<table>
<thead>
<tr>
<th>DOCUMENT TITLE</th>
<th>LAEDI Programme Summary Report</th>
</tr>
</thead>
</table>
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## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive summary</td>
<td>4</td>
</tr>
<tr>
<td>Background</td>
<td>5</td>
</tr>
<tr>
<td>List of Local Awareness and Early Diagnosis Projects</td>
<td>7</td>
</tr>
<tr>
<td>Results and Analysis</td>
<td>10</td>
</tr>
<tr>
<td>Key Lessons Learnt</td>
<td>20</td>
</tr>
<tr>
<td>200 Word Summaries</td>
<td></td>
</tr>
<tr>
<td>Lancashire and South Cumbria</td>
<td>25</td>
</tr>
<tr>
<td>Greater Manchester and Cheshire</td>
<td>26</td>
</tr>
<tr>
<td>Merseyside and Cheshire</td>
<td>28</td>
</tr>
<tr>
<td>Yorkshire</td>
<td>30</td>
</tr>
<tr>
<td>Humber and Yorkshire Coast</td>
<td>30</td>
</tr>
<tr>
<td>North Trent</td>
<td>31</td>
</tr>
<tr>
<td>Pan Birmingham</td>
<td>31</td>
</tr>
<tr>
<td>Arden</td>
<td>32</td>
</tr>
<tr>
<td>East Midlands</td>
<td>33</td>
</tr>
<tr>
<td>Mount Vernon</td>
<td>34</td>
</tr>
<tr>
<td>West London</td>
<td>35</td>
</tr>
<tr>
<td>North London</td>
<td>36</td>
</tr>
<tr>
<td>North East London</td>
<td>36</td>
</tr>
<tr>
<td>South East London</td>
<td>37</td>
</tr>
<tr>
<td>South West London</td>
<td>39</td>
</tr>
<tr>
<td>Peninsula</td>
<td>40</td>
</tr>
<tr>
<td>Dorset</td>
<td>41</td>
</tr>
<tr>
<td>Avon, Somerset and Wiltshire</td>
<td>42</td>
</tr>
<tr>
<td>Three Counties</td>
<td>43</td>
</tr>
<tr>
<td>Thames Valley</td>
<td>43</td>
</tr>
<tr>
<td>Central South Coast</td>
<td>44</td>
</tr>
<tr>
<td>Surrey, West Sussex and Hampshire</td>
<td>44</td>
</tr>
<tr>
<td>Sussex</td>
<td>45</td>
</tr>
<tr>
<td>Kent and Medway</td>
<td>46</td>
</tr>
<tr>
<td>Anglia</td>
<td>48</td>
</tr>
<tr>
<td>Greater Midlands</td>
<td>49</td>
</tr>
<tr>
<td>Essex</td>
<td>49</td>
</tr>
<tr>
<td>North of England</td>
<td>50</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>52</td>
</tr>
</tbody>
</table>
Executive Summary

This document is a summary of the Local Awareness and Early Diagnosis Initiatives for 2009/10. The document aims to clearly set out:

- The background to the National Awareness and Early Diagnosis Initiative.
- An analysis of the 62 LAEDI projects undertaken by Cancer Networks in 2009/10 with national funding.
- A summary of each project.
- Where the information is available, work done locally in addition to the projects, has been included.

This report has been prepared to:

- Enable Networks, including clinical leads, commissioners and providers, to understand and learn from the work done in 2009/10.
- To provide information for the Department of Health as funders of the 2009/10 projects.

The next steps will be to produce more detailed summaries on the learning from the projects and other work undertaken in 2009/10. The learning summaries will form the basis of identifying learning which will be shared through the NAEDI website, learning sets and events in the coming months. Feedback on both the report and effective ways to share learning will be valued.

Kathy Elliott
National Lead for Prevention, Early Diagnosis and Inequalities
Background

The earlier a cancer can be diagnosed the greater the prospect for a cure. The later a cancer is diagnosed the harder it is to treat and the poorer the patient’s chances of survival. Evidence suggests that the late diagnosis of cancer has been a major factor in the poorer survival rates in the UK compared with some other countries in Europe. One of the priorities of the Cancer Reform Strategy is to diagnose more cancers earlier.

The National Awareness and Early Diagnosis Initiative (NAEDI) launched in November 2008 aims to ensure that this work is taken forward effectively. Prior to the launch one Cancer Network (Merseyside and Cheshire) had prioritised awareness and early diagnosis as part of the Cancer Reform Strategy (CRS) within the context of health inequalities. A toolkit of their work was produced for the launch event.

By August 2009, all 28 Cancer Networks had begun to develop a work programme on awareness and early diagnosis, working closely with their PCTs. This work was accelerated and in many Networks made possible by the DH funding a £6.2m programme of grants in 2009/2010. This was awarded in two waves, the majority of the funding was granted in July 2009, with an additional wave in October 2009. Networks have been providing quarterly reports on progress.

The National Cancer Action Team (NCAT) has provided advice and tailored support to Networks, PCTs, clinicians and other stakeholders to:

- **Get awareness and early diagnosis on local agendas.**
  This has included bringing together relevant data to demonstrate why this is an issue and should be prioritised locally. Guidance on doing baseline assessments for local awareness and early diagnosis was issued by NCAT and National Cancer Intelligence Network (NCIN) in June 09. Discussions took place with Cancer Registries and Public Health Observatories on why the information should be provided and how it would be used. Throughout the country there has been debate on the quality and use of survival data, with an important step being the inclusion of PCT survival data for lung, breast and colorectal being put on the cancer toolkit in October 09. The CRS 2nd Annual Report has raised the profile of this information and the continuing debates about quality and access to further data.

- **Support clinical leadership**
  A second key aspect of implementing the nationally funded projects and developing locally sustainable programmes has been appointing and supporting clinical leadership - public health consultants, and general practitioners (GPs). For many Cancer Networks this was an addition to secondary care clinical leadership. NCAT worked with the Royal College of General Practitioners (RCGP), the Faculty of Public Health (FPH) and other key organisations, such as MacMillan, to provide leadership and support.

- **Develop sustainable programmes**
  Raising the issue and implementing a few projects, needed to be quickly moved onto gaining an agreement to develop a sustainable programme of work. Most Networks, with PCTs, have reviewed their governance, strategies, targets and patient pathways, to test whether they are fit for purpose to include awareness and early diagnosis. Key debates were whether the site specific groups had the clinical expertise to provide clinical leadership and services; the relative
contributions of PCTs and Networks; and the overlap with other CRS priorities, such as prevention and inequalities.

- **New initiatives, services and service changes**

Alongside these developments, commissioners and providers have been testing new initiatives, services and service changes. Priority has been given to two types of services – raising public knowledge and reducing barriers to taking action if they have early signs and symptoms; and changes within general practice. Case studies have been produced on the former and will on the basis of the 2009/10 national funding will now be available in relation to service changes in general practice. Cancer Networks and PCTs are also now drawing on the evidence in the recent British Journal of Cancer supplement on awareness and early diagnosis –

http://www.nature.com/bjc/journal/v101/n2s/index.html

This programme summary report provides an overview and initial analysis of the sixty-two projects undertaken by the twenty-eight networks and, if available, includes other work the Cancer Networks and PCTs completed during 2009/10. The sample summaries on p 53 show an initial draft of how the learning will be further extracted for sharing in 2010/11.
## List of Local Awareness and Early Diagnosis projects

<table>
<thead>
<tr>
<th>Cancer Network</th>
<th>Project(s)</th>
<th>ID No.</th>
</tr>
</thead>
</table>
| Lancashire and South Cumbria | • Establishment of a Cancer Awareness and Early Diagnosis Workstream within the Cumbria and Lancashire Public Health Network  
• Addressing Cancer Awareness Using a Community Development Approach: Blackburn with Darwen Cancer Awareness/Woman to Woman Projects  
• Raising Cancer Awareness in Front Line Health and Social Care Staff | 1     |
| Greater Manchester and Cheshire | • Using the RCGP/ NCAT national audit of cancer diagnosis in primary care audit to support an educational model that would increase the GP’s 'Index of suspicion' for cancer when seeing patients  
• Mapping Activity in Greater Manchester & Cheshire in the Promotion of Cancer Awareness and Early Detection  
• Improving Early Detection of Cancer in Greater Manchester & Cheshire – developing a social marketing intervention for BME groups | 4     |
| Merseyside and Cheshire | • Cancer Awareness Measure for all PCTs  
• Primary care leadership for early detection, and completion of the RCGP / NCAT national audit of cancer diagnosis in primary care  
• Quality Performance Framework (QPF) Toolkit.  
• Anticipatory Care Calendar Early Symptoms for People with Dementia  
• Awareness Initiative  
• Community action for those who don't present | 7, 8, 9, 10, 11, 12 |
| Yorkshire | • Colorectal Emergency Admissions: Identify and understand the reasons for late presentation and the level of cancer awareness | 13    |
| Humber and Yorkshire Coast | • Early identification of people at risk of lung cancer – early awareness of signs and symptoms | 14    |
| North Trent | • Implementing a Network Strategy for Awareness and Early Diagnosis of Cancer in North Trent. Integrating public health improvement methods with service improvement methods to combine push and pull methodology | 15    |
| Pan Birmingham | • Cancer awareness and early detection: Increasing attendance at breast screening for women who have never attended  
• Baseline Assessment | 16, 17 |
| Arden | • A community collaborative approach to promote the earlier presentation and diagnosis of cancer | 18    |
| East Midlands | • Change Makers - improving cancer awareness and early detection  
• Decreased 2010 project: Derby City/Derbyshire County/ DBCN Cancer Reduction (program) by enhancing awareness, screening and early detection in 2010 and beyond  
• Optimising outcomes of cancer screening programmes in Northamptonshire | 19, 20, 21 |
<table>
<thead>
<tr>
<th>Location</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mount Vernon</td>
<td>• Cancer patient pathway in Primary Care</td>
</tr>
<tr>
<td></td>
<td>• Project Manager for Primary Care - awareness, prevention and early detection development</td>
</tr>
<tr>
<td>West London</td>
<td>• Setting local priorities through the implementation and development of the RCGP/ NCAT national audit of cancer diagnosis in primary care</td>
</tr>
<tr>
<td></td>
<td>• Mouth Cancer Symptom Awareness</td>
</tr>
<tr>
<td>North London</td>
<td>• To deploy the RCGP/ NCAT national audit of cancer diagnosis in primary care and NPSA Audit Tool to understand the nature and extent of delays in diagnosing cancer in Primary Care</td>
</tr>
<tr>
<td></td>
<td>• Measuring cancer awareness in North Central London</td>
</tr>
<tr>
<td>North East London</td>
<td>• Targeted action for awareness and early detection in North East London</td>
</tr>
<tr>
<td></td>
<td>• RCGP/ NCAT national audit of cancer diagnosis in primary care project</td>
</tr>
<tr>
<td>South East London</td>
<td>• Use the RCGP / NCAT national audit of cancer diagnosis in primary care to identify and understand delays in patient diagnostic pathways occurring in primary care</td>
</tr>
<tr>
<td></td>
<td>• Cancer Awareness Measure audit in Lambeth PCT</td>
</tr>
<tr>
<td></td>
<td>• Head and Neck awareness campaign</td>
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<tr>
<td>South West London</td>
<td>• Development of Locality Baseline Assessments</td>
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<td></td>
<td>• Cancer Awareness Measure in South West London</td>
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<tr>
<td></td>
<td>• Diagnosing earlier pharmacy pilot</td>
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<tr>
<td></td>
<td>• RCGP / NCAT national audit of cancer diagnosis in primary care</td>
</tr>
<tr>
<td>Peninsula</td>
<td>• Cancer awareness and early detection across the South West Peninsula - To explore the potential of a Cancer Network in providing coordination, added value and the delivery of improved outcomes</td>
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<tr>
<td>Dorset</td>
<td>• Baseline Assessment in Dorset Cancer Network</td>
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<tr>
<td></td>
<td>• Improving the cancer pathway from referral to diagnosis (including the Cancer Awareness Measure and RCGP/ NCAT national audit of cancer diagnosis in primary care)</td>
</tr>
<tr>
<td></td>
<td>• Raising awareness of cancer amongst gypsies and travellers groups and early cancer detection</td>
</tr>
<tr>
<td>Avon, Somerset, Wiltshire</td>
<td>• To coordinate and provide support to activities that promote the earlier diagnosis of cancer, ensuring timely diagnosis of cancer patients in primary care</td>
</tr>
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<td></td>
<td>• Initiation of evidence based practice for cancer prevention</td>
</tr>
<tr>
<td>Three Counties</td>
<td>• Lung Cancer- Do you know what to look for?</td>
</tr>
<tr>
<td></td>
<td>• 3 Counties Cancer Network RCGP/ NCAT national audit of cancer diagnosis in primary care</td>
</tr>
<tr>
<td>Thames Valley</td>
<td>• To develop a strategy to develop a baseline assessment to improve cancer awareness in men</td>
</tr>
<tr>
<td>Central South Coast</td>
<td>• Implement a strategy to improve cancer awareness and aid early diagnosis for the Central South Coast Cancer Network</td>
</tr>
<tr>
<td>Region</td>
<td>Project Details</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Surrey, West Sussex, Hampshire</td>
<td>● Audit of the pathway focussing on the Woking &amp; Spelthorne localities of Surrey and the Adur and Crawley localities of West Sussex. (Joint project between Surrey, West Sussex and Hampshire and Sussex Cancer Networks)</td>
</tr>
</tbody>
</table>
| Sussex                         | ● Improving cancer survival through reducing delayed self-referral to Primary Care and services: the East Sussex cancer awareness campaign  
• Promoting awareness of cancer risk factors; signs and symptoms; and the importance of early diagnosis in Brighton & Hove  
• Promoting awareness of cancer risk factors; signs and symptoms; and the importance of early diagnosis: - the East Sussex outreach cancer awareness campaign |
| Kent and Medway                 | ● Improving diagnosis of Vulval Cancer  
• Improving early detection and diagnosis of gastro-oesophageal cancer  
• Medway RCGP/ NCAT national audit of cancer diagnosis in primary care  
• West Kent RCGP/ NCAT national audit of cancer diagnosis in primary care  
• Cancer Awareness Measure project |
| Anglia                         | ● To use the RCGP/ NCAT national audit of cancer diagnosis in primary care to benchmark and measure improvements in primary care diagnosis and referral for cancer services  
• To utilise the Cancer Awareness Measurement tool and develop a range of initiatives based on the results - aimed at improving awareness of cancer risks  
• Extension of the RCGP/ NCAT national audit of cancer diagnosis in primary care |
| Greater Midlands               | ● Cancer awareness and early detection programme |
| Essex                          | ● Promoting public cancer awareness and early detection within community pharmacies in Essex Cancer Network  
• To develop and implement a strategy to improve cancer awareness and early detection across Essex Cancer Network |
| North of England               | ● RCGP/ NCAT national audit of cancer diagnosis in primary care: Significant Event Analysis Implementation Phase Project  
• Healthy Community Collaborative approach and County Durham and Darlington local awareness and early diagnosis initiative |
ANALYSIS and RESULTS

The 2009/10 National Awareness and Early Diagnosis (NAEDI) objectives were to:

- raise public awareness of the symptoms of cancer and the benefits of early diagnosis encouraging people with symptoms that could be due to cancer to present earlier to healthcare services;
- target those at higher risk of delaying seeking medical advice;
- support primary care in referring patients who present with symptoms for investigation; and
- improve access to diagnostic technologies for primary care.

National funding was made available to Cancer Networks to establish programmes of work on awareness and early diagnosis. It was recognised that the implementation of this part of the Cancer Reform Strategy was new for most Cancer Networks and PCTs. Alongside the funding, new work was taken forward by NCAT, as part of NAEDI, for example workshops at the National Development Programme (NDP) and local events.

Overview of the projects

Each Cancer Network submitted a proposal and project initiation document (PID) to NCAT outlining the project(s) objectives, programme of the work, the expected deliverables and outcomes. A selection committee was formed with representation from the Department of Health; clinicians – public health and general practice; Network Directors and NAEDI. Each proposal was rated against an agreed set of criteria. Of the proposals submitted 63 met the criteria and were given funding in two rounds (July and October). The project value ranged from £17,000 to £272,000.

Graph 1 provides an overview of the funding for the 63 projects:  

Graph 1:
An analysis of the project deliverables, especially where there was only one PID identifies that within the single proposals/PIDs the Cancer Network did a range of projects. A third of the Cancer Networks submitted and were given money to complete 1 project, another third submitted and were given money to complete two projects, and the final third submitted and were given money to complete three or more projects, figure 2.

Figure 2:

![Number of Projects Delivered by Each Cancer Network (N=28)](image)

**Project Categories**

Although 63 projects were funded, the following review includes analysis at sub project level where the PHAST Review Team assessed the project spanned more than one project category. For example Peninsula submitted a single proposal and project reports but they incorporated a number of different projects which have been analysed under the appropriate project category. The PHAST Review Team divided the 2009/10 LAEDI programme into six categories:

- **Information and data**: Baseline Assessment; CRUK Cancer Awareness Measure; RCGP/NCAT Cancer Diagnosis in Primary Care Audit (this includes the Significant Event Audit as well as the general audit); and Inequalities/Equalities audits
- **Clinical leadership**: public health and general practice
- **Strategy, governance and targets**
- **Links with commissioners/commissioning**
- **Interventions, services and service improvement**
  - **Public awareness raising**: social marketing; community outreach; communications; one-to-one conversations; and information services
  - **Primary Care**: practitioners, practice and pathway change

Figure 3 illustrates the number of projects for each of the above categories.
Project activities

The Cancer Networks completed a number of different activities as part of the 2009/10 LAEDIs programme. The PHAST Review Team grouped these, into eight activity categories, figure 4.

Figure 3:

![Project Categories](image)

Project Categories (N=63)

- Clinical Leadership: 11
- Links to Commissioners / Commissioning: 26
- Change in Primary Care: 27
- Strategy Governance / Targets: 30
- Public Awareness Raising: 31
- Information / Needs Assessment: 46

Figure 4:

![Project Activities](image)

Project Activities (N=63)

- Research/Clinical Governance: 8
- Improving Service Delivery: 11
- Human Resource/Leadership: 12
- Training, Education: 18
- System and Tool Development: 22
- Raising Community Awareness: 30
- Cancer Services Review: 39
- Information and Needs Assessment: 47
The most frequent project focus was Information and Needs Assessment. Figure 5 shows the number of projects that completed one of the four main types of information projects. The baselines assessments responded to the NCIN/NCAT guidance (June 2009). The primary care audits, including the significant event audit were tools developed nationally as part of the RCGP/NCAT Cancer Diagnosis in Primary Care Audit initiative. The CRUK Cancer Awareness Measure (CAM) was used locally during 2009/10, as well as nationally.

Figure 5:

A national analysis of the RCGP/NCAT cancer diagnosis in primary care audit is being analysed independently. The results will be reported, initially at the NCIN conference in June, followed by a descriptive report in July and conference papers and publications later in 2010/11. There are no plans at present to do a national analysis of the local CAM results. Cancer Networks have been encouraged to submit the local CAM data to the ESCR data repository at the University of Essex to enable data extraction and further analysis. They have also provided additional feedback on the use of the CAM locally in response to a UCL/CRUK questionnaire.

Half of the projects focused on Public Awareness Raising. The projects covered a range of activities and including social marketing, community outreach, communications, one-to-one conversations, and information services. Figure 6 shows the number of projects that completed one or more public awareness raising activities:
The analysis of the projects has also included other perspectives, for example figure 7 shows the range of activities Cancer Networks did, and are doing to develop the system to deliver.

Many projects focused on developing knowledge and skills. This was done through training and development of staff from health and social care, and volunteers, figure 8.
Figure 8:

Types of Cancer

The majority of the 63 projects focussed on all cancers. The information/data projects included all cancers.

Some projects narrowed their scope to address two to three different cancers, or a single cancer. Figure 9 shows if Cancer Networks did narrow the scope, which cancers they chose to target.

Figure 9:
Project status

Ten months on after the first funding was received by the Cancer Networks 66% of the projects have completed or will be completed by the end of June and 20% will complete in September. 11% of Cancer Networks have extended projects using additional funding streams and will report by December 2010. Of the original projects funded two projects did not start. All funding given to Cancer Networks has been secured and is being used to continue work on awareness and early diagnosis.

Self assessed RAG rating

Each Network Director was asked to assign a RAG rating for each return submitted to NCAT. Figure 10 show the RAG rating of 54 of the projects for the 4<sup>th</sup> quarter returns (March 2010) when Network Directors were asked to rate themselves against the project milestones. 9 returns did not contain the RAG rating.

There are a significant number of projects when the Network Director rated amber because the project has slipped due to the election and will therefore now complete at end of June.

Figure 10:

![Projects Rating Against Orginal Objectives (N=54/63)](image)

Project deliverables and outcomes of the 2009/10 LAEDIs Programme

There are a range of deliverables and outcomes that the 63 projects highlighted in their final reports and returns, from conducting research and improving clinical governance through to raising awareness in the community. Project outcomes were presented in a number of ways. The starting point of the local awareness and early diagnosis work is to save lives and increase survival. Many of the networks were putting into place their local data in order to put the case for investment and to agree baselines for future monitoring or evaluation of
initiatives, new services or service change. There was a commitment to show that this and future investment has made a difference. The types of outcomes or outputs were varied depending on the focus of the projects or existing work. For example measures of success were different if the project enabled recruitment of clinical leadership or establishing links with commissioners, than if it was a public awareness initiative.

During the past year Cancer Networks have been presenting information and plans to NHS commissioners about cancer awareness and early diagnosis – ‘putting the case’. This has resulted in ‘the foundations’ for cancer awareness and early diagnosis being put in place. Critical to this work has been access to new data, clinical leadership from public health and general practice and examples of effective interventions, services and service change.

As a collective the Cancer Networks have been moving forward different elements that will sustain the foundations and accelerate the implementation of interventions and services, figure 11 and table 1. To enable these to have a sustained population impact, and spread improvement those commissioning and providing services and information need to: improve leadership; service delivery; partnership working; and public knowledge, tailoring each of these to local circumstances.

**Figure 11:**

![Summary Project Outcomes (N=63)](image)

**Table 1:**

<table>
<thead>
<tr>
<th>Project outcomes</th>
<th>No. of projects</th>
</tr>
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<tbody>
<tr>
<td>Training</td>
<td>Improved training</td>
</tr>
<tr>
<td>System development</td>
<td>Improved capacity building</td>
</tr>
<tr>
<td></td>
<td>Increased resources linked to early detection</td>
</tr>
<tr>
<td>Project</td>
<td>Activity Description</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Increased resources linked to cancer prevention</td>
<td>3</td>
</tr>
<tr>
<td>Improved IT systems</td>
<td>1</td>
</tr>
<tr>
<td>Human Resources/Leadership</td>
<td></td>
</tr>
<tr>
<td>Improved leadership development</td>
<td>10</td>
</tr>
<tr>
<td>Improved management/professional development</td>
<td>2</td>
</tr>
<tr>
<td>Improved workforce professional development</td>
<td>7</td>
</tr>
<tr>
<td>Raising awareness in the community</td>
<td></td>
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<tr>
<td>Improved community engagement</td>
<td>8</td>
</tr>
<tr>
<td>Social marketing campaign</td>
<td>12</td>
</tr>
<tr>
<td>Face to face</td>
<td>10</td>
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<tr>
<td>Celebrity endorsement</td>
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<tr>
<td>Media campaigns</td>
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<tr>
<td>Advertising campaigns</td>
<td>5</td>
</tr>
<tr>
<td>1:1 conversations</td>
<td>10</td>
</tr>
<tr>
<td>Improving service delivery</td>
<td></td>
</tr>
<tr>
<td>Improved collaborative work across networks</td>
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<tr>
<td>Improved collaborative work across organisations</td>
<td>12</td>
</tr>
<tr>
<td>Local action plans</td>
<td>9</td>
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</tbody>
</table>

**Project Stakeholders**

Cancer Networks when designing and implementing their projects targeted and involved a range of individuals and different groups that were either, commissioning or providing services to the public or to specific groups of the public. Figure 12 shows the breadth of the impact and involvement of individuals and groups in the 2009/10 LAEDIs programme which has created a legacy, and will enable the 2010/11 LAEDIs programme to further embed progress to date and accelerate where there is evidence of good and effective practice. The following categories reflect the terms used in the project reports.

**Figure 12:**

The Groups Targeted by each Project (N=63)
The breadth of work in 2009/10 has also produced a number of materials that will be useful for future initiatives e.g. different public awareness materials, training courses, adapted questionnaires, social marketing campaigns, figure 13. These and others are resources that can be shared, used and adapted to local requirements by others. Disseminating the products and learning developed through the 2009/10 programme will be lead by NCAT over the next year. These will be valuable resources for PCTs and Cancer Networks in 2010/11.

Figure 13:
Key Lessons Learnt: Emerging Themes

The review team have identified a range of lessons learnt from the final reports, presentations, report documentation and from the additional information that the Cancer Networks shared with NCAT in January 2010. The raw data report has been shared with Frontline, who are supporting NCAT to delivery a programme of sharing learning. This will enable them to link the learning from the 2009/10 LAEDIs Programme to the Learning and Sharing Programme for 2010/11.

The emerging themes are

- Engagement
- Staffing
- Financial
- Procurement
- Governance
- Cancer Awareness Measure
- Communication
- Publicity
- Timing and delays
- Data and Information
- Learning for other conditions
- Referral delays
- Radiology requests

Below are some summary quotes and secondary learning themes. The range of comments reflects the different types of projects. These are examples and more detail will be available in the 2 page summaries of all the projects (see page 53 for an example).

Engagement

• It was important to involve PCTs at the onset to ensure that the delivery of NAEDI locally was seen as a priority by the PCTs within the network and incorporated within their commissioning strategic and operating plans. Kent & Medway project id: 63

• Engagement with stakeholders, in this instance schools with reference to the skin cancer awareness to ensure that schools participate. Cumbria and Lancashire Public Health Network
  ▪ Important to get engaged participation from key individuals -need to keep chasing Greater Manchester and Cheshire project id: 5
  ▪ Availability of key groups of professionals e.g. Dentist / doctor to participate in campaigns such as the Lancashire quit it bus campaign -flexibility to adapt the initiative if necessary was important. Cumbria and Lancashire Public Health Network
  ▪ Risk of the inability of recruiter to recruit sufficient participants to groups. Greater Manchester and Cheshire project id: 6
  ▪ Stakeholder engagement and support is time consuming but vital network. Yorkshire project id: 13
  ▪ Ongoing primary care engagement is required. Yorkshire project id: 13
Better user involvement. *Yorkshire project id: 13*

Initial engagement levels for the GP and front line staff education sessions was raised as a potential issue with the project steering group. *Humber & Yorkshire Coast id: 14*

The importance of involving key stakeholders to assist in maintaining and increasing engagement was highlighted. *Humber & Yorkshire Coast project id: 14*

The healthy communities programme has sparked great interest from the local communities with more volunteers coming forward each day. *Arden project id: 18*

Insufficient evidence of trust participating in national clinical audits nor network-wide audit across pathways *Essex project id: 60*

**Staffing**

- A clinical champion (public health and/ or general practice) and programme management is essential. Cancer Networks and PCTs that had primary care leads and senior public health leadership, along with project/ programme management were more effective.
- Ensure the project board has representation that will facilitate and support the camp being undertaken. *Lancashire & south Cumbria project id: 3*
- The recruitment of a project coordinator ensured that the process of procurement, selection of the research team, regular updates, feedbacks and the liaison between the network and the research team were conducted efficiently and sustained. *Kent & Medway project id: 63*
- Need contingency for staff reduction. *East Midlands project id: 20*
- Clinical champion essential. *East Midlands project id: 22*
- Important to have dedicated staff with the resource to focus on areas and produce materials / work with professionals on awareness campaigns. *Cumbria and Lancashire Public Health Network*

**Financial**

- Needed financial stimulus. *East Midlands project id: 22*

**Procurement**

- The tendering process for the cancer awareness measure provider worked well. *Yorkshire project id: 13*
- The procurement process within the pct was quite a long process. *Kent & Medway project id: 63*
- The procurement process was very time consuming which meant that the project start date was delayed. *Sussex project id: 49 and 50*
- In any tender it is extremely important to conduct face-to-face interviews, as well as paper submissions, so you can meet the people you may be working with. *Sussex project id: 49 and 50*

**Governance**
Governance processes should be robust and clear. *Yorkshire project id: 13*

**Cancer Awareness Measure** - there is a separate review of experience using the CAM locally

- Good availability on training for using the CAM
- Use of the CAM was a positive experience
- Use of the CAM went well. *Sussex project id: 49 and 50*
- Patient interviews: face to face interviews proved superior to telephone interviews as respondents take more time to think about answer.
- The CAM should record patient comments and stories as well as questionnaire answers. *Sussex project id: 49 and 50*
- The feedback from the CAM has highlighted to local commissioners and local authorities that there is significant work still required to raise awareness and understanding of the signs & symptoms of cancer. *Arden project id: 18*

**Communication - organisations; professionals; patients and the public**

- Ensure that the project board is aware of any issues or risks. *Lancashire & South Cumbria project id: 3*
- All practices found communication between GP and other practitioners to have compromised the speed of the patient journey on one or more occasion. *North of England project id: 62*
- The LAEDI work has highlighted the need for the PCTs to work more collaboratively with the network and consider taking on the primary care audit within the PCTs, there has been great interest for this approach within all three PCTs by the GPs. *Arden project id: 18*
- Community understanding and cultural resonance essential to the success of the projects. *East Midlands project id: 19*
- Collaboration important, community buy in vital, tailor the education, clear language that is relevant. *East Midlands project id: 20*
- Local investigation of barriers by facilitated discussion. *East Midlands project id: 21*
- Identified issues to be shared with programme. *East Midlands project id: 21*

**Publicity - organisations; professionals; patients and the public**

- Publicise the CAM widely and in a timely manner using a variety of media, including team meetings, staff communications, intranet etc. *Lancashire & South Cumbria project id: 3*
- Promote website and link to other sites/ sources. *Greater Midlands project id: 58*
- Use of the CAM: it would have been useful when conducting the CAM to use the opportunity of the face-to-face interviews to hand out information about cancer and /or the correct answers to the interview questions. *Sussex project id: 49 and 50*
- It would be advantageous to make the national data available to all PCTs that conduct the cam survey, so it can easily be used in the comparative analysis. *Sussex project id: 49 and 50*
- It would be useful to have easier access to other PCTs approach to the cam survey and how they presented results so anybody looking to make comparisons can do so more easily – perhaps via easy access to the data archive. Sussex id: 49 and 50

**Timing/ Delays**

- Challenge to complete all interviews in timely manner and analyse the data in the initial timescales - planning is important. Greater Manchester and Cheshire id: 5
- Timing of report findings for commissioning intentions. Greater Manchester and Cheshire project id: 5
- Risk that the general election call might halt the work - the project investigated options to procure work via Public Health Network rather than COI. Greater Manchester and Cheshire project id: 5
- Risk that the creatives would not be available in timely manner. Greater Manchester and Cheshire project id: 5
- Seeking ethics approval delayed the project. Merseyside & Cheshire project id: 7
- High risk of using the improvement foundation for training and support days. Local event will need to be organised instead and a tailored programme of support and learning which has brought a significant delay to the project. Merseyside & Cheshire project id: 7
- Time is longer than anticipated. East Midlands project id: 20

**Data/ Information**

- Ensure you have correct contact details and staff lists for interviews being aware of data protection and confidentiality issues with sharing this information. Lancashire & south Cumbria project id: 3
- Ensure that information is available for people if they require more information or want to talk through any issues. Lancashire & south Cumbria project id: 3
- Practices found that the better data they had the better decisions they made. North of England project id: 62
- Continue to develop a robust evidence base for this work. Yorkshire project id: 13
- Information systems had to be improved and the level of information provided to the pct improved in order to gain back ground and intelligence to tackle uptake rates. This took a significant amount of time and resource and has impacted on the delivery time table. Pan Birmingham project id: 17
- The audit addressed primary and secondary care services. Yorkshire project id: 13
- Limited return of audits to cancer. Kent & Medway project id: 52

**Learning for other conditions**

- The approach is applicable to other disease groups. East Midlands project id: 19
- Practices agree this process would be transferable to other areas that required attention within their practice. North of England project id: 62
Referral Delays

- Practices could all identify circumstances where patients got trapped in a loop of ‘consultation, treatment and review’ – this was usual where the patients presented with vague symptoms or had co-morbid problems that masked a potential cancer diagnosis. *North of England project id: 62*
- Practices found the presenting signs and symptoms in some patients wide and varied often delaying onward referral. *North of England project id: 62*
- Practices had evidence of initial ‘normal’ CXR in patients who subsequently were diagnosed as having lung cancer. *North of England project id: 62*
- Practices cited issues with radiology reporting that caused delays in the patient journey none of the practices had implemented any fail safe systems to improve this including checks on patient attendance for the CXR
- Practices found areas within their current systems and processes that could be improved to reduce the time from initial patient presentation to referral to secondary care
- Practices found key issues with protocols or standardised practice within their systems that could potentially slow the patient journey. *North of England id: 62*

Radiology Requests

- Huge variation in cycle and lead times within and between GP practices and within and between radiology departments
- Time for whole process from GP referral to results communicated to patient ranged from 24 hours to over 5 weeks
- No standard work or processes within primary care for the processing of results
- No consistent printed information provided to patients on the importance of attending for an x-ray appointment
- No printed information routinely given about access/opening times of x-ray departments
- No way of tracking if patients have attended for x-ray
- Courier bag used to carry x-ray requests (in some cases urgent) cause delays
- System of sending an x-ray request to a radiology department, that then generates an appointment sent to the patient, who then may not attend wastes times.
- No consistent approach to communicating all results to patients in a timely fashion within GP practices.
- No consistent use of read codes to assist tracking patient attendance/non attendance at x-ray.
- Spare radiology capacity was not being utilised across the patch
- Difficulty in tracking x-ray results and handwritten referrals were often illegible
- The PCTs service specification for x-rays was incomplete and did not reflect the good practice identified during the RPIW
- Ensure safety netting process for non-attendance at x-ray and se electronic referral for x-ray

*North of England project id: 62*
200 Word Summaries

The next section provides a short summary for each of the 61 projects which were started. There are samples of additional 2 page summaries available in Section 6 which expands and gives additional details on the learning from each project and an outline of the project outcomes and products. These will be further developed and disseminated by NCAT. Each project has been given a unique Project ID number.

Lancashire and South Cumbria Cancer Network

Establishment of a Cancer Awareness and Early Diagnosis Workstream within the Cumbria and Lancashire Public Health Network

Project ID 1

Lancashire and South Cumbria Cancer Network’s mortality rates for cancer of the lung and oral cavity are among the highest in England, and some of its PCTs have high rates of sunbed use in the under-18 age group.

A Programme Manager was appointed to establish a cancer awareness and early diagnosis workstream, in order to improve population outcomes from cancer locally and to make cancer more of a priority for those working in public health. In the process of mapping cancer awareness projects and initiatives occurring within PCTs in the network, the Programme Manager identified:

- late presentation for head and neck cancer
- an increase in skin cancer and sunbed use in under-18s
- a gap in campaigns focusing on the less common cancers, despite late presentation being an issue.

As a result, various projects are being planned with a range of stakeholders including pharmacy campaigns about head and neck cancer in three PCTs and an oral cancer awareness raising initiative for frontline staff in NHS Blackpool. A pilot skin cancer awareness intervention for secondary schools is being planned with South Ribble District Council and the Programme Manager is helping NHS Blackburn with Darwen develop an early detection and awareness strategy.

Addressing Cancer Awareness Using a Community Development Approach: Blackburn with Darwen Cancer Awareness/Woman to Woman Projects

Project ID 2

A community development project is raising awareness of cancer among South Asians in two wards in Blackburn with Darwen. A survey of baseline levels of cancer awareness, using the CRUK cancer awareness measure (CAM), confirmed that cancer awareness was lower than in the general population. Project managers Healthy Living then recruited and trained community volunteers to plan and implement the project and, by doing so, increase their own confidence and skills.

Of the original 24 volunteer cancer awareness trainers, 19 remain active. They have developed leaflets and a DVD about breast, bowel and cervical cancer screening targeted at the South Asian population and awareness raising events are planned. A second CAM survey will measure the impact of their work. The volunteers hope to find funding to continue the work after the project ends.

A separate pilot, the Woman to Woman project, also run by Healthy Living, aims to increase rates of breast and cervical screening in three GP practices with a significant population of South Asian
women, many of whom need information about screening in their own languages.

Baseline information from the GPs has been collected and links made with local organisations to support this agenda. Focus groups, practice staff training and community outreach work are planned for the summer of 2010.

**Raising Cancer Awareness in Front Line Health and Social Care Staff**  
**Project ID 3**

Various studies and anecdotal evidence have found that members of the public may seek advice about potential cancer symptoms from front line health and social care staff before they make an appointment with their GP.

Lancashire and South Cumbria Cancer Network therefore designed a project to equip front line staff to play a bigger role in raising public awareness of cancer screening and the importance of early presentation to primary care.

The first step was to determine the existing level of cancer awareness. A market research company interviewed 671 PCT and county council staff on the telephone, using the Cancer Research UK cancer awareness measure (CAM). The staff surveyed included GPs, dentists, community pharmacists, opticians, nurses and allied health professionals, social workers, social care and clerical staff.

The results will be used to develop a training resource that can be piloted with a range of staff groups. The intention is for each organisation to incorporate this cancer awareness training in its learning and development strategy.

The project has reinforced the collaborative relationship between Lancashire County Council, the Lancashire and South Cumbria Cancer Network and the Lancashire Public Health Network in addressing a common agenda.

**Greater Manchester and Cheshire Cancer Network**

**Using the RCGP/NCAT national audit of cancer diagnosis in primary care audit to support an educational model that would increase the GP’s ‘index of suspicion’ for cancer when seeing patients**  
**Project ID 4**

Greater Manchester and Cheshire Cancer Network aimed to raise awareness of cancer symptoms within primary care using the RCGP/NCAT national audit of primary care diagnosis. A management consultancy was appointed that recruited 10% of general practices in the network to take part. The audit examined all the practices’ cancer diagnoses in the year to March 2009. Each practice was also encouraged to select cases for a significant event audit (SEA).

Practices were recruited from every PCT in the network, with the support of PCT cancer leads and PEC chairs. A total of 1,318 patients were included. Route of referral showed 49% of cases diagnosed via 2 week wait. The most common tumours diagnosed were lung, prostate, colorectal and breast. In 68% of cases no avoidable delays in the referral process were identified. Analysis revealed a higher incidence of most cancers than the national average.

Reasons for delays in referral were varied and complex, including patient delay, symptom recognition and process issues. These areas will form the basis for reflective learning by practices.
The general opinion of participating practices is that the audit process has been a useful learning exercise leading to change.

Mapping Activity in Greater Manchester & Cheshire in the Promotion of Cancer Awareness and Early Detection

Greater Manchester and Cheshire Cancer Network (GMCCN) has mapped cancer awareness and early detection activities being undertaken by statutory, voluntary and private sector organisations across the network. The aim was to analyse these initiatives and feed the knowledge gained into future activity and commissioning.

The consultants interviewed 38 people, mainly from the NHS, and collected materials, evaluations and other documents.

Many of the interviewees suggested that more joint working between different organisations was needed and, if possible, some joint commissioning. Some suggested awareness initiatives needed to be better integrated with primary care.

Interviewees reported that about a fifth of current, and a quarter of future work, would be evaluated. Although most were aware that their work was commissioned, about half didn’t know the size of the budget they were working to.

The consultant’s main recommendation was for greater co-ordination across the network, such as agreeing shared priorities and running campaigns with consistent messages, and more consistent evaluation.

A workshop is being organised for commissioners to seek views on a GMCCN-wide commissioning strategy.

Improving Early Detection of Cancer in Greater Manchester & Cheshire – developing a social marketing intervention for BME groups

Greater Manchester and Cheshire Cancer Network (GMCCN) has produced publicity materials to promote cancer awareness and early detection, targeted at the South Asian community. The project was needed because the network’s ‘Don’t be a Cancer Chancer’ campaign had been evaluated and found to be ineffective in some Black and minority ethnic groups.

The first two phases of the project have been completed. Research has been done to understand cancer awareness in South Asian people aged over 50 in the social categories C2DE. Awareness of the symptoms of cancer was low in this group and there was a strong belief that cancer was untreatable.

Using this information, new social marketing resources have been developed for use in television, radio and on posters. The children of the original group were added as they were known to have influence over their parents’ health related behaviour. The messages that had most impact on people were that cancer was not to be feared, it was treatable, early diagnosis improved survival and doctors would help if approached. Use of Asian media and languages were felt to effective communication methods along with use of survivor case studies.

In the final phase the new materials will be tested.
Merseyside and Cheshire Cancer Network

Cancer Awareness Measure for all PCTs

The University of Liverpool and CCO Research are conducting the Cancer Research UK cancer awareness measure (Cam) for Merseyside and Cheshire Cancer Network. A random sample of 5,000 adults was invited by letter to take part or to opt out and 600 responded. Of these, 40% declined to take part, but took the trouble to post back the form contained with the written invitation, an interesting finding will be reported on in our final study. Only 229 agreed to the telephone interviews. A further 4,700 invitations are now being sent out. We chose to go to full ethics approval and we will be looking at ways to ensure future ease of use of the CAM through an expedited ethics review.

Primary care leadership for early detection, and completion of the RCGP / NCAT national audit of cancer diagnosis in primary care

A total of 33 general practices from the seven PCTs in Merseyside and Cheshire Cancer Network (MCCN) took part in the RCGP/NCAT national audit of cancer diagnosis in primary care. Each practice studied at least 10 new cancer diagnoses, producing a total of 350 cases, and held a team meeting to talk through one or more cases in detail.

Participating practices found the audit useful and teams have put in place a number of system changes. The network is working with PCT cancer leads to respond to issues shown up by the audit such as: different hospitals handling urgent referrals differently; the need for safety netting when patients fail to attend hospital or return for a follow-up appointment; and a longer period before diagnosis for some cancers such as head and neck.

A well-attended educational meeting was held in February 2010 and further educational meetings for primary care are planned.

A network of primary care clinicians, who were not previously members of MCCN groups, now receive regular feedback about cancer early detection and service issues and are responding to key messages through an ‘e’ bulletin.

Quality Performance Framework (QPF) Toolkit.

Merseyside and Cheshire Cancer Network’s quality performance framework draws together a set of indicators that will allow PCTs to track their own performance in developing work on early awareness and diagnosis of cancer.

Survival, mortality, incidence, screening and staging data will be displayed. Equity audits for each PCT will chart urgent referrals by practice, linking referral patterns to deprivation and analysing numbers of referrals and numbers of cases of cancer diagnosed.

The framework, which will eventually be live on the network website, encourages PCTs to set goals to improve performance, and to identify specific areas for improvement and key priorities for action. The network expects the system to help PCTs to demonstrate progress on world class commissioning (WCC) and quality, innovation, productivity and prevention (QIPP).

One PCT has had a meeting with the network to rate its current performance and is preparing to set
its targets and three others will soon be holding meetings. Two PCTs have completed their equity audits with three more soon to complete.

**Anticipatory Care Calendar Early Symptoms for People with Dementia**

Project ID 10

Merseyside and Cheshire Cancer Network’s Anticipatory Care Calendar (ACC) Early Symptoms for People with Dementia project aimed to test whether a system of noting changes in people’s health that has been used for people with learning difficulties could contribute to early detection of cancer. The ACC was introduced in a nursing home for people with dementia. Care staff liked using the ACC because the daily assessment of changes in their patients’ health allowed them to take a more active role in their care. Nurses, while valuing its use by social care staff, felt it was less important for them as they already had the skills.

A major benefit of the project was agreement with the PCT about how referrals should be dealt with, as previously procedures had not been understood by all professionals and services involved. Pre- and post-audit showed that the ACC identified symptoms early and staff took the prescribed course of action. GPs liked the ACC because it gave a picture of a client’s health over the course of a month.

The network believes the ACC will facilitate early diagnosis of cancer and other diseases, if it is embedded into mainstream services, and hopes to promote it to other cancer networks in the region.

**Awareness Initiative**

Project ID 11

Merseyside and Cheshire Cancer Network (MCCN) hired a social marketing company to provide materials for use during Prostate Awareness Month in March 2010.

The company carried out research with three target groups of men, including of Afro-Caribbean men, to find out how best to convey information about the signs of the disease and to break down resistance to going to the doctor if they had symptoms. This knowledge was used to design materials, including video footage of two survivors, leaflets, posters, give-away air fresheners and a website.

Packs were supplied to the Prostate Cancer Support Group and three Afro-Caribbean centres so members of those groups could give out the materials to men they had contact with.

The MCCN mobile information vehicle iVAN went out for five days, accompanied by a large format ad-van, and offered one to one sessions for men who had concerns about symptoms.

**Community action for those who don't present**

Project ID 12

The Cancer Awareness and Early Detection project in Knowsley aims to test ways of promoting cancer screening to groups who have never attended. The project, overseen by the Merseyside and Cheshire Cancer Network with the PCT and the local council, will operate in wards with high levels of deprivation, high mortality and low screening uptake.

Community volunteers have been recruited and multi-agency teams will identify priority groups in their communities. Work will be done with GPs and screening units to remove any barriers that might deter people from using breast, bowel or cervical screening services. Materials appropriate to the targeted communities will be developed to raise awareness of cancer.
The project was delayed by the need to recruit a new project manager during a staffing freeze in the PCT but is about to start its 18-month programme of work.

**Yorkshire Cancer Network**

**Colorectal Emergency Admissions: Identify and understand the reasons for late presentation and the level of cancer Awareness**

Yorkshire Cancer Network (YCN) has implemented two key areas of work to inform its awareness and early diagnosis plans.

YCN commissioned an external organisation to survey the general public using the CRUK cancer awareness measure (CAM) and 2,300 people were surveyed across the 6 PCTs. The findings will be used in joint strategic needs assessments, PCT commissioning plans and network-wide cancer awareness campaigns and will enable PCTs to target the populations and geographical areas of greatest need.

Secondly, YCN completed an audit of colorectal cancer diagnosed after an emergency admission. The aim was to identify delays and improve quality of service, patient experience and outcomes. The audit consisted of 2 parts: an audit of secondary care interventions following the emergency admission investigated approximately 350 cases in 7 acute trusts; and an audit of the same cases through the primary care pathway explored presentation to GP, symptoms, investigations and referral routes, using the RCGP tool. The outcomes will be shared, using patient case history examples, with primary and secondary care teams.

Public health leads in the PCTs have endorsed the network’s strategic approach to awareness and early detection and are working to develop shared priorities. Primary care leadership is being developed.

**Humber Yorkshire Coast Cancer Network**

**Early identification of people at risk of lung cancer – early awareness of signs and symptoms**

The Humber and Yorkshire Coast Cancer Network has devised a social marketing project to tackle delays in presentation of lung cancer. The approach is initially focusing on raising awareness of the signs and symptoms of lung cancer in four areas of Hull and East Riding, which have high incidence of smoking, lung cancer and deprivation.

Research was first carried out by an external company which conducted focus groups with the target population. The focus groups provided insight into the behavioural and psychographic characteristics of the target groups and their relationship with cancer. A communications and marketing agency was then commissioned via the COI procurement framework. This company tested ‘cancer chancer’ materials developed for a similar project in Manchester with further focus groups and combined this with the research insights to develop four posters that addressed local perceptions of cancer and barriers to going to the GP. Education and training sessions are being provided to healthcare professionals in primary care to advance expertise in symptom recognition and, consequently, increase early use of chest x-rays.
An external agency will be commissioned to evaluate the campaign, which began in May, and a full internal evaluation will be carried out with the involvement of all stakeholders.

**North Trent Cancer Network**

*Implementing a Network Strategy for Awareness and Early Diagnosis of Cancer in North Trent. Integrating public health improvement methods with service improvement methods to combine push and pull methodology*

The North Trent Cancer Network (NTCN) Health Inequalities Project aims to tackle some of the worst 1 year survival and mortality rates in the country. The NTCN agreed a health inequality strategy and carried out health equity audits and other baseline data assessments. The CRUK cancer awareness measure (CAM) was used to interview about 4,000 people across 4 PCTs and will be repeated in 2011 to track progress.

NTCN is conducting the RCGP national audit of cancer diagnosis in primary care and will share this, and the baseline and other data, with network site specific groups to influence clinical practice. The network is using the audit to increase engagement with GPs, has established a close relationship with Macmillan and is working with PCT commissioning leads to steer the programme.

Health improvement practitioners (HIPs) have been recruited in each PCT or locality to work with volunteers to increase awareness of breast, bowel and lung cancer.

This approach builds on the success of ‘push’ and ‘pull’, used in a lung cancer initiative in Doncaster, where community awareness raising was matched by work with primary and secondary care to ensure services can respond appropriately to increased demand for consultations and diagnostic tests.

**Pan Birmingham Cancer Network**

*Cancer Awareness and Early detection: Increasing Attendance at Breast Screening for Women who have Never Attended*  

Breast screening rates vary significantly across NHS Birmingham East and North, from 50% in one of the most deprived wards to 80% in the most affluent wards. The PCT wanted to tackle this variation and increase attendance, especially among women who had never been screened.

The project, though originally planned to run for 18 months, has been subject to considerable delay. This was mainly due to difficulties in obtaining reliable data on which to base project decisions.

These obstacles have now been overcome and the project is progressing. The target screening area has been agreed, allowing project planning to be amended and target GPs to be identified. Primary social marketing research is due to be undertaken. This will test locally the barriers and motivations to screening, which have been identified through secondary research from other areas of the country, and identify any further barriers. This information will be used to plan the intervention.
The screening round starts in October 2010, by which time the intervention will be in place. The project will run for six months and an evaluation will be undertaken. Successful sustainable activity will be implemented drawing on the results.

**Baseline Assessment**

Pan-Birmingham Cancer Network has conducted a baseline assessment of cancer burden and inequalities, which will underpin the network’s national awareness and early diagnosis initiative (NAEDI) action plan and, it is hoped, increase the network’s PCTs’ commitment to the cancer agenda.

The network has employed a public health lead and established a public health and inequalities steering group chaired by the network medical director, which is supported by senior PCT public health consultants and will agree the NAEDI action plan.

Although the baseline assessment was delayed, the network used historic data to develop several projects to increase awareness of the signs and symptoms of cancer including training health professionals in cancer awareness; developing a leaflet aimed at Afro-Caribbean men with the Prostate Cancer Charity and a PCT; and a general leaflet on signs and symptoms of cancer that health trainers will hand out during face to face consultations with the public. A partnership between the network, Macmillan and Boots will use pharmacy assistants to raise awareness and signpost patients to GPs.

This pilot work is being shared between PCTs through the network group and a library of training and cancer awareness resources will be available on the network website.

**Arden Cancer Network**

**A community collaborative approach to promote the earlier presentation and diagnosis of cancer**

Arden Cancer Network’s local awareness and early diagnosis initiative (LAEDI) project took a tri-sectional approach: developing a baseline assessment of cancer across the network; using the CRUK cancer awareness measure (CAM) to assess the local population’s understanding of cancer signs and symptoms; and a Healthy Communities programme to promote earlier presentation of cancer using local community volunteers.

The project offered the chance to improve links with public health and embed awareness and early diagnosis in the network’s agenda.

The baseline assessment identified that the network has mortality rates for all cancers marginally below the West Midlands average and less than the other two cancer networks in the region. There is no difference in mortality between the PCTs except for lung cancer in Coventry.

In autumn 2009, a company completed 989 CAM interviews in the street. One in five (20%) respondents was unable to name any signs of cancer, indicating a need for education about symptoms. A second dip of the CAM will occur in 2011, to review the impact of the Healthy Communities programme.
The Healthy Communities programme began in November in 6 areas with high deprivation levels and associated late presentation. The programme currently has 32 volunteers and is funded until November 2011.

East Midlands Cancer Network

Change Makers - improving cancer awareness and early detection  
Project ID 19

NHS Nottingham City’s Healthy Communities Collaborative programme has been locally branded as Change Makers. Originally funded for two years from the Improvement Foundation, it has now been mainstreamed by NHS Nottingham City, and aims to reduce cancer inequalities through raising awareness of signs and symptoms of bowel, breast, lung and prostate (BBLP) and promoting breast and bowel cancer screening programmes.

The programme is targeted at vulnerable and marginalised groups in deprived areas of the city. A key feature of the programme is that it is volunteer-led and currently there are 40 volunteers in 5 teams. Volunteers have developed and delivered a range of innovative activities to engage diverse communities and promote earlier presentation of the BBLP cancers including radio plays, drama sketches, quizzes, games, information in different languages, newsletters, and mystery shopper exercises with pharmacies; they have mobilised support for the return of the mobile breast screening unit within a target area.

Support to the teams from local service providers has been critical to the success of the programme including GPs who have been collecting data that indicates significant improvements in 2 week referrals and no spread of disease at diagnosis (figures available from NCAT).

Decreased 2010 project: Derby City/Derbyshire County/ DBCN Cancer Reduction (program) by Enhancing Awareness, Screening and Early Detection in 2010 and beyond  
Project ID 20

The Derby Cancer Reduction (programme) by Enhancing Awareness, Screening and Early Detection in 2010 and Beyond (DECREASED) project set out to raise awareness of signs and symptoms and the screening programme for bowel cancer in hard to reach, deprived and South Asian communities in Derby.

NHS Derby City, Cancer Research UK and other partners delivered five main activities from September 2009 to March 2010: cancer awareness roadshows; profiling South Asian communities in their natural settings; participatory ‘cancer’ workshops; a community play about cancer; a social marketing campaign featuring Bobby Moore targeting men over 50; general practice cancer audits; and support to improve activity in primary care.

Changes in knowledge and attitudes were measured by carrying out the CRUK cancer awareness measure at the beginning and end of the process. The programme’s impact, in terms of change in the numbers of 2 week referrals and stage of disease, has not yet been analysed. The project has generated enthusiasm in local health services and in various community settings. NHS Derby City is commissioning the next phase of the work in 10 deprived wards as part of its 5-year, cancer awareness world class commissioning project and aims to embed this work with other key health improving community activities.
**Optimising outcomes of Cancer Screening Programmes in Northamptonshire**  
**Project ID 21**

NHS Northamptonshire implemented a project to gather information that could be used to improve uptake of bowel screening.

The project, Optimising Outcomes of Cancer Screening Programmes in Northamptonshire, carried out health equity audits to identify areas and general practices where take up was lowest. The project found that Northamptonshire had a lower level of bowel screening than the rest of the country and some of the districts with lower uptake of screening had higher rates of deaths from bowel cancer.

The information from the audits was fed into a social marketing database to profile the groups least likely to go for screening, in order to be able to target uptake campaigns appropriately. An international literature search provided ideas for future campaigns. The project, which ran for nine months in 2009, was extended to include audits for breast and cervical screening.

As a result of the project, the Cancer Clinical Reference Group has set cancer screening targets for NHS Northamptonshire, districts and GP practices, and has developed a routine monitoring system. The screening service will apply the learning and will use community engagement as part of its mainstream work.

**Cancer Patient pathway in Primary Care**  
**Project ID 22**

NHS Leicestershire, NHS Northamptonshire and NHS Rutland’s Cancer Patient Pathways in Primary Care project worked with 139 GP practices to find out more about possible delays in diagnosing cancer. Almost 15,000 cases were investigated, using the RCGP? NCAT national audit of cancer diagnosis in primary care. The data was collected in the first three months of 2010 and then analysed. The results will be presented to general practice at a series of educational events in the spring of 2010.

The audit showed that most delay came from patients presenting late to their GPs, though there was considerable variation in the time it took from presentation to diagnosis. Overall 80% of referrals were made after two visits to the GP, and 80% via the 2 week procedure. Practices suggested that access to diagnostic tests was not a significant cause of delay in reaching a diagnosis.

A separately organised significant event analysis (SEA) was run alongside the audit to allow general practice to explore in more depth how they dealt with particular cases.

The PCTs are now funding an extension of the project to all remaining GP practices and intend to run it annually as part of their quality assurance programmes.

**Mount Vernon Cancer Network**

**Project Manager for Primary Care - Awareness, Prevention and Early Detection Development**  
**Project ID 23**

Mount Vernon Cancer Network produced a baseline assessment looking at the available incidence, mortality, and survival figures for the most common types of cancer. The analysis revealed poor 1 year survival, which was considered to be an indicator of late diagnosis.
To try to find reasons for these poor survival rates, we encouraged GPs to take part in the RCGP national audit of cancer diagnosis in primary care, looking at cases diagnosed over a 6 month period and holding a practice meeting. 31 practices took part. Preliminary analysis of the first 400 cases suggest delays occurred in up to a quarter, a tenth due to late presentation and a third to primary care delays.

We appointed a company, which is carrying out 2,000 face to face interviews using the Cancer Research UK cancer awareness measure (CAM). We devised a leaflet summarising symptoms and cancer prevention advice and mailed it to all households in a few network localities a month before the survey to see if it made a difference to symptom awareness. The latter two projects have not yet produced their final reports, but we are confident that they will provide valuable information to guide our next stage projects.

**West London Cancer Network**

**Setting Local Priorities through the Implementation and Development of Primary Care Audit**

North West London Cancer Network has carried out the RCGP/NCAT national audit of cancer diagnosis in primary care in 7 of its 8 PCTs.

The purpose of the audit was to deliver a more complete understanding of the primary care component of the cancer journey. This included understanding potential diagnostic delays and extent of investigations undertaken in primary care.

Implementation of the audits was delayed by swine ‘flu and management changes in some PCTs but all data was due to be collected by the end of May.

Primary care education and training events are planned with participating PCTs to feed back results of the audit. It is anticipated that GPs will reflect on their own and peers’ data, discussing it at their own annual appraisal meetings. PCTs will be using the data to prioritise local projects with support from NWLCN.

**Mouth Cancer Symptom Awareness**

North West London Cancer Network Mouth Cancer Awareness Project is providing training workshops for doctors, dentists, pharmacists and smoking cessation teams in preparation for a public awareness campaign on oral cancer later this year.

The project is running in 3 of the networks 8 PCTs. Workshops for 76 GPs and dentists have provided training in examination techniques, symptom awareness and referral processes. Workshops are about to be held for community pharmacists and smoking cessation teams, providing health promotion information on the early signs and symptoms of mouth cancer and advice about referring those deemed at high risk.

Posters and leaflets from the Mouth Cancer Foundation and Cancer Research UK will then be displayed for three months in GP surgeries, dentists’ waiting rooms, hospitals and pharmacies to increase public awareness of mouth cancer.
The GPs’ and dentists’ workshops count for 3 CPD verifiable hours and participants can sign up for free access to an online e-learning resource that provides further CPD hours. The National Pharmaceutical Association has verified course material and may adapt the training modules for use nationally. A special referral form has been developed as part of the project and this will assist in monitoring the impact.

North London Cancer Network

To Deploy the National RCGP and NPSA Audit Tool to Understand the Nature and Extent of Delays in Diagnosing Cancer in Primary Care  

North London Cancer Network (NLCN) invited all general practices to carry out the RCGP/NCAT national audit of cancer diagnosis in primary care and 121 out of 304 took part. Participation varied from 60% in one PCT to 7% in another with an average uptake of 40%.

A pre-audit event was held to inform GPs of the methodology and the results were presented to GPs at post-audit events during April and May 2010 and to the network’s Primary Care and Prevention Board.

The results presented were broken down by each of the cancer sites and showed difference in performance between the PCTs.

The audit has highlighted specific service areas that require attention along with stimulating significant interest in this important area and raising the profile of early presentation and diagnosis.

Measuring Cancer Awareness in North Central London  

The North London Cancer Network (NLCN) is surveying 3,800 people using the CRUK cancer awareness measure (CAM) to obtain a statistically robust baseline of cancer awareness at network and PCT level. The sample was boosted to target groups where we have little information about cancer awareness (sexual preference and physical or learning disability). A leaflet with information about the risks, the signs, screening and prevention of cancer was developed to give to participants after the survey and to use in other settings.

A key part of the NLCN strategy is to identify inequalities within our local population, specifically, ethnicity, gender, socio-economic status (SES), age, religious beliefs, disability, sexual preference and language. The CAM will allow us to understand which groups of the population are disadvantaged in terms of awareness of risk factors and early signs and symptoms of cancer.

The results of the CAM, together with the RCGP national audit of cancer diagnosis in primary care and a detailed local awareness and early diagnosis (LAEDI) baseline, will help NLCN and its partners identify which aspects of the patient pathway could be addressed in order to boost survival rates. A number of interventions, including a bowel screening social marketing programme, will be developed during 2010/2011, building on this comprehensive picture.
North East London Cancer Network

Targeted Action for Awareness and Early Detection in NEL

The North East London Early Detection Strategy has been developed to improve cancer survival through a co-ordinated programme of work.

A Public Health Action Board has been set up to oversee the initiative, which reports to the North East London Cancer Network (NELCN) Management Board.

A baseline report on survival rates in North East London showed that 1 year survival for breast and colorectal cancer was lower than for the rest of London. The network board set itself a target to improve breast cancer survival to London levels by 2012.

The Cancer Research UK cancer awareness measure (CAM) was implemented, with 3,212 people surveyed in the 7 PCT areas, and in inner North East London the Breast CAM was used for the first time. A separate project investigated the incidence and survival rates of breast cancer in Black women and a DVD has been produced by one of the trusts to alert young black women to the symptoms of the disease. A data toolkit was also produced from this project to assist with monitoring survival rates.

A colorectal inequalities project was started.

The idea of a shared ‘brand’ for awareness raising has been agreed by the 7 PCTS. 51 general practices completed the CRUK national audit of cancer diagnosis in primary care, covering 148 cases of breast, colorectal, prostate or lung cancers.

RCGP/ NCAT national audit of cancer diagnosis in primary care Project

North East London Cancer Network (NELCN) implemented the RCGP/NCAT national audit of cancer diagnosis in primary care, receiving 165 completed audits of which 148 were breast, colorectal, prostate or lung cancers.

Two workshops on earlier cancer detection have been organised in North East London for primary care staff to take forward the learning from the audits and the CRUK cancer awareness measure. A report of the analysis of the audits will inform GP education and training programmes.

The NELCN will work with secondary and primary care clinicians to develop an early detection and diagnostic pathway, which we hope to, publish on the Map of Medicine. A colorectal assessment tool will be piloted with GPs.

The benefits of the audit include improved engagement with GPs and the development of joint working between the network’s Public Health Action Board, which has representatives from all the PCTs, and the Primary Care Cancer Board. Some GPs have decided to undertake yearly cancer audits on all their cancer diagnoses.

South East London Cancer Network

Use the RCGP / NCAT national audit of cancer diagnosis in primary care to identify and understand delays in patient diagnostic pathways occurring in primary care

Project ID 29
South East London Cancer Network implemented the RCGP/NCAT national audit of cancer diagnosis in primary care in three PCTs, receiving completed forms from 55 general practices detailing what happened to 465 patients diagnosed with cancer. Practices also completed 124 significant event audits (SEAs), which provide reflection on the way that a single diagnosed case of cancer has been handled.

The primary care audit found evidence of long delays before people with symptoms suggestive of lung cancer first went to their GP. Lung cancer patients more commonly had distant metastasis at diagnosis than people with bowel, prostate or breast cancers. Some people with lung cancer and bowel cancer experienced some delays in referral and investigation.

These findings have been presented to PCT commissioners with recommendations to review access to, and reporting of, chest X-rays and to improve awareness of 2 week referral guidelines in primary care.

The network will use the findings to inform future social marketing campaigns to raise awareness of bowel and lung cancer symptoms.

The network has recommended that south east London PCTs should encourage general practices to submit at least one SEA each year, as practices found that carrying out the SEAs helped them to identify any problems in their handling of cancer cases.

**Cancer Awareness Measure audit in Lambeth PCT**

South East London Cancer Network aimed to measure cancer awareness in Lambeth, which has a large ethnic minority population and includes some of the most deprived areas in England. A population representative sample of 2,298 people was interviewed face-to-face using the Cancer Research UK cancer awareness measure (CAM). The survey found low awareness of some symptoms, particularly cough and sore that does not heal, and some risk factors for cancer. There was little awareness that lung cancer was common in women. Awareness of screening programmes, especially the bowel cancer screening programme, was also low. Awareness was lower in ethnic minority and more socially disadvantaged groups.

The survey will provide a baseline against which interventions to promote cancer awareness can be assessed in the future.

The findings have been used to shape a NAEDI-funded social marketing campaign to raise awareness of head and neck cancers in Lambeth, which will be implemented in July 2010.

The findings also informed a joint bid from all six PCTs for 2010/11 to raise awareness of bowel cancer. Lambeth PCT will use the findings to influence commissioning of its Staying Healthy Initiatives, and particularly campaigns about tobacco and smoking.

**Head and Neck awareness campaign**

The RCGP/NCAT national audit of cancer diagnosis in primary care in Lambeth found that a high proportion of people with head and neck cancer died within the auditing period, suggesting that they had late stage at diagnosis. This finding accords with the experience of local multidisciplinary teams that people with head and neck cancer, particularly middle aged to elderly white men who are smokers and drinkers, present late for treatment and have a poor prognosis.
To address this problem Lambeth PCT is running a social marketing project in mid-2010 to raise awareness of the symptoms of cancer of the mouth and throat and of the benefits of early treatment in men at risk. Training will be developed for health care professionals working with homeless people and patients with substance misuse, to ensure that they refer people with symptoms that could indicate mouth and throat cancer promptly for further investigation by specialists.

If the project, when evaluated, is found to have sufficient impact, support will be given so that health care professionals continue to be aware of head and neck cancer symptoms and include oral health in routine health checks.

**South West London Cancer Network**

**Development of Locality Baseline Assessments**

South West London Cancer Network is developing a baseline assessment to include survival rates, screening coverage and uptake, urgent suspected cancer referral rates, emergency admission and mortality by PCT. The aim is to inform local commissioning decisions and ensure these are based on identified local health needs.

The assessment will provide evidence to support a network cancer strategy, to inform development of services in the most appropriate settings and to identify training needs in primary care. The information is expected to be used in joint strategic needs assessments, local area agreements and PCT operating plans.

Data from the CRUK cancer awareness measure (CAM) and RCGP national audit of cancer diagnosis in primary care will be added shortly.

The project was agreed by the network Prevention and Primary Care Group and supported by the Public Health Directors Group.

**Cancer Awareness Measure in South West London**

South West London Cancer Network (SWLCN) is surveying its population using the CRUK cancer awareness measure (CAM). The results will be used to develop a targeted social marketing intervention focused on the groups who are most in need of cancer awareness or education.

A tender was developed by public health colleagues from across the network. Data is currently being collected from 5,000 residents in the 5 PCTs. Feedback in the form of answer sheets will be handed out to participants on completion of the interviews, to improve their knowledge and awareness.

PCT commissioners and key stakeholders will be informed of the findings of the CAM.

**Diagnosing earlier pharmacy pilot**

South West London Cancer Network has developed a pilot project to enable community pharmacies to refer people with suspected lung and colorectal cancer to secondary care. The pilot will run in 3 of the network’s PCTs, in areas of high deprivation, cancer incidence and smoking prevalence and poor survival rates.
Individuals entering one of the pilot pharmacies who describe symptoms suspicious of cancer will be assessed by a named pharmacist against a locally agreed protocol based on NICE guidance. If deemed clinically appropriate, the individuals will be offered a referral for diagnostic investigation and assessment by a physician within one of the acute trusts.

A bespoke training package will be delivered to community pharmacists and other pharmacy staff to increase their recognition of warning signs and symptoms and to ensure appropriate referral to secondary care.

GPs will be informed throughout the process and a procedure is being developed for patients not registered with a GP or who are normally resident outside the PCT area.

All referrals will be ‘tracked’ through the NHS system to identify whether they resulted in a cancer diagnosis and the results will contribute to the evaluation of the project. The pilot is expected to run for 3 months from the end of June 2010.

**RCGP / NCAT national audit of cancer diagnosis in primary care**

South West London Cancer Network (SWLCN) is trying to identify delays in primary care through participation in the RCGP national audit of cancer diagnosis in primary care. A key objective of the project is to provide evidence to inform the development of diagnostics in primary care to promote earlier diagnosis.

39 general practices across the network’s 5 PCTs have taken part in the audit. The quantitative and qualitative data is currently being analysed and a report will be available shortly. Emerging findings reveal that the majority of patients were referred in an appropriate manner but there were a small number of long delays between symptoms appearing and a referral being made. There is still a lot to do to ensure that patients present earlier.

A workshop to share learning is planned for June 2010. Anticipated outcomes from the workshop include participating in a further wave of the audit, considering a significant event audit (SEA), agreeing an earlier diagnostics project and identification of training needs. PCT commissioners will be given the findings of the audit.

**Peninsula Cancer Network**

**Cancer Awareness and Early Detection across the South West Peninsula - To explore the potential of a Cancer Network in providing coordination, added value and the delivery of improved outcomes**

Peninsula Cancer Network aimed to create a co-ordinated approach across its four PCTs, through its Cancer Awareness and Early Detection across the SW Peninsula Project.

A Public Health and Primary Care group has been set up, which provides a forum to discuss the awareness and early detection agenda and allows site specific groups to communicate with general practice.

The network carried out a baseline assessment of cancer data and used it to develop a local awareness and early diagnosis (LAEDI) strategy, which has been endorsed by the Network Executive Board. The strategy prioritises lung cancer, which is Peninsula’s major cause of death from cancer,
and skin cancer.

The RCGP/NCAT national audit of cancer diagnosis in primary care was completed by 31 practices in Plymouth along with a significant event audit (SEA) of lung cancer. The findings are being presented to participating practices, the Public Health and Primary Care Group, the PCT and the acute trust and an action plan based on the findings will be implemented.

A sample of 50 people in each PCT was surveyed using the CRUK cancer awareness measure (CAM) to complement a social marketing scoping project to establish a joint bid from the four PCTs for a large-scale lung cancer early diagnosis project.

Dorset Cancer Network

Baseline Assessment in Dorset Cancer Network

Dorset Cancer Network has completed a baseline assessment of cancer data. The results form the foundation for a network early diagnosis work programme. A report has been given to PCT commissioners with suggestions where their work should be focused.

The assessment shows that Dorset has high incidence of cancer relative to the rest of the England. Survival rates are also relatively high although generally below Europe’s best. Mortality rates are decreasing but progress towards national targets is currently uncertain.

Achievement of screening targets is variable between PCTs and analysis by GP practice shows wide variation in uptake for all three screening programmes. This information is now being used to target particular sections of the population and to work with GP practices to improve uptake in those areas.

The volume of 2 week wait referrals has been increasing but such referrals still account for less than half of new cancer diagnoses and the level of referrals varies between GP practices. A bid has recently been submitted to support work to investigate this variation further.

Emergency admissions are the highest in England and increasing and a project has been established to investigate this.

Improving the Cancer Pathway from Referral to Diagnosis (including the Cancer Awareness Measure and RCGP/NCAT national audit of cancer diagnosis in primary care)

Dorset Cancer Network has assisted Bournemouth and Poole Pathology teams with the full implementation of the 2003 initiative to transfer all paper reporting to electronic.

As at January 2010, anecdotal evidence suggested around 50 GP practices were still listed as needing paper reports. Further investigation suggested that GPs were duplicating work by checking the paper and electronic results and that a backlog of non-issued paper reports was growing.

A full switch over for Bournemouth and Poole PCT was achieved by 31 March 2010 with no adverse effects. Dorset PCT currently has 8 practices requiring paper reports. Issues include the fact some GPs are non-PC literate and have limited staff to support the change.
Initial cost saving estimates are in the region £12,000 pa, with final switch over, reallocation of resources, proper use of the latest technology and further cost savings to be achieved through reduced printer maintenance and reduced paper/toner use.

Avon, Somerset, Wiltshire Cancer Network

To coordinate and provide support to activities that promote the earlier diagnosis of cancer, ensuring timely diagnosis of cancer patients in primary care  

Project ID 41

One in five practices in Avon, Somerset and Wiltshire Cancer Network participated in the RCGP/NCAT national audit of cancer diagnosis in primary care, reporting on 1,550 new cases of cancer and completing 127 significant event audits (SEAs).

The data shows that patients with cancer presented predominantly to primary care and were referred promptly, most often by the 2 week wait referral system. Access to diagnostics was not reported as an issue. Delays to diagnosis were reported for 17% of cases. No significant association has been identified between the stage of cancer at diagnosis and time to presentation, number of visits to GP prior to referral or time being seen and investigated in secondary care.

The use of 2 week referrals and the proportion of cases presenting as an emergency varied between the six PCTs. Certain types of cancer, particularly sarcoma and lung, took longer to diagnose.

Recommendations arising from the audit include: spreading the learning, especially to those responsible for GP education; improving clinical practice by the use of SEAs; revising clinical pathways; and ensuring that community services know how to manage incidental cancers found.

These recommendations will be implemented by a Network Steering Group made up of representatives of primary care and public health.

Initiation of evidence based practice for cancer prevention  

Project ID 42

Avon, Somerset and Wiltshire Cancer Services Network is seeking to add to the evidence base for social marketing by testing different approaches to promoting awareness and early presentation of lung cancer. The project, managed by the University of the West of England, builds on a lung cancer project carried out in Doncaster.

Field trials will be carried out in 4 geographical areas within the ASWCS network. In all 4, GPs and healthcare professionals will be educated about the reasons why people with suspicious symptoms may delay going to the doctor. They will be encouraged to refer people with symptoms for chest X-rays. Different social marketing campaigns targeted at men aged 50–75 will be developed and carried out in 3 of the areas but the fourth will be kept as a control.

Data will be collected relating to the number of chest X-ray requests, urgent referrals to secondary care and new diagnoses of lung cancer during the campaign and compared to the same period the previous year.

The different areas, and different social marketing approaches, will be compared but the main aim is to present in-depth comparative case studies looking at the relative impact of the different approaches.
Three Counties Cancer Network

Lung Cancer – Do you know what to look for? Project ID 43

Three Counties Cancer Network chose to focus on awareness of lung cancer as one of its two initial projects. Although the network has the lowest incidence of lung cancer and second lowest mortality rate in the country, mortality in women has been increasing and 1 year survival rates for women and 5 year survival rates for men have been decreasing.

The Cancer Research UK cancer awareness measure (CAM) was used, supplemented by qualitative research on lung cancer, as the lung cancer specific CAM was not validated when the project began. A minimum of 300 surveys were carried out face to face within the 20% most deprived postcodes in each of the 3 counties, Gloucestershire, Herefordshire and Worcestershire. An external social marketing research company was commissioned to conduct the qualitative research in target areas. The company held focus groups with residents and interviewed key stakeholders, such as health care practitioners and GPs.

Analysis of the survey data for all 3 counties is due to be completed by the end of May. Interventions to reduce knowledge gaps are already in discussion with each of the PCTs. Health trainers were involved in delivering the project, helping to improve their knowledge of cancer.

3 Counties Cancer Network RCGP/ NCAT national audit of cancer diagnosis in primary care Project ID 44

Three Counties Cancer Network carried out the RCGP/NCAT national audit of cancer diagnosis in primary care, as a way of improving the quality and timeliness of referrals for suspected cancer. 73 general practices took part, contributing information on 1,700 diagnosed cases of cancer. Each practice completed a significant event audit (SEA) on two cases.

A large number of errors in the audits have delayed the project, as practices have been asked to provide the missing or inaccurate data, but the analysis is expected to be complete by the end of May.

A feedback conference has been organised in June for primary and secondary care and the public to discuss the findings and provide ideas for future work, which will be shared with the PCTs.

Some practices have said that they will conduct the audit again as a way of continued internal learning.

Thames Valley Cancer Network

To develop a strategy to develop a baseline assessment to improve cancer awareness in men Project ID 45

Thames Valley Cancer Network (TVCN) carried out a local awareness and early diagnosis (LAEDI) baseline assessment of cancer data which identified that colorectal and lung cancers had lower survival rates than prostate and breast. The LAEDI steering group therefore decided to concentrate on increasing awareness of colorectal cancer, building on synergy with the Bowel Cancer Screening Programme.
The network decided to use a significant event audit (SEA) to help general practice gain insight into the diagnostic process for colorectal cancer and identify areas for improvement. Each practice will be asked to complete an SEA for a case where it felt there had been delay. In a separate exercise, all 2 week wait referrals made during a 4 week period will be analysed for their accordance with NICE guidelines.

Success will be measured by the reduction in non-compliant 2 week referrals and a reduction in the variation in 2 week referrals between practices.

The results are to be presented at a conference and will be incorporated into TVCN’s LAEDI strategy, which is due out in the autumn of 2010. It is hoped that this strategy will influence the network PCTs’ commissioning plans.

Central South Coast Cancer Network

Implement a Strategy to Improve Cancer Awareness and Aid Early Diagnosis for the Central South Coast Cancer Network

Central South Coast Cancer Network (CSCCN) has a very small project team consisting of a Project Lead and Deputy Network Director assigned to this project. Work started in January of this year to gather the data for our baseline assessment, which is due to be completed by the 31st May 2010. During this time we have also outsourced a research company to carry out 1,600 telephone interviews using the CRUK cancer awareness measure (CAM) within the population of the Southampton, Hampshire, Isle of Wight and Portsmouth PCTs. The final CAM report will be available by mid-July 2010. A workshop will be organised in August to share the results of the baseline assessment and the CAM with stakeholders.

Collaborative working with cancer commissioners has been established and will be included in any commissioning processes.

The local awareness and early detection strategy (LAEDI) has been approved by the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) delivery board as a priority workstream and future funding bids will be supported by the executive team.

Work has begun on primary care and public health engagement although to date we have neither professions working with the network on the baseline measurement or the CAM.

Surrey, West Sussex, Hampshire Cancer Network

Audit of the pathway focussing on the Woking & Spelthorne localities of Surrey and the Adur and Crawley localities of West Sussex. (Joint project between Surrey, West Sussex and Hampshire Cancer Network and the Sussex Cancer Network).

The aim of this project was to work across two cancer networks to identify opportunities to improve the timeliness of GP referrals to secondary care for patients with suspected cancer, and ultimately to reduce cancer mortality through earlier diagnosis.
The RCGP national audit of cancer diagnosis in primary care was carried out in 2 relatively deprived localities in Surrey and 2 in West Sussex. All 28 GP practices in Spelthorne and Woking and all 22 in Adur and Crawley participated, collecting data on 718 and 606 patients respectively. The Surrey, West Sussex and Hampshire Cancer Network team analysed the Surrey data and West Sussex PCT public health did their own.

GPs identified avoidable delays in 11% of cases in the Surrey localities and 18% in those in West Sussex.

The findings are being discussed with those who took part and positive changes are already being implemented at practice level.

By spanning Surrey, West Sussex and Hampshire and Sussex cancer networks, the project has encouraged the development of a cross-network approach and contributed to joint working between the localities, PCTs and networks.

**Sussex Cancer Network**

**Improving cancer survival through reducing delayed self-referral to Primary Care and services**

NHS Brighton and Hove’s project used the CRUK cancer awareness measure (CAM) to shape a subsequent social marketing initiative.

A research company, selected via a tender process, interviewed 3,000 people, to find out about people’s understanding of the risk factors and signs and symptoms of cancer.

Using the CAM results, and the findings of Sussex Cancer Network’s baseline assessment of cancer data, the PCT decided to focus the social marketing project on lung cancer, targeting men and women over 45 in more deprived areas.

The social marketing company are involving residents, and health trainers working on cancer screening, in the scoping, development and implementation of the project. Working with community members should ensure that the campaign has a long-lasting impact as they will continue to talk to people about cancer. Similarly using health trainers will ensure that cancer awareness is part of an ongoing health promotion strategy.

GP training is being organised to inform them about the campaign and to stimulate discussion about early diagnosis anderrals, by presenting practice level data showing variations in referral rates.

The project is linked to Brighton and Hove Albion’s Ahead of the Game bowel, prostate and lung cancer awareness project in men over 50.

**Promoting awareness of cancer risk factors; signs and symptoms; and the importance of early diagnosis – East Sussex PCTs Focused on Hastings and Rother.**

This project consists of a series of cancer awareness sessions to complement the East Sussex PCTs’ bowel, lung and prostate cancer awareness campaign targeted at men over 45 from deprived
communities in Hastings and Rother. The project aims to increase awareness, earlier self referral, diagnosis and 1-year survival rates as well as reducing health inequalities.

As part of the campaign 11 awareness sessions have been delivered to key community members including football coaches, taxi drivers, prison staff and health trainers in community venues and workplaces. 4 training sessions have also been delivered to GPs, practice nurses, pharmacists and health trainers working with the targeted audience. And 7 cancer awareness pub quizzes were delivered by Albion in the Community football staff in local pubs.

Key community members and health professionals have been targeted in the hope that they will continue to spread the message after the end of the campaign.

The sessions have reached more than 450 people, including the health professionals, and have been well received. A majority of participants stated that they are now more aware of early cancer symptoms and more confident in talking about cancer with others. Many also wanted more information about men’s health issues and further cancer awareness campaigns.

**Promoting awareness of cancer risk factors; signs and symptoms; and the importance of early diagnosis – East Sussex PCTs**

East Sussex PCTs organised a cancer awareness campaign focusing on bowel, lung and prostate cancer in men over 45 from deprived areas. The decision followed analysis of data which showed higher cancer mortality rates for men, low 1 year survival rates and a lower percentage of early stage diagnoses in more deprived areas for lung and bowel cancer.

Focus groups with 43 men informed the design and messages for the campaign. Materials were developed including; leaflets, posters, public toilet stickers, credit card sized leaflets, beer mats and mugs to hand out at cafes, pubs, betting shops, leisure centres, pharmacies, GP practices and at car boot sales, football matches and other events. E-mail shots were also sent to workplaces.

The campaign was run in partnership with Albion in the Communities football staff in Eastbourne and Hastings, health trainers, pharmacists, Hastings council, Lewes prison, voluntary organisations, GP practices, leisure centres, Coral betting shops and others. A mail shot to all men over 45 years old registered with 2 practices in the most deprived areas was also piloted.

**Kent and Medway Cancer Network**

**Improving Diagnosis of Vulval Cancer**

The aim of the Improving Diagnosis and Prevention of Vulval Cancer in Kent and Medway project was to identify why patients appear to be presenting late with symptoms and are not referred into the Gynae-Oncoogy Centres until the tumours are at a large and often advanced stage. An audit tool was developed to collect information on the patient’s health and symptoms leading to referral.

A launch evening was held to introduce GPs to the work and to seek their commitment to assisting in retrieval of the information. Further communication, both telephonic and written, was carried out to encourage this process.
Even with this engagement there was a poor response from primary care. The rate of audit returns to date does not warrant formal analysis, or completion of significant event audits (SEAs) at this stage. Cases relevant to the vulval project may have been returned as part of another local primary care audit and an exercise to extract this data will take place on receipt of 50% of the audits.

Further reports are due to the tumour site specific group and Kent and Medway Cancer Network board. Meetings will also be scheduled with primary care to agree the emerging themes of SEAs.

**Improving early detection and diagnosis of gastro-oesophageal cancer** Project ID 52

Gastro-oesophageal cancers are generally referred at an advanced stage. Kent and Medway Cancer Network’s project aimed to identify early indicators of oesophago-gastric cancer to aid early detection. An audit tool was developed to collect information on the patient’s health and symptoms leading to referral.

The response from primary care was disappointing, despite a launch and communications programme. Out of 282 cases identified by the network across 3 PCTS, only 43 GPs responded by submitting notes. The overall curative rates observed do not fit with the general trends of other cancers where deprivation tends to be associated with poor outcomes but is consistent with the trend of a higher incidence of cancer. The study identifies the three main symptoms as dysphagia, dyspepsia and pain. Patients appeared not to associate unexplained weight loss with cancer.

Ways to improve response from primary care and further detailed review of the 3 major symptoms are required. For example, to compare the palliative and curative groups; consider differences in quality of symptom description, with further detail on pre-morbid presentation, co-morbidities and family history; and referral mechanism. Development of an easily identifiable grading system with a threshold to trigger automatic referral is also warranted.

A proposal to run this study prospectively, with access to the GP notes on referral, will be considered.

**Medway RCGP/NCAT national audit of cancer diagnosis in primary care** Project ID 53

NHS Medway organised for all of its 69 general practices to carry out the RCGP/NCAT national audit of cancer diagnosis in primary care as a local enhanced service, and 21 practices completed the audit. A total of 299 diagnosed cases were reported and 299 significant event audits (SEAs) were completed.

A GP cancer educational event is planned for August to share the findings and to encourage changes in practice that have been identified through the audit.

The cancer public health consultant will draw on the findings to develop a Local Awareness and Early Diagnosis Action Plan for Medway.

A Medway Cancer Prevention Group is now being established to take forward the action plan.

**Cancer Awareness Measure Project** Project ID 55

Kent and Medway Cancer Network implemented the CRUK cancer awareness measure (CAM) to assess the level of the public understanding of cancer risk factors and symptoms. A single company
carried out the surveys but each of the 3 PCTs was involved in procurement, to ensure that national awareness and early diagnosis initiative (NAEDI) work was part of PCT commissioning plans.

Just over 3,400 face to face interviews were completed in March 2010. The initial survey findings are comparable to the national picture. Overall, other than lump/swelling, there is low awareness of cancer risk factors and symptoms. Key barriers to visiting the doctor include difficulty in making appointments, worry about what doctors may find or wasting the doctor’s time, and embarrassment.

The study identifies the need for both a public awareness campaign targeting specific areas and a one to one approach, addressing some of the barriers to visiting GPs or seeking help. The CAM findings will be used to plan any such initiatives and produce information materials, and will form a baseline against which such initiatives can be evaluated.

The reports will be presented to the network board, shared with GPs at an event in June 2010, and given to each PCT.

**Anglia Cancer Network**

To use the National RCGP Primary Care Audit Template to benchmark and measure improvements in primary care diagnosis and referral for cancer services. The Cancer Network was given slippage funding to extend the programme

Anglia Cancer Network undertook an audit of new cases of cancer diagnosed in primary care between November 2009 and March 2010 using the RCGP/NCAT audit tool. 124 practices participated in 3 waves. A post-audit evaluation showed practices participated mainly to evaluate their performance. In the vast majority of cases, the whole practice, rather than one individual, decided to undertake the audit and the audit was completed by clinicians.

The key actions for practices as a result of the audit include: a further audit of long-term cancer care; reviewing how to avoid delays in diagnosis and onward referrals; to record more accurately; to discuss cancer more widely within the practice; to develop guidance for appropriate investigations; to develop referral strategies such as a lower threshold for 2-week wait referrals; to review pathways; and to lower the threshold of suspicion.

Practices have been provided with an individualised report of the findings to facilitate further discussion within the practice and most have used it for that purpose.

A feedback event for practices was held in November and a further event is planned for June for those practices completing the audit more recently and to review the actions practices have taken, or plan to take, in future.

To utilise the Cancer Awareness Measurement Tool and develop a range of initiatives based on the results - aimed at improving awareness of cancer risks

In November 2009, Anglia Cancer Network commissioned a company to survey levels of cancer awareness using the CRUK cancer awareness measure (CAM).

The aim was to provide a baseline assessment of cancer awareness for the Anglia populations.
covered by the network’s six PCTs. In total, 3,779 interviews were carried out.

As with the national survey, unprompted awareness was highest for the tumour symptom of lump/swelling, and relatively low for all other symptoms. In particular, awareness needs to be raised about the warning signs of a persistent cough, difficulty swallowing and a sore that does not heal.

A segmentation of the data was carried out using cluster analysis, which identified four small groups of people whose attitudes differed from the majority. These were identified as ‘GP avoiders’, ‘low symptom awareness’, ‘emotional barriers’, and ‘low awareness of screening programmes’.

The Anglia findings suggest a need for local awareness raising campaigns to support national activity on cancer symptoms, risk factors and screening, and specific campaigns targeted at the groups identified by cluster analysis including males, BME groups, lower socio-economic groups and deprived communities.

The CAM findings will form a baseline to measure the impact of any campaigns undertaken.

**Greater Midlands Cancer Network**

*Cancer Awareness and Early Detection Programme*  
Project ID 59

Greater Midlands Cancer Network has completed the RCGP/NCAT national audit of cancer diagnosis in primary care and cancer diagnosis significant event audits. All 8 PCTs were involved and many of the 161 practices taking part have reviewed their referral processes as a result. The audit pointed to the importance of safety netting, to ensure that 2 week referrals, and patients with unexplained symptoms or abnormal test results, are followed up and a few GPs were identified who were not following NICE referral guidelines.

Most delay, however, was caused by patients not recognising or ignoring their symptoms. The Cancer Network Board has accepted a series of recommendations including taking forward the findings of the audits with PCT commissioners and hospital managers through cancer local implementation teams.

A public health and primary care steering group has been set up to oversee local awareness and early diagnosis (LAEDI) work for the second year of the project, including raising public awareness, GP education and sharing good practice through the network website.

The LAEDI manager, who was appointed as part of the project, has completed a baseline assessment to identify variations in cancer outcomes at PCT and network level to help plan future work and to measure the effectiveness of the LAEDI initiatives over time.

**Essex Cancer Network**

*Promoting Public Cancer Awareness and Early Detection within Community Pharmacies in Essex Cancer Network*  
Project ID 60

Essex Cancer Network has run a short project to promote the early detection and prevention of skin and bowel cancer using local community pharmacies as a point of contact for the public.
The aim was to equip community pharmacists and counter assistants to increase their role in counselling patients who purchase medicines that may be masking the symptoms of cancer, or who ask for advice on symptoms that may be due to cancer.

Training was provided separately for pharmacists and counter assistants working in the 78 pharmacies that joined the project. The pharmacist training consisted of nurse and patient presentations in bowel and skin cancer. The counter assistant training focused on how to deliver a public health message without the patient feeling alarmed.

All 4 PCTs were involved and the project was aligned with PCT pharmacy public health campaigns.

The collection of data from pharmacies on informal referrals and bowel cancer screening uptake is currently in process. Feedback from pharmacist and counter assistant training sessions has been extremely positive.

To develop and implement a strategy to improve cancer awareness and early detection across Essex Cancer Network

Essex Cancer Network (ECN) has completed a comprehensive baseline assessment of data for breast, colorectal, lung and prostate cancer. The aim was to present core cancer indicators by locality to enable Essex PCTs to target local population needs and to benchmark progress in cancer prevention, early diagnosis, treatment, patient experience, access, inequalities, and commissioning. This baseline will enable PCTs develop local strategies and improvement plans to meet Cancer Reform Strategy commitments across ECN and to establish priorities for projects, service improvement work and investment to address deficits, which can be incorporated into future commissioning planning cycles and the local cancer strategy for 2010/11 and beyond.

Overall, cancer detection and management in ECN compares well with England and East of England but there are some areas for improvement and some evidence of good practice.

North of England Cancer Network

RCGP/ NCAT national audit of cancer diagnosis in primary care: Significant Event Analysis Implementation Phase Project

As part of the NAEDI to promote timely diagnosis of cancer, a national significant event audit of cancer diagnosis in primary care was commissioned and reported in 2009. The audit in the North East of England was carried out through a collaboration between Durham, Glasgow and Dundee Universities. This cancer diagnosis audit study reviewed events that surround the diagnostic process for two groups in cancer (lung cancer and cancer affecting teenagers and young adults).

The study demonstrated appropriate recognition and referral for both cancer groups. Where recognition had taken longer there were often reasonable explanations – for lung cancer these related to CXRs reported as normal, patient choice factors or presentations complicated by co-morbidity. There was also system and practitioner issues and the use of guidelines highlighted in the findings. The report on the Significant Event Analysis will be available in July 2010.

Healthy Community Collaborative approach and County Durham and Darlington
Local Awareness and Early Diagnosis Initiative

North of England Cancer Network is seeking improvements in primary and secondary care to reduce the time taken from initial presentation of patients with lung cancer symptoms to their referral to specialists.

The project follows a significant event audit (SEA) of lung cancer cases in 2 clusters of PCTs and uses improvement methodology derived from Japanese car manufacturers and developed by the Virginia Mason Medical Centre in Seattle.

A 5 day rapid process improvement workshop was held for a number of general practices and the radiology department in NHS County Durham and Darlington and shorter events for 3 individual practices were held in NHS South of Tyne and Wear (SOTW). The workshops identified ways that delays could be reduced.

A lead time of 2 working days between referral and the GP reading the result is being written into service specifications in Durham and Darlington as a result of the workshop. Previously average lead times varied between 3 and 10 days.

The practices in SOTW are introducing safety nets and agreeing referral procedures. Events are being held to spread the learning across the network and to enable participating practices to share progress.
Acknowledgements

Each Cancer Network submitted a final report, summaries and monitoring returns which have been used to develop this programme summary report. A number of different teams have analysed these and contributed to this report:

Analysis and results – developed by the PHAST Review Team: Dr Cecilia Pyper, Charis Stacey, Tracy Stannard, Dr Torquil Pyper, Jenny Sawyer, and Emma Fournillier

200 word summaries – written by each Cancer Network and edited by Ros Bayley.