

Barking and Dagenham: HASSC cancer review

Health and Wellbeing Board
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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).

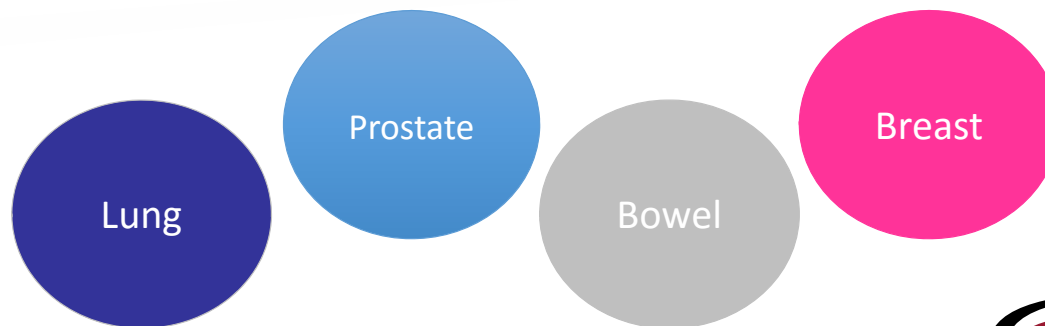
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The national picture








In 2013, approximately **one** in three of all deaths were attributed to cancer.

The most common cancers in LBBD and nationally are:



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Incidence of cancer in Barking and Dagenham 2012 -14

Cancer type	Incidence in B&D*	Diagnosis
All cancers	Higher than England 648 compared to 614.8 average 	
Breast	Lower than England 164.1 compared to 169.9 average 	Through signs and symptoms National screening programme
Bowel	Similar to England 72.8 compared with 72.9 average 	Through signs and symptoms National screening programme
Prostate	Higher than England 210.2 compared with 181.4 average 	Through signs and symptoms
Lung	Higher than England 109.9 compared with 79.8 average 	Through signs and symptoms

Source: NCIN Cancer data

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1 year survival from cancer in Barking and Dagenham 2014 -15

	Barking & Dagenham		England
All cancers	66.0%	↓	70.4%
Breast	93.7%	↓	96.5%
Bowel	75.3%	↓	77.2%
Lung	36.9%	→	36.8%

Source: NCIN Cancer data

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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

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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?



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Prevention



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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

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The Taskforce's ambition for 2020

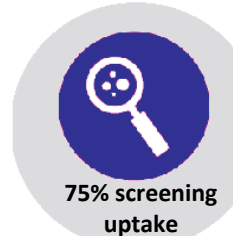


Adult smoking rates should fall to approx 1 in 10

LBBB 2016 approx. 2 in 10 going down



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



3 out of every 4 screens offered

LBBB 2016 less than 2 out of every 4 screens offered



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

LBBB 2013 - Less than 7 out of 10 people survive 1 year



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

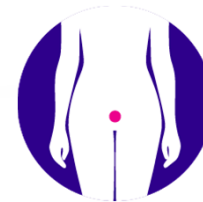


95% with a definitive cancer diagnosis within 4 weeks or cancer excluded, 50% within 2 weeks

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

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Early diagnosis



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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

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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

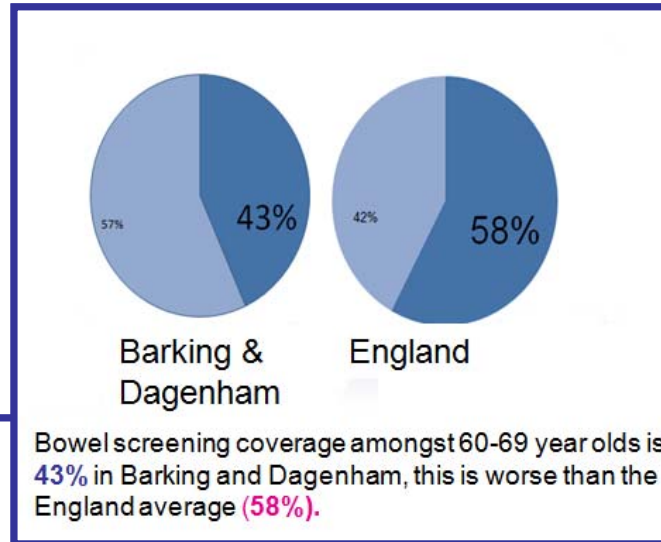
2 in **5** residents knew that unexplained weight loss is a sign or symptom

1 in **5** residents recognised signs and symptoms such as:

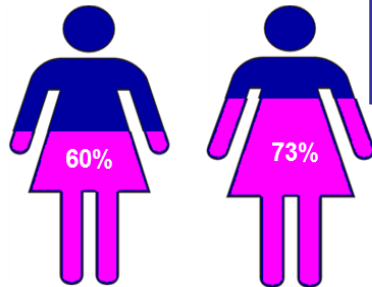
- Persistent difficult in swallowing
- A sore that does not heal
- A persistent unexplained pain

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Screening for cancer



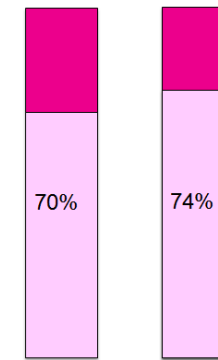
Bowel screening coverage amongst 60-69 year olds is **43%** in Barking and Dagenham, this is worse than the England average (**58%**).



Barking & Dagenham

England

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



Barking & Dagenham

England

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%**).

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Barking and Dagenham – cancer by stage of diagnosis

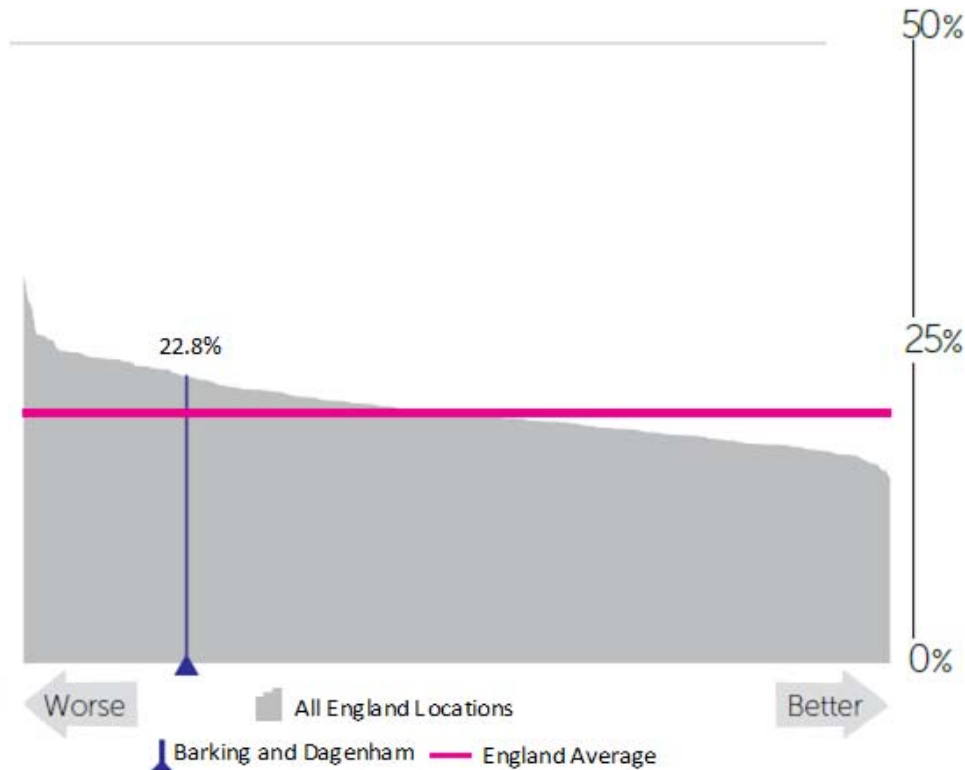
Cancer Diagnosis by Stage in LBBD in 2014

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

Source: 2014
Cancer Staging
Statistics by Clinical
Commissioning
Group

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Emergency Presentation



Cancer Diagnosis in Barking and Dagenham through emergency routes is **22.8%**.

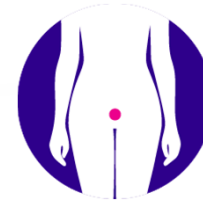
The England average is **20.1%**.



When a patient is diagnosed as an emergency, this can mean their cancer has progressed to a later stage and is harder to treat.

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HASSC Recommendations



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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 the 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 at 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;

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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



Early diagnosis

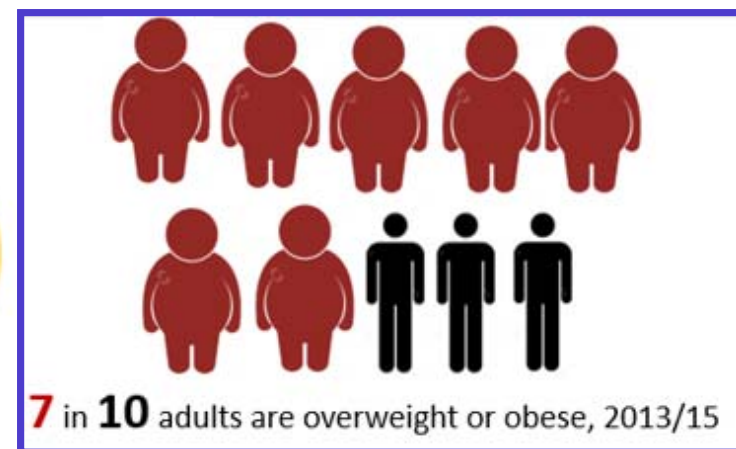
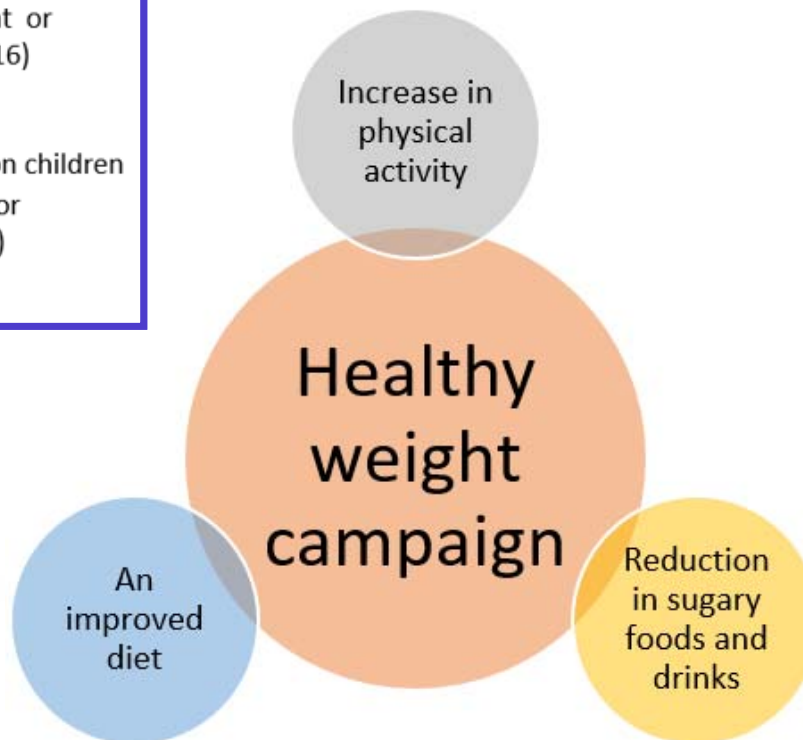
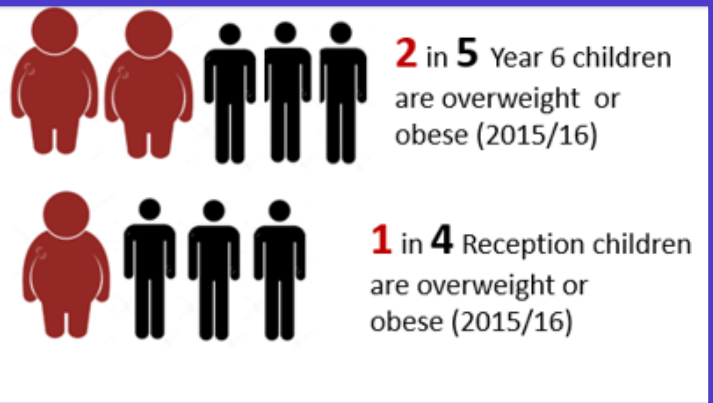
2. Primary care

3. Health checks



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Healthy Weight



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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**



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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



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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**

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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



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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.

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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?