HASSC Cancer Review

- Matthew Cole - Director of Public Health, LBBD
- Kate Kavanagh – Cancer Commissioning Manager for BHR CCGs
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).
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
- Approx. 6 of 10 people should be surviving for 10 years or more
- Achieving waiting standards – 2 weeks, 31 days, and 62 days

- 3 out of every 4 screens offered
- More than 7 of 10 people should be surviving for 1 year
- 95% with a definitive cancer diagnosis within 4 weeks or cancer excluded, 50% within 2 weeks

- LBBD 2016 – approx. 2 in 10 going down
- LBBD 2013 – Less than 7 out of 10 people survive 1 year
- LBBD 2016 – 2 week wait: 95.3% : Treatment-31 day: 96% 62 day: 70.5%

One borough; one community; London’s growth opportunity
Barking and Dagenham Cancer numbers

Around **700** cancer cases each year

**330** people survive cancer each year
Prevention
How can 4 in 10 Cancers can be prevented

Smoking prevalence is high in B&D at **18.4%** (England average **16.3%**)

Smoking related deaths in the borough is **384** per 100,000 (**289** per **100,000**)

Physical activity is low at **46.4%** (England average **57%**)

Overweight and obesity is slightly higher at **63.5%** (England average **63.8%**)

B&D has a low prevalence of those eating five-a-day **40.9%** (England Average **56.27%**)

Overexposure to ultraviolet (UV) light from the sun or sunbeds.

Alcohol consumption is lower at **14.2%** (England average **20.1%**)

One borough; one community; London’s growth opportunity

London Borough of Barking & Dagenham lbbd.gov.uk
Early diagnosis
Breast screening coverage in Barking and Dagenham is 60.36%, this is worse than the England average 72.8%.

Breast screening coverage is the proportion of eligible women who have been screened successfully.
Screening Uptake: Bowel Screening

Bowel screening coverage amongst 60-69 year olds is 43.2% in Barking and Dagenham, this is worse than the England average (57.9%).

Bowel screening coverage is the proportion of eligible people who have been screened successfully.
Screening Uptake: Cervical Screening

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%).

Cervical screening coverage is the proportion of eligible people who have been screened successfully.
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.
Barking and Dagenham – what are the problems?

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

4. There 350 residents die as a result of cancer each year. This is higher than the England average

5. Two-week wait between being referred by a GP to hospital is falling

6. 1 in 4 patients are diagnosed via emergency route in accident and emergency etc.

7. Significantly lower healthy life expectancy M: 59.5 years F: 54.6 years
How is B&D responding to the challenge?

- Macmillan GPs – Dr Kanika Rai & Dr Amit Sharma
- Work-streams – including a bowel screening GP incentive payments
- 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
- 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
Suggested 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?