Primary Care and Cancer Control

- Cancer: why all the interest?
- Why is early diagnosis important?
- Past – where were we?
- Present – where are we?
- Future – where next?
- Survivorship
- End of life care
Cancer: why all the interest?

Loss of life years <75

5. Accidents 5. Gastrointestinal 5. Accidents 5. Accidents

Which do you think is the correct column? (high to low)
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### Cancer: why all the interest?

#### Loss of life years <75

<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Circulatory Disease</td>
<td>Cancer</td>
<td>Circulatory Disease</td>
<td>Cancer</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>Mental Health</td>
<td>Cancer</td>
<td>Mental Health</td>
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<tr>
<td>3</td>
<td>Gastrointestinal</td>
<td>Accidents</td>
<td>Gastrointestinal</td>
<td>Accidents</td>
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<tr>
<td>4</td>
<td>Mental Health</td>
<td>Accidents</td>
<td>Gastrointestinal</td>
<td>Accidents</td>
</tr>
<tr>
<td>5</td>
<td>Accidents</td>
<td>Gastrointestinal</td>
<td>Gastrointestinal</td>
<td>Accidents</td>
</tr>
</tbody>
</table>
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Cancer: why all the interest?

Lost years 2009-11 (pooled)
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Cancer: why all the interest?

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>36</td>
</tr>
<tr>
<td>Breast</td>
<td>14</td>
</tr>
<tr>
<td>Colorectal</td>
<td>12</td>
</tr>
<tr>
<td>Pancreas</td>
<td>6</td>
</tr>
<tr>
<td>CNS</td>
<td>6</td>
</tr>
<tr>
<td>Melanoma</td>
<td>5</td>
</tr>
<tr>
<td>Kidney</td>
<td>5</td>
</tr>
<tr>
<td>Ovarian</td>
<td>4</td>
</tr>
<tr>
<td>Oesophageal</td>
<td>4</td>
</tr>
<tr>
<td>Leukaemia</td>
<td>4</td>
</tr>
<tr>
<td>NHL</td>
<td>4</td>
</tr>
</tbody>
</table>

Cancer: years of life lost 2009-11
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The Scale of the Challenge:

The perfect storm...

Aging population
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Aging Population

**UK Life expectancy**

- **Y-axis:** Life expectancy in years
- **X-axis:** Years from 1963 to 2013

The graph shows a steady increase in UK life expectancy over the years.
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Aging Population

Annual increase in life expectancy

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Aging Population

% of those aged 51 in 2013 likely to reach 100 years
Males: 50,000/450,000=11%  (2015: 2,242)
Females: 80,000/450,000=18%  (2015: 12,328)

The Scale of the Challenge:

The perfect storm...

Aging population

Lifestyles less healthy:
• Smoking
• Diet
• Alcohol
• Exercise
• Sun exposure

Increasing survival
The perfect storm:

### Numbers of cancers

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2030</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>352,000</td>
<td>424,789</td>
<td>20.7%</td>
</tr>
<tr>
<td>Global</td>
<td>14.1 million</td>
<td>23.6 million</td>
<td>67.4%</td>
</tr>
</tbody>
</table>

http://globocan.iarc.fr/old/burden.asp?selection_pop=206826&Text-p=United+Kingdom&selection_cancer=290&Text-c=All+cancers+excl.+non-melanoma+skin+cancer&pYear=18&type=0&window=1&submit=%C2%A0Execute

https://publications.cancerresearchuk.org/downloads/product/CS_REPORT_WORLD.pdf
By the end of 2016, there were 1,000 people in the UK being diagnosed with cancer every day.
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Cancer: why all the interest?

1 in 2 people will be diagnosed with one or more cancers in their lifetime
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Lifetime risk of cancer:

http://www.cancerresearchuk.org/cancer-info/cancerstats/incidence/risk/
Cancer: why all the interest?

1 in 2 people will be diagnosed with one or more cancers in their lifetime

10 year survival has improved to reach 50%
Cancer: why all the interest?

1 in 2 people will be diagnosed with one or more cancers in their lifetime.

10 year survival has improved to reach 50%, but...

Cancer survival in the UK still lags behind comparable health economies.
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Hasn’t cancer had its turn?

Cancer receives what proportion of NHS spend?

1. 2.4%
2. 5.4%
3. 8.4%
4. 11.4%
5. 14.4%

Discuss with your neighbour....
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Hasn’t cancer had its turn?
Total NHS spend in 2012/3: £125,700,000,000
Total NHS spend in 2012/3: £2008 per head
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Hasn’t cancer had its turn?
Total NHS spend in 2012/3: £125,700,000,000
Total NHS spend cancer care: £109 per head

Just 5.4% of NHS spend

http://www.nuffieldtrust.org.uk/nhs-numbers-0
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Hasn’t cancer had its turn?

Cancer receives what proportion of NHS spend?

1. 2.4%
2. 5.4%
3. 8.4%
4. 11.4%
5. 14.4%
Why is early diagnosis important?
All Cancers

Stage Shift

Percentage of Cases (%)

<table>
<thead>
<tr>
<th>Stage at Diagnosis</th>
<th>England</th>
<th>Northern Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage I</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Stage II</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Stage III</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Stage IV</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Stage Unknown</td>
<td>20</td>
<td>40</td>
</tr>
</tbody>
</table>

www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/all-cancers-combined#heading-Two (last accessed 5.3.17)
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Increase in numbers diagnosed at stage 1 & 2

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Minimum increased 5 year survival with 10% increase in stages 1 & 2

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Survival Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>3.8%</td>
</tr>
<tr>
<td>Prostate</td>
<td>2.4%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>4.0%</td>
</tr>
<tr>
<td>Lung</td>
<td>2.0%</td>
</tr>
<tr>
<td>Bladder</td>
<td>1.3%</td>
</tr>
<tr>
<td>Kidney</td>
<td>2.0%</td>
</tr>
<tr>
<td>Ovary</td>
<td>4.0%</td>
</tr>
<tr>
<td>Endometrium</td>
<td>3.7%</td>
</tr>
<tr>
<td>NHL</td>
<td>0.2%</td>
</tr>
<tr>
<td>Melanoma</td>
<td>2.3%</td>
</tr>
</tbody>
</table>
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Where were we?
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Where were we?

**Avoidable deaths pa if survival in England matched the best in Europe**

Breast ~2000
Colorectal ~1700
Lung ~1300
Oesophagogastric 950
Kidney ~700
Ovary ~500
NHL/HD 370
Bladder 290
Myeloma 250
Endometrial 250
Leukaemia 240
Brain 225
Melanoma 190
Cervix 180
Oral/Larynx 170
Pancreas 75
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What did we do?
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What did we do?

![Posters]

- Let's be clear. If for the last 3 weeks you’ve had blood in your poo or it’s been looser, tell your doctor.
- Been coughing for 3 weeks? Tell your doctor.
- Know 4 sure
- If you notice blood in your pee, even if it’s ‘just the once’, tell your doctor.
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What did we do?

- Research stream
- Primary Care Engagement
- Input to Cancer Network and SCNs
- RCGP Education Events
  - etc
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How did we do?

https://fingertips.phe.org.uk/profile/cancerservices (last accessed 21.1.17)
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Variation: NHS Brighton and Hove CCG

1 year survival 15-99 year olds

http://lci.cancertoolkit.co.uk/Survival (last accessed 5.3.17)
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http://lci.cancertoolkit.co.uk/Survival (last accessed 21.1.17)
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Variation: NHS Brighton and Hove CCG
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Number of emergency presentations (Number per 100,000 population) 2015/16

Table:

<table>
<thead>
<tr>
<th>Area</th>
<th>Value</th>
<th>Lower CI</th>
<th>Upper CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>89*</td>
<td>88</td>
<td>90</td>
</tr>
<tr>
<td>South East NHS region</td>
<td>95*</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NHS Ashford CCG</td>
<td>85*</td>
<td>70</td>
<td>103</td>
</tr>
<tr>
<td>NHS Brighton And Hove CCG</td>
<td>79*</td>
<td>69</td>
<td>89</td>
</tr>
<tr>
<td>NHS Canterbury And Coast Region</td>
<td>97*</td>
<td>85</td>
<td>111</td>
</tr>
<tr>
<td>NHS Coastal West Sussex CCG</td>
<td>106*</td>
<td>97</td>
<td>116</td>
</tr>
<tr>
<td>NHS Crawley CCG</td>
<td>71*</td>
<td>57</td>
<td>87</td>
</tr>
<tr>
<td>NHS Dartford, Gravesham And Rotherham CCG</td>
<td>104*</td>
<td>91</td>
<td>117</td>
</tr>
<tr>
<td>NHS East Surrey CCG</td>
<td>86*</td>
<td>73</td>
<td>100</td>
</tr>
<tr>
<td>NHS Eastbourne, Hailsham And Rotherham CCG</td>
<td>126*</td>
<td>111</td>
<td>143</td>
</tr>
<tr>
<td>NHS Guildford And Waverley CCG</td>
<td>86*</td>
<td>74</td>
<td>99</td>
</tr>
<tr>
<td>NHS Hastings And Rotherham CCG</td>
<td>134*</td>
<td>117</td>
<td>152</td>
</tr>
<tr>
<td>NHS High Weald Lewes Hoare CCG</td>
<td>109*</td>
<td>93</td>
<td>126</td>
</tr>
<tr>
<td>NHS Horsham And Mid Sussex CCG</td>
<td>81*</td>
<td>70</td>
<td>94</td>
</tr>
<tr>
<td>NHS Medway CCG</td>
<td>110*</td>
<td>99</td>
<td>123</td>
</tr>
<tr>
<td>NHS North West Surrey CCG</td>
<td>80*</td>
<td>71</td>
<td>90</td>
</tr>
<tr>
<td>NHS South Kent Coast CCG</td>
<td>105*</td>
<td>91</td>
<td>120</td>
</tr>
<tr>
<td>NHS Surrey Downs CCG</td>
<td>76*</td>
<td>67</td>
<td>87</td>
</tr>
<tr>
<td>NHS Surrey Heath CCG</td>
<td>79*</td>
<td>62</td>
<td>99</td>
</tr>
<tr>
<td>NHS Swale CCG</td>
<td>118*</td>
<td>98</td>
<td>140</td>
</tr>
<tr>
<td>NHS Thanet CCG</td>
<td>136*</td>
<td>118</td>
<td>157</td>
</tr>
<tr>
<td>NHS West Kent CCG</td>
<td>80*</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Hospital Episode Statistics, NHS Digital

https://fingertips.phe.org.uk/profile/cancerservices/data#page/3/pid/1938132830/pat/46/par/E39000035/ati/19/are/E38000021/iid/91356/age/1/sex/4 (accessed 5.3.17)
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PHE Press release 16.9.15:

“Cancers are being diagnosed earlier in England”

(last accessed 21.1.17)
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However compared to Europe?

LATEST CANCER SURVIVAL FIGURES
ENGLAND FIGURES COMPARED TO COUNTRIES WITH SIMILAR HEALTHCARE SYSTEMS
— 2010–2012

% OF ADULTS SURVIVING THEIR CANCER FIVE YEARS OR MORE AFTER DIAGNOSIS

0  10  20  30  40  50  60  70  80  90  100%

LUNG CANCER  OVARIAN CANCER  BREAST CANCER

AUSTRALIA  CANADA  DENMARK  ENGLAND  NORWAY  SWEDEN

The latest data show England continues to improve...

ENGLAND  2010–2012

...but we don’t yet know how the other countries compare.

http://scienceblog.cancerresearchuk.org/2015/08/05/cancer-survival-in-england-is-improving-but-still-lagging-behind-similar-countries/
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Why do we lag behind other Health Systems?
• International Cancer Benchmarking Partnership

• As gatekeepers – the gate needs to be wider
• Outcomes closely linked to “readiness to act”
• Patients fear wasting GP time

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ACHIEVING WORLD-CLASS CANCER OUTCOMES
A STRATEGY FOR ENGLAND
2015-2020
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• Cancer Strategy 2015-2020 has three core aims:
  1. Save thousands more lives
  2. Transform patient experience and quality of life
  3. Invest now to save later

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• Cancer Strategy 2015-2020 has three core aims:

  1. Save thousands more lives

Under 75 mortality rate for cancer considered preventable
Cancer Strategy 2015-2020 has three core aims:

1. Save thousands more lives
   • Spearhead a radical upgrade in prevention

- Be smoke free
  - Keep a healthy weight
  - Eat fruit & veg
  - Drink less alcohol
  - Be SunSmart
  - Eat less processed and red meat
  - Eat a high fibre diet
  - Be active
  - Eat less salt
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• Cancer Strategy 2015-2020 has three core aims:

1. Save thousands more lives
   • Spearhead a radical upgrade in prevention

Ambition:
• Fall in age-standardised incidence
• Adult smoking rates to fall to 13% (currently 17.0%)
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Smoking prevalence

Cancer Strategy 2015-2020 has three core aims:

1. Save thousands more lives:
   - Spearhead a radical upgrade in prevention
   - Drive a national ambition to achieve earlier diagnosis, and with it stage shift

Ambition:
- Increase 5ys and 10ys – with 57% surviving 10+ years
- Increase 1ys to 75% with reduction of variation
Cancer Strategy 2015-2020 has three core aims:

1. Save thousands more lives:
   - Spearhead a radical upgrade in prevention
   - Drive a national ambition to achieve earlier diagnosis, and with it stage shift

   • “If the taskforce recommendations are implemented 30,000 cancer deaths a year could be saved by 2020, of these 11,000 will be through early diagnosis”
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- Cancer Strategy 2015-2020 has three core aims:

1. Save thousands more lives:
   - Spearhead a radical upgrade in prevention
   - Drive a national ambition to achieve earlier diagnosis, and with it stage shift

- “If the taskforce recommendations are implemented 30,000 cancer deaths a year could be saved by 2020, of these 11,000 will be through early diagnosis”
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• Cancer Strategy 2015-2020 has three core aims:

• Early Diagnosis
  • Implement NICE Guidance (NG12)
  • Invest in diagnostic capacity
  • Direct access to diagnostic capacity
  • Enhance screening uptake
  • 28 days to diagnosis (to replace 2WW)
  • Education – Undergraduate, postgraduate, CPD
• Cancer Strategy 2015-2020 has three core aims:

1. Save thousands more lives
2. Transform patient experience and quality of life
   • Patient experience to be given as high a priority as clinical effectiveness and safety
   • Transform approach to support those living with and beyond cancer
     • Continuous improvement in patient experience, with reduction in variation
     • Continuous improvement in long-term quality of life
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- Cancer Strategy 2015-2020 has three core aims:

  1. Save thousands more lives
  2. Transform patient experience and quality of life
  3. Invest now to save later
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The expanding role of primary care in cancer control

“For a long time, the role of primary care in cancer was largely seen as peripheral, but as prevention, diagnosis, survivorship, and end-of-life care assume greater importance in cancer policy, the defining characteristics of primary care become more important.”
Primary Care could (should?) have a part to play throughout the cancer pathway, and is well placed to do so…if adequately resourced…
For a long time, the role of primary care in cancer was largely seen as peripheral, but as prevention, diagnosis, survivorship, and end-of-life care assume greater importance in cancer policy, the defining characteristics of primary care become more important.
The Lancet Oncology: 
“The expanding role of Primary Care in Cancer Control”

“The strengths of primary care—its continuous, coordinated, and comprehensive care for individuals and families—are particularly evident in prevention and diagnosis, in shared follow-up and survivorship care, and in end-of-life care.”

The Lancet Oncology, Vol. 16, No. 12
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The Lancet Oncology:
“The expanding role of Primary Care in Cancer Control”

“recommendations should be implemented by all stakeholders involved in cancer care…work should start now to ensure that patients get the optimum care to prevent, receive a diagnosis of, and survive cancer, and the best possible care should they die from the disease”

The Lancet Oncology, Vol. 16, No. 12
Value in investing in early diagnosis:

• Why? To address our lowly cancer outcomes rank
• How? To lower threshold/readiness to refer with consistency
• When? Now
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Value in investing in early diagnosis:

• Results?
  • Better medicine – earlier diagnosis (not just of cancer)
  • Fewer consultations
  • Better outcomes
  • Less complaints/litigation
  • Less £££
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- Living with and beyond cancer:
  - Rising cancer incidence
  - Falling cancer mortality
Living with and beyond cancer:

Cancer Survivorship

- Colorectal
- Lung
- Breast
- Prostate
- Other
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• Survivorship:
Problems faced by cancer survivors:
• Physical
• Psychological
• Social
• Financial
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• Survivorship:
  Problems faced by cancer survivors:
  • Physical
    • Consequences of treatment
      • Immediate (eg radiation proctitis)
      • Late (eg ↑ x5 incidence of congestive heart failure after radiotherapy or chemotherapy for NHL) 10+ years after treatment
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- Survivorship:
  Problems faced by cancer survivors:
  - Physical
    - Consequences of treatment
Living with other long-term conditions as well as cancer reduces people’s chance of survival and increases their level of support needs. It also increases the cost of treatment\(^1\).

---

\(^1\) Macmillan Cancer Support. Routes from Diagnosis research programme. Unpublished data.
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- **Survivorship:**
- Problems faced by cancer survivors:
  - Physical
  - Co-morbidities

Proportion of people with cancer living with one or more other long-term health conditions, by age group.
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Risk factors common to other long term conditions:

Aging population

Lifestyles less healthy:
- Smoking
- Diet
- Alcohol
- Exercise
- Sun exposure

- Hypertension
- Heart disease
- Stroke
- Diabetes
- Dementia
- Mental Health Problems...
Problems faced by cancer survivors:

- Physical
  - Recurrence – can be reduced

- Smoking
- Diet
- Alcohol
- Exercise
- Sun exposure
Problems faced by cancer survivors:
• Second (and third...) cancers.
Problems faced by cancer survivors:
• Second (and third...) cancers.

Of the 1.6 million people expected to be diagnosed with cancer this year in the U.S., about one in six will have already survived a different cancer before being developing this new one, according to statistics from the National Cancer Institute (NCI).

Paraphrased from: http://www.cancertodaymag.org/Spring2013/Pages/Second-Cancers2.aspx
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Second (and third...) cancers.

Many preventable (over 40%):

• Smoking
• Diet
• Alcohol
• Exercise
• Sun exposure
Problems faced by cancer survivors:

- Physical
- Psychological
  - 21% of patients living beyond cancer had MH problems
  - Consequences of treatment – 10% develop major depression\(^1\).
  - Pre-existing

Problems faced by cancer survivors:

- Physical
- Psychological
- Social
  - Consequences of treatment – impact on family and communities.
  - Pre-existing – deprivation gradient
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![Bar chart showing rates per 100,000 by deprivation quintile for males and females.](chart.png)
Problems faced by cancer survivors:
- Physical
- Psychological
- Social
- Financial
  - Consequences of treatment
  - Loss of job/overtime for patient and carer
Survivorship - Exercise

Role of cancer rehab:
Helps short term:
  Fatigue, stress, depression, quality of life
Helps long term:
  Breast cancer patients
    150 mins of exercise per week ➔ 40% cancer mortality
  Bowel cancer
    6 hours of exercise per week ➔ 50% cancer mortality
  Prostate cancer
    3 hours of exercise per week ➔ 30% cancer mortality

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Survivorship - Exercise
As survivorship increases:

Co-morbidity

Second cancers:

previous history cancer  \rightarrow  risk other cancer

Eg: Melanoma: \uparrow  risk of prostate cancer by 32%

Complications of treatment

Eg pelvic radiation
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End of Life Care

Palliative Care

• increasingly seen as “non-curative treatment and support”
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End-of-life care: The best and the worst

<table>
<thead>
<tr>
<th>Top 10</th>
<th>Score out of 100</th>
<th>Bottom 10</th>
<th>Score out of 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>93.9</td>
<td>Iraq</td>
<td>12.5</td>
</tr>
<tr>
<td>Australia</td>
<td>91.6</td>
<td>Bangladesh</td>
<td>14.1</td>
</tr>
<tr>
<td>New Zealand</td>
<td>87.6</td>
<td>Philippines</td>
<td>15.3</td>
</tr>
<tr>
<td>Ireland</td>
<td>85.8</td>
<td>Nigeria</td>
<td>16.9</td>
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<tr>
<td>Belgium</td>
<td>84.5</td>
<td>Myanmar</td>
<td>17.1</td>
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<tr>
<td>Taiwan</td>
<td>83.1</td>
<td>Dominic Republic</td>
<td>17.2</td>
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<tr>
<td>Germany</td>
<td>82</td>
<td>Guatemala</td>
<td>20.9</td>
</tr>
<tr>
<td>Netherlands</td>
<td>80.9</td>
<td>Iran</td>
<td>21.2</td>
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<tr>
<td>US</td>
<td>80.8</td>
<td>Botswana</td>
<td>22.8</td>
</tr>
<tr>
<td>France</td>
<td>79.4</td>
<td>China</td>
<td>23.3</td>
</tr>
</tbody>
</table>

The biggest problem is that our healthcare systems are designed to provide acute care when what we need is chronic care... That's still the case almost everywhere in the world.

— Stephen Connor, senior fellow at the Worldwide Hospice Palliative Care Alliance

End of Life Care

• A third of those diagnosed with cancer will die from their disease
• Most express preference to die at home
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Dying at home

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What’s new?

Output from the National Cancer Transformation Board

• **Delivery infrastructure**: National Cancer Vanguard and new Cancer Alliances

• **Faster Diagnosis Standard**: 28 days to diagnosis - being piloted currently

• **Cancer Dashboard**: single, integrated Cancer Dashboard
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Alliances and Vanguards:
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Cancer Dashboard

The current Dashboard is phase 1 of this work. See the background tab below for more details.

Reporting level: CCG
Reporting geography: Brighton & Hove CCG
Tumour type: All Tumours
Ambition/standard

Overview Trends Definitions Background

Incidence rate 2014
Standardised rates per 100,000 population

One-year survival 2013
Net survival index for adults

Overall experience of care 2015
Average score (scale from 0 to 10)

Quality of life

To be developed

https://www.cancerdata.nhs.uk/dashboard#?tab=Overview&ccg=09D
“Addressing non-communicable diseases (NCDs) is critical for global public health, but it will also be good for the economy; for the environment; for the global public good in the broadest sense. If we come together to tackle NCDs, we can do more than heal individuals— we can safeguard our very future.”

UN Secretary General Ban Ki-moon
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Key to cancer
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Key to cancer

Education – public
Education – patients
Education – profession
Education – policy makers
Education – politicians
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Insanity:
• doing the same thing over and over again and expecting different results

Albert Einstein 1879-1955
The ones who are crazy enough to think they can change the world, are the ones who do.
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Our common goal?
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Our common goal?

We have done amazingly, rising to the challenge of 2011
We can do even better, individually
Our common goal?

We have done amazingly, rising to the challenge of 2011
We can do even better, individually
  • As a wider health community we could do so much more
    ...if resourced properly:
    We need to spend money now...
      to save money (and misery) later
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Our common goal?

• Cancer: why all the interest?
• Why is early diagnosis important?
• Past – where were we?
• Present – where are we?
• Future – where next?
• Survivorship
• End of life care
One person can make a difference, and everyone should try.

John F Kennedy 1917-1963
Thank you