

Cancer prevention, awareness and early diagnosis strategy

1 Context

- 1.1 Improved survival rates for cancer depend upon the diagnosis of cancer at an early stage. The Cancer Reform Strategy has introduced a National Awareness and Early Diagnosis Initiative. This paper sets out a local strategy for the Peninsula Cancer Network.
- 1.2 The strategy is developed from a baseline assessment of cancer in the South West Peninsula and should be read in conjunction with the baseline assessment document.
- 1.3 The focus of the work to prevent cancer, promote awareness and early diagnosis is at primary care trust level. This is where public health and primary care teams, working closely with local authority partners and the communities they serve, can build the awareness and confidence necessary to encourage people to seek advice for symptoms which can be associated with cancer at an early stage.
- 1.4 The role of the Peninsula Cancer Network is to add value to the efforts of primary care trusts where co-operation across the Peninsula provides a more efficient use of resources, to help develop Peninsula wide policies to ensure equity of service, to share best practice and cooperate on issues where a Peninsula wide approach may produce a more complete picture than individual primary care trusts for example, health equity audits.
- 1.5 This strategy considers these broader matters and the way in which public health and primary care teams working together across the Peninsula can improve awareness and early diagnosis. Key themes are explored under four main headings.

2 Prevention and public awareness

- 2.1 Primary care trusts are leading the way with their local communities on prevention. The main lifestyle factors implicated in an increased risk of cancer such as smoking, poor diet, lack of exercise, and obesity are the same as those associated with coronary heart disease and diabetes. Much successful work is underway in every primary care trust to tackle these determinants of ill health.
- 2.2 Prevention of cancer shares the same challenges as other conditions in that the timescales for improved outcomes as a result of preventive activity are lengthy and often short term priorities influence investment choices. Where, investment across the Peninsula can provide a more efficient and cost effective framework for prevention then this opportunity should be taken.
- 2.3 A good example is skin cancer prevention where the primary care trusts through a grant from the National Cancer Action Team, coordinated by the Peninsula Cancer Network, are working with Forster a leading social marketing

company to better understand the way in which skin cancer prevention can be systematically commissioned to influence behaviour change. A shared approach across the Peninsula makes sense for skin cancer prevention messages aimed at target groups such as parents of young children, young people using sunbeds, outdoor workers and tourists.

- 2.4 A further aspect of the skin cancer prevention project is to develop a five-year rolling programme of communication and marketing and a menu of commissioning specifications, which will help to place skin cancer prevention within the day-to-day fabric of the NHS. The University of Plymouth is independently evaluating the value of the Peninsula Cancer Network coordinating such a project across the Peninsula.
- 2.5 The effectiveness of initiatives aimed at prevention is now a key feature of the National Institute for Health and Clinical Excellence and the same rigour and concern with outcomes and cost effectiveness applied to population based initiatives for prevention as for specific treatments.
- 2.6 The introduction of social marketing to the mainstream NHS provides a clearer methodology for targeting those groups with the greatest potential to benefit through specific messages aimed to produce behaviour change. Cancer, in keeping with many other illnesses, is associated with social and economic deprivation and a better understanding of the way to communicate awareness and positive behaviour change in deprived communities is key.
- 2.7 Cancer also predominantly affects older people and initiatives aimed at early diagnosis need to be structured around those most at risk.
- 2.8 Lung cancer is the major cause of death from cancer in the Peninsula and Plymouth has the highest incidence of lung cancer in the South West region. One year survival from lung cancer, which is a proxy for stage at diagnosis, is markedly poor compared to other countries in Europe. Early diagnosis at a stage at which curative surgery or radical radiotherapy is an option is the route to improving survival.

Recommendations

- 2.9 The Network Public Health and Primary Care Group will identify those aspects of prevention and awareness of cancer, which can be more appropriately and effectively be delivered on a Peninsula wide basis than through the individual efforts of primary care trusts and local authority partners.
- 2.10 The techniques of social marketing need to be fully employed by the NHS in the Peninsula in order to make messages clear, targeted and more effective in producing positive behaviour change.
- 2.11 The early diagnosis of lung cancer is a priority. A coordinated approach to improved intelligence on stage at presentation, public awareness of lung cancer and a pro-active approach to early diagnosis in high-risk groups is required.
- 2.12 The Network Public Health and Primary Care Group will note and consider the potential for joint action as recommendations on prevention, awareness and early diagnosis of cancer emerge from the National Institute for Health and Clinical Excellence.

3 Screening

- 3.1 The potential of screening to improve survival in cancers has been clearly demonstrated. Screening identifies cancer at an earlier stage. However, there are considerable health inequalities in the coverage of screening. Uptake of screening is reduced in deprived communities, people with learning disabilities, and aspects such as ethnicity, gender and sexual orientation also affect the likelihood of taking the opportunity for screening.
- 3.2 The Network Health Equity Audit Group has shown, across the Peninsula, an inverse association between social and economic deprivation and uptake of breast, cervical and bowel cancer screening. There is the opportunity to improve screening uptake in these groups through a better understanding of the reasons for non-attendance, applying evidence of approaches that improve uptake, and regularly monitoring health inequality. The National Cancer Equality Initiative provides many lessons on how best to approach such issues.

Recommendations

- 3.3 The Network groups for breast screening and bowel cancer screening develop, with primary care trust commissioners, proposals to improve uptake of screening in those groups with reduced uptake.
- 3.4 The impact of interventions to improve the uptake of screening in groups with low coverage is regularly monitored.

4 Working with primary care teams

- 4.1 The Network Public Health and Primary Care Group has the potential to provide clarity and leadership to primary care teams on awareness and early diagnosis of cancer. Although, there has been considerable development of Peninsula wide care pathways for cancer linked to the Map of Medicine, these have tended to focus on referral and treatment once cancer has been diagnosed. With a national emphasis on identification of cancer at an early stage, new ways of supporting primary care teams in reaching a diagnosis are under development. These include prediction software for scoring risk, open access to diagnostic services and examination of two-week wait referrals.
- 4.2 The Network Public Health and Primary Care Group has an important role in understanding and examining new initiatives for improving the early identification of cancers in primary care. There is the risk that general practitioners will feel that the difficult and often lonely decisions they make each and every day to tolerate uncertainty and decide when vague and unformed symptoms reach a threshold for hospital referral, are under constant judgement. This could lead to defensive medicine, a large increase in referrals and unnecessary worry to patients that they may have cancer.
- 4.3 The Network Public Health and Primary Care Group need to ensure that the complexity of primary care decision making is properly understood and an appropriate balance is struck between the potential for new initiatives to deliver improved outcomes and the risks of destabilising the confidence of general practitioners in their decision-making. It will be important to recognise that the population of patients seen in secondary care is very different from those seen in a primary care setting.

Recommendation

- 4.4 The Network Public Health and Primary Care Group has a pivotal role in assessing and advising on the managed introduction of new approaches across the Peninsula for earlier diagnosis of cancer. The group also needs to ensure that the perspectives of primary care are properly represented and reflected in pathway development with secondary care colleagues and site-specific groups.

5 Research

- 5.1 Research into interventions and tools to enable early diagnosis in primary care is essential. Cancer research has traditionally concentrated on complex interventions and drugs. The potential for prevention and early diagnosis is considerable but needs a strong and evolving evidence base.
- 5.2 The Peninsula is ideally placed to carry out population and primary care research. There is a medical school with an academic department of primary care co-terminous with the Peninsula, high standards of general practice and a settled population living in both urban and rural settings. Leading researchers into cancer diagnosis in primary care such as Dr Willie Hamilton are based in the South West.

Recommendation

- 5.3 The Network Public Health and Primary Care Group is alert to the possibility of research into public awareness and early diagnosis within the Peninsula and works closely with the Network research manager and the Department of General Practice and Primary Care in the Peninsula College of Medicine and Dentistry to spot opportunities to take part in research.

6 Monitoring outcomes and progress

- 6.1 A Peninsula wide approach to regular surveys of cancer awareness will provide a more cost-effective and representative sample than smaller surveys in each primary care trust. There is currently a National Cancer Action Team funded project in the Peninsula supporting the development of the Network Public Health and Primary Care Group, and working through a social marketing company in each primary care trust area to carry out focus groups and pilot the National Cancer Awareness Measure in deprived communities. This project has a particular emphasis on lung cancer and in Plymouth 28 general practices are participating in the RCGP audit of presentation of cancers and a Significant Event Audit of the last two cases of lung cancer in their practice.
- 6.2 The outcomes of this project will help public health teams in primary care trusts build a better understanding of the use of Mosaic profiling linked to social marketing, the awareness of cancer and in particular lung cancer in deprived communities and perspectives from primary care of early diagnosis and referral of cancer patients. It is proposed to have an extra meeting of the Network Public Health and Primary Care Group on March 31 2010 to receive a presentation and report from Forster on the findings of this project and that of the skin cancer prevention project.

- 6.3 The baseline assessment has shown that survival from lung cancer is a particular concern in England and indeed within the Peninsula where Plymouth has the highest rates of lung cancer in the South West region.
- 6.4 The success of initiatives to promote early diagnosis of cancer can only be measured if there is accurate staging information regularly collected through the Cancer Registry and reflected in full data returns for National Cancer Audits. Concerns about the completeness and quality of cancer registration and national audit data returns in the Peninsula have been highlighted to the Network Executive Board and is a priority for improvement.
- 6.5 The Peninsula is served by the South West Public Health Observatory which has a deep and clear commitment to the improvement of cancer care and outcomes for cancer treatment. This provides a great opportunity for joint working between primary care trusts, Peninsula Cancer network and the South West Public Health Observatory

Recommendations

- 6.6 A joint approach across the Peninsula to raising public awareness and promoting the earlier diagnosis of lung cancer is a priority.
- 6.7 Primary care commissioners to ensure that provider trusts comply with the national requirements for completion of Cancer Registry information and data entry for national audits of cancer outcomes.
- 6.8 The Peninsula Cancer Network and constituent primary care trusts have amongst the highest rates of skin cancer in the country and a responsibility to work in partnership with South West Public Health Observatory to take a national role in the prevention of skin cancer.