One borough; one community; London’s growth opportunity

Encouraging civic pride

Enabling social responsibility

Growing the borough

For more information visit lbbd.gov.uk/visionandpriorities
Improving Cancer Outcomes

• Matthew Cole - Director of Public Health, LBBD
• Dr Kanika Rai – Macmillan GP, B&D
• Kate Kavanagh – Cancer Commissioning Manager for BHR CCGs
• 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 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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>B&amp;D</th>
<th>England</th>
<th>Lowest</th>
<th>Highest</th>
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<tr>
<td>Two-week conversion rate</td>
<td>8.4%</td>
<td>8.4%</td>
<td>0%</td>
<td>22%</td>
</tr>
<tr>
<td>Breast screening</td>
<td>68.6%</td>
<td>77%</td>
<td>30%</td>
<td>82.1%</td>
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<td>Bowel screening</td>
<td>43.7%</td>
<td>58.8%</td>
<td>28.1%</td>
<td>52.3%</td>
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## Routes to Diagnosis

Routes to diagnosis - 2006 to 2013. All tumours (excluding C44)

<table>
<thead>
<tr>
<th>Year</th>
<th>Screen Detected</th>
<th>Two Week Wait</th>
<th>GP Referral</th>
<th>Other Outpatient</th>
<th>Inpatient Elective</th>
<th>Emergency Presentation</th>
<th>Death Certificate Only</th>
<th>Unknown</th>
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<tr>
<td>2006</td>
<td>3%</td>
<td>20%</td>
<td>27%</td>
<td>11%</td>
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<td>32%</td>
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<td>2007</td>
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<td>26%</td>
<td>30%</td>
<td>11%</td>
<td>2%</td>
<td>26%</td>
<td>0%</td>
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<td>2008</td>
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<td>30%</td>
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<td>2%</td>
<td>26%</td>
<td>0%</td>
<td>2%</td>
<td>852</td>
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<td>2009</td>
<td>4%</td>
<td>26%</td>
<td>34%</td>
<td>10%</td>
<td>1%</td>
<td>24%</td>
<td>0%</td>
<td>2%</td>
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<td>2010</td>
<td>2%</td>
<td>29%</td>
<td>32%</td>
<td>10%</td>
<td>1%</td>
<td>24%</td>
<td>0%</td>
<td>2%</td>
<td>781</td>
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<tr>
<td>2011</td>
<td>8%</td>
<td>28%</td>
<td>27%</td>
<td>11%</td>
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<td>22%</td>
<td>0%</td>
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<td>2012</td>
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<td>11%</td>
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<td>22%</td>
<td>1%</td>
<td>2%</td>
<td>842</td>
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<tr>
<td>2013</td>
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<td>32%</td>
<td>28%</td>
<td>13%</td>
<td>1%</td>
<td>23%</td>
<td>1%</td>
<td>2%</td>
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Lung routes to diagnosis

% for those diagnosed between 2006 and 2010, England

<table>
<thead>
<tr>
<th>Lung</th>
<th>All routes</th>
<th>Two Week Wait</th>
<th>GP referral</th>
<th>Other Outpatient</th>
<th>Inpatient Elective</th>
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<tbody>
<tr>
<td>Route</td>
<td>-</td>
<td>24%</td>
<td>21%</td>
<td>10%</td>
<td>2%</td>
<td>38%</td>
<td>3%</td>
</tr>
<tr>
<td>Confidence interval</td>
<td>-</td>
<td>24%</td>
<td>24%</td>
<td>21%</td>
<td>22%</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>1-year survival</td>
<td>29%</td>
<td>42%</td>
<td>38%</td>
<td>42%</td>
<td>32%</td>
<td>11%</td>
<td>23%</td>
</tr>
<tr>
<td>Confidence interval</td>
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<td>29%</td>
<td>41%</td>
<td>42%</td>
<td>38%</td>
<td>39%</td>
<td>41%</td>
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Breast routes to diagnosis

% for those diagnosed between 2006 and 2010, England

<table>
<thead>
<tr>
<th>Female breast cancer</th>
<th>All routes</th>
<th>Screen detected</th>
<th>Two Week Wait</th>
<th>GP referral</th>
<th>Other</th>
<th>Outpatient</th>
<th>Inpatient Elective</th>
<th>Emergency presentation</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Route</td>
<td>-</td>
<td>28%</td>
<td>43%</td>
<td>16%</td>
<td>3%</td>
<td>0%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Confidence interval</td>
<td>-</td>
<td>28%</td>
<td>29%</td>
<td>43%</td>
<td>43%</td>
<td>15%</td>
<td>16%</td>
<td>3%</td>
<td>4%</td>
</tr>
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<td>1-year survival</td>
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<td>96%</td>
<td>91%</td>
<td>85%</td>
<td>50%</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Confidence interval</td>
<td>96%</td>
<td>97%</td>
<td>100%</td>
<td>100%</td>
<td>98%</td>
<td>98%</td>
<td>96%</td>
<td>96%</td>
<td>90%</td>
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Prostate routes to diagnosis

% for those diagnosed between 2006 and 2010, England

<table>
<thead>
<tr>
<th>Route</th>
<th>All routes</th>
<th>Two Week Wait</th>
<th>GP referral</th>
<th>Other Outpatient</th>
<th>Inpatient Elective</th>
<th>Emergency presentation</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidence interval</td>
<td>-</td>
<td>29%</td>
<td>42%</td>
<td>12%</td>
<td>3%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>1-year survival</td>
<td>95%</td>
<td>98%</td>
<td>99%</td>
<td>96%</td>
<td>98%</td>
<td>56%</td>
<td>97%</td>
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<tr>
<td>Confidence interval</td>
<td>95%</td>
<td>96%</td>
<td>98%</td>
<td>98%</td>
<td>99%</td>
<td>95%</td>
<td>97%</td>
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</table>
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