

## Equality Delivery System Report: Cancer Commissioning

### 1. Introduction

The main purpose of the national Equality Delivery System (EDS) is to help local NHS organisations, in discussion with local partners including local people, to review and improve their performance for people with characteristics protected by the Equality Act 2010.

During 2014/15 we have used the Equality Delivery System in two ways:

- Concentrating on two of our six clinical priority areas to focus our application of Equality Delivery System: Cancer and Dementia. Engagement with patients, carers and the public which had already taken place around our clinical priorities of Cancer and Dementia influenced our self-assessment in these areas.
- A more general self-assessment across the organisation based on our existing engagement work and the patient experience data that we collate.

This report focusses on the outcomes from our “deep dive” into Cancer Services Commissioning using the Equality Delivery System as a tool.

The purpose of delivering this EDS exercise is to establish a series of objectives relating to cancer equality groups and cancer that would provide a basis to measure change, whether positive or negative.

Commissioners, clinicians, patients and local communities alike want to see continued progress across the pathway: from high quality data collection to intelligence on cancer by equality groups. To do this we need to broaden our understanding of where differences by equality groups exist so that we can work to reduce inequalities. The collation and analysis of meaningful cancer data will ensure data is routinely analysed, interpreted and published on as many equality groups as practicable. NHS Doncaster CCG will strive to ensure attention is focused on targeted working and doing it right first time when commissioning services for marginalised groups.

Desired outcomes from this EDS exercise:

- Make better use of evidence to achieve improved outcomes for Cancer services in both commissioning and delivery.
- Utilise performance data to identify themes, trends or gaps in the quality of the service provision.
- Hear case studies that demonstrate direct impact on commissioning intentions and decisions.
- Implement new initiatives to boost the evidence base.

Indicators of success:

- The availability and quality of national and local data is improving.
- Our understanding of patient’s experiences is evolving.

- Our knowledge of the disease and differences by equality groups is increasing

## 2. The national and local perspective

### 2.1. National perspective

There are more than 200 different types of cancer. You can develop cancer in any body organ. There are over 60 different organs in the body where a cancer can develop. The disease remains as one of the predominant health priority areas of concern for the NHS across England and is a major cause of death accounting for 28% of all registered deaths in England and Wales, falling slightly from 29% in 2011.

Key facts:

- More than one person in three will develop cancer at some time in their lives, and one in four will die of the condition.
- In England, more than 250,000 people are diagnosed with cancer every year, and around 130,000 deaths. Currently, about 1.8 million people are living with and beyond a cancer diagnosis.
- Despite improvements in survival and mortality in recent decades, cancer outcomes in England remain poor when compared with the best outcomes in Europe.
- Cancer can develop at any age, but it is most common in older people – more than three out of five new cancers are diagnosed in people aged 65 or over, and more than a third are diagnosed in those aged 75 or over.

Much of the national data on cancer within protected characteristics is captured within Public Health England's National Cancer Intelligence Network report on Cancer and Equality Groups published in June 2014. The report brings together updated information on cancer by equality groups and builds on the baseline report published in 2013, making comparisons over time where data permits. There are still some equality metrics where data either is not yet available, or have only just become available and where national analyses are planned for the coming year.



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The more predominant or key protected characteristic groups to consider in relation to cancer and mortality are within age, gender and ethnicity. Examples of how this may apply

**Age:** The number of deaths by age group is important when focussing on addressing inequalities in mortality. These data allow us to focus on specific cancers for specific age-groups. Older people and cancer

Nearly two thirds of cancer diagnosis occur in the over 65s and one third in people aged 75 and over. By 2020 there will be nearly two million people aged 65 and over alive following a cancer diagnosis. NHS England and Public health England have recommended that current cancer services are critically assessed to ensure they are meeting the needs of older people. It is important to stress that the needs

of older people are not the same and type of cancer, economic status, gender and ethnicity all play a role in shaping people's needs and outcomes.

Late diagnosis appears to be a major problem on older people. DCCG are currently undertaking a piece of work with DBHFT to understand the age and sex of those patients who present through an emergency route rather than via TWW. This data will inform future commissioning decisions.

Ref ; Public Health England and NHS England, National Cancer Intelligence Network Older People and Cancer (2014) Gateway 2014538. London. DOH

**Gender:** For the majority of common cancer sites, males have higher cancer mortality rates than females. Similarly to cancer incidence, higher cancer mortality rates in males are seen across a broad range of cancer sites. For Oesophageal and bladder cancers, age-standardised cancer mortality rates were just under 3 times higher for males compared to females (rate ratio:2.89). For all cancers combined, age standardised mortality rates in males are 37% higher than females. This increases to being 72% higher when breast, lung and sex-specific cancers are excluded. Of the most common cancer sites analysed, all had significantly higher cancer mortality rates for males compared to females.

**Ethnicity:** A patient's ethnicity is collected in the NHS by trusts and recorded in Hospital Episode Statistics (HES). The first national report on cancer incidence by ethnic group for multiple cancer sites was published in 2009 using HES data linked to cancer registrations. Whilst ethnicity recording was not complete for all registered cancers, results did show that some ethnic groups had higher incidence rates compared to the White ethnic group. For example, people from the Black ethnic group have higher rates of myeloma and stomach cancer and males from the Black ethnic group have higher rates of prostate cancer. Liver cancer is higher amongst people from the Asian ethnic group compared to the White ethnic group, as is mouth cancer in females and cervical cancer in the over 65's. Given the improved completeness of ethnicity coding for cancer registrations, the national team are looking at the feasibility of including cancer mortality by ethnic group alongside its commitment to producing an updated report on cancer incidence by ethnic group. Currently, national data on cancer mortality by ethnic group is not available. There are studies in specific areas which are useful in targeting activity e.g. *A Communities Call to Action to address the burden of prostate cancer in black African-Caribbean and black African men (April 2014)*.



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## 2.2. Local perspective

**Commissioning:** Local commissioning intentions and decisions are largely based on utilising local intelligence. The analysis of local and regional data, alongside other supporting information and data available, both assists and supports commissioning managers to determine the most appropriate direction of travel for commissioning and implementing health service initiatives or plans. Within this process for

commissioning services locally, NHS Doncaster CCG has responsibility for identifying and implementing the relevant systems and processes for monitoring and evaluating the quality and effectiveness of commissioned services. This is achieved by taking into account feedback received from service providers, service users and patient & public members across the population of Doncaster.

***Service Redesign: Commissioners and providers of services in Doncaster are working together across cancer pathways***

Cancer services operating in Doncaster are presently undergoing a process of review; part of the review process is to determine and ensure any planned service changes impact favourably upon service provision. These changes will be progressed in tandem with the pre-identified local needs and with assurance that planned changes to provision do not disproportionately disadvantage, vulnerable individuals or marginalised groups. The main focus of this work is centred on increasing the numbers of patients accessing cancer services by early detection and providing treatment of cancer conditions within improved timescales. Local statistical data indicates continual improvement on local targets identified, despite the significant challenges faced.

***Cancer awareness campaigns & engagement activities:*** As part of the cancer services redesign processes, NHS Doncaster CCG has been leading a significant programme of awareness campaigns and engagement activities. Our cancer diagnosis awareness campaign focusses on targeting the 3 main cancer killers in Doncaster (bowel cancer and prostate cancer for men, and lung cancer for both men and women). We are working with the Doncaster Rovers Community Foundation to target men as they often present late with symptoms. Engagement activity has also focussed around Cancer Survivorship. The links below provides examples of local awareness and engagement campaign activities undertaken by NHS Doncaster CCG.

- [Macmillan Thinking Ahead Survey results](#)
- [It's Cervical Cancer Prevention Week](#)
- [Rovers' cancer awareness campaign scores with fans](#)
- [CCG funds seven-day working to benefit cancer patients](#)
- [Living Well: Event report](#)

***Provision:*** NHS Doncaster CCG commissions a comprehensive range of cancer services, covering a broad range of cancer conditions and ailments. Providers of these services are required to demonstrate/evidence how they will deal with the demands placed upon them and provide adequate services within their capacity to deliver locally to the Doncaster population. The diagnostics, assessments and some specialist interventions are provided between Doncaster & Bassetlaw Hospitals, NHS Foundation Trust and Sheffield Teaching Hospital, NHS Foundation Trust. Aspects of 'care in the community' are provided by Rotherham Doncaster & South Humber NHS Foundation Trust and voluntary sector providers such as MacMillan Cancer Support. A local booklet containing information on the various service providers contracted to deliver cancer services across Doncaster is available.



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services.pdf

### 3. Results

The analysis using the Equality Delivery System as a tool identified the following within the cancer commissioning process.

***In summary:***

- There is a positive focus on service redesign and improvement which takes into account patient needs from across the protected characteristics.
- There is targeted activity within protected characteristic groups who may be disadvantaged e.g. men who tend to present later with a cancer diagnosis.
- There is evidence of positive engagement to redesign services.
- Equalities guidance is generally applied by a ‘broad brush approach’ when being incorporated within specifications or tenders. The principles of the Act are deemed to be embedded within the requirements of the specifications and do not identify whether additional specific actions are required focused on the more disadvantaged / marginalised within our communities.

***In detail:***

Goal	Ref	Description of outcome	Self-assessment
<b>Better health outcomes</b>	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Local data/ intelligence is utilised to commission services across the general population – Services commissioned are contract & performance managed, overseen by the organisation’s internal and external, governance arrangements.
	1.2	Individual people’s health needs are assessed and met in appropriate and effective ways	A comprehensive selection of referral pathways is available for referring patients to the most appropriate clinical area / health service provision. A full assessment / diagnostics of conditions and ailments is accessible whole population. Package offers for treatment and follow up care are coordinated through care plans, adapted to meet needs of the service user, on an individual basis.
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	A personal care plan is identified for patients / users, with coordinated packages of care provided by specialists, i.e., consultants, specialist nurses or community nursing staff etc. Patients are kept informed of their future planned medical procedures and intensions – consultations involving the patient and their clinician to ensure transparency, with regard to medical procedures or interventions. An agreement to proceed with medical interventions is made with consent from the patient/carer.
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Policies and procedures are adhered to, ensuring any associated risks are minimised. The complaints procedure/mechanism is available for those with a complaint or expressing concerns. Local mechanisms for supporting patients to formalise complaints including advocacy, guidance, signposting is available, locally i.e. Healthwatch,

Goal	Ref	Description of outcome	Self-assessment
			<p>Citizens Advice Bureau etc.</p> <p>Statutory &amp; Mandatory training and personal learning, development opportunities are routinely available for/offered to staff.</p> <p>Workforce learning &amp; development, training packages provided have a focus on 'patient safety', safeguarding and 'managing risk to address/ deter mistreatment and abuse.</p>
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	<p>Cancer awareness campaigns, marketing programmes and any supporting promotional initiatives generally target our 'mainstream audience or focus upon our 'general population'. The more specific needs of marginalised groups require more focus and attention within this.</p> <p>The needs of people from specific protected characteristic groups i.e.: gender (e.g. male/female) Age: (older/younger) are recognised and addressed within the majority of promotional campaigns and activities.</p> <p>More focused awareness work/activity is required to ensure those deemed 'marginalised' are considered/included within future awareness campaigns to address gaps in awareness.</p> <p>Future requirements for increasing campaign activity, particularly applies to those specific cancer conditions which are known to disproportionately affect a specific characteristic/group (e.g. <i>BME males are 4 times more likely to develop prostate cancer than white men, and LGBT / G&amp;T communities are less likely to self- refer for cervical screening</i>).</p> <p>We would benefit from mapping the shortfall in 'user demographic' to identify those who fall under the scope of our usual approach./ and implement specific actions which aim to encourage greater involvement/ understanding of campaigns and awareness initiatives.</p>
<b>Improved patient access and experience</b>	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	<p>NHS Doncaster CCG commissions cancer services for the whole population of Doncaster. The drivers of the Equality Act 2010 and all necessary/surrounding governance arrangements are embedded within the contract specification being awarded. The equality Act 2010 guidance and the supporting arrangements in place, primarily underpin and assure:</p> <ul style="list-style-type: none"> <li>• Patients &amp; the public can access services without fear of discrimination</li> <li>• All members of the community are able to experience 'equity' within service provision</li> <li>• Patients and the public are dealt with according to their needs or on an individual basis, at the point of need.</li> </ul>
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Clinical staff, in collaboration with the patient and/or their carer, identify a comprehensive health & social care plan to determine the most appropriate package of care through 'informed choices' for the patient / carer.
	2.3	People report positive experiences of the NHS	NHS Doncaster CCG utilises the current compliments and complaints system processes to capture and identify comments in regard to their

Goal	Ref	Description of outcome	Self-assessment
			<p>experiences.</p> <p>Other processes for capturing patient experience will be generated through plans to implement the National Cancer Patient Experience Survey across the NHS, supported by the implementation of a local action plan. The purpose of the tool is to assist with capturing and determine 'real time' patient feedback, regardless of whether the issues are positive or negative. The survey will be conducted on an annual basis, in conjunction with patient and public 'engagement workshops', delivered in partnership with our providers (DBHFT). Any associated outputs acquired from delivering workshops will be captured as evidence within the accompanying action plan.</p>
	2.4	People's complaints about services are handled respectfully and efficiently	<p>The current complaints policy and process details the requirements for handling complaints sensitively, within a specific period of time and in an open, transparent manor. All complaints received, are dealt with on an individual basis / accordingly.</p> <p>Advice and guidance is provided on a potential, suitable course of action for following up on any unresolved issues/ concerns. Patients and members of the public are made aware of other agencies / services, available to support patients in making complaints e.g. PALS, Health Watch Doncaster, Citizens Advice Bureau services, NHS England.</p>

#### 4. Recommendations

In conjunction with our predetermined equality objective:

*Make effective use of equality data within the commissioning cycle to prioritise commissioning of services and embed equality within Provider contracts*

it is recommended that NHS Doncaster CCG endeavours to clearly identify any disadvantage in access, experience and outcomes for users from across protected characteristic groups .

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