

## REPORT TO BOARD

*11<sup>th</sup> February 2015*

**Agenda No. 6.1**

<b>Title of Document:</b>	Cancer Clinical Reference Group Progress Report: February 2015	
<b>Report Author:</b>	Jatinder Bhuhi, Commissioning Redesign Manager	
<b>Lead Director/</b>	Lucie Waters, Director of Commissioning and Planning	
<b>Clinical Lead:</b>	Dr Anthony Cunliffe	
<b>Contact details:</b>	<a href="mailto:Jatinder.bhuhi@wandsworthccg.nhs.uk">Jatinder.bhuhi@wandsworthccg.nhs.uk</a> <a href="mailto:Anthony.cunliffe@nhs.net">Anthony.cunliffe@nhs.net</a> <a href="mailto:lucie.waters@wandsworthccg.nhs.uk">lucie.waters@wandsworthccg.nhs.uk</a>	
<b>Summary:</b>	This paper provides an update on progress in developing and implementing services and initiatives to improve cancer services experience in Wandsworth, focussed on the last 12 months.	
<b>Key sections for particular note (paragraph/page), areas of concern etc.:</b>	Whole document	
<b>Recommendations:</b>	The WCCG Board is asked to note the content of the report.	
<b>Equality Analysis</b>		
<b>Has an Equality Analysis been carried out?</b>	<b>YES</b> - completed as part of out of hospital strategy	
<b>Which of the following Assurance Domains does this work relate to</b>	<ul style="list-style-type: none"> <li>• <b>Are patients and the public actively engaged and involved?</b> There is patient representation on the Cancer Clinical Reference Group (CRG)</li> <li>• <b>Does the CCG have robust governance arrangements?</b> The Cancer CRG meets regularly with regular reports/ [presentations received by members of the CRG</li> <li>• <b>Are CCGs working in partnership with others?</b> The CRG works closely with the voluntary sector, Acute Sector and Community and Primary Care</li> <li>• <b>Does the CCG have strong and robust leadership?</b> The CRG has strong clinical leadership from its clinical lead and locality pathway leads</li> </ul>	
<b>Risks:</b>	Not currently	

**Financial Implications:** Not currently

**Reviewed by:**

**Committees that have previously agreed the report:** N/A

## Progress Report to Wandsworth CCG Board: February 2015

### CANCER

#### 1. Purpose

This is the first time the Cancer Clinical Reference Group (CRG) is reporting to the Board. The paper sets out activities and achievements of the Cancer CRG in delivering the Out of Hospital Plan.

#### 2. Background

The incidence of cancer is rising with estimates that 1 in 3 people will be diagnosed with cancer at some point in their lives and this number expected to raise to 1 in 2 by 2020 (MacMillan Cancer Support 2013). In Wandsworth this equates to around 400-500 people being diagnosed with cancer each year. Outcomes from cancer in the UK are amongst the worst in Europe with one of the major contributing factors to this being diagnosis at a late stage. Specifically in Wandsworth, cancer is responsible for almost 40% of all deaths in those aged under 75 and unfortunately, the cancer mortality rate for this age group has been increasing in Wandsworth rather than improving. Moreover, despite the high mortality rates, the increasing number of those diagnosed, coupled with development of new treatments means that there are more people than ever living with and beyond cancer and thus having to manage the long term consequences.

The focus for Wandsworth CCG is to:

- to increase awareness of cancer among the population of Wandsworth
- to increase earlier diagnosis of cancer
- to improve survival from cancer
- to improve the experience of care for cancer patients and those who care for patients with cancer within Wandsworth
- to recognise and address the quality of life for those people living with and beyond cancer

#### 3. The Cancer Clinical Reference Group

Chaired by Dr Anthony Cunliffe, the Cancer Clinical Reference Group (CRG) meets regularly with good attendance from cancer services: St Georges NHS Trust; The Royal Marsden, Public Health, Pauls Cancer Centre, Macmillan and Community Adult Health Services. The CRG has also recruited patient representatives, some of whom attend fairly regularly. This is very much dependent on the representatives' health. The CRG is also supported by two pathway leads, Dr Marietta Swanne and Dr Maria Wallace (also newly recruited Wandsworth Macmillan GP Facilitator).

Dr Cunliffe attends regular cancer meetings at St Georges and is also involved at a London level with the London Cancer Alliance. He is also a member of the SWL Cancer Clinical Design Group which has acknowledged the out of hospital plan for Wandsworth as good practice. He is also the Macmillan GP Advisor covering South and West London and the South East Coast.

The role of the Cancer CRG is to deliver on the following national Outcomes Framework;

<b>Improving early detection</b>	<ul style="list-style-type: none"> <li>Improving GP access to diagnostic testing for suspected cancer, ensuring direct access for specific tests (including endoscopy);</li> <li>Ensuring the effective use of financial and performance data for commissioning purposes.</li> <li>Supporting improvement in uptake of and access to screening.</li> <li>Improving education for GPs on the early signs and symptoms of cancer</li> <li>Working with secondary care to streamline the referral process for suspected cancer</li> </ul>
<b>Delivering care closer to home</b>	<ul style="list-style-type: none"> <li>Implementation of three best practice commissioning pathways;</li> <li>Assessing the provision of chemotherapy services with a view to deliver closer to home if appropriate</li> </ul>
<b>Consolidating specialist care</b>	<ul style="list-style-type: none"> <li>Delivering appropriate consolidation of services in line with the model of care;</li> <li>Input into planning the consolidation of highly-specialist services.</li> </ul>
<b>Improving consistency in care provision</b>	<ul style="list-style-type: none"> <li>Reduce unwarranted variation in care along pathways and ensure compliance with standards;</li> <li>Recognising cancer as a long term condition;</li> <li>Improving services for people living with and beyond cancer, including implementing the National Cancer Survivorship Initiative recommendations;</li> <li>Improving communication between secondary/tertiary and primary care;</li> <li>Working towards the provision of seamless care for people with cancer.</li> </ul>
<b>Delivering productivity and efficiency</b>	<ul style="list-style-type: none"> <li>Ensuring the effective use of financial and performance data for commissioning purposes.</li> </ul>

The CRG has taken ownership of delivering its Out of Hospital Plan through agreeing a number of initiatives:

- Improving the rate of uptake of bowel screening
- Extended yearly Holistic Cancer care review for those within 5 years of a diagnosis of cancer
- Physical Activity Programmes for patients with a diagnosis of cancer
- Practice Nurse Training for cancer
- Best Practice Pathway for Ovarian Cancer and Best Practice Pathway for Colorectal Cancer
- General Practice Engagement and Education through Macmillan GP Facilitator
- Practice Lead for Cancer
- Self-management for Patients with cancer
- Raising awareness

#### 4. Summary of Initiatives

##### 4.1 Bowel Screening

Bowel Cancer is the 3rd most common cancer in Wandsworth in both sexes and the incidence is rising. It was responsible for over 10% of all cancer deaths within Wandsworth between 2005 and 2009, making it the second biggest cancer killer after lung cancer. Bowel screening uptake is historically poor in Wandsworth, around 40% compared to the National Standard of 60%. Based on a rate of 1.62 cancers for every 1000 patients screened (Cancer Research UK - CRUK) and the current Wandsworth population of those of eligible

age for screening, this could mean an extra 5 cancers being diagnosed at an early stage rather than later. Based on figures from the report by the School of Health and Related Research (<http://www.cancerscreening.nhs.uk/bowel/scharr-full-report-summary-201202.pdf>) this could mean a saving of approximately £66,240.

Early detection is vital to improve outcomes. 40% of all cancers identified by the National Screening programme are diagnosed at Stage 1 disease giving them a 95% 5 year survival rate. Of those cancers diagnosed symptomatically, only 5% are diagnosed at this stage.

This incentivised scheme requires GP practices to contact non responders to the Bowel Screening invite to encourage them to take part in the screening programme. Evidence shows that such GP endorsement of bowel screening can increase uptake by 10%.

#### **4.2 Holistic Cancer Care Review**

This is part of the (Planning All Care Together) PACT scheme and a template has been developed with the CRG specifically relating to those people with a diagnosis of cancer. GPs are encouraged to use this template to ensure all appropriate issues are covered in the review. A cancer specific patient feedback form has been developed which practices are encouraged to give out. Returns will be analysed by the Macmillan GP and CCG Cancer Lead.

Evidence shows that patients being empowered with the ability to self-care; GP appointments were reduced by 40% and out-patient appointments reduced by 17% (Co-ordinated Cancer Care: better for patients, more efficient. The Voice of NHS Leadership Briefing: June 201 Issue 203). If a patient had two fewer GP appointments a year, based on the cost of a GP appointment being around £36.00; resource realised would equate to £160,000.

#### **4.3 Physical Activity Programme for Patients with a cancer diagnosis**

The aim of the service is to provide all patients within 5 years of a cancer diagnosis appropriate advice on the effects of physical activity on cancer followed by behavioural intervention and subsequent referral, if accepted, to an appropriate physical activity service.

The service will be offered to all patients who live in Wandsworth who are within 5 years of a cancer diagnosis. It will be offered via GPs or Consultants, Specialist Nurses and Physiotherapists in secondary care. This programme is jointly funded by Macmillan with the CCG providing some contribution for 36 months. The service has gone through an Invitation to Quote (ITQ) and recently an Invitation to Tender (ITT). The contract is due to be awarded shortly.

Potential savings based on breast cancer: Between 2006-2008 there were 478 new cases of breast cancer in Wandsworth (Prevention and Early diagnosis of cancer in Wandsworth 2011 – The independent annual report of the Joint Director of Public Health) indicating an annual new case rate of approximately 160 women each year. With a relapse rate of around 22% (Cancer Research UK - CRUK) this means of the 160 diagnosed each year, 35 patients are likely to relapse during their lifetime. Based on a cost of relapse of around £25,000 (Health care costs for the treatment of breast cancer recurrent events: estimates from a UK-based patient-level analysis. Karnon et al. Br J Cancer. 2007 August 20; 97(4): 479–485) the potential savings are around £575,000. This is obviously based on all breast cancer patients taking part. However, with a relapse cost of around £25,000 even if only one relapse was prevented each year, this would represent £25,000 savings. This is purely based on the savings related to relapse.

The actual savings are likely to be way above and beyond just preventing relapse. The effects physical activity can have on treating the symptoms of cancer and the side effects of treatment could lead to significantly less GP appointments per year. This isn't taking into consideration the myriad other potential savings that can be brought about by increasing a patients fitness levels.

Patients would be assessed before starting exercise by a trained professional and asked to complete anxiety and depression and quality of life scores and answer specific questions regarding current symptoms and their personal hopes for what the exercise will achieve. They would also have general health parameters such as Blood Pressure and Pulse assessed. This would be repeated at the end of their programme and then again after 6 months. This would be carried out by the CCG Cancer Lead with input from Public Health.

#### 4.4 Practice Nurse Training for Cancer

Six sessions have been facilitated by GPs and Cancer Nurse Specialists, along with patient input, to train practice nurses in the management of cancer as a long term condition. Twelve practice nurses have been trained.

The purpose was to empower practice nurses to review patients living with cancer and beyond cancer treatment and to help manage their needs. Practice Nurses are already doing this for other long term conditions and the benefits of training them to do this for patients with cancer is likely to improve the patient's experience of care in a cost effective way whilst reducing GP workload.

The course is being evaluated by nurses completing evaluation questionnaires at the end of each day of the course and at the end of the course overall. Each nurse would then be followed up by a mentor in the community after 3 months to assess how they have put their learning into practice. Funding was from Macmillan.

Dependent on the evaluation, the course is likely to be repeated again, this time at a South west London level to increase the pool of practice nurses trained.

#### 4.5 Best Practice Pathways

**Colorectal pathway:** The best practice commissioning pathway for early detection recommends that, for patients with the appropriate symptoms, the lower age limit of referral should be reduced to 45 years old by 2015 and that referral should be made by GPs to a 'Diagnostic Service' – a designated referral centre which will then triage referrals to the most appropriate diagnostic test which will be booked directly.

Discussions have been happening with the Trust to enable implementation of this pathway. There are some issues with capacity in the endoscopy unit but this is being addressed. Discussions will continue until this pathway is in place.

**Ovarian pathway:** The current National Institute for Clinical Excellence (NICE) guidelines suggest that a Ca125 blood test is initially carried out by GPs on patients in whom they suspect a possible diagnosis of Ovarian cancer. If this result is over 35iu/ml then a Trans-vaginal Ultrasound Scan (TVUSS) is advised. However, the best practice commissioning pathway suggests that both Ca125 and TVUS should be carried out simultaneously and referral made if either is positive in order to increase the rates of cancer diagnosed at an earlier stage. The savings of this service are difficult to predict currently but based on the figures already presented of the difference in costs between diagnosing someone at an earlier stage, just one patient diagnosed at Stage 1 rather than stage 2 would save over £5000. As the predicted numbers suggest approximately 166 patients with possible symptoms of Ovarian cancer would have investigations at an

earlier stage then the potential savings are great. And, to point out again, these are tests which would likely be done anyway following the extra cost of an outpatient appointment so this service would likely bring very significant savings.

#### **4.6 General Practice Engagement and Education through Macmillan GP Facilitator**

Dr Maria Wallace from Putney mead practice was appointed from December 2014 as the Wandsworth Macmillan GP Facilitator.

The role will initially focus on the following key areas of work:

- Ensuring earlier diagnosis in primary care through implementation of the findings of the primary care audit and analysis of National Cancer Intelligence Network (NCIN) practice profile data, including development of educational and training sessions, practice visits to disseminate best practice, involvement in the development of diagnostic services, referral tools etc.
- Developing and implementing recommendations from the Cancer Awareness Measure survey where these relate to issues in primary care.
- Lead on implementation of a shift in outpatient follow ups from secondary to primary care e.g. prostate cancer, routine breast cancer follow ups; including setting up of monitoring mechanisms to ensure quality of service in primary care.
- Undertaking a scoping exercise to ascertain whether patients are receiving a cancer care review in primary care and developing an implementation plan to address any findings.
- Lead on implementation of national findings with regard to the end of treatment summary record.
- In conjunction with the GP People with Learning Disabilities (PLD) Clinical Lead ensure that access to cancer services is improved for people with learning disabilities in Wandsworth.
- Attending specific cancer meetings as primary care representative e.g. North Locality Group of Wandsworth CCG and SW London Cancer Network meetings as required.

#### **4.7 Practice Leads for Cancer**

The Wandsworth Federation was appointed in October 2014 to provide:

- The CCG with a complete register of cancer leads for the Wandsworth GP Practices signed up to the PACT (local Enhanced Service) LES. This is a requirement of section 2 of the LES - Minimum Entry Criteria. The provider will follow this up with all practices having cancer leads.
- The CCG Cancer Lead (CCGCL) will provide the provider with a list of practices who have not supplied the monthly activity figures for Service Requirement 18 (Bowel Cancer Screening Follow-up) of PACT - see section 16.
- The CCG Cancer Lead (CCGCL) will provide the provider with a list of practices who have not kept the relevant lists required in PACT. These are (in section 3.2 "Patient Registers (Service Requirement 2):
  - Registers will be required for the following groups of patients:
  - Patients within 5 years of a cancer diagnosis (Cohort 2 or 3)
  - Patients requiring bowel cancer screening follow-up - Register 2J
- The provider will list the occasions where the CCGCL has raised an issue of 'non-compliance'. The provider will produce reports on how it has supported practice Leads.
- The provider will act as a link with the Practices and the CCG regarding any required audits.

To date The Wandsworth Federation has developed a full list of Cancer Leads.

#### **4.8 Self-management for Patients**

Through this project, Paul's Cancer Support Centre will develop and run a series of self-management coursework and 1:1 sessions for people with cancer. It aims to help people with cancer to manage the social,

emotional and physical impact of their condition, and build their resilience and ability to cope in the face of a cancer diagnosis, its treatment and after-effects. GPs are able to referrals through an EMIS web compatible referral form.

The self-management programme will teaches new skills and techniques in order to enable people with cancer to develop new resources in areas such as managing anxiety and stress control, relaxation, healthier living and making better lifestyle choices. People affected by cancer can often feel very isolated; another important benefit of the programme is to reduce loneliness and to provide the opportunity to meet up with others to share experiences and knowledge. The Centre has pioneered a variety of approaches that allow us to meet the different needs of people with cancer at all stages of phases of the illness (from diagnosis, through treatment and after treatment has finished). Partners and carers are also invited to participate in the programme.

Quarterly meetings are held with Pauls Cancer Centre providing data and highlight reports on services delivered. Reports details the outputs from the delivery of the Paul's Cancer Support Service provided to Wandsworth residents. Wandsworth residents in quarter 2 represented 42% of the Centres' total clients supported, compared with 38% in quarter 1. All client outcomes recorded showed a positive benefit to clients.

#### **4.9 Raising Awareness**

- Public health has promoted cancer awareness through the Cancer Pop-up shop in Southside shopping centre in 2013 and again in January 2015. It enabled one to one session with cancer nurse specialist over the ten day period the pop-up shop is open.
- A partnership between St Georges, Macmillan and Pauls Cancer Centre has arranged Health and Well-Being Events based at St Georges and within community settings. Information provided to patients and survivors included: living well after cancer treatment; healthy eating; keeping active; and relaxation and stress management techniques delivered by trained specialists.
- Stakeholder events:
  - Get to Know Cancer - *preventable - treatable - beatable* was organised in April 2014
  - WHIZ (Wandsworth Health Improvement Zone) events organised around Roehampton and Tooting over June 2014

#### **5. Conclusion**

The Cancer Commissioning Lead is working closely with the Cancer Clinical Design Group to develop commissioning intentions across south west London.

The CRG is still relatively new so it's establishing itself to deliver a programme of better outcomes for cancer patients; those with and living beyond cancer. However the clinical lead and pathway lead have been influential by promoting programmes through the GP locality forums. An example of the 2 week rule letter was agreed by the Cancer CRG and disseminated through the locality managers. The Cancer CRG has a positive relationship with Macmillan, supporting the CCG to deliver its practice nurse training and the physical activity programme through financial, training and management support.

The Cancer CRG will be reviewing its terms of reference and membership at its next meeting in March with a view to getting representation from Chelsea and Westminster and primary care commissioning. It is also keen to develop a closer relationship with the South East Commissioning Support Unit to ensure the CRG understands local performance. It is developing a dashboard to demonstrate year on year trajectories of improving patient outcomes.

## Appendix One: Cancer 5 Year Out of Hospital Strategy Summary of Investments

Cancer CRG Initiative	Rationale for inclusion	Planned Investment	Projection of Spend 2013/14	Proposed evaluation and key performance indicators	Savings generated (including details of reduction in activity expected if applicable)	Timescale for Delivery	CCG Outcomes Indicator Set 2013/14: Technical Guidance
<b>Improving the uptake of bowel cancer screening</b>	Bowel cancer is 3 <sup>rd</sup> most common cancer in Wandsworth and Wandsworth has a poor screening uptake compared to standard. Late diagnosis of bowel cancer leads to more costly treatments and more emergency admissions	Engaging all Practices in actively chasing non-responders as per Best Practice Commissioning Pathway for the early diagnosis of Colorectal Cancer	£15,000  (with £15,000 projected for 2015/16)	This would be delivered via the PACT with figures reported monthly to the CCG. Actual uptake would then be measured via the Screening Service figures.	£66, 240	2014-2016	C1
<b>Yearly Holistic Cancer Care Review for patients within 5 years of cancer diagnosis</b>	Increased number of people living with and beyond cancer and managing the multiple long term effects	All patients within 5 years of cancer given an extended 45 minute review by the GP or Practice Nurse each year.	£150,750	This would be delivered via the PACT and reporting as for current cohort 2 patients	£160,000 (by reducing GP appointments by 2 per year in these high risk patients).	2014-2019	C2 C3 C4
<b>##Exercise on Prescription for patients with cancer</b>	Strong evidence on the effects of exercise for patients with cancer in treating symptoms and preventing relapse therefore reducing both primary and secondary care workload and costs and reducing the significant costs of relapse.	Patients offered Exercise on prescription once up to 5 years after a diagnosis	£22,000	Delivered via the current exercise on prescription scheme already in place for other Long Term Conditions. Patients to be evaluated before and after taking part and evaluation of results by CRG Lead	Refer to out of hospital plan	2014-2016	C1 C2 C3
<b>Practice Nurse</b>	Number of cancer survivors increasing with an increasing	Practice Nurse Training course run in conjunction	£13,000	Delivery in by designated steering		2014/2015	C2

Attach 2

<b>Training for Cancer</b>	need for on-going review. Practice Nurses ideally placed to do LTC reviews for patients with cancer but need training. Practice Nurse time more cost efficient than GP time so will bring about savings	with Macmillan cancer Charity to train 12 nurses initially		group in conjunction with Macmillan Cancer Charity. Evaluation built in as part of course.			C3 C4
<b>Best Practice Pathway for Ovarian Cancer</b>	Ovarian Cancer leading cause of gynaecological cancer but often diagnosed late leading to poor outcomes. There is a need to diagnose early to improve survival and reduce costs and emergency presentations	Best Practice Pathway for Early Diagnosis of Ovarian Cancer to be put into practice and disseminated throughout Wandsworth GPs	£55,000	Numbers of test done and increase in 2WR referrals and cancer diagnoses monitored in secondary care and		2014-2019	C1
<b>Best Practice Pathway for Colorectal cancer</b>	Colorectal Cancer 3 <sup>rd</sup> most common cancer in Wandsworth with a high rate of late stage diagnosis and poor outcomes. Diagnosis needs to be made earlier to improve outcomes and reduce costs due to morbidity and emergency presentations.	Age of eligibility for investigation for patients with appropriate symptoms to be reduce to 45 and a triage system put in place to enable direct access investigations	£61,502 (But doesn't represent actual increased cost – please see document)	Number of requests and diagnoses to be monitored by providers	Refer to out of hospital plan	2014-2016	C1
<b>General Practice engagement/Education via Macmillan GP</b>	Macmillan currently funding a GP 2 sessions a week work on the whole cancer pathway from public awareness to survivorship with a strong focus on early diagnosis and GP education. This is cost effective way of achieving	Mac GP continued to be employed as per original exit strategy agreed with Macmillan	£18,400	Macmillan GP to report to each CRG meeting and to line managers at Macmillan		2015-2017	C1 C2 C3 C4

	engagement of Primary Care in the early diagnosis agenda						
<b>Practice Lead for Cancer in Each Wandsworth Practice</b>	Practices need to show commitment to the whole of the cancer Pathway and engage in New Diagnoses meetings, clinical audit, activities to improve screening, monitoring quality of urgent referrals and safety netting	Each practice nominates a lead cancer GP that will be responsible for co-ordinating all cancer activities in the practice and will be reportable to the CRG lead.	£22,000	Lead GP to report to CRG Lead every 3 months and present information/data when requested		2014/2015	C1 C2 C3 C4

## Physical Activity Programme – Macmillan is also supporting this programme financially

**APPENDIX TWO: Cancer CRG Terms of Reference**



Cancer CRG TOR  
final 08.11.13.docx

**APPENDIX THREE: Development of Dashboard**



Cancer CRG  
Dashboard.xlsx

**APPENDIX THREE: South West London Bowel Scope Screening Programme**

**Bowel cancer is the second most common cause of cancer death in the UK** Someone dies from bowel cancer in the UK every thirty minutes. If treated early there is a very good chance of recovery. The only problem is that only 9% of patients are diagnosed at the early stage. Screening, healthy life style and being aware of symptoms helps reduce the risk of bowel cancer.

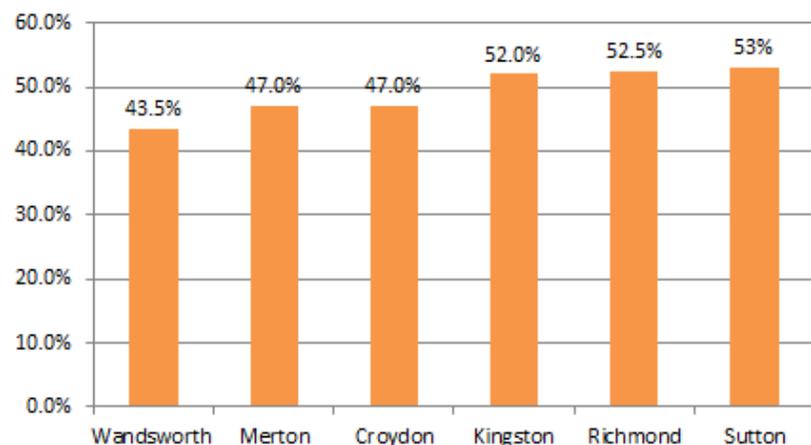
## Attach 2

The NHS Bowel Cancer Screening Programme in South West London is based at St Georges Hospital. It provides screening for 6 Boroughs /CCG'S with a population of approximately 1.5 million people. These 6 are Wandsworth, Sutton, Merton, Richmond (and Twickenham), Kingston and Croydon. Age extension has now been introduced in SWL so all men and women are invited from 60 – 74 and are sent a home FOBt kit which when completed is sent back to the London Hub for testing. From April 2013 to March 2014 88,290 of the SWL population were invited into the screening programme, of these 48,412 returned their test kits. In Wandsworth 11,679 people were invited to take part in the bowel screening programme. 5,071 were screened, 43.4% which was the lowest uptake in SWL. The chart shows that this could be due to the fact that Wandsworth is inner city and has a mobile population and mixed ethnicity. Of those screened in Wandsworth during 2013-14 about 140 people attended for a follow up colonoscopy, or other investigation, following a positive FOBt. Around 14 people were diagnosed with cancer and about 40 people had polyps removed.

In March 2014 the programme went live with the new Bowel Scope programme to invite all new 55 year olds for a one off flexible sigmoidoscopy. This will be rolled out across SW London over the next 18 months. Wandsworth was the first area to go live with this new programme. This programme is in addition to the FOBt bowel cancer screening programme.

We will continue to build links with our new partners and existing stakeholders.

### SWL Bowel Cancer Screening uptake 2013-14



Attach 2



WANDSWORTH CCG  
REPORT\_M7.docx