

Report of the

Health and Adult Services Select Committee:

Cancer prevention, awareness and early detection: Scrutiny Review 2016/17

APPENDIX A



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Lead Member's Foreword

The Health and Adults Services Select Committee (HASSC) is a scrutiny committee made up of local councillors who want to help improve health and social care outcomes for the borough's residents by working with the Council and its partners to improve services and hold decision makers to account.

In 2016/17, as the Chair of the Committee, I oversaw an in-depth scrutiny review into Cancer Prevention, Awareness, and Early Detection.

We chose to review this area as we were concerned that there needed to be more public awareness around the importance of early intervention in tackling cancer so that residents access the right services, in a timely manner, to have the best possible outcome. We also felt that the fear of cancer was possibly stopping people discussing their symptoms with their GP, which could mean that many people were missing out on early diagnosis.

One of our residents shared her story of surviving cancer, which was uplifting; you can read it for yourself on page 29 of this report. Her journey was a mixed picture - she felt unwell for some time but didn't immediately follow it up with her GP. Her message was loud and clear – see your GP if something doesn't feel right, eat well, exercise, drink in moderation and if you smoke, get some help to stop!

Currently, many of our residents don't know the signs and symptoms of cancer, which makes it more difficult for them to get help when they need it. We want all our residents to feel comfortable to talk about cancer, share positive messages and encourage early diagnosis through understanding the signs and symptoms. Early diagnosis means it will be more likely for the person to lead a full and active life after a cancer diagnosis. We also want to support residents to take up invitations to be screened and to assure them that it is the right thing to do. I will be pushing for screening letters to be sent to groups that fall into the at-risk band. It is also very important that we have an awareness road show that goes into churches, temples, mosques, and local schools.

Smoking is the leading cause of cancer in the borough, and we believe that the time has come to talk openly about how smoking is causing lung cancer in the borough. Sadly, a resident of Barking and Dagenham is more likely to develop lung cancer than people in other parts of England. All the evidence points to a 'healthy lifestyle' to protect against cancer, and this report encourages us all to make the healthy choice, the easy choice, by explaining how a healthy lifestyle can prevent cancer.

Barking and Dagenham must become a place where a healthy lifestyle is normal from the start, and where people who want to make healthier lifestyle choices, are supported to do so. This report sets out the local picture, recommends actions that will support residents to recognise the signs and symptoms of cancer and the importance of early diagnosis and, aims to drive the work of the borough's health and social care partners, which we hope will help reduce the prevalence of cancer in the borough, as well as improve survival rates.

Councillor Peter Chand

A handwritten signature in black ink, appearing to read "P. Chand".

Lead Member, Health & Adult Services Select Committee 2016/17 – 2017/18

Members of the HASSC 2016/17

The HASSC members who carried out this Review were:



Councillor P Chand (Lead Member)



Councillor L Zanitchkhah
(Deputy Lead Member)



Councillor S Alasia



Councillor A Aziz



Councillor E Fergus



Councillor J Jones



Councillor E Keller



Councillor H S Rai



Councillor F Shaukat

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List of Recommendations arising from this Review

For ease of reference, the recommendations arising from this Review are provided below.

The Committee recommends that:

1. The Health and Wellbeing Board (HWB) takes action to reduce the prevalence of smokers in the borough, to levels comparable with London;
2. 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;
3. 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;
4. The National Awareness and Early Detection Initiative informs the commissioners on what action it is taking to target specific 'at risk' groups;
5. 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;
6. 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;
7. 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;
8. 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;
9. The Committee urges NHS England to make the Cancer Dashboard available within one year;
10. 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;
11. NHS England provides assurance to it that residents will continue to have in-borough access to breast screening; and
12. 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.

Executive Summary

In 2016/17, the Health and Adult Services Select Committee (HASSC) undertook an in-depth scrutiny review into Cancer Prevention, Awareness and Early Detection.

Three questions were posed by the HASSC:

1. Why are residents of Barking and Dagenham more likely to develop cancer and less likely to survive cancer than residents in other London boroughs?
2. What is the reason that residents are less likely to respond to requests to screen for cancer than in other London boroughs?
3. What is the reason that residents are not as aware of the signs and symptoms of cancer as residents in other London boroughs?

Here we summarise the HASSC's findings in relation to these questions.

1. Why are residents of Barking and Dagenham more likely to develop cancer and less likely to survive cancer than residents in other London boroughs?

The reason why residents are more likely to develop cancer is that they tend to have less healthy lifestyles (see Section 4). Lifestyle accounts for four out of 10 preventable deaths from cancer and there are different reasons why residents of Barking and Dagenham have less healthy lifestyles than in many other London boroughs. This suggests that more action is needed to improve lifestyle in the borough.

The evidence indicates that people in the borough are also less likely to be aware of the signs and symptoms of cancer when these do occur (see Section 7), which means that cancer is more likely to develop and less likely to be identified early. Where cancer is diagnosed late, the chances of survival are lower. This suggests that action is needed to raise awareness so that residents are more aware of signs and symptoms of cancer.

2. What is the reason that residents are less likely to respond to requests to screen for cancer than in other London boroughs?

There are different reasons why residents are less likely to present for screening (see, Section 7), which includes the lack of awareness of the importance of early detection of cancer. In this report, we address the issue of screening for breast, bowel and cervical cancer. The reasons why residents do not always respond can be emotional (fear of what the screening might find), cultural (residents may not understand the information that they are sent), practical (travelling to the place of screening) or service related (difficulty getting an appointment with their GP).

A diagnosis of cancer after a resident has visited Accident and Emergency (A&E) usually means the cancer will be harder to treat because it has developed more. Rates of diagnosis of cancer through A&E in Barking and Dagenham are decreasing but are still higher than the England average. To improve this situation, it is essential that as well as raising awareness of the signs and symptoms of cancer, we work to improve screening rates and effective routes to diagnosis.

These findings suggest that assurance is needed that the providers of screening services communicate effectively and regularly with residents in Barking and Dagenham, using

appropriate languages and cultural approaches. The service commissioners, Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHRCCGs), can most effectively facilitate this approach.

Assurance can also be provided from NHS England through the Director of Public Health's Health Protection assurance process.

3. What is the reason that residents are not as aware of the signs and symptoms of cancer as residents in other London boroughs?

Barking and Dagenham's residents are not as knowledgeable about the signs and symptoms of cancer as people in other London boroughs. We know that in 2009 residents in Barking and Dagenham were less aware of common signs and symptoms of cancer, such as lumps and swellings; and even less aware of less common symptoms like heavy night sweats or a persistent croaky voice.

A small survey in 2016 found that awareness of the signs and symptoms amongst residents has improved slightly but the question still stands, why do residents present so often with cancer, at the A&E department?

Cancer is a serious disease that can impact on life in the short term, because of the effects of treatment, and in the long term, because of disability. The risk of cancer can be reduced through changes in lifestyle and the worst consequences of cancer can be reduced through early diagnosis and treatment. The findings of this report suggest that more needs to be done to raise awareness amongst residents of the importance of a healthy lifestyle in reducing the risk of cancer, the signs and symptoms of cancer and the importance of screening. This can be done through campaigns and face-to-face activities. It is important to ensure that the ability of those working in primary care to recognise the signs and symptoms is being maintained and enhanced and that healthcare staff facilitate timely access to the local cancer pathways. In addition, it is important that healthcare staff, who are not routinely in touch with people who develop cancer, can recognise its potential signs and symptoms and can sign-post them to the right services.

1. Background to the Review

Why did the Health and Adult Services Select Committee (HASSC) choose to undertake an in-depth scrutiny review on Cancer Prevention, Awareness and Early Detection?

- 1.1 The Council's scrutiny committees decide what topic to undertake an in-depth review on based on the '**PAPER**' criteria. The section below explains why according to these criteria, 'Cancer Prevention, Awareness and Early Detection' was a good topic to review.

PUBLIC INTEREST	The residents of Barking and Dagenham are more likely to develop cancer and less likely to survive than residents in other London boroughs and England. Overall, the borough has the lowest net survival amongst London and West Essex Clinical Commissioning Groups (CCGs). 
ABILITY TO CHANGE	More than 40% of all cancers are linked to behaviour and environmental exposures which could be avoided or reduced. Factors that also contribute to poor outcomes in Barking and Dagenham include poor awareness of the signs and symptoms, and late detection and diagnosis. Members considered that there was potential to improve people's knowledge around lifestyle and risk of cancer and the signs and symptoms of cancer. 
PERFORMANCE	As well as ranking the lowest out of 33 CCGs for net survival, one in every four cancers is diagnosed in the A&E department. This is high compared to London and England. 
EXTENT OF THE ISSUE	As of the end of 2010, around 3,600 people in the borough were living with and beyond cancer up to 20 years after diagnosis. This could rise to an estimated 7,000 by 2030. People living with cancer can have complex and varied needs which require holistic support. 
REPLICATION	Local partners are focusing on pathways to early cancer diagnosis via screening or primary care. This review focuses on prevention of cancer and early diagnosis through awareness in residents, local authority staff and health staff. 

2. Scoping & Methodology

2.1 This Section outlines the scope of the Review which includes the areas the HASSC wished to explore and the different methods the HASSC used to collate evidence for potential recommendations.

Terms of Reference

2.2 Having received a scoping report at its meeting on 7 September 2016, the HASSC agreed that the Terms of Reference for this Review should be:

1. Why are residents of Barking and Dagenham more likely to develop cancer and less likely to survive cancer than residents in other London boroughs?
2. What is the reason that residents are less likely to respond to requests for to screen for cancer than in other London boroughs?
3. What is the reason that residents are not as aware of the signs and symptoms of cancer as residents in other London boroughs?

As there are over 200 types of cancer, the HASSC agreed to focus on the four most prevalent cancers in the borough which are cancers of the breast, prostate, lung and bowel, which are also the most common cancers nationally. In addition, the report discusses cervical cancer as there is screening for this and it is important to review how the borough's rates compare to others.

Overview of Methodology

2.3 The Review gathered evidence during the Committee's meetings held between 7 September 2016 and 11 January 2017. Details of stakeholders and their contributions to this Review are outlined below.

Presentation – National and Local Context on Cancer Awareness and Early Diagnosis

2.4 On 7 September and 2 November 2016, the Council's Public Health team delivered presentations which considered:

- The National Challenge;
- Cancer Taskforce Strategy Priorities and Ambition for 2020;
- Barking and Dagenham Cancer Numbers;
- Prevention and Early Diagnosis; and
- Barking and Dagenham – what are the problems and what is happening to overcome them.

Talk Cancer Workshop

2.5 Nurses from Cancer Research UK delivered an engaging workshop on 12 October 2016 to members of the HASSC as well as community health champions, which raised awareness of the risk factors for cancer and the signs and symptoms.

Report on the Pilot for Healthy Lifestyle Services

- 2.6 At the HASSC meeting of 11 January 2017 members considered a report on a pilot project for Healthy Lifestyle Services in the borough and how such services could help raise awareness of cancer and its prevention locally.

A Resident's Journey

- 2.7 On 2 February 2017 members of the HASSC met with a resident who previously had cancer to hear about the resident's journey and take her views into consideration as part of this Review.

Submissions

- 2.8 During the Review, Dr Kanika Rai (a GP in the borough), Kate Kavanagh (NHS England Commissioning Manager), and Jane Burt (Primary Care Research Facilitator, Cancer Research UK) submitted statements to the HASSC expressing views about current provision, pathways and potential areas for service improvement.

Research

- 2.9 During the Review, Council Officers considered the following pieces of research and evidence:

- Independent Cancer Taskforce (2015) Achieving World-Class Cancer Outcomes: A Strategy for England 2015 -2020.
Http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes - a strategy for england 2015-2020.pdf
- NHS England (2016) Five Year Forward View – cancer. Achieving World Class Outcomes: Taking the strategy forward.
<Https://www.england.nhs.uk/wp-content/uploads/2016/05/cancer-strategy.pdf>
- London Borough of Barking and Dagenham, Joint Strategic Needs Assessment; cancer. <Https://www.lbbd.gov.uk/wp-content/uploads/2015/09/7.22-Cancer.pdf>
- Moller, H., Henson, K., Luchtenbor, M et al (2016) Short-term breast cancer survival in relation to ethnicity, stage, grade and receptor status: national cohort study in England. British Journal of Cancer 115, 1408-1415
- Austoker J., Bankhead C., Forbes L. J L., Atkins L., Martin F., Robb K., Wardle J., Ramirez A. J (2009) **Interventions to promote cancer awareness and early presentation: systematic review**
- Moffat, J., Hinchcliffe, R., Ironmonger, L., Osborne, K. Identifying anticipated barriers to help-seeking to promote earlier diagnosis of cancer in Great Britain (2016) Public Health 141, 120-125.

3. Introduction – Understanding Cancer

What is Cancer?

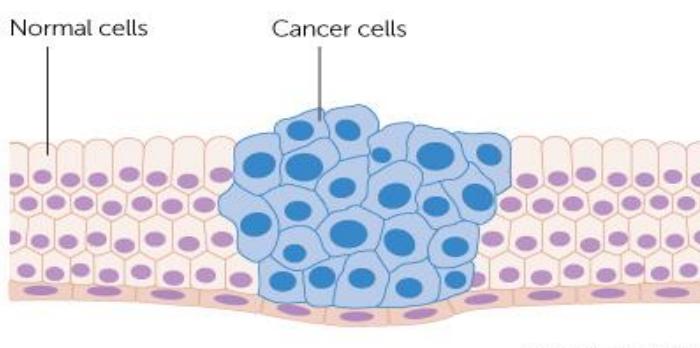
- 3.1 There are more than 200 different types of cancer, and each is diagnosed and treated in a particular way.

One common fact about cancers is that all cancers begin in cells. Our bodies are made up of more than a hundred million, million (100,000,000,000,000) cells. Cancer starts with uncontrolled changes in one cell or a small group of cells.

Usually, we have just the right number of each type of cell because cells produce signals to control how much and how often the cells divide. However, if any of these signals are faulty or missing, cells may start to grow and multiply too much and form a lump called a tumour. Where the cancer starts is called the primary tumour.

Some types of cancer, called leukaemia, start from blood cells. They don't form solid tumours. Instead, the cancer cells build up in the blood and sometimes, the bone marrow.

Figure 1: Cancer Cells



Cancer Research UK

Source: Cancer Research UK (CRUK)¹

Common Signs and Symptoms of Cancer

- 3.2 The common signs and symptoms of cancer are:

- A lump in your breast;
- Coughing, chest pain and breathlessness;
- Changes in bowel habits;
- Bleeding;
- Moles
- Unexplained weight loss; and
- Any changes unusual or persistent changes.

Source: NHS website and CRUK²

¹ <http://www.cancerresearchuk.org/about-cancer/what-is-cancer>. Accessed on 4 April 2017

² <http://www.nhs.uk/Conditions/Cancer/Pages/Symptoms.aspx> and <http://www.cancerresearchuk.org/about-cancer/cancer-symptoms>. Accessed 22 March 2017

How is Cancer Treated?

3.3 Four common treatments for cancer include:

- Surgery;
- Radiotherapy;
- Chemotherapy; and
- Hormone therapy.

Source: CRUK³

The Impact of Cancer

3.4 Cancer is a serious disease that can take life, and impact on life in the short term, because of the effects of treatment, and also in the long term, because of disability as a result of the cancer.

Cancer that is found early is more easily treated than if it is found late. We look at the importance of early detection in Section 6 of this report. The consequences of cancer and its treatment may mean that people are unable to take part in activities that had been a normal part of their life before, such as going to school or college, shopping, working, socialising, being physically active, going on holiday and enjoying sexual intimacy. This leads to a significant knock-on effect on family and friends, which in turn may cause breakdown of relationships, mental health problems and further isolation.

Source: MacMillan⁴

Cancer Taskforce

3.5 The Independent Cancer Taskforce⁵ established four priorities for improving cancer outcomes:

1. A radical upgrade in prevention and public health – focus on reducing smoking and obesity;
2. Achieving earlier diagnosis;
3. Patient experience on a par with clinical effectiveness and safety; and
4. Transformation in support for people living with and beyond cancer.

The HASSC decided to focus on the first two of the above priorities as part of this Review.

³ <http://www.cancerresearchuk.org/about-cancer/cancer-in-general/treatment> accessed on 4 April 2017

⁴

<http://www.macmillan.org.uk/documents/aboutus/research/researchandevaluationreports/throwinglightontheconsequencesofcanceranditsTreatment.pdf>. Accessed 22 March 2017

⁵ Independent Cancer Taskforce (2015) Achieving World-Class Cancer Outcomes: A Strategy for England 2015 -2020 available at http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-a_strategy_for_england_2015-2020.pdf accessed 2 Feb 2017

Based on these priorities, the Taskforce recommended six evidence-based outcomes:

1. Adult smoking rates should fall to approximately one in 10;
2. Three out of every four screening opportunities offered should be taken up;
3. Approximately six out of 10 people should be surviving 10 years or more after a cancer diagnosis;
4. More than seven out of 10 people should be surviving for one year;
5. The cancer waiting time standard of two weeks, 31 days and 62 days to be achieved; and
6. 95% of people to have a definitive cancer diagnosis within four weeks, and 50% within two weeks.

Figure 2 - Barking and Dagenham outcomes against the Cancer Taskforce's Targets

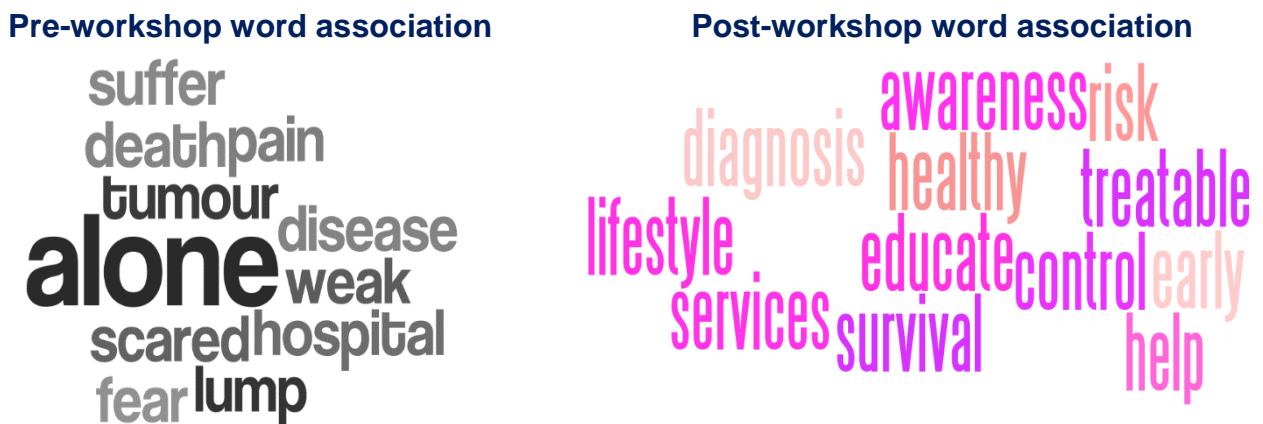


Barking and Dagenham is performing less well than we could be as a borough on some of these indicators. Two in 10 people in the borough smoke and less than two of all those invited attend screening. In the next sections of the report we consider the reasons for this.

4. Why are Residents of Barking & Dagenham more likely to Develop Cancer and less likely to Survive Cancer than Residents in other London Boroughs?

- 4.1 The reasons why residents are more likely to develop cancer and less likely to survive in the borough are that they tend to have less healthy lifestyles, and are less aware of cancer signs and symptoms. Therefore, residents are more likely to present at their GP surgery at a later stage of cancer development, or even to present at the A&E department because their cancer has developed so far. Once residents are in the healthcare system, the time that they survive (the survival rate) is the same as the survival rate across London and England.
- 4.2 Members of the HASSC spent the afternoon of the 12 October 2016 taking part in a 'Talk Cancer workshop' run by Cancer Research UK. Members felt that it was an excellent opportunity to hear experts in the field talk about some of the myths around cancer and to present the facts about incidence, diagnosis and treatment, in a positive way. All the attendees found the session, which was presented in an enjoyable way, very helpful in increasing their knowledge and changing the way they think about cancer from a negative, to a more positive way. The words which occurred to their minds before the session were quite different to the ones which came to mind after the session, as Figure 3 below demonstrates. This gave the HASSC great confidence that it is possible to change how people think and feel about cancer, and therefore influence their behaviours and outcomes.

Figure 3: Pre-workshop and Post-workshop Word Association



The session also busted a number of common cancer myths (see Appendix 1), and gave an excellent insight into just how important a healthy lifestyle is to preventing cancer.

Cancer specialists estimate that four out of 10 cancer cases could be prevented largely through lifestyle changes. Many people believe that getting cancer is purely down to genes, fate, or bad luck. However, as members discovered at the Talk Cancer session, our risk depends on a combination of genes, age, environment, and lifestyle, the last two of which we are more able to control.

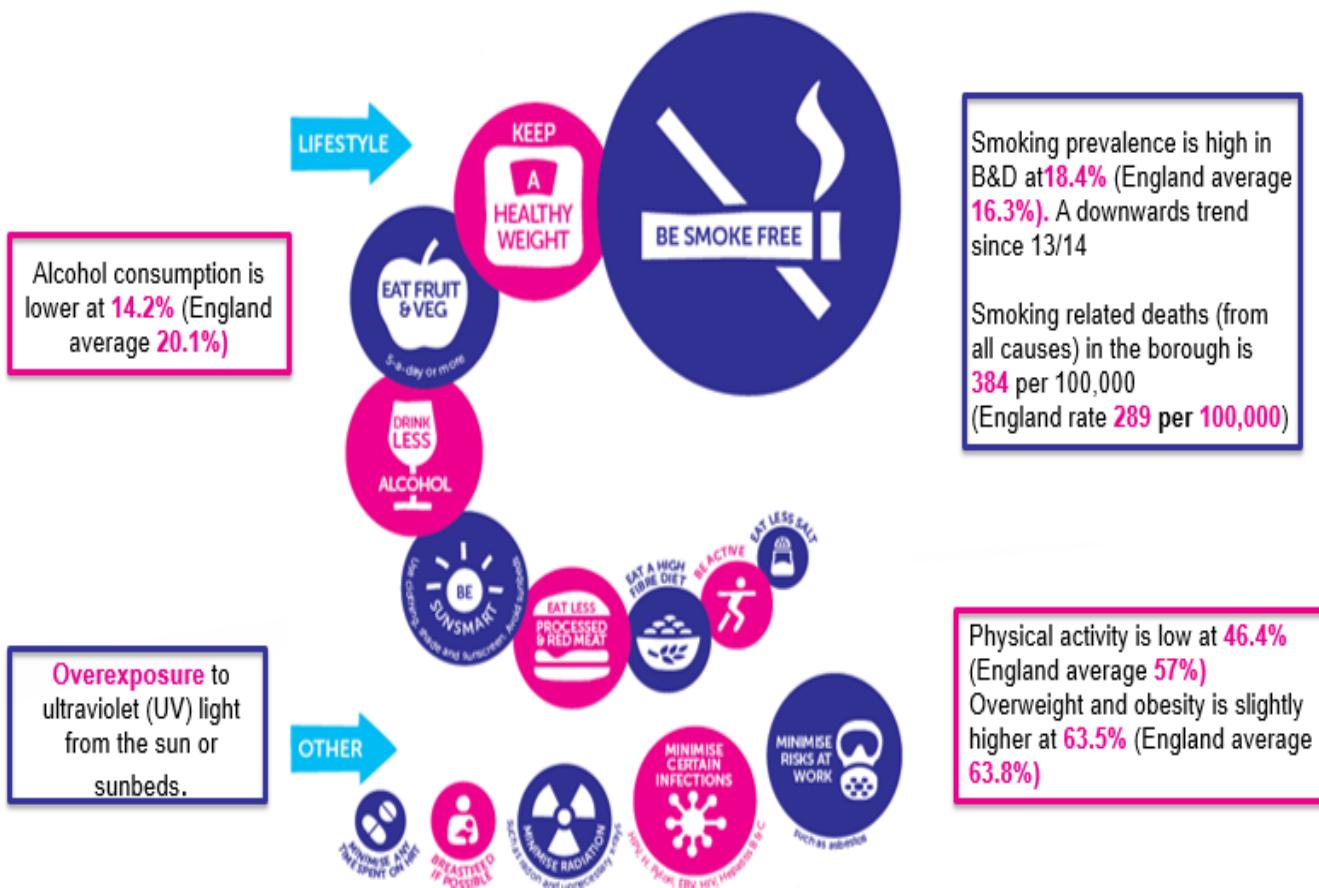
Lifestyle Influences

- 4.3 Members learnt that lifestyle factors that we can control such as smoking, how much alcohol we drink, what we eat, how heavy we are, how much exercise we get, and how long we expose our unprotected bodies to the sun, can affect the chances of developing cancer. A decision to smoke and continue smoking, for example, will increase a person's risk of developing cancer. By choosing not to do anything about being overweight, a person is also increasing their risk.

Figure 4: Lifestyle Influences on Cancer Development

Lifestyle influences: In LBBD

4 in 10 cancers can be avoided through lifestyle modifications



- 4.4 However, the ability to choose to live a healthy lifestyle is harder and more limited if you are poor than if you are affluent. You may feel unable to afford healthy food, which is more expensive than unhealthy, more refined food and you may feel unable to afford to belong to a club that will encourage you to exercise. In fact, you may feel depressed and lacking in motivation anyway and find it hard to break a habitual cycle of unhealthy behaviours, unless there is access to the means to change, which won't cost money. Members therefore made recommendations in this report to support local people make these choices.

Smoking

- 4.5 **Smoking remains the most important preventable cause of cancer Barking and Dagenham.** We all know that smoking increases the risk of developing lung cancer, but it also increases the risk of developing cancer in many other areas of the body including breast, bowel, stomach, bladder, prostate and cervix. It is in fact fair to say that there isn't a part of the body that the damaging effects of smoking do not reach.



Smoking prevalence in Barking and Dagenham is 18.4% and higher than both the London (14%) and national (16.3%) average.⁶ The numbers of smokers in Barking and Dagenham have steadily been going down, as have the national averages, particularly since the 2007 smoking ban in public places. However, we know that there are certain pockets of the population where smoking prevalence is above the averages that are cited. This is because the poorer the area, the higher the prevalence of smoking. In these communities and amongst the unskilled and manual working groups, smoking remains an acceptable, social activity. Stop smoking services have attempted through various targeting strategies, to actively engage these resistant smokers in quitting attempts with some degree of success. However, it is difficult and intensive work to break down these barriers and support the breaking of habits that are long established and often perpetuated through family and friendship networks.

RECOMMENDATION 1

The HASSC recommends that the Health and Wellbeing Board takes action to reduce the prevalence of smokers in the borough, to levels comparable with London.

Alcohol

- 4.6 Alcohol intake is a potential cause of some cancers in Barking and Dagenham. The level of alcohol consumption in Barking and Dagenham is difficult to measure; however, the number of deaths where alcohol is a secondary cause is comparatively high.

The majority of alcohol-related cancer deaths are expected to be from cancers of the oesophagus, bowel, mouth and throat,

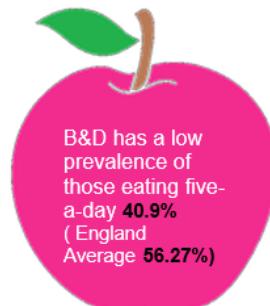


⁶ PHE (2017) Public Health England Fingertips data. Available at <http://fingertips.phe.org.uk/search/smoking>
Accessed 2 Feb17

breast and liver. In Barking and Dagenham, it is estimated that 14.2% of the population binge drink at least one day a week, which is not as high as the national average of 20.1%.⁷ However, with poor rates of other healthy lifestyles and poorer outcomes on cancer compared to national and London averages, we should not be complacent and should aim to bring about a decrease in drinking levels.

Diet

- 4.7 Eating a healthy, balanced diet helps maintain a healthy body weight, which is important because obesity is the second biggest preventable cause of cancer after smoking. However, in areas of deprivation, like Barking and Dagenham, it can be harder to afford a healthy diet and some residents feel that money will go further in buying sugary, refined food than buying fruit and vegetables.



Food access, particularly to healthy food, is a problem in some areas of Barking and Dagenham. The borough also has a high number of takeaway food outlets in residential areas and intake of fruit and vegetables is low with four in 10 people eating fruit and vegetables every day, compared to 5.5 in 10 across England.⁸ It is clear that these things impact on the healthy weight of people in the borough.

Weight

- 4.8 **One in four reception children and one in three Year 6 children are overweight or obese (2014/15 statistics).**⁹ This prevalence sets Barking and Dagenham as the fifth highest prevalence of excess weight in reception (26.6%) in London, above the London and national prevalence of 23% and 22.5% respectively.



Barking and Dagenham also has the third highest prevalence of excess weight in Year 6 children (42.2%) in London, above the London and national average prevalence of 37.6% and 33.5% respectively.

Nationally, 64.6% of adults nationally are overweight. In Barking and Dagenham this figure is 68.4% and is the highest of all the London boroughs.¹⁰ Research shows that, sadly, many types of cancer are more common in people who are overweight or obese. This is essentially because fat cells affect the level of hormones and proteins in the body. These chemical messengers can then cause cells to change and divide abnormally, and so become cancerous.

⁷ PHE (2017) Public Health England Fingertips alcohol profile. Available at <https://fingertips.phe.org.uk/profile/local-alcohol-profiles> Accessed 2 Feb 17.

⁸ LBBD (2016) Joint Strategic Needs Assessment

⁹ ibid

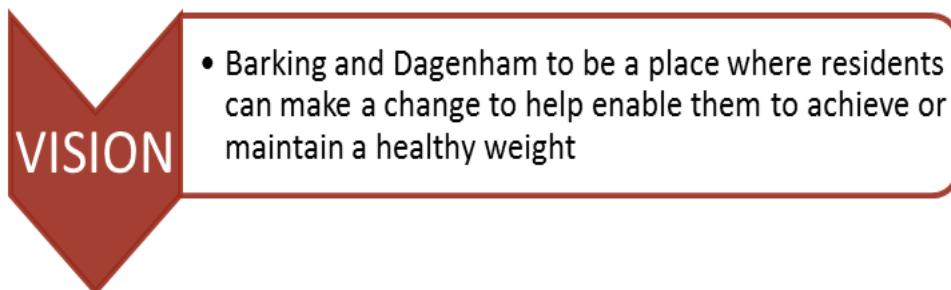
¹⁰ ibid

Exercise

4.9 An inactive and sedentary lifestyle can increase the risk of cancer. The risk of getting bowel and breast cancer can be reduced if people increase their physical activity. Physical activity of adults in Barking and Dagenham is low (46.4%),¹¹ with less than one in two residents taking 150 minutes of physical activity per week. The England average is six out of 10 people doing this amount of activity. A Healthy Weight Strategy for Barking and Dagenham to address lifestyle issues in the borough, such as diet and physical activity, was approved by the Health and Wellbeing Board in September 2016.¹²



Extract from Barking and Dagenham's Healthy Weight Strategy



- Barking and Dagenham to be a place where residents can make a change to help enable them to achieve or maintain a healthy weight

- ❖ Enable families and individuals to take responsibility for achieving and maintaining a healthy weight.
- ❖ Make an active lifestyle and healthy eating the easier choice.
- ❖ Address causes that put particular groups of families and individuals at a greater risk of obesity.
- ❖ Ensure the built and natural environment support families and individuals to be more healthy and active.



RECOMMENDATION 2

The HASSC recommends that the Health and Wellbeing Board set 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.

¹¹ ibid

¹² <https://www.lbdd.gov.uk/council/priorities-and-strategies/corporate-plans-and-key-strategies/health-and-wellbeing-strategy/81738-2/> Accessed on 22 March 2017

Exposure to Sun

- 4.10 Melanoma is the most serious type of skin cancer and in the UK more than eight in 10 cases could be prevented through enjoying the sun safely and avoiding sunburn.

Residents are exposed to the sun particularly during heatwaves. The borough takes an active role in advising residents particularly those at high risk.



RECOMMENDATION 3

The HASSC recommends that the Health and Wellbeing Board takes action to increase residents' awareness of how lifestyle, including exposure to sun, can affect the likelihood of developing cancer, the signs and symptoms of cancer and the importance of early diagnosis, and screening.

(See Section 6 for more information on the importance of early diagnosis and screening).

5. The Incidence of Lung, Bowel, Breast and Prostate Cancers and Survival Rates in Barking & Dagenham

This Section compares the incidence of the four most common cancers in Barking and Dagenham against national rates.

In this report when we discuss survival periods, we talk about one and five-year survival periods, which are the periods of time of survival that are measured. It is important to note that residents, happily, often survive for much longer periods than five years after diagnosis and treatment for many cancer sites.

Lung Cancer

- 5.1 **A resident of Barking and Dagenham is one and a third times more likely to develop lung cancer than people in other parts of England.**¹³ The incidence of lung cancer in Barking and Dagenham is higher than the national average, which is in keeping with the fact that it is the third most deprived borough in London and that smoking rates are higher than the London national average.

However, after treatment, a resident is more likely to survive up to one year. The one year survival rates at 37.6% are better than the England average (35.4%).¹⁴

Bowel Cancer

- 5.2 A resident in Barking and Dagenham is slightly more likely to develop bowel cancer than a person living in the rest of England.

Once diagnosed and treated, a resident is equally likely to survive at least one year as other people living in England.

Breast Cancer

- 5.3 A resident in Barking and Dagenham is less likely to develop breast cancer than the England average. This is in keeping with the fact that it is less common in the most deprived areas.

Once diagnosed, a resident is likely to survive for at least one year, and this is good news. In Barking and Dagenham, nine out of 10 people survive for one year. Across England, the rate is also nine out of 10 people.

There is increasing evidence that Black African and Black Caribbean women have a higher risk of particular types of breast cancer and are more likely to get breast cancer in an aggressive form ('triple negative cancer'), and so have a much worse prognosis. The survival rate for women aged 15 - 64 years, after both one and three

¹³ CRUK Local stats site. The 2013 European age standardised rate for 2012-14 is 109.9 per 100,000 where the England average is 79.8.

¹⁴ LBBD (2016) JSNA

years, is significantly lower in Black African/Caribbean women than in White women.¹⁵

Prostate Cancer

- 5.4 A resident of Barking and Dagenham has the same chance of developing prostate cancer as someone in another area of London. **However, a person who does develop prostate cancer is sadly, more likely to die when compared to the England average.**¹⁶

Black men have a higher risk of developing prostate cancer than other ethnic groups. Prostate cancer is three times more common in Black ethnic groups.¹⁷

Barking and Dagenham has a has larger than average young population of men of Black African and Caribbean ethnic origin and the number of cases of prostate cancer is likely to rise in the future. For this reason, it is important to raise awareness of the signs and symptoms in this group particularly.



RECOMMENDATION 4

The HASSC recommends that the National Awareness and Early Detection Initiative informs the commissioners on what action it is taking to target specific 'at risk' groups.

¹⁵ Moller, H., Henson, K., Luchtenbor, M et al (2016) Short-term breast cancer survival in relation to ethnicity, stage, grade and receptor status: national cohort study in England. British Journal of Cancer 115, 1408-1415 (22 November 2016).

¹⁶ Mortality rates for prostate cancer are higher than England average – 52.4 per 100,000 as opposed to 45.9. This follows logically from the higher incidence rate.

¹⁷ Cancer Research UK. Cancer incidence for common cancers: Ten most common cancers in males (2011) [Internet]. 2014. Available from: <http://www.cancerresearchuk.org/cancer-info/cancerstats/incidence/commoncancers/#Ten>. Accessed 24 March 2017

6. The Importance of Screening and Screening Uptake Rates in Barking & Dagenham for Breast, Bowel and Cervical Cancer

Now that we have considered the prevalence of the common cancers and survival rates in the borough, in this Section, we look at the importance of screening and screening rates in the borough. In the next Section, the possible reasons why residents do not always respond to screening invites are explored.

Late Cancer Presentation

- 6.1 If a cancer diagnosis is made early, it is better than if it is made late. **A resident who is diagnosed with Stage 1 or Stage 2 cancer is more likely to survive one or five years, than someone diagnosed at Stage 4.**

The reason for this is that although early cancers that are smaller and not entangled with healthy cells are harder to find, they are easier to treat. These cancers are generally stage 1 and stage 2 cancers. As cancer grows, it gets bigger and entangled with other, healthy cells. Staging is a way of describing how big a cancer is and whether it has spread into surrounding tissues.

Figure 5: Cancer Diagnosis by Stage in LBBD in 2014¹⁸

Cancer type	1	2	3	4	Known Stage total	X - Unknown stage	Grand Total
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%	

* Note - be aware of small numbers when looking at percentages

¹⁸ 2014 Cancer Staging Statistics by Clinical Commissioning Group

Breast cancer is the most common cancer in England, and most common in Barking and Dagenham. Most breast cancers are diagnosed at an early stage in Barking and Dagenham, with nine in every 10 known cancers diagnosed at stages 1 and 2. This rate of diagnosis is as good as the England average.

Colorectal cancer is often diagnosed at a late stage in England, and in Barking and Dagenham. We find currently that one in every three colorectal cancers is diagnosed at stage 1 or 2. Residents of Barking and Dagenham are, currently, slightly less likely than residents in other boroughs to be diagnosed at stages 1 and 2.

Lung cancer is, again, often diagnosed at a late stage in England, and in Barking and Dagenham. We find, currently, that two in 10 lung cancers are diagnosed at stages 1 and 2. Residents of Barking and Dagenham are, currently, slightly less likely than residents of other boroughs to be diagnosed at stages 1 or 2.

Prostate cancer is the most common cancer in men. It is often diagnosed at an early stage in England, and in Barking and Dagenham. We, currently, find that seven in every 10 prostate cancers are diagnosed at stages 1 and 2. This rate of diagnosis is as good as the England average.

- 6.2 Emergency presentation refers to residents attending Accident and Emergency (A&E) with symptoms who are then diagnosed with cancer. This is usually when the person's cancer has developed to Stage 3 or 4.

The number of cancers diagnosed at a later stage, Stages 3 and 4, in the borough is higher than in England. Nearly one in every four (22.8%) cancer diagnosis in Barking and Dagenham are made through emergency routes, as compared to the England average, which is one in every five (20.1%) of cancer diagnoses.

Figure 5: Number of Emergency Presentations in Barking and Dagenham

	Barking and Dagenham	London	Year
Number of Emergency Presentations per 100,000 population	73.68	64	2015/16

Late, emergency diagnosis results in poorer outcomes for residents because Stage 3 and 4 cancers are much harder to treat. The chances of a resident surviving for one year after a cancer is diagnosed at A&E is significantly lower than all other routes to diagnosis because this generally correlates with late stage diagnosis. The impact of this can be demonstrated by looking at the rates of survival when cancer is diagnosed at different stages. For example, in bowel cancer, an early diagnosis usually means nine out of 10 residents will survive for five years or longer, whereas a late diagnosis often results in less than one in 20 surviving five years or longer.

The Importance of Screening

6.3 Screening can help detect cancer before the person has symptoms or has become aware of any signs. It is important to note that people should still be alert to signs and changes described earlier in Section 3, as cancer can develop between screening rounds. However, attending screening is a good way to save lives, by finding cancer at an early stage. The earlier cancer is detected in a person and is treated, the longer his or her survival after diagnosis is likely to be. People need to be registered with a GP with an up-to-date address to receive screening invitations. GP practices are advised when their patients fail to attend cancer screening tests.

There are three national cancer screening programmes - bowel, breast and cervical cancer. There are no screening programmes for lung and prostate cancer. However, for prostate cancers, GPs are encouraged to review the following men who may be at higher risk:

- Black men;
- Men who have a family history; and
- Men who are overweight or obese.

(See also 5.4 of this report and the recommendation at the end of that Section).

Residents of Barking and Dagenham have access to the three cancer screening programmes; breast, bowel and cervical.

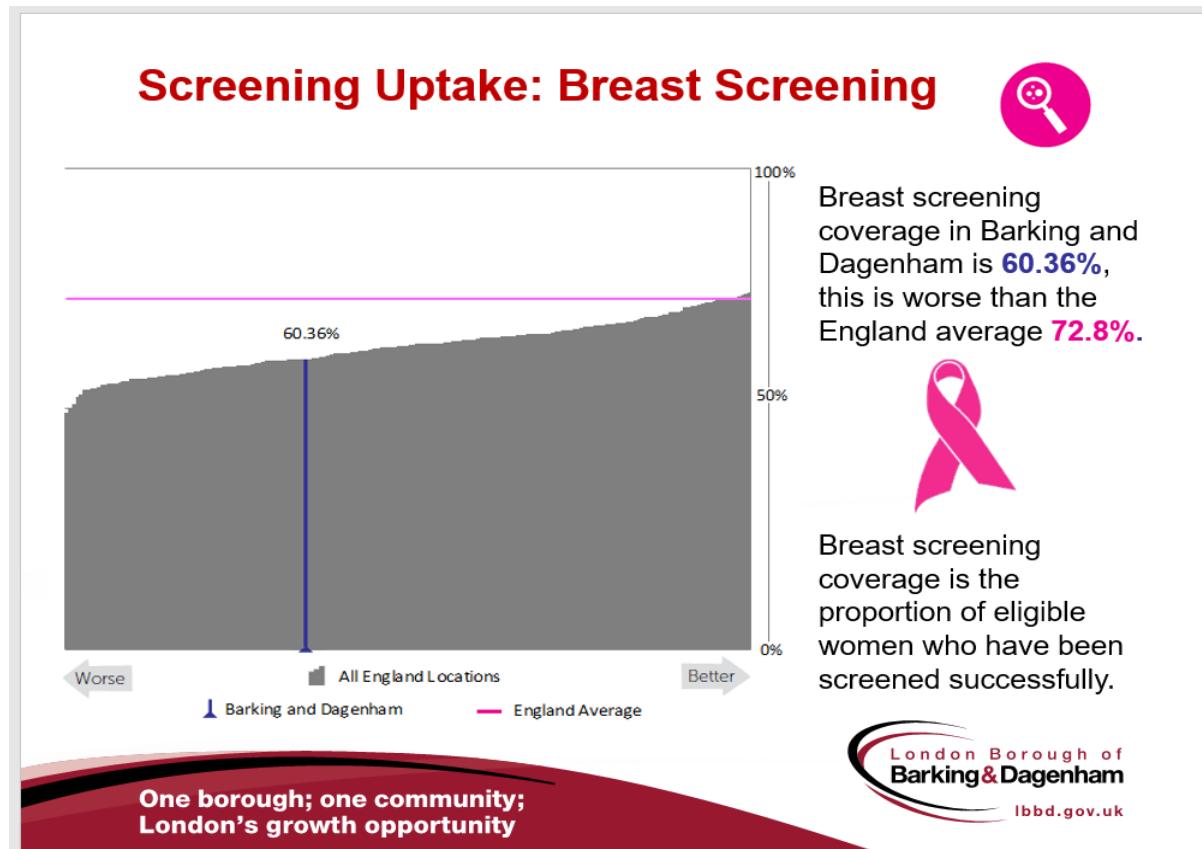
The cancer screening services for the borough are commissioned by NHS England, and the services are quality assured by the Council's Director of Public Health.

Breast Cancer Screening

6.4 Breast cancer screening uses a test called a mammography which involves taking x-rays of the breast which can help find cancers early when they are too small to see or feel. Screening is offered to women between the ages of 50 and 70, though people over the age of 70 can request a screening.

For breast cancer, early diagnosis results in nine out of 10 residents surviving five years or longer, but late diagnosis means only one in 10 surviving five years or longer. It is, however, important to note that there is a slightly lower than expected uptake of breast cancer screening in relatively high numbers of people of Black ethnic origin in the general England population, and this is likely to also be the case in LBBD. (See also 5.4 of this report and the recommendation at the end of that Section).

Figure 6: Screening Uptake: Breast



The uptake of breast cancer screening in the borough is decreasing. In 2012 the offer was taken up by 64% of those offered. In 2014/15 this had decreased to 60%.

There is considerable variation in uptake by patients across GP practices. Some GP practices in the borough have an uptake that is higher than 64%; others need support and have an uptake that is considerably lower than 64%.

RECOMMENDATION 5

The HASSC recommends that the Barking and Dagenham Clinical Commissioning Group 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.

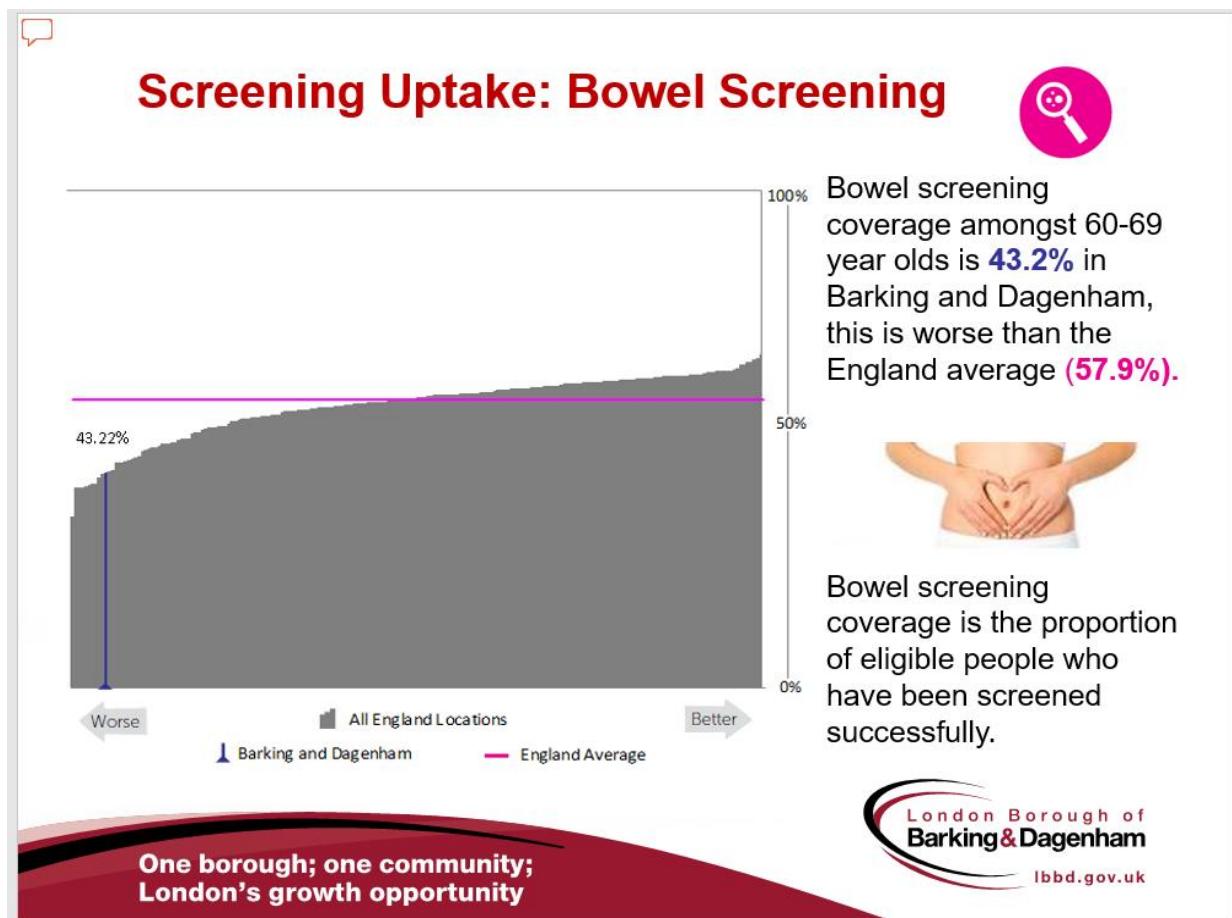
Bowel Cancer Screening

6.5 Bowel screening is offered every two years to people between the ages of 60 and 74, however; those over the age of 74 can request a screening kit. The screening can detect cancer at an early stage and also help cancer from developing in the first place. GP registered lists are used to send the bowel screening kit, shown in Figure 7, a service which is provided through NHS England.

Figure 7: Bowel Screening Kit



Figure 8: Screening Uptake: Bowel



A much lower proportion of residents, than is usual for England, respond to requests to act on and return bowel cancer screening kits. The uptake of bowel cancer screening in the borough is low and steady.

In 2012 the offer was taken up by 43% of those offered. In 2014/15 this was still 43%, compared to the England average of 57.9%.

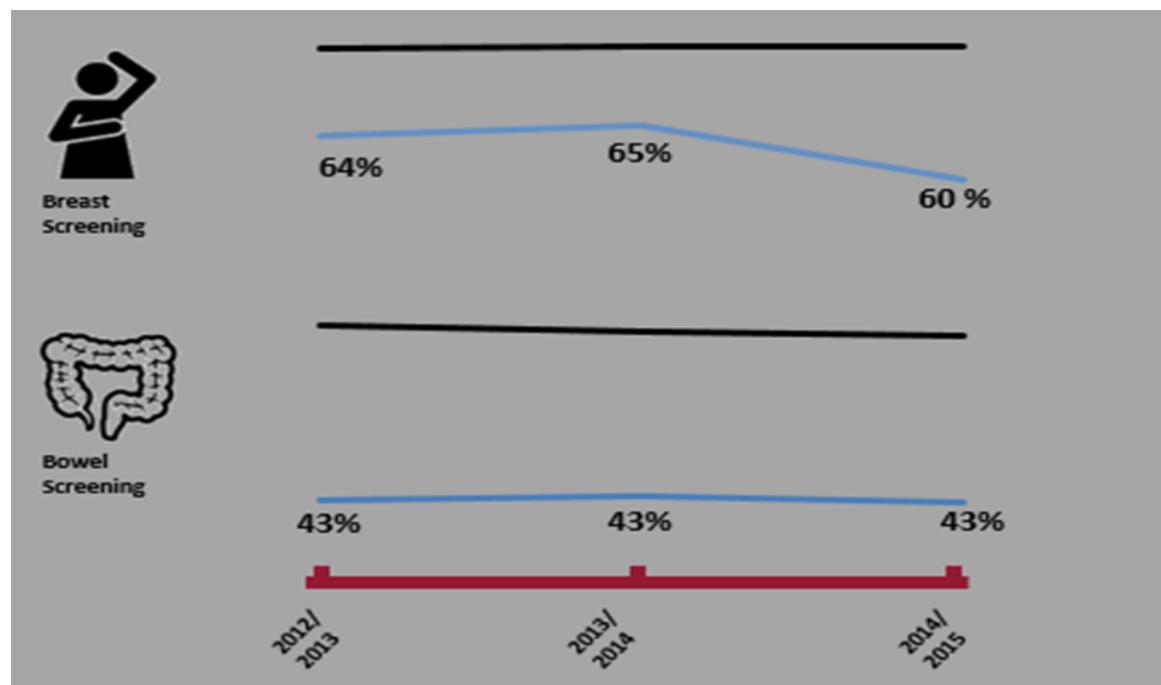
Barriers to taking the test include lack of awareness of the function of the test, and cultural objections to handling faeces. Barking and Dagenham is now seeing five out of 10 people sending off kits. This has happened since the start of a local scheme, developed by the Clinical Commissioning Group (CCG), to increase bowel screening uptake. There remains considerable variation in uptake by patients across GP practices with some practices achieving an uptake of 53.7% and others 31%. Once residents are referred to the diagnostic unit at the local hospital, the 'did not attend' rate is low at 0.42%.¹⁹

RECOMMENDATION 6

The HASSC recommends that the Barking and Dagenham Clinical Commissioning Group, 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.

Figure 9: Changes in Breast and Bowel Cancer Screening Uptake in Barking and Dagenham 2012 – 2015.

There is significant variation across the borough in the numbers of residents that access breast and bowel screening.



¹⁹ BHRUT (2017) DNA data sigmoidoscopy unit.

The trend across the years 2012 – 2015 is for less residents to attend breast screening, and for the uptake in bowel screening to be low.

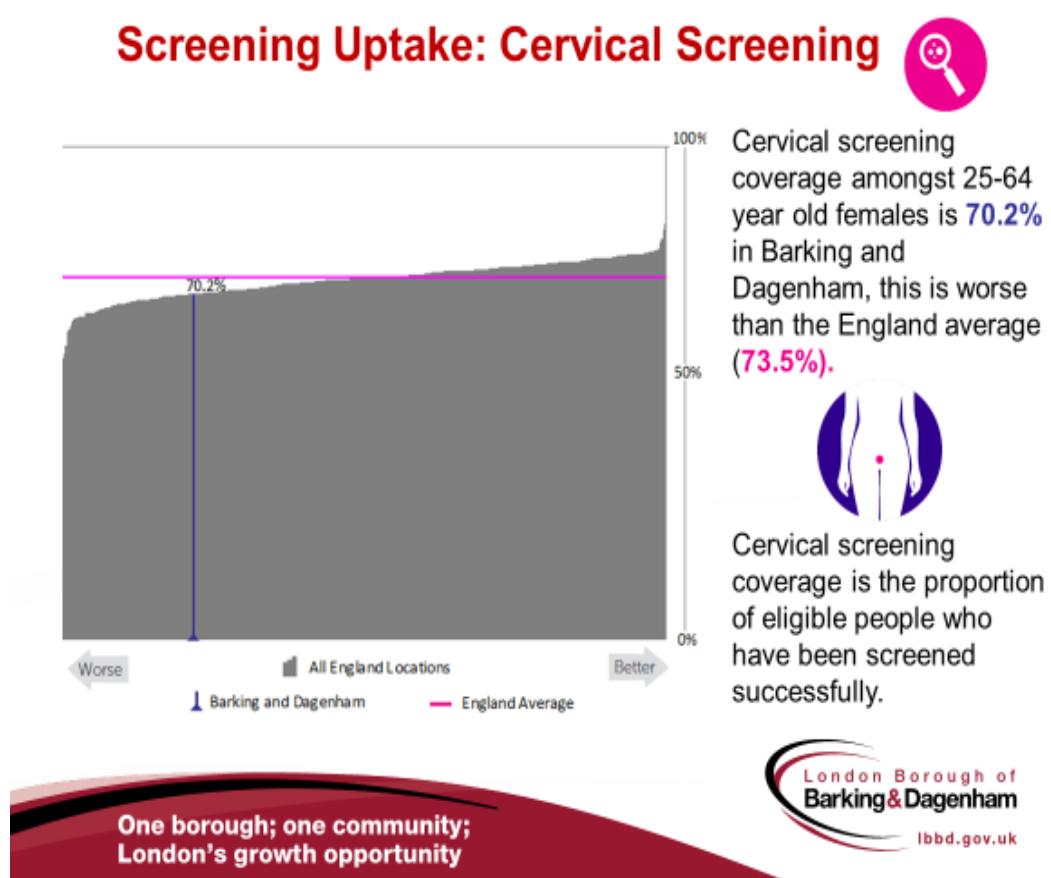
RECOMMENDATION 7

The HASSC recommends that the Health and Wellbeing Board, along with MacMillan and Cancer Research UK, takes action to raise awareness of the importance of screening to increase uptake of breast and bowel screening in the borough to a level comparable with England within the next year.

Cervical Cancer Screening

- 6.6 Cervical cancer screening is offered to women aged 25 – 64. Women aged 25 – 49 are invited every three years. After 50, women are invited every five years until they are 64 years old.

Figure 10: Screening Uptake: Cervical



The uptake of cervical screening in the borough is 70.2% of all eligible women compared with 73.5% across England. Less than five cases of cervical cancer were diagnosed in Barking and Dagenham 2012-2014. There remains considerable variation in uptake of cervical screening by patients across GP practices with some practices achieving an uptake of 78% and others 55.4% of eligible population.

RECOMMENDATION 8

The HASSC recommends that the Health and Wellbeing Board, 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.

Cancer Dashboard

- 6.7 The Cancer Strategy for England²⁰ recommends that NHS England work with other arm's length bodies to develop a cancer dashboard of metrics at the CCG and provider level.

The proposed cancer dashboard will measure how well different areas of the country are performing. They will record performance in four areas - early diagnosis, one year survival, 62 day wait for treatment and overall patient experience. The dashboard will enable the comparison and improvement of cancer outcomes in Barking and Dagenham.

It is proposed that this dashboard includes information on screening uptake across GP practices.

RECOMMENDATION 9

The HASSC recommends that the Committee urges NHS England to make the Cancer Dashboard available within one year.

²⁰ Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020', [Online] Available from: https://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes - a_strategy_for_england_2015-2020.pdf [Last accessed: 15th of August 2016]

Health Checks

- 6.8 The Health Check is a different type of screening that all GPs offer. It is a programme designed to screen for heart disease but it also reviews residents' lifestyles and is an opportunity to point residents toward improved lifestyle behaviour or to pick up unintended weight loss.

All the borough's GPs have signed up to deliver the Health Check; however, there is considerable variation on the numbers of health checks delivered by GP practices, with some practices delivering 0% and some 100% of eligible health checks. (See Appendix 2).

RECOMMENDATION 10

The HASSC recommends that the Health and Wellbeing Board takes action to raise awareness of the importance of the Health Check and reduce the variation in Health Check uptake between GP practices.

7. The Potential Reasons for Late Detection of Cancer in Barking & Dagenham, including reasons for Lower Uptake of Screening

Barking and Dagenham residents are not as knowledgeable about signs and symptoms of cancer as people in other London boroughs. We know that in 2009 residents in Barking and Dagenham were less aware of the common signs and symptoms of cancer, such as lumps and a long-term cough.

The Cancer Awareness Measure – Signs and Symptoms

7.1 Members learnt that in 2009/2010 residents were asked a number of questions as part of national research to find out if people could recognise signs and symptoms of cancer. This research used the Cancer Awareness Measure (CAM). This survey found that while people are generally aware that smoking can cause cancer, only one in three residents of Barking and Dagenham were aware that a persistent cough can be sign of cancer.

Similarly, **one in three residents could not recall any other sign or symptom of cancer** including:

- An unexplained lump or swelling;
- Persistent unexplained pain;
- Unexplained bleeding; or
- A persistent change in bowel habits.

At the same time, across England, two in three residents could recall a classic cancer symptom.

Local information²¹, from a small number of residents who answered a questionnaire, suggests that in 2016, four in five residents knew that an unexplained lump or swelling could be a sign of cancer.

Figure 11: 4 of 5 Residents Recognise a Lump as a Sign of Cancer



In the same survey, we found that three in five residents were aware that a persistent cough, persistent change in bowel habit or change in appearance of a mole is a sign or symptom of cancer.

²¹ LBBD (2016) Small survey of residents.

Less residents were aware of other signs and symptoms such as persistent difficulty in swallowing; a sore that does not heal; or persistent unexplained pain. Awareness of the signs of cancer is particularly low in men, teens and ethnic groups.

Other Barriers to Getting Diagnosed

- 7.2 The lack of awareness of the signs and symptoms of cancer, combined with the factors below, could mean that some residents face a number of barriers to getting diagnosed early.

Emotional

Cancer has many negative connotations, which can make it difficult to talk about. People may be embarrassed by a symptom they are having, feel fearful of what the doctor may suspect, or simply not quite know how to bring the topic up with the doctor.

Cultural

Difficulty in talking about cancer may also be a cultural issue; for example, for some residents, English is not a first language. There may also be cases where individuals are not taking tests such as bowel cancer screening because handling faeces is culturally offensive.

Practical

Both for screening and diagnosis, residents need to tackle practical issues such as making an appointment, and arranging or taking transport. These issues can disproportionately affect people from vulnerable groups in the community including people from minority ethnic groups, people with mental health issues, people living with learning disabilities and people living with physical disabilities.

The breast screening unit has not been easily accessible to the borough's residents, which may have acted as a barrier to screening for some residents. Recently, a unit has been placed in the borough temporarily. The Committee need to be assured by NHS England that residents will continue to have in-borough access to breast screening.



RECOMMENDATION 11

The HASSC recommends that NHS England provides assurance to it that residents will continue to have in-borough access to breast screening.

Service

Sometimes residents simply worry that they are wasting the doctor's time with their concerns or may find it difficult to make an appointment with their GP, leading them to put off making an appointment.

- 7.3 However, if awareness of the signs and symptoms of cancer and the importance of early diagnosis could be raised, more people will understand the importance of overcoming the barriers and seeing their doctor, leading to a better early detection rate.

The Two Week Urgent Referral System

- 7.4 For those patients who do go to their GP, where the GP suspects cancer, the patient is directed to the two-week urgent referral system. The number of cases referred to the two-week wait system varies between GP practices. There is no right or wrong number of referrals, and 96% of residents have a diagnosis within 30 days.

The conversation rate gives an indication of the number of cancers diagnosed as a result of the referral to the two-week referral system. For most practices in the borough, the conversation rate is 10%, which means that 10% of referrals have a cancer diagnosis. This is in line with the England average. One practice falls below this rate, which indicates that some GPs in this practice would benefit from updating in primary cancer signs and symptoms.

Cast Study

- 7.5 Members of the HASSC met with a resident, Mary (not her real name), to talk about her cancer journey to see what they could learn from her story and how they could apply this to their Review.

Mary's Story

Three years prior to being diagnosed, Mary had a persistent cough. She eventually visited her GP who sent her for some tests which showed a shadow on her lung. After further tests she was informed that it was not cancer which she was assured by. She was not sent for further tests to look for markers for cancer. In hindsight, she personally felt this should have been done to ensure she was in the all clear.

Soon before she was diagnosed Mary had another persistent cough and had lost weight but at the time this did not seem relevant to her. It was when she developed severe joint pains that she became concerned and went to see her GP. A test result showed a high marker for cancer in her liver and an X-ray later confirmed that there was a mass in her lung. She was an ex-smoker but at the time of her diagnosis she had not been smoking for over eight years.

Queen's Hospital was initially not able to confirm a cancer diagnosis due the positioning of the mass in her lung and eventually, she was referred to a consultant in Bart's for this. Three weeks later she had an operation to remove the cancer. Following her treatment for lung cancer, Mary noticed that one side of her mouth had dropped so she visited her GP again.

Her GP initially suspected Bell's Palsy but sent her for tests to be sure, and it was after this that she found out that she had a tumour in her brain, which meant that the cancer had spread. Mary started treatment at the chemo unit in King George Hospital for this, which she found a comfortable environment. She felt it was very positive that there was cancer nurse who she could contact when she needed.

Mary shared that her faith played an important part in her emotional state while she had cancer. She also went to a retreat in Bristol with her sister which she found very helpful as she learnt more about cancer and the importance of diet in preventing cancer.

Mary felt her immune system was very poor prior to her developing cancer as she kept getting infections. She personally felt that this may have had part to play in her developing the tumour. Mary felt there are a lot of messages already out there in the borough about diet and other lifestyle changes; however, these are not always linked to cancer. Local services could be more explicit in their messages about the link between lifestyle and cancer but it would be important to do this in a positive way by emphasising that these measures are preventative. Mary also felt a possible reason people in the borough don't always attend screening is fear, so she considered it important to explain to people what cancer is and that it can be beaten more easily if it is caught early.

HASSC took from Mary's story:

1. Early identification and referral by a GP is key to the outcome of a cancer diagnosis;
2. It is important to raise awareness of signs and symptoms of cancer in residents in a positive way;
3. It is important that residents have good access to local services for both diagnosis and treatment; and
4. It is important to raise awareness of the importance of attending screening for cancer in a positive way.



RECOMMENDATION 12

The HASSC recommends that Barking and Dagenham Clinical Commissioning Group, 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.

(See also Section 4 and the recommendation at the end of that Section).

8. What is Working Well and What more can be Done?

What is Working Well?

- 8.1 The HASSC received a report on the Mayesbrook Park Pilot, an exciting piece of local work designed to increase awareness of healthy lifestyles, including signs and symptoms of cancer. This piece of work is particularly exciting because, through community engagement, many of our local residents are involved. Some are involved as community champions, and have been trained to engage with their own community, whether that be an ethnic community, a faith community or simply their neighbours. If this piece of work evaluates well, it will be rolled out across the borough.

Barking and Dagenham health partners have also been successful in introducing positive change through communities, GP practices and St George's and Queen's Hospital. This is detailed below.

8.2 In the Community

- Taking a local slant on NHS awareness campaigns;
- Using social media and posters such as 'Be Clear on Cancer';
- Some community talks to local groups; and
- Physical activity schemes for cancer patients.

8.3 In GP Practices

- A Cancer Research Facilitator is in post to support primary care to develop skills and knowledge in cancer awareness and treatment;
- Practice visits by Macmillan GPs and primary care facilitator;
- Local Enhanced Scheme from bowel cancer screening;
- GP education programme to increase awareness of common and vague signs and symptoms of cancer;
- Education programme for practice staff to support patient care locally;
- Improved patient awareness of signs and symptoms of cancer, particularly within hard to reach groups; and
- Work plan to increase the uptake of screening services.

8.4 King George and Queen's Hospital

- Audit of emergency department presentations of cancer to identify potential opportunities for early diagnosis and improved patient experience. The results are not yet available but must be acted on when they are available.

8.5 Across Barking & Dagenham, Havering and Redbridge

- Collaborative working with secondary care clinicians to develop direct access to pathways for diagnosis.

What More can be Done?

8.6 Throughout this report, the HASSC has made recommendations to help improve outcomes for the borough's residents. Below are further areas for the Health and Wellbeing Board and local health partners to consider, some which may overlap with the recommendations.

More can be done to support action to increase community awareness of importance of lifestyle. **If the Mayesbrook pilot project work is deemed successful, consideration should be given to rolling this approach out across Barking and Dagenham.**

8.7 The Council could introduce targeted social media campaigns linked to the national 'Clear on Cancer' NAEDI campaigns, with the aim of increasing uptake of screening and awareness of signs and symptoms, including:

- Encouraging attendance at the Cancer Research UK roadshow;
- A targeted approach to increase screening in vulnerable groups e.g. increasing the uptake of bowel screening in people with learning disabilities and
- A targeted approach to increasing awareness and the uptake of screening in Council staff and other staff in the workplace can be encouraged through the London Work Place Health initiative.

8.8 There should be support for staff to develop skills in talking about cancer to residents, particularly community health champions, Community Solutions, social care and health staff.

One form of awareness training is making Every Contact Count (MECC). This training is designed to educate staff about early signs and symptoms of cancer. Staff who are in face-to-face contact with residents can help the residents to recognise early signs and symptoms of cancer and sign-post them to health services.

8.9 In GP Practices

- Continued and extended engagement with the Cancer Research Facilitator to support primary care to develop skills and knowledge in cancer awareness and treatment;
- Continued Practice visits by Macmillan GPs and primary care facilitator;
- Continued support for the Local Enhanced Scheme from bowel cancer screening;
- Continued and extended GP education programme to increase awareness of common and vague signs and symptoms of cancer;
- Continued and extended education programme for practice staff 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, particularly bowel screening;
- Support and encourage residents to register with a GP practice;

- Encourage health partners to audit and act on practice level uptake of cancer screening; and
 - Encourage health partners to put in place actions that are known to improve uptake of screening, such as:
 - Phone reminders;
 - Case note reminders; and
 - Local enhanced services agreements.
- 8.10 The Council should further strengthen its partnership with health providers to provide a consistent approach to awareness and early intervention. For example, it could:
- Encourage health partners to audit and act on variation in practice level early identification of cancer;
 - Strengthen links through the North-East London Cancer Commissioning Board; and,
 - Strengthen local CCG and public health contracts through specifications that include a requirement to increase awareness and early intervention in cancer.

10. Next steps

10.1 This report and its recommendations will be submitted to the Health and Wellbeing Board and relevant health partners, who will decide whether to agree the recommendations. If the recommendations are accepted, the Health and Wellbeing Board and health partners will be asked to draw up an action plan describing how the recommendations will be implemented. In approximately six months' time, the HASSC will request a monitoring report explaining the progress of the implementation of the recommendations and whether anything could be said of the early impact they have had.

The HASSC would like to extend its thanks to the following for contributing to this Review:

Members thank the following for their support during this Review:

- Resident who spoke to members on 2 February 2017
- Dr Kanika Rai: MacMillan GP
- Jane Burt: Primary Care Facilitator, Cancer Research UK
- Katherine Kavanagh: Cancer Commissioning Manager (BHR & West Essex)
- Sue Lloyd: Public Health Consultant, LBBD
- Mary Knowler: Public Health Strategist, LBBD
- Masuma Ahmed: Democratic Services Officer, LBBD

Appendices

Cancer Myths

Stress causes cancer

- ❖ Some people think that stress can cause cancer but the evidence for this is poor.
- ❖ Stressful events can alter the levels of hormones in the body and affect the immune system but there is no evidence that these changes could lead to cancer.
- ❖ Stressful situations can make some people more likely to take up unhealthy behaviours such as smoking, overeating and drinking alcohol. We know these behaviours increase the risk of developing cancer.

Mobile phones cause cancer

- ❖ So far, the scientific evidence shows that it's unlikely that mobile phones could increase the risk of cancer, but we do not know enough to completely rule out a risk.
- ❖ The use of mobile phones has skyrocketed since the 1990's. If mobile phones increase the incidence of brain cancer, increasingly people should be developing this disease. In the UK, the incidence of brain cancer has been constant for years.
- ❖ Source: Talk Cancer, Cancer Research UK

Appendix 2

Barking and Dagenham: Variation in health check by invitation and completion

Name	Centre	Total Eligible (5 year)	Total Invitations (annual)	Total Completions (annual)
Dr A Adedeji	Quansah & Ptnrs Halbutt St Surgery	1,357	256	258
Dr M Fateh	2 First Avenue	876	232	57
Venkat Health Centre		2,200	279	360
Dr M Goyal	Church Elm Lane	1,129	463	399
Five Elms Medical	Five Elms Health Centre	1,133	1,152	452
Dr S N Ahmad	Hedgemans Medical Centre	1,136	16	19
St Albans Surgery	Urswick Medical Centre	1,583	147	69
Barking Medical Group		2,199	1,028	334
Dr S Pervez	Third Avenue Surgery	1,037	48	51
Dr B K Jaiswal	Julia Engwell Health Centre	820	109	114
Faircross Health Centre		655	143	95
Dr N Niranjan	Victoria Medical Centre	807	14	15
Dr M J B Finnegan	Valence Medical Centre	1,149	12	9
Chilvers	John Smith House (Chivers)	498	33	36
King Edwards Medical Centre	King Edwards Medical Centre		13	8
Laburnum Health Centre		1,984	329	132
Dr K Kashyap	Marks Gate Health Centre	772	131	68
Dr B K Sharma & K	The White House	917	90	86
Dr C Ola	36 Dewey Road	528	14	12
Dr M F Haq	Abbey Medical Centre	1,133	61	73
Lawns Medical Centre		424	1	4
Heathway	Heathway Medical Centre	746	295	115
The Gables Surgery	The Gables Surgery	732	105	73
Dr Gupta & Partner	Dr R Chibbers Practice	770	140	133
Dr A A Ansari	Ripple Road Medical Centre	1,192	302	192
Dr V Goripathi	Tulasi Medical Centre	1,667	334	374
Dr Teotia & Partner	Green Lane Surgery	829	320	136
Dr V K Chawla	The Surgery	434	148	147
Dr A K Mittal	Markyate Surgery	587	2	0
Dr G S Kalkat	Thames View Health Centre	1,184	112	108
Dr A Moghal	Becontree Medical Centre	1,245	143	131
Drs K Alkaisy & FI	Urswick Medical Centre	790	152	150
Dr Dinesh Shah	Parkview Medical Centre	961	352	174
Highgrove Surgery	Lawrence JP	1,300	316	198
Dr A Arif	620 Longbridge Road	811	145	139

Dr Y Rashid	Shifa Medical Practice, Orchards Surgery	464	66	62
Broad Street Medical Centre	Prime Practice Partnership, Broad St Resource Centre	965	50	29
Oval Road Practice		635	93	88
Concordia Health	Porters Avenue	1,310	76	71
Concordia Health	Child & Family Centre	1,232	245	254
		2	0	0
		41,479	7,967	5,225

Source: NHS Health Checks, local data.