

One borough; one community; London's growth opportunity



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Improving Cancer Outcomes

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- Sharon Morrow – Chief Operating Officer, B&D CCG

The national challenge

- Cancer is the cause group responsible for the majority of avoidable deaths in England and Wales (ONS)
- 1 in 2 people will be diagnosed with cancer during their life (CRUK).
- Over 2m people are living with and beyond cancer in the UK and this number is set to double by 2030 (Macmillan).
- In London and west Essex there will be around 387,000 people living with cancer by 2030 (PHE & Macmillan)
- 70% of people who have cancer, have at least one other long term condition (Macmillan).

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
- Investment to deliver a modern, high quality service
- Overhauled processes for commissioning, accountability and provision

The Taskforce's ambition for 2020

- Adult smoking rates should fall to 13%
- 57% of patients should be surviving for 10 years or more
- One year survival should reach 75% for all cancers
- 95% with a definitive cancer diagnosis within 4 weeks or cancer excluded, 50% within 2 weeks
- 75% bowel screening uptake for FIT
- Achievement of cancer waiting time standards – 2 week, 31 day and 62 days

Why is B&D an outlier?

Overall, B&D has the lowest net survival amongst London and West Essex CCGs, ranking 33 (1 highest, 33 lowest). In part this is due to:

- Low percentage of B&D residents able to recall a symptom of cancer
- Breast cancer screening coverage and uptake is consistently (over the Why is B&D an outlier? period 2012 -2014) lower than the England average
- There are 352 cancer deaths per 100,000 people each year. This is higher than the England average
- Low bowel screening uptake
- Two-week wait conversation rate is falling
- 25% of patients diagnosed via emergency route
- Significantly lower healthy life expectancy

4 in 10 UK cases of cancer can be prevented

- Smoking prevalence is high in B&D at 23.1% (England average 18.4%)
- Smoking related deaths in the borough is 384 per 100,000 (289 per 100,000)
- Physical activity is low at 46.4% (57%)
- Overweight and obesity is slightly higher at 63.5% (63.8%)
- Alcohol consumption is lower at 14.2% (20.1%)
- B&D has a low prevalence of those eating five-a-day 40.9% (56.27%)
- Overexposure to ultraviolet (UV) light from the sun or sunbeds

What should B&D be doing from a radical prevention approach?

- A new approach is required re smoking cessation
- Improving public awareness of the signs and symptoms of cancers
- Encouraging the population to present and improving access to primary care
- Increasing the uptake of effective screening programmes e.g. cervical cancer screening, bowel cancer screening
- Increasing access to early diagnostics and effective treatment

Early diagnosis - variation within general practice

Indicator	B&D	England	Lowest	Highest
Two-week conversion rate	8.4%	8.4%	0%	22%
Breast screening	68.6%	77%	30%	82.1%
Bowel screening	43.7%	58.8%	28.1%	52.3%

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Routes to Diagnosis

Routes to diagnosis - 2006 to 2013. All tumours (excluding C44)									
	Screen detected	Two week wait	GP referral	Other outpatient	Inpatient elective	Emergency presentation	Death certificate only	Unknown	Number of cases
2006	3%	20%	27%	11%	2%	32%	0%	5%	793
2007	1%	26%	30%	11%	2%	26%	0%	4%	771
2008	8%	24%	30%	9%	2%	26%	0%	2%	852
2009	4%	26%	34%	10%	1%	24%	0%	2%	875
2010	2%	29%	32%	10%	1%	24%	0%	2%	781
2011	8%	28%	27%	11%	1%	22%	0%	3%	809
2012	3%	34%	27%	11%	1%	22%	1%	2%	842
2013	1%	32%	28%	13%	1%	23%	1%	2%	818

Lung routes to diagnosis

% for those diagnosed between 2006 and 2010, England

Lung	All routes	Two Week Wait		GP referral		Other Outpatient		Inpatient Elective		Emergency presentation		Unknown	
Route	-	24%		21%		10%		2%		38%		3%	
Confidence interval	-	24%	24%	21%	22%	10%	11%	2%	2%	38%	39%	3%	3%
1-year survival	29%	42%		38%		42%		32%		11%		23%	
Confidence interval	28% 29%	41%	42%	38%	39%	41%	43%	30%	33%	11%	12%	22%	25%

Breast routes to diagnosis

% for those diagnosed between 2006 and 2010, England

Female breast cancer	All routes	Screen detected	Two Week Wait	GP referral	Other Outpatient	Inpatient Elective	Emergency presentation	Unknown
Route	-	28%	43%	16%	3%	0%	5%	5%
Confidence interval	-	28% 29%	43% 43%	15% 16%	3% 4%	0% 0%	5% 5%	5% 5%
1-year survival	96%	100%	98%	96%	91%	85%	50%	95%
Confidence interval	96% 97%	100% 100%	98% 98%	96% 96%	90% 92%	81% 88%	49% 52%	94% 95%

Prostate routes to diagnosis

% for those diagnosed between 2006 and 2010, England

Prostate	All routes	Two Week Wait		GP referral		Other Outpatient		Inpatient Elective		Emergency presentation		Unknown	
Route	-	29%		42%		12%		3%		9%		5%	
Confidence interval	-	29%	29%	42%	42%	11%	12%	3%	3%	9%	10%	5%	5%
1-year survival	95%	98%		99%		96%		98%		56%		97%	
Confidence interval	95% 96%	98%	98%	99%	99%	95%	96%	97%	99%	56%	57%	97%	98%

How is B&D responding to the challenge?

- Macmillan GPs – Dr Kanika Rai & Dr Amit Sharma
 - Work-streams – including a bowel screening LIS
- Cancer Research Facilitator – Jane Burt
 - Practice profile work / practice visits
 - Clinical members of BHR collaborative ‘task and finish’ groups
 - GP Protected Learning Time events run by Macmillan GPs
 - Collaborative working with secondary care clinicians to develop direct access to diagnostics pathways
 - Proposal to develop a local physical activity scheme for cancer patients
 - A new approach to smoking cessation is being developed

BHR Collaborative Cancer Commissioning Group

- Key stakeholders from across the ONEL geography
- Primary Care, Secondary Care, Community providers, Macmillan GPs, Cancer Research, Macmillan, Public Health, London Cancer, Transforming Cancer Services Team and NEL CSU
- Four 'task and finish' groups established to develop and deliver a work-plan to address four key priority areas:-
 1. Early diagnosis
 2. Safety-netting
 3. Improving bowel screening uptake
 4. Stratified pathway of care for prostate patients

Survivorship – cancer as a Long Term Condition (LTC)

- GP lead Cancer Care Reviews
- Stratified pathways of care – breast, prostate and colorectal cancers
- 70% of people who have cancer, have at least one other long term condition
- 25% of individuals report having unmet physical and psychological needs at end of treatment
- As of the end of 2010, around 3,600 people in B&D were living with and beyond cancer up to 20 years after diagnosis.
- Many patients have significant needs arising from consequences of their treatment, which can be prevented or better managed if supported early

The Board to consider

What are the key areas B&D need to focus on to deliver the 2020 ambition?

Prevention

- Supporting a radical prevention approach to improve recall of signs and symptoms, particularly within disadvantaged groups
- Ensuring an active smoking control plan is in place

Early Diagnosis

- Supporting primary care to reduce variation, improve early diagnosis and one year survival

Survivorship

- Endorsing a move towards cancer being viewed as a LTC
- Encouraging improved, standardised Cancer Care Reviews in primary care
- physical activity schemes is commissioned but currently underutilised