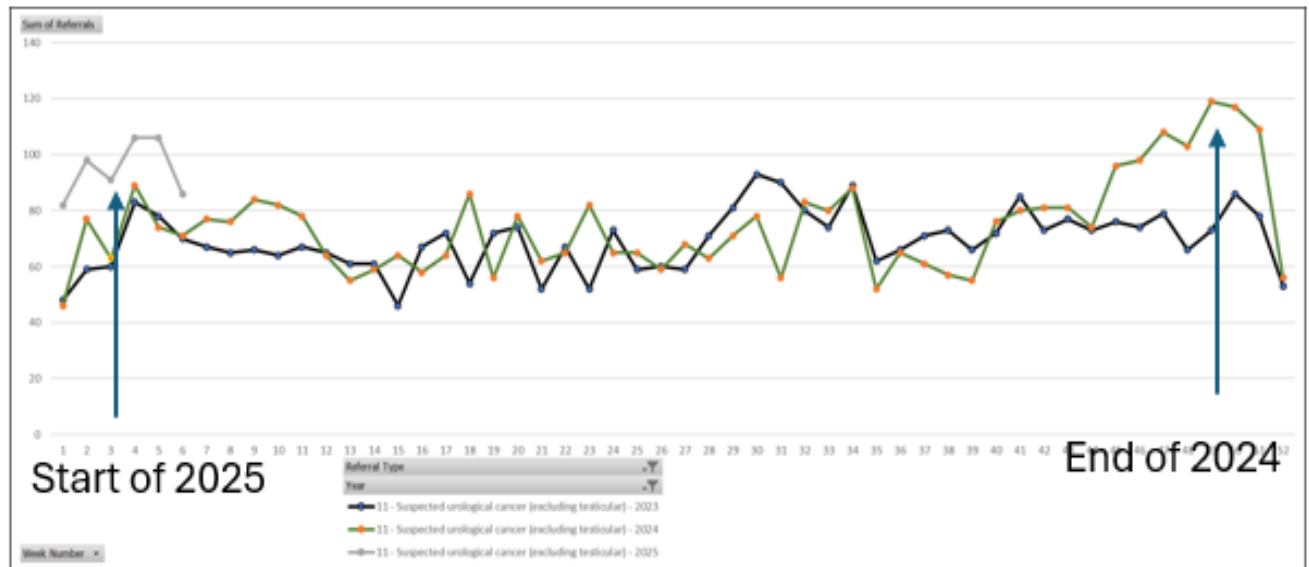
3.3.2 We are also witnessing elevated referrals for subsequent treatments. This includes further treatment for a primary diagnosis, treatment for a recurrence, and treatment for metastases or secondary conditions. This trend is partly attributed to the increasing success of initial cancer treatments in extending survival rates and the development and availability of new treatments. Oxford University Hospitals NHS Foundation Trust ranks among the top seven trusts in the country regarding the number of treatments reported for this patient cohort.

#### 3.3.3 Increase in referrals (Chart 4).



3.3.4 Recent cancer diagnoses among prominent public figures have led to an increase in Urgent Suspected Cancer Referrals. Notably, there has been a rise in prostate cancer referrals following the diagnosis of Sir Chris Hoy (Chart 5).

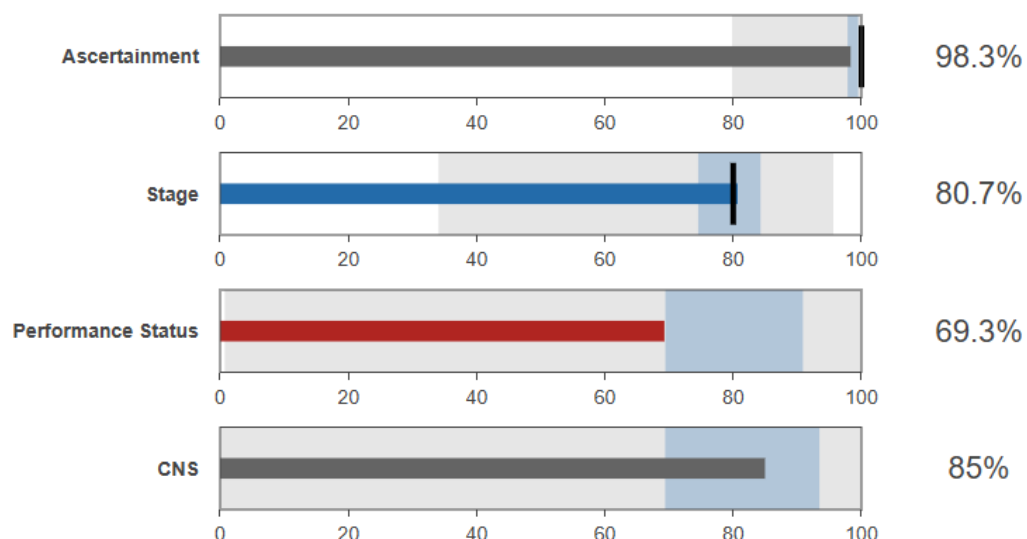
### 3.3.5 Urgent Suspected Cancer Referrals (Chart 5) Prostate diagnosis



## 4 Cancer Outcomes and Services Dataset (COSD)

4.1 OUHFT report data on the staging of cancer patients at diagnosis, performance status at diagnosis and whether a Nurse specialist was present to support patient at the results appointment. Our staging completeness is above 80% gaining us recognition from the National Team on the quality of our data.

### Oxford University (RTH) COSD Key Metrics (12 Months)



## 5. Digital improvements



5.1 OUHFT has transitioned to using the digital Dr Doctor system for appointment letters. This transition enables patients to receive their appointment letters digitally, thereby avoiding postal delays. Additionally, patients are notified of upcoming appointments through text messages and email reminders.

5.2 These digital appointment letters can also be accessed via the NHS app. OUHFT aims to expand this service to encompass all clinical correspondence, ensuring that patients have prompt and convenient access to their medical information.

5.3 OUHFT also offers 'Health for Me' which is an online system that allows you to easily view parts of your digital health record safely and securely from your computer or smartphone.

## 6 Personalised Care Agenda

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6.1 Personalised Stratified Follow up (PSFU) is an effective way of modifying care to meet the needs of cancer patients following treatment. This has been shown in pilot studies to improve cancer patient experience and quality of life following their treatment. This also allows services to be more efficient and cost effective, by freeing up capacity to those patients who require urgent attention.

6.2 The aim is to ensure all patients have access to personalised care interventions from diagnosis which include, Personalised Care and Support Planning based on Holistic Needs Assessments, Health and Wellbeing Information and Support, End of Treatment Summaries, and digital systems, which are safe and robust allowing for clinical tracking of discharged patients, and patients have timely access to their results and clinical team. This will be delivered in line with the NHS Comprehensive Model for Personalised Care which was published in 2018 and the NHS long term plan.

### **Summary of OUHFT deliverables to date**

#### **6.3 Holistic Needs Assessments (HNA's) and Care Plans**

An average of 220 HNA's are provided each month, with 77% resulting in a personalised care plan for all cancer patients, allowing staff to focus on what matters most to individuals. These are well embedded in our Cancer Specialist Nursing Teams (CNS).

Using the Macmillan My Care Plan platform, a digital solution has been developed to integrate all HNAs into InfoFlex (our cancer reporting system). This integration will enable national reporting to COSD, with an expected launch date in March 2025.

#### **6.4 End of Treatment Summaries (EOTS)**

There is currently an average of 91 reportable EOTS per month. These treatment summaries provide both the patient and their GP with valuable information, including a detailed summary of treatment completed, potential side effects, 'red flags' signs and symptoms of recurrence, support services available and most importantly the contact details of the caring team to address any concerns quickly.

## **6.5 Health and Well-being**

Our CNS Teams hold regular Health and Wellbeing events for an average of 118 patients, although all patients receive written information on local and national support irrespective of stage of cancer diagnosis. Alongside this we also offer individual and group events through CNS teams, Here for Health teams, support groups, and third sector agencies like Maggie's and Hummingbird Centre. Feedback on these sessions have been extremely positive, and patients have valued this opportunity to participate and talk to other patients.

## **6.6 Psychological Medicine Team**

Ninety percent (90%) of oncology patients undergo screening for anxiety and depression, which is approximately 750 patients per week. About one-third of these patients will receive a phone assessment from the team, following this assessment and one-third of those assessed will be offered the Depression Care for People with Cancer talking therapy programme. Patient feedback on this service is positive and engagement has been very good.

## **6.7 Personalised Stratified Follow-up (PSFU)**

PSFU is currently available for Breast, Prostate, Testicular, and Endometrial cancers, and is functioning effectively. It means that patients receive care appropriate to their needs and ensures that we can offer appointments based on clinical need. This enables all patients to receive a timely cancer diagnosis and offer support to those through the services listed above where they may still have questions in relation to their care.

Colorectal cancer already provides elements of PSFU, the final part is the digital remote monitoring, this is in the final stages of testing, with a planned launch date of April 2025.

## **6.8 Prehabilitation**

This program is delivered by the Enhanced Recovery After Surgery (ERAS) team to patients undergoing Colorectal, Upper Gastrointestinal (UGI), and Hepatopancreatobiliary (HPB) surgeries. Currently, we are developing a referral process in collaboration with Maggie's charity, aiming to extend the offer of a universal prehabilitation session to all cancer patients. A pilot program will be launched in April 2025, focusing initially on Breast, Lung, and Head & Neck cancer patients.