

Cancer and Access to Cancer Screening

A Cancer

What is the issue/why is it important for Brighton & Hove?

Cancer is one of the biggest causes of death, and accounts for about 38% of all deaths in the under 75's - 266 premature deaths in 2010.

Around 1150 people in the city are diagnosed with cancer each year; of these, over half are for the four main cancers (210 female breast, 135 prostate, 150 lung and 140 colorectal cancers). These cancers are also responsible for about half the premature deaths (75 from lung cancer, 26 from breast cancer, 23 from colorectal cancer and 6 from prostate cancer).

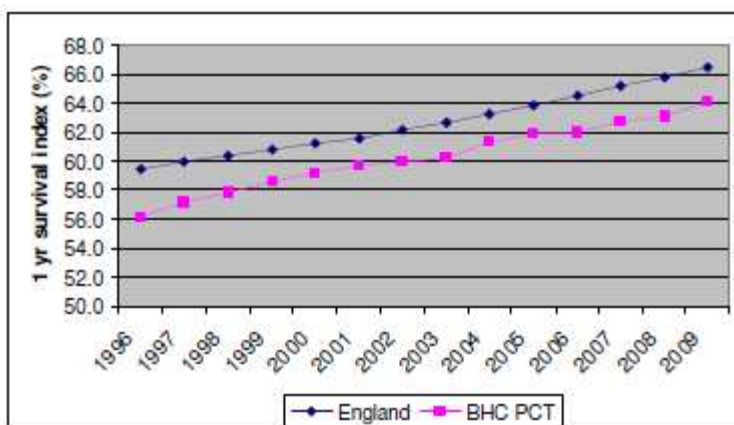
Incidence and mortality from cancer is considerably higher amongst the more deprived groups, largely due to lifestyle factors, such as higher smoking rates. The mortality gap between the poorest groups and the most affluent appears to be widening.

Despite improvements in cancer treatments, and mortality in recent decades, outcomes in the UK are poor compared to the best in Europe.

The death rate amongst the under 75's in the city is higher than the national death rate. At a national level, this rate has been steadily decreasing, but this is not the case in Brighton and Hove, where the decline has been very small.

Using a new index of cancer survival, Brighton and Hove has poorer survival than England, although it is gradually improving. (Graph 1)

1 year survival index (5) for all cancers combined, by calendar year of diagnosis: all adults (15-99), England and Brighton and Hove



Source: ONS Statistical Bulletin, August 2011.⁹

The tables below indicate the relative 1 and 5 year survival rates in Brighton and Hove compared with other areas of Sussex and nationally. These indicate

the poorer survival rates across the city – particularly for colorectal and lung cancer.

1 year relative survival for common cancers (2004-8 and alive up to end 2009)

PCT	Breast	Colorectal	Lung	Prostate
Brighton and Hove	95.5	70.8	21.2	93.3
East Sussex, Downs and Weald	95.5	73.3	29.9	94.3
Hastings and Rother	96.4	68.3	21.7	91.5
Sussex Cancer Network	95.8	72.3	21.5	94.6
West Sussex	96.1	74	27.9	96.4
England	95.9	74.2	29.4	95.1

5 year relative survival for common cancers (2000-2004, and alive to end 2009)

PCT	Breast	Colorectal	Lung	Prostate
Brighton and Hove	82.9	47.5	6.8	79.1
East Sussex Downs and Weald	84.7	56.6	6.3	86.4
Hastings and Rother	82.4	52.9	5	71.7
West Sussex	85.5	56.8	7.4	85.1
Sussex Cancer Network	84.3	57.4	6.2	82.8
England	83.7	53	8	82.7

(Note: Red indicates significantly worse than national average, and green significantly better).

Prevention of cancer is as important as treatment. Tobacco smoking remains the single most important avoidable cause of cancer, followed by diet, excess weight and alcohol consumption. Together, these four account for about 34% of all cancers.

In April 2011 the Department of Health published Improving Cancer Outcomes and set a target of 'Saving 5,000 Lives' per annum nationally by 2014/15. The challenge is to diagnose and treat cancers earlier, and significantly reduce the number of cancers newly diagnosed as emergencies.

What are we doing well already/where are there gaps?

Investment in cancer services has increased over the past three years, allowing for improvements in treatment.

Substantial programmes of work tackling local awareness and early diagnosis have been undertaken including:

- Local public awareness campaigns promoted by the Public Health team and provided by Sussex Community NHS Trust and by Albion in the Community to raise awareness of the symptoms of bowel, lung and breast cancer across the city. The focus has been on training health coordinators and volunteers to promote key messages amongst targeted groups within the community.
- A programme of improvement initiatives including:
 - Participation of half of all local general practices in an audit of cancer cases in 2010, which stimulated a series of practice developments and collaborative work with hospital services to reduce delays in the referral process.
 - 13 local practices took part in the piloting of a primary care risk assessment tool to support practices in diagnosing cancer earlier and making appropriate referrals. Following an evaluation of its effectiveness, the tool has now been made available to all practices nationally.
- Holding regular education events for local GP practice staff to promote early diagnosis initiatives and encourage appropriate use of protocols for 2 week wait referrals

The impact of these initiatives has contributed to a significant rise in referrals to hospital which supports the drive towards earlier diagnosis of cancer. However the increase in diagnostic tests places a pressure on the capacity of some local services to maintain appropriate waiting times – particularly for endoscopy services. The PCT and the Sussex Cancer Network are therefore supporting Brighton and Sussex University Hospitals NHS Trust improvement plans to increase capacity and reduce waiting times for endoscopy investigations. These plans will also enable the age extension of the bowel screening programme to those aged over 70 years of age.

What we can do to make a difference

Continue to invest in reducing the avoidable causes of cancer and support cancer survivors to lead a healthy lifestyle

The lifestyle issues associated with cancer are very similar to those related to heart disease or diabetes. Major campaigns are in hand to identify and support people whose risks are high - e.g. NHS Health Checks, and referral to specific services - such as Stop Smoking or weight management. Many agencies are engaged in helping people exercise, manage weight or reduce alcohol consumption, and this work needs to continue and be strengthened.

Continue to invest in raising awareness of cancer signs and symptoms and providing support to primary care to encourage earlier presentation and referral, particularly in the more deprived parts of the city.

A repeat of the national campaign to raise awareness of the symptoms of bowel cancer will be run during September 2012. This will again focus on encouraging patients with symptoms to present early to their GP and will largely be run through national TV advertising and media.

The local Brighton & Hove lung cancer awareness campaign continues throughout the summer. The Sussex Cancer Network (SCN) also aim to hold events aimed at primary and secondary care clinicians to consider how local referral pathways and survival from lung cancer can be improved.

Support implementation of Sussex Cancer Network's delivery plans

The Sussex Cancer Network is fully engaged in the work on early awareness and delivery. In addition, it has identified a number of specific goals to help tackle other local issues:

- Improve cancer waiting times in the acute sector
- Improve diagnostic capacity, particularly endoscopy
- Increase access to radical treatments (surgery, chemotherapy and radiotherapy) instead of palliative treatments
- Improve access to laparoscopic surgery and enhanced recovery
- Improve access to radiotherapy, including new technologies which can target treatment more precisely and improve outcomes

SCN will also be working with Brighton & Hove CCG to review variations in cancer referrals from GP practices and explore what further measures can be developed to support GPs to achieve appropriate early diagnosis. Furthermore the SCN and CCG are collaborating with Macmillan with the aim of appointing primary care GP and nursing leads to support the coordination of primary care cancer management within the CCG. The intention is to focus on early intervention and preventative measures as well as supporting people living with cancer post-treatment.

Outcomes

From the Public Health Outcomes Framework:

- Reduce age standardised mortality from all cancer for persons aged under 75
- Reduce age standardised preventable mortality from all cancers in people aged under 75
- Increase the number of people diagnosed with cancer at Stage 1 and 2, as a proportion of all cancers diagnosed

From the NHS Outcomes Framework:

- Reduce premature mortality from the major causes of death, including one and five year survival from colorectal cancer, breast cancer and lung cancer; under 75 mortality from all cancers

B Cancer Screening

What is the issue/why is it important for Brighton & Hove?

Cancer screening saves lives. It is estimated that in England every year cervical screening saves 4,500 lives and breast screening 1,400; and that regular bowel cancer screening reduces the risk of dying from bowel cancer by 16%. Despite the introduction of a national target in the mid 1990s the cancer mortality rate in the under 75s in Brighton & Hove has been slow to decline. Increasing the up-take of NHS cancer screening programmes will contribute to reducing cancer mortality.

In 2010/11:

- bowel cancer screening up-take was lower in Brighton and Hove (53%) than in England (57.09%).
- cervical cancer screening coverage (the percentage of eligible women recorded as screened at least once in the previous five years) was lower in Brighton & Hove (76%) than England (79%).
- breast cancer screening coverage (the percentage of eligible women screened in the previous three years) in Brighton and Hove (71%) was lower than England (77%).

What are we doing well already/where are there gaps?

Whilst cervical screening coverage is lower in Brighton & Hove than England it is reported that this is the only area of the country where rates are increasing. Actual rates of cervical cancer are low.

Breast cancer screening coverage rates met the national target in 2010/11 and a recent quality assurance visit praised the local clinical services provided for women requiring treatment for breast cancer.

Bowel cancer screening up-take rates appear to be increasing although final 2011/12 data will not be available until October 2012.

Since 2005-06, the PCT has commissioned a cancer health promotion team - employed by Sussex Community Trust - to increase cancer screening rates. A service specification is in place identifying where efforts should be targeted.

What we can do to make a difference

Bowel cancer

- Publicise the bowel cancer screening programme and encourage people to participate; once people have done so once, the data shows that they are much more likely to do so again.

- Increase up-take particularly amongst men, minority ethnic groups and people living in the more deprived areas of the city where up-take rates tend to be lower.
- Work to reduce endoscopy waiting times, allowing us to extend the offer of bowel screening to people aged over 70 (up to 75).

Breast

- Increase up-take in areas where rates are low or falling, and pro-actively follow-up women who do not attend for screening using the GP lists produced 6 months after the completion of the screening round.

Cervical

- Increase cervical screening up-take in GP practices with the lowest rates and amongst more disadvantaged groups where up-take tends to be lower.
- Focus on increasing rates in both younger (25-34 yrs) and older (50-64 years) women where rates are lower.
- Raise awareness of the need for lesbian women to be screened.
- Ensure HPV testing is introduced into the local NHS screening programme in line with national recommendations

All programmes

- Provide training about screening for primary care practitioners, other key workers and members of the community, and encourage them to promote the screening programmes to their patients, clients and contacts.

Plan for improvement including key actions

- Conduct a literature review to identify effective interventions for increasing screening up-take for the three NHS cancer screening programmes
- Externally evaluate the health promotion service provided by Sussex Community Trust
- Set local improvement targets for the next three years and monitor annually focusing on those populations and groups, and GP practices, where rates are lowest

Outcomes

Increased up-take (and coverage) rates for all three screening programmes, particularly in groups/geographical areas where rates are lowest