Merseyside and Cheshire Cancer Network

SHA: NHS North West

Network Director: Pat Higgins

The first area of the country to prioritise awareness and early diagnosis, with a strong focus on inequalities. Early reports on reviewing key cancer and public health data; involving stakeholders; and developing action plans were made widely available. In addition the network team produced a ‘how to guide’ for the launch of NAEDI in November 2008. As GP commissioners, public health services and voluntary groups begin to address reducing mortality and increasing survival these publications will be invaluable.

Project 1:
Cancer Awareness Measure for all PCTs

Cancer Network Director’s Overall Assessment Against Objectives: GREEN

Project PCTs: All PCTs

Project Leads: Paul Mackenzie, Paul.Mackenzie@mccn.nhs.uk

Project Status: Project to be completed (June 2010)

Project Summary:
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.

Project Purpose:
To obtain baseline data so that we can specifically target areas of high social deprivation with awareness raising initiatives. This will make a difference to improve earlier presentation by the public who have suspected cancer symptoms. This has been identified within our Network Early Detection and Prevention Strategy.

Project Objectives:
To add awareness baseline data for Quality Performance Framework

To develop a baseline review of public awareness for MCCN particularly in the areas with the highest social deprivation all PCTs have a spearhead area and these areas will form the focus of the Cancer Awareness Measure (CAM).
To provide supporting information to our social marketing reports so that we can specifically target areas to increase awareness.

To provide a baseline so that we can test the impact of our awareness initiatives such as the Health Vehicle activity.

To evaluate this through the research protocol developed by the research team.

Information will be gathered where inequalities in the level of cancer awareness knowledge exist.

**Project Milestones:**

<table>
<thead>
<tr>
<th>Action / Objective</th>
<th>Milestone date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appoint researcher, develop research proposal and protocols</td>
<td>May-Jul-09</td>
</tr>
<tr>
<td>Data collection</td>
<td>Aug-Feb-10</td>
</tr>
<tr>
<td>Analysis and report writing</td>
<td>Mar-Jun-10</td>
</tr>
</tbody>
</table>

**Project Category:**

- Information / Needs Assessment – Cancer Awareness Measure
- Commissioning
- Governance, Strategy and Outcomes
- Public Awareness Raising

**Cancer Tumour Groups:**

- All

**Lessons Learnt:**

Many Cancer Networks, working with public health and PCTs, have begun to develop cancer awareness and early diagnosis programmes, using information from the national Cancer Awareness Measure (CAM) or local surveys. Merseyside and Cheshire Cancer Network have a longstanding programme of work, which they are adding into information from the CAM. For them it is a test of whether it adds (or not) value.

In taking forward the use of CAM they have linked with a local academic department and therefore are raising issues and learning different from other areas, who have outsourced short term pieces of work to market research companies/ social marketing organisations.

The project has not yet concluded, but there is already learning in relation to public acceptance of the CAM. The researchers have analysed and highlighted response rates.

A key learning point was that by seeking a full ethics approval (deemed to be necessary and robust to consider ethical issues particularly if we are asking people about cancer when they may have been recently diagnosed, bereaved or caring for someone we need to ensure that there are sufficient safeguards in place) delayed the project.

Public health consultants, who have been leading the survey, have taken different approaches in other areas of the country.

**Reports:**

Final reporting template LAEDI
Outcomes:
The project will provide the network with much needed baseline information about awareness of cancer for the Network as a whole so that we can prioritise our resources and activities and also at PCT level so that we can encourage PCTs to link the findings with existing initiatives such as HCC.

Products:
A report on the completion of the CAM. Inclusion of results in the PCT Dashboards and other initiatives.

Sustainability:
The Network has included the CAM in the PCT Dashboard. When the project finishes there will be learning on whether the Network, commissioners and providers decide whether it adds value (or not) particularly in relation to demonstrating outcomes or enabling new public health services to prioritise cancer awareness and early diagnosis programmes.

Project 2:

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

Cancer Network Director’s Overall Assessment Against Objectives: GREEN

Project PCTs: All Network PCTs

Project Leads: Paul Mackenzie, Paul.Mackenzie@mccn.nhs.uk

Project Status: Project ongoing and completed by December

Project Summary:
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.

Project Purpose:
We would like a GP to join our already established cancer early detection and prevention network team which includes a Project Manager with Public Health experience, a Consultant in Public Health.
The principle purpose of this role will be to provide clinical leadership in relation to early detection initiatives and to take forward initiatives with primary care colleagues. Completion of Primary Care Audits.

**Project Objectives:**
- Collaborate with CEDP Team and deliver key initiatives that involve primary care colleagues
- To lead on a PCT wide Primary Care Audit. This PC Audit will review 250 cases
- To support the role out of Primary Care Equity Audits
- To engage GP colleagues around enhancing awareness of cancer symptoms
- To attend NDP primary care forum as required and share key learning
- To lead on any initiative in the future in relation to Primary Care diagnostics
- To feed back key findings to the NAEDI Steering group lead for Primary Care Audits
- Lead on and accelerate the primary care equity audits by GP practice for urgent referral

**Project Milestones:**

<table>
<thead>
<tr>
<th>Action / Objective</th>
<th>Milestone date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop GP contract and specification and advertise for the position</td>
<td>May-09</td>
</tr>
<tr>
<td>Orientation / networking</td>
<td>Jun-09</td>
</tr>
<tr>
<td>Identify 5 practices in each PC/ retrospective case list completed</td>
<td>Jul-09</td>
</tr>
<tr>
<td>Complete Primary Care Audits</td>
<td>Aug-Jan-10</td>
</tr>
<tr>
<td>Report writing and submission of data to NCAT</td>
<td>Jan-10</td>
</tr>
<tr>
<td>Onward Primary Care post for Early Detection and Prevention is sustained by MCCN</td>
<td>Jan onwards</td>
</tr>
</tbody>
</table>

**Project Category:** Clinical Leadership

**Cancer Tumour Groups:** All

**Lessons Learnt:**
Experience supporting, through use of the primary care audit, practices to reflect on what went well, whether the diagnosis could have been reached sooner, and whether there were any lessons for the future. In their report there is a content analysis on the learning by theme - clinical, system, patient and doctor features, plus communication and the process of the audit. Examples and comments bring the information to life.

The implementation of the audit, with the leadership of a GP, enabled the Network to bring together clinical leadership - public health, secondary care and general practice - in new ways. They are committed to building on this learning. Again, is in other areas of the network programme, they are adding this national project into an existing programme of work - with valuable insights for other areas of the country.

**Reports:**
Report - National Primary Care Audit of Cancer Diagnoses - Findings of linked observations from participating practices in Merseyside and Cheshire, March 2010

**Outcomes:**
The GP is active in the network, and has been a successful influence on primary care colleagues, and involved fully in the Health Inequalities/ Early Detection agenda.
Products:
The final report of the audit, done in 33 practices who held practice meetings to discuss the results. A network event was held to review the finds, which have been captured in the report.

Sustainability:
Work now in progress with PCT cancer leads to share learning and develop next steps; this includes primary care educational meetings and taking forward work on specific local pathway issues. There are strong links to other primary care information, including equity audits, practice profiles and the PCT dashboard.

Project 3:

Quality Performance Framework (QPF) Toolkit

Cancer Network Director’s Overall Assessment Against Objectives: GREEN / AMBER

Project PCTs: All network PCTs

Project Leads: Paul Mackenzie, Paul.Mackenzie@mccn.nhs.uk

Project Status: Project ongoing and completed by September

Project Summary:
Merseyside and Cheshire Cancer Network’s quality performance framework, known as the dashboard, 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 now preparing to set its targets, while the other PCTs are either arranging meetings or gathering data.

Project Purpose:
To embed key performance measures within a robust Quality Performance Framework (QPF) Toolkit. The QPF would incorporate a cancer primary care equity audit in each PCT.

Project Objectives:
- To analyse urgent GP cancer referrals within PCTs in relation to geographic area (using the Index of Multiple Deprivation), gender, age, ethnicity, tumour type
- To identify key trends and variations
- To assess whether inequalities exist
- To influence change in practice.
- To enable Commissioners to make decisions on services. The toolkit will show examples of performance reports
• To develop a template to capture data for survival, mortality, incidence, screening and staging data
• To complete baseline assessments with PCTs and practices, including an equity audit in each PCT. (An equity audit has already been done in one PCT and is nearing completion in another. Funding is sought to roll these out to the remaining five PCTs).
• To include screening templates for GP practices
• To share examples of action plans and the toolkit with other networks, and learn from their experiences.

Project Milestones:

<table>
<thead>
<tr>
<th>Action / Objective</th>
<th>Milestone date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree measures, develop toolkit, begin audit</td>
<td>May-Aug-09</td>
</tr>
<tr>
<td>Meet PCT leads and complete templates and action plans</td>
<td>Sept-Mar-10</td>
</tr>
<tr>
<td>Submit data and action plans to NCAT</td>
<td>Sept-Mar-10</td>
</tr>
<tr>
<td>Remaining primary care equity audits completed</td>
<td>Sept-Mar-10</td>
</tr>
<tr>
<td>CAMs initiated</td>
<td>Feb-10</td>
</tr>
</tbody>
</table>

Project Category: Commissioning
Governance, Strategy and Outcomes

Cancer Tumour Groups: All,

Lessons Learnt:
Development and testing of a cancer dashboard with a set of metrics that can be reviewed by PCTs against their own performance. The framework encourages the PCT to set goals to achieve higher ratings in performance and outcomes, as well as specific areas for improvement and priorities for action. The information includes equity audits. A plan for working with PCTs is being implemented for the networks. There is significant learning for the use of PCT, GP Consortia and Practice Profiles; as well as other work focussing on outcomes.

The dashboard builds on many years work bringing together information related to cancer awareness and early diagnosis. An early publication reviewed key data with stakeholders in order to prioritise needs and action. This has been regularly reviewed and updated.

Key information projects have also included:

• Analysis of information with PCTs, including urgent GP cancer referral equity audit using GP Practice IMD scores; rate of referral per 1000 of the population; conversion rates by deprivation quintile; on all cancers, Upper GI and skin; age standardised rates
• Producing, using and requesting expert review of primary care performance summaries, with a particular focus on health inequalities.
• Being part of a review on why a local authority area was not achieving their Local Area Agreement, health inequalities target. The project included cancer mortality as one of the key outcomes included in the life expectancy gap analysis.

As important as the analysis of data, has been the use of the information with commissioners, providers, the public and key stakeholders. There are key lessons for sustainability.

Reports:
Report – Merseyside & Cheshire Cancer Network Quality Dashboard LAEDI May March 2010
Outcomes:
The cancer dashboard is outcome driven; each PCT is asked to complete a template with the Early Detection and Awareness Strategy lead team. We agree milestones with PCTs and assist them in supporting the gathering of evidence for the individual measures, including measures by practice. We envisage that action plans will be developed and adopted by PCT boards as appropriate and recommendations will be made to commissioners, these recommendations will be more likely to be considered as they will be evidence based. A key element of the cancer dashboard will be the development of a database that PCTs and practices can access to review performance and to create reports.

Products:
The cancer dashboard aims to develop a set of metrics that can be reviewed by PCTs against their own performance.

The framework encourages the PCT to set goals to achieve higher ratings in performance. It enables the PCT to identify specific areas for improvement. It identifies key priorities for action. The progress of the equity audits will feed into the dashboard evidence further providing the PCT with evidence and data for consideration when they are planning improvements.

Sustainability:
There are lessons to learn from Merseyside and Cheshire about how the dashboard is a key element of building sustainability.

It has enabled the network, with commissioners, to be outcome driven, and embed ownership and understanding of cancer priorities. This is an important piece of work which has learning for the identification of baseline key metrics and indicators; self assessment tools for commissioners; an empowering approach to identifying priorities and actions to improve outcomes; and support to implement local initiatives. It builds on their experience of now many years, as well as including national initiatives such as the Cancer Awareness Measure and the Primary Care Audit.

Project 4:

Anticipatory Care Calendar Early Symptoms for People with Dementia

Cancer Network Director’s Overall Assessment Against Objectives: GREEN

Project PCTs: NHS Liverpool

Project Leads: Paul Mackenzie, Paul.Mackenzie@mccn.nhs.uk

Project Status: Project completed

Project Summary:
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.

**Project Purpose:**
Piloting the Anticipatory Care Calendar in a Nursing Home with patients with Dementia. This tool has proven successful in ensuring earlier assessment of potential cancer symptoms and ill health by carers. The tool improves access to health services and care pathways using a traffic light alert system, descriptions and actions. The ACC should improve overall day to assessment of health for patients.

**Project Objectives:**
- To test the ACC tool in Nursing Home environment
- Improve daily assessment of patients who any not be able to communicate
- Significantly improve documentation and evidence of assessment of health domains,
- Reduce unnecessary visits to GP,
- Improve appropriate admission to A&E,
- Improve screening uptake.
- May pick up early signs of cancers or other serious pathology

**Project Milestones:**

<table>
<thead>
<tr>
<th>Action / Objective</th>
<th>Milestone date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify project steering group</td>
<td>May-Jul-09</td>
</tr>
<tr>
<td>Identify Nursing Home</td>
<td>May-Jul-09</td>
</tr>
<tr>
<td>Benchmark patient records</td>
<td>May-Jul-09</td>
</tr>
<tr>
<td>Adapt the existing ACC tool</td>
<td>May-Jul-09</td>
</tr>
<tr>
<td>Train staff how to use the ACC including basic cancer knowledge</td>
<td>Aug-09</td>
</tr>
<tr>
<td>Begin pilot in N Home 1 for 4 months</td>
<td>Sept-Jan-10</td>
</tr>
<tr>
<td>Begin pilot in N Home 2 for 4 months</td>
<td>Oct-Feb-10</td>
</tr>
<tr>
<td>Begin pilot in N Home 3 for 4 months</td>
<td>Nov-Mar-10</td>
</tr>
<tr>
<td>Evaluate N Home 1-3</td>
<td>Apr-10</td>
</tr>
<tr>
<td>Final report</td>
<td>May-10</td>
</tr>
</tbody>
</table>

**Project Category:**  Information / Needs Assessment – Cancer Awareness Measure

**Cancer Tumour Groups:**  All,

**Lessons Learnt:**
An initiative, which prioritised improving outcomes for people with learning disabilities and mental health problems – Anticipatory Care Calendar. The network’s learning has built over many years, working closely with social care and involving service users. The early stages developed and tested the approach, producing resources, a description of the service development and outcomes. The
initiative has been sustained and reports document learning from action that has been taken to spread and maintain an awareness and early diagnosis service improvement — for example through benchmarking; training; inclusion in patient pathways; evaluation and audit; and application to other care settings.

**Reports:**
Report – Anticipatory Care Calendar Early Symptoms for People with Dementia
Report - LOOKING BACK, LOOKING FORWARD RESPONSES, REFLECTIONS and IMPACT of the ACC CALENDAR

**Outcomes:**
An Anticipatory Care Calendar of Early Symptoms for People with Dementia.

**Products:**
An Anticipatory Care Calendar of Early Symptoms for People with Dementia. Reports and experience in benchmarking, training and describing outcomes. Also capturing of service user voices.

**Sustainability:**
The development and testing of this initiative has been sustained over many years. It has been aligned to a number of policy initiatives and changes. The professional experience and commitment of the team, stakeholders and service users has meant it has survived and developed. The methods have been applied to new target groups and 'rolled out' to new settings. The network has presented and documented the work regularly, sharing their learning. They continue to embed and evaluate the work.

**Project 5:**

**Cancer Awareness Media project**

**Cancer Network Director’s Overall Assessment Against Objectives:** GREEN

**Project PCTs:** NHS Liverpool

**Project Leads:** Paul Mackenzie, Paul.Mackenzie@mccn.nhs.uk

**Project Status:** Project completed

**Project Summary:**
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.

**Project Purpose:**
We would like to raise cancer awareness amongst professionals and the public we will utilise our website and social networks to deliver cancer awareness and key messages to a variety of audiences using innovative approaches.

**Project Objectives:**
- Raise cancer awareness amongst the population of MCCN
- Reduce cancer myths associated with cancer
- To spread national key messages
- To make information and awareness messages accessible to different groups
- To utilise different approaches testing media

This initiative will specifically benefit groups who face inequalities in relation to ability to understand material that is difficult to read or comprehend, sensory impaired, whose first language is not English.

**Project Milestones:**

<table>
<thead>
<tr>
<th>Action / Objective</th>
<th>Milestone date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree project plan</td>
<td>Jun-Sept-09</td>
</tr>
<tr>
<td>Develop website ready for hosting</td>
<td>Jun-Sept-09</td>
</tr>
<tr>
<td>Obtain equipment</td>
<td>Jun-Sept-09</td>
</tr>
<tr>
<td>Identify DVD production supplier</td>
<td>Jun-Sept-09</td>
</tr>
<tr>
<td>Identify Video/ media company</td>
<td>Jun-Sept-09</td>
</tr>
<tr>
<td>Review Quizzes and contact key message lead at NAEDI</td>
<td>Jun-Sept-09</td>
</tr>
<tr>
<td>Test online quiz</td>
<td>Jun-Sept-09</td>
</tr>
<tr>
<td>Develop materials for DVD</td>
<td>By Jan-10</td>
</tr>
<tr>
<td>Develop social network channel</td>
<td>By Jan-10</td>
</tr>
<tr>
<td>Begin evaluating online quiz</td>
<td>By Jan-10</td>
</tr>
<tr>
<td>Roll out education DVDs agree sites</td>
<td>By Jan-10</td>
</tr>
<tr>
<td>Agree videos scripts with Media Company</td>
<td>By Jan-10</td>
</tr>
<tr>
<td>Filming scripts and testimonies</td>
<td>By Jan-10</td>
</tr>
<tr>
<td>Testing and sign off of scripts and videos</td>
<td>By Jan-10</td>
</tr>
<tr>
<td>Evaluation of DVD and Quizzes</td>
<td>Mar-10</td>
</tr>
</tbody>
</table>

**Project Category:** Information / Needs Assessment – Cancer Awareness Measure Public Awareness Raising

**Cancer Tumour Groups:** All

**Lessons Learnt:**
This project began with an overall objective to raise cancer awareness amongst professionals and the public using the Network’s website and social networks. As the project developed the decision was made to focus on prostrate cancer targeting groups most at risk. The decision of whether awareness and early diagnosis is tackling generic or cancer specific issues is important.
The network built on previous learning on social marketing including developing insight research; testing effective ways to communicate with a target audience, in this case men; development of information resources based on the research; and alignment of deliver to a cancer awareness month.

The approach built on the principles and benchmark quality standards recommended by the National Social Marketing Centre.

This initiative builds on experience in developing social marketing approaches, linking with PCT, SHA and other public sector initiatives, as well as awarding contracts to a private organisation. Previous reports draw together the learning on social marketing generally, as well as applying these approaches to prostate and skin cancer. Experience is captured related to building the evidence base – for example analysis of cancer and public health data; engagement with stakeholders; qualitative research among at risk groups; and testimonial style material from individuals – and delivery of interventions – for example for an awareness month, providing information and reaching out into communities, alongside health professionals and making use of iVan. Progress on measuring impact is included.

**Reports:**
Poster – campaign poster
Final LAEDI reporting template

**Outcomes:**
The findings from the project shaped the Prostate Cancer Awareness month in March 2010. This included:
- Detection & Prevention
- Provision of simple, consistent symptom information
- Peer to Peer Grass roots story telling
- Outreach to improve accessibility and address patient barriers

**Products:**
Social Marketing campaign on Prostate Cancer, including
- Insight research, included in the final report
- DVD for the iVan team to play during the campaign consisting of edited video clips from survivor stores
- Development of a bespoke website to support the campaign activity

**Sustainability:**
Insight gathered during this project showed that much work has been done in the area to raise awareness and ongoing collaboration with healthcare professionals is necessary to establish consistent advice and information on the risk factors for prostate cancer, symptoms, prevention and any developments in screening or test options for all men living in Merseyside and Cheshire.

**Project 6:**

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

**Cancer Network Director’s Overall Assessment Against Objectives:** GREEN

**Project PCTs:** NHS Liverpool

**Project Leads:** Paul Mackenzie, Paul.Mackenzie@mccn.nhs.uk
Project Status: Project ongoing with significant delays

Project Summary:
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.

Project Purpose:
The overall objectives of the initiatives are to improve screening uptake in Knowsley and to increase knowledge of the specific symptoms that relates to specific cancers, in order to encourage individuals to consult their GP.

Project Objectives:
To improve rates of cancer screening in groups historically ‘never screened’

To enable a collaborative focus on screening in wards with high deprivation scores, high mortality and low screening uptake.

To facilitate direct engagement of primary care teams, communities and screening units; using community engagement approaches, to improve uptake of cancer screening

To improve screening pathways by local, collaborative review of access barriers and use of information to encourage all partners to promote and engage people about cancer screening

The capacity and resource for screening programmes is in place within the PCT.

In theory, screening prompts early detection and is cost effective.

This project will test out the benefit of using the community in collaboration with statutory services, and harness a significant resource that is not currently focused on cancer screening.

The experiential learning, information and communication from this project will enable some local people to feel more confident and therefore approach services to access screening; this will help local services become more responsive through improved understanding of issues and needs, to tailor their systems and communication to make screening more accessible for individuals within the population.

This project will test out whether linking communities, primary care and screening programmes together using a collaborative methodology improves cancer screening uptake, to enable national learning for breast, bowel and cervical cancer screening programmes.

Contribute towards NHS Knowsley targets to:
- Reduce mortality from cancer
- reduce inequalities
- Improve performance against cervical, breast and bowel cancer screening programmes
- Generate evidence of direct work with community partners, engaging with patients and the public; collaborating with clinicians; managing knowledge and assessing need

Focus of project will be in communities with high deprivation, high mortality and low screening uptake rates, to improve screening coverage

The programme will challenge service providers to review their methods, their intelligence, and their systems to ensure that they approach screening appropriately and sensitively, eg by having a local pathway to support screening uptake with people with a learning disability, a mental health issue, from black and minority ethnic groups.

### Project Milestones:

<table>
<thead>
<tr>
<th>Action / Objective</th>
<th>Milestone date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertise for the Project Coordinators post</td>
<td>Mar-Apr-10</td>
</tr>
<tr>
<td>Recruitment of project coordinator post</td>
<td>Mar-Jun-10</td>
</tr>
<tr>
<td>Set up of Steering Group with key members</td>
<td>Mar-Apr-10</td>
</tr>
<tr>
<td>Mapping exercise to identify areas of low screening uptake</td>
<td>Mar-10</td>
</tr>
<tr>
<td>Measuring tool and pre evaluation tool in place to monitor and record the projects outcomes and achievements.</td>
<td>May-Jun-10</td>
</tr>
<tr>
<td>Review of the steering group members</td>
<td>May-Jun-10</td>
</tr>
<tr>
<td>Plan, develop and deliver cancer awareness programmes to raise awareness and training for community volunteers and front line staff.</td>
<td>Jun/Jul-Sept-10</td>
</tr>
<tr>
<td>Develop and disseminate consistent health promotion messages relating to cancer awareness and there cancer screening programmes.</td>
<td>Jun/Jul-ongoing-10</td>
</tr>
<tr>
<td>Plan and deliver an interim event per action period within the life of the project.</td>
<td>Dec-Jan/Feb-11</td>
</tr>
<tr>
<td>End of project event to celebrate the achievement of the cancer awareness and early detection programme.</td>
<td>Apr-11</td>
</tr>
</tbody>
</table>

### Project Category:
- Governance, Strategy and Outcomes
- Public Awareness Raising

### Cancer Tumour Groups:
- All,

### Lessons Learnt:
This project will report later in the year.

The project builds on strong partnerships with PCTs delivering Healthy Communities Collaboratives, and other community initiatives, working in deprived wards with a mix of community volunteers and health professionals. Reports of the other similar initiatives include monitoring outcome indicators, descriptions of interventions and service developments, support to volunteers, participating organisations and plans for sustainability.

The project also benefits from the network’s extensive experience of using data to prioritise; social marketing; and other awareness initiatives.

### Reports:
- PID – Final Project Initiation Document draft, March 2010
NETWORK DELIVERY OF CRS COMMITMENT ON CANCER AWARENESS AND EARLY DIAGNOSIS (Overview for National Cancer Team Leaders Meeting – January 2010)

Local Needs and Data - Baseline Assessments
Background information to inform the cancer early detection and prevention strategy – Oct 2007

Evidence base for cancer symptom awareness in 1 PCT.

Baseline assessments being done as part of the performance framework – measures agreed; 2 pilots; draft toolkit; PCT template populated; primary care audit; data flows finalised.

Sefton PCT – Urgent GP Cancer Referral Equity Audit (2009)

CAM – in progress (LAEDI funding)

Primary care audit - in progress (LAEDI funding).
Primary care equity audits.

Clinical Leadership
Public health lead – Dan Seddon

Health inequalities manager – Paul Mackenzie

Sponsoring DPH – Paula Grey – NHS Liverpool.

Collaboration with North West Network Public Health Cancer Leads

GP lead – Murray Freeman

Other contacts:
Pat Higgins
(Network Director)

Governance
Health Inequalities Clinical Network Group

Strong links to public health and sexual health networks. Shared business plans for cancer around mortality awareness and screening

Strategy and Local Targets
A Toolkit to help develop a Network Strategy - produced for NAEDI launch, along with Strategy.
Exemplar


Early Detection Strategy Performance Information Framework – staging; screening; clinical outcomes; referral activity; emergency activity.
Exemplar (powerpoint presentation)
Case study in Cancer Decision Making (see NEL) – to understand how PCT commissioning plans are engaged and aligned with the MCCN Early Detection and Prevention Strategy. The product deliverable is a performance product to enable benchmarking against local, national and international data, with the aim to monitor and address priorities.

Pilot in 2 PCTs – Liverpool & Halton and St Helen's, with governance structures and manual, with plans to roll out to other PCTs within the Network.

First Annual Progress Report March 2009 – achievements and challenges related to staging; screening; schools; awareness.
Simplified Action Plan.

Exemplar

Commissioning
Suggested paragraphs for PCT Strategic Commissioning Plans
Exemplar

Review of PCT commissioning plans, including the Joint Needs Assessment, including Awareness
• At least one social marketing project
• Contribution to coordinated campaign
• Use of CAM data

Health outcomes
• Target number of lives saved per year
• Modelled impact of initiatives, including survival, referral, new cancer diagnosis.

Screening Commissioners Toolkit

Services - Earlier Presentation and Primary Care Pathway
Social Marketing Insight – profiles of target audiences. Exemplar

Outreach buses – Macmillan; IVAN
Exemplar

Anticipatory Care Calendar for learning disabilities. Focus on defining primary care pathways; training; and baseline benchmarking. Not possible to take forward in residential home. Application of ACC to dementia (LAEDI funded)

Healthy Communities Collaborative – initial work extended in 2 PCTs. Further pilot in 1 PCT testing HCC with earlier presentation (LAEDI Funding)

Skin cancer early diagnosis – men over 50. Roll out of Skin Cancer over 50 project to every PCT April –July 2010

Proactive work on bowel cancer screening as part of strategy. Including social marketing in deprived areas and commissioned research exploring barriers for sensory impaired

Family history project. New patient interviews at GPO practice
Cancer awareness project prostate cancer in affluent rural, lower socio-economic areas and Afro Caribbean centre

**Campaign in one PCT to raise awareness of prostate and testicular cancer.**

**Social networking site,** to support spread of awareness and early diagnosis involvement.

Cancer awareness raising project with Macmillan CR in HM Prisons

Sunbed awareness in schools

Sensory Impairment Learning Disability project. Joint project funded by Macmillan CR to test delays and improve experiences from early detection.

Staging project collaborative work with other Networks in NW