PRESENTATION - CANCER SCRUTINY REVIEW

THE HEALTH AND WELLBEING BOARD

Wednesday, 6 September 2017

Agenda Item 5. Cancer Prevention, Awareness and Early Detection Scrutiny Review 2016/17 (Pages 1 - 27)

This is a copy of the presentation given at the Board.

The other appendices to this item are included in the ‘Supporting Documents’ pack.

Contact Officer: Tina Robinson
Telephone: 020 8227 3285
E-mail: tina.robinson@lbld.gov.uk
Barking and Dagenham: HASSC cancer review

Health and Wellbeing Board
Wednesday 6th September 2017

Matthew Cole, Director of Public Health, LBBD
Kate Kavanagh, Cancer Commissioning Manager, NEL CSU
Sue Lloyd, Consultant in Public Health, LBBD
The national challenge

4 out of 10 avoidable deaths in England are a result of cancer (ONS).

1 in 2 people will be diagnosed with cancer during their life (CRUK).

Over 2 million people are living with and beyond cancer in the UK (4 million by 2030) (Macmillan).
In 2013, approximately **one in three** of all deaths were attributed to cancer.

The most common cancers in LBBD and nationally are:
Incidence of cancer in Barking and Dagenham 2012 -14

<table>
<thead>
<tr>
<th>Cancer type</th>
<th>Incidence in B&amp;D*</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>All cancers</td>
<td>Higher than England 648 compared to 614.8 average</td>
<td>Through signs and symptoms</td>
</tr>
<tr>
<td>Breast</td>
<td>Lower than England 164.1 compared to 169.9 average</td>
<td>National screening programme</td>
</tr>
<tr>
<td>Bowel</td>
<td>Similar to England 72.8 compared with 72.9 average</td>
<td>Through signs and symptoms</td>
</tr>
<tr>
<td>Prostate</td>
<td>Higher than England 210.2 compared with 181.4 average</td>
<td>Through signs and symptoms</td>
</tr>
<tr>
<td>Lung</td>
<td>Higher than England 109.9 compared with 79.8 average</td>
<td>Through signs and symptoms</td>
</tr>
</tbody>
</table>

Source: NCIN Cancer data
# 1 year survival from cancer in Barking and Dagenham 2014 -15

<table>
<thead>
<tr>
<th></th>
<th>Barking &amp; Dagenham</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>All cancers</td>
<td>66.0%</td>
<td>70.4%</td>
</tr>
<tr>
<td>Breast</td>
<td>93.7%</td>
<td>96.5%</td>
</tr>
<tr>
<td>Bowel</td>
<td>75.3%</td>
<td>77.2%</td>
</tr>
<tr>
<td>Lung</td>
<td>36.9%</td>
<td>36.8%</td>
</tr>
</tbody>
</table>

Source: NCIN Cancer data
Barking and Dagenham – what are the problems?

Issues
Overall, B&D has the lowest net survival amongst London and West Essex CCGs, ranking 33 (1 highest, 33 lowest). The reasons are:

1. Only 2 of 3 B&D residents able to recall a symptom of cancer

2. Breast cancer screening coverage and uptake is consistently lower than the England average

3. Low bowel screening uptake

Outcomes
1. There 350 residents die as a result of cancer each year. This is higher than the England average
2. Two-week wait between being referred by a GP to hospital is falling
3. 1 in 4 patients are diagnosed via emergency route in accident and emergency etc.
4. Significantly lower healthy life expectancy M: 59.5 years F: 54.6 years
HASSC Cancer Review

Cancer Prevention, Awareness and Early Detection

Review Questions

- Why are B&D residents more likely to develop cancer and less likely to survive cancer than residents in other London boroughs?

- Why are residents less likely to respond to requests to screen for cancer than in other London boroughs?

- Why are residents less aware of the signs and symptoms of cancer than residents in other London boroughs?
Prevention
Cancer Taskforce Strategy priorities

- A radical upgrade in prevention and public health – focus on reducing smoking and obesity
- Achieving earlier diagnosis
- Patient experience on a par with clinical effectiveness and safety
- Transformation in support for people living with and beyond cancer
The Taskforce’s ambition for 2020

Adult smoking rates should fall to approx 1 in 10

LBBD 2016: approx. 2 in 10 going down

Approx. 6 of 10 people should be surviving for 10 years or more

LBBD 2013: Less than 7 out of 10 people survive 1 year

Achievement of cancer waiting time standards – 2 week, 31 day and 62 days

LBBD 2016: 2 week wait: 95.3% Treatment: 31 day: 96% 62 day: 70.5%

3 out of every 4 screens offered

LBBD 2016: less than 2 out of every 4 screens offered

75% screening uptake

More than 7 of 10 people should be surviving for 1 year

75% survive 1 year

95% with a definitive cancer diagnosis within 4 weeks or cancer excluded, 50% within 2 weeks

75% survive 10 years+

One borough; one community;
London’s growth opportunity
Early diagnosis
Cancer Awareness Measurement: Results for LBBD

The 2010 results found that

1 in 3 residents could not recall ANY sign or symptom of cancer

The list of signs and symptoms included:

• An unexplained lump or swelling
• Persistent unexplained pain
• Unexplained bleeding
• A persistent cough or hoarseness
• A persistent change in bowel or bladder habits

Awareness about cancer in our borough was low

Across England, 2 in 3 individuals could recall a classic cancer symptom (e.g. A lump/swelling)

http://www.cancerresearchuk.org/sites/default/files/bjc_awareness_in_britain_0.pdf
Cancer awareness update from Healthy Lifestyles Questionnaire

The 2017 results indicate that the awareness of cancer signs and symptoms have increased amongst residents.

4 in 5 residents knew that an unexplained lump or swelling could be a sign or symptom of cancer.

2-3 in 5 residents knew that a persistent cough, change in bowel habit or a change in appearance of a mole is a sign or symptom.

2 in 5 residents knew that unexplained weight loss is a sign or symptom.

1 in 5 residents recognised signs and symptoms such as:
- Persistent difficult in swallowing
- A sore that does not heal
- A persistent unexplained pain
Screening for cancer

Bowel screening coverage amongst 60-69 year olds is 43% in Barking and Dagenham, this is worse than the England average (58%).

Breast cancer screening rate in Barking and Dagenham is 60%. This is worse than the England average, 73%.

Cervical screening coverage amongst 25-64 year old females is 70.2% in Barking and Dagenham, this is worse than the England average (73.5%).
## Barking and Dagenham – cancer by stage of diagnosis

### Cancer Diagnosis by Stage in LBB in 2014

<table>
<thead>
<tr>
<th>Cancer site</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Known Stage total</th>
<th>X - Unknown stage</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>62</td>
<td>51</td>
<td>9</td>
<td>4</td>
<td>126</td>
<td>23</td>
<td>149</td>
</tr>
<tr>
<td>Proportion diagnosed by known stage</td>
<td>49%</td>
<td>40%</td>
<td>7%</td>
<td>3%</td>
<td>85%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Colorectal</td>
<td>8</td>
<td>11</td>
<td>20</td>
<td>17</td>
<td>56</td>
<td>14</td>
<td>70</td>
</tr>
<tr>
<td>Proportion diagnosed by known stage</td>
<td>14%</td>
<td>20%</td>
<td>36%</td>
<td>30%</td>
<td>80%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Lung</td>
<td>7</td>
<td>7</td>
<td>20</td>
<td>57</td>
<td>91</td>
<td>27</td>
<td>118</td>
</tr>
<tr>
<td>Proportion diagnosed by known stage</td>
<td>8%</td>
<td>8%</td>
<td>22%</td>
<td>63%</td>
<td>77%</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td>27</td>
<td>12</td>
<td>12</td>
<td>6</td>
<td>57</td>
<td>24</td>
<td>81</td>
</tr>
<tr>
<td>Proportion diagnosed by known stage</td>
<td>47%</td>
<td>21%</td>
<td>21%</td>
<td>11%</td>
<td>70%</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>104</td>
<td>81</td>
<td>61</td>
<td>84</td>
<td>330</td>
<td>237</td>
<td>418</td>
</tr>
<tr>
<td>Proportion diagnosed by known stage all cancer total</td>
<td>32%</td>
<td>25%</td>
<td>18%</td>
<td>25%</td>
<td>79%</td>
<td>57%</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** 2014 Cancer Staging Statistics by Clinical Commissioning Group
Cancer Diagnosis in Barking and Dagenham through emergency routes is **22.8%**.

The England average is **20.1%**.

When a patient is diagnosed as an emergency, this can mean their cancer has progressed to a later stage and is harder to treat.
HASSC Recommendations
The Committee recommends that 1-6:

**Prevention**

The Health and Wellbeing Board (HWB) takes action to reduce the prevalence of smokers in the borough, to levels comparable with London;

The HWB sets out to the HASSC what action it is taking to reduce the number of overweight and obese individuals in the borough, to levels comparable with London;

The HWB takes action to increase residents’ awareness of how lifestyle, including exposure to the sun, can affect the likelihood of developing cancer, the signs and symptoms of cancer and the importance of early diagnosis, and screening;

**Awareness and early detection (1)**

The National Awareness and Early Detection Initiative informs the commissioners on what action it is taking to target specific ‘at risk’ groups;

The Barking & Dagenham Clinical Commissioning Group (BDCCG) ensures that GPs are auditing and acting on audit information to ensure that patients enter the cancer pathway appropriately, and cancer is diagnosed as early a stage as possible;

The BDCCG, in partnership with Macmillan and Cancer Research UK, takes action to increase the proportion of residents returning bowel cancer screening kits, within the next year;
The Committee recommends that 6-12:

**Awareness and early detection (2)**
The HWB, along with MacMillan and Cancer Research UK, takes action to raise awareness of the importance of screening and to increase uptake of breast and bowel screening in the borough to a level comparable with England within the next year;

The HWB, along with MacMillan and Cancer Research UK, takes action to raise awareness of the importance of screening and reduce the variation in cervical screening uptake between GP practices within the next year;

The Committee urges NHS England to make the Cancer Dashboard available within one year;

The HWB takes action to raise awareness of the importance of the Health Check and reduce the variation in Health Check uptake between GP practices;

NHS England provides assurance to it that residents will continue to have in-borough access to breast screening; and

The BDCCG, working through the North-East London Cancer Commissioning Board, assures the Committee of the action it is taking to increase awareness of the signs and symptoms of cancer.
HASSC Recommendations

Prevention
1. Healthy Weight
2. Primary care
3. Health checks
Healthy Weight

2 in 5 Year 6 children are overweight or obese (2015/16)

1 in 4 Reception children are overweight or obese (2015/16)

Healthy weight campaign

Increase in physical activity

An improved diet

Reduction in sugary foods and drinks

7 in 10 adults are overweight or obese, 2013/15

One borough; one community; London’s growth opportunity
Healthy Weight – Action to improve

- Healthy weight Campaign
- Weight Management Programmes
- Mayesbrook Park pilot
- Great Weight Debate
- Behavioural Change Pilot
- Launching interactive Healthy Weight internet page

Mayesbrook Park Pilot

- **6 week treasure hunt**
  Educating children about healthy food options and encouraging them to get out and explore Mayesbrook Park.

- **Street Tag**
  Turning Mayesbrook ward into a giant playful playground game as children earn points as they walk, cycle, and run.

- **Family Fun Day**
Primary Care - What is happening locally?

In the community

- Local slant on NHS awareness campaigns.
  Using social media and posters E.g. Be Clear on Cancer
- Some community talks to local groups
- Joint working between LA and CCGs to develop strategy for people with learning disabilities

In primary care

- Local Enhanced Scheme from bowel cancer screening.
- GP education programme to increase awareness of
- Education programme for practice staff and Nurses to support patient care locally
- Improved patient awareness of signs and symptoms of cancer, particularly within hard to reach groups
- Work plan to increase the uptake of screening services
- Safety-netting to encourage practice to complete SEAs to understand patients who are diagnosed via A& E with common and vague signs and symptoms of cancer
Future actions – BHR Cancer Collaborative Group

In primary care
• Implement ‘direct access’ and ‘straight to test’ pathways for GPs to deliver faster diagnosis
• Provide GP and nurse education to enhance understanding of vague symptoms which could be indicative of cancer
• Implementation of the National Optimal lung pathway to reduce the length of the pathways and commence treatment earlier to improve survival

In the community
• Work with community and faith groups in order to engage with hard to reach groups
• Use ‘health champions’ to promote health lifestyles and to encourage individuals to ‘think cancer’
• Continue to work with Macmillan and Cancer Research UK to access resources and funding for innovative projects to improve patient care and survival

Local authority actions
• Work with LA to develop a strategy for health and screening messages for those with learning disabilities, including bowel cancer screening
• Work with public health to build upon the local work to improve screening across all three programmes
**Health Checks**

2016/17 - **4,806** health checks were delivered in Barking and Dagenham and in this 5-year cycle more than **17,200** health checks have been carried out.

For Q1 of the 2017/18, 1,179 health checks were delivered in Barking and Dagenham.

Of the above number there were 1,168 lifestyle interventions made.

However, most were in the form of advice or signposting-very few were formal referrals.
Health Checks – Action to improve

**GP practice audit** - get baseline information on the quality of the check

**Specialist nurse** - being commissioned to support primary care services to improve quality and interventions

**Practice networks** - keep profile high & maintain engagement.

**Primary Care dashboard** - encourages prevention activity, including HCs and stop smoking

**Partnership steering group** - with GPs, Primary Care and Lifestyles to oversee and monitor progress with improvement plan.
Cancer in Barking and Dagenham

Does the Health and Wellbeing Board agree that action on cancer prevention and early awareness should have the same emphasis as treatment?

Does the Health and Wellbeing Board support the actions that are being taken on awareness and early intervention?