GP Trainers' Workshop

Buckfast Abbey Conference Centre
Northwood Lane, TQ11 0EG
28th February 2019

Dr Richard Roope
RCGP and Cancer Research UK Cancer Clinical Champion
Senior Clinical Advisor Cancer Research UK
Twitter: @DrRichardRoope
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Housekeeping

• Fire Exits
• Toilets
• Mobile phones
• Questions
• Certificates
• Thanks to the team who have set up the day:
  • RCGP, HEE and Cancer Research UK Team
  • Buckfast Abbey Conference Centre Staff
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The Day:

• Primary Care and Cancer Matters. Where are we now and where are we heading?
  • Tea and Coffee
• Primary Care Role in Cancer Prevention
  • Lunch and networking
• Early Diagnosis of Cancer Recognition and Referral of Suspected Cancer (NICE Guidelines 12)
• Analysis of Learning Events (SEAs) and Educational Tools for Trainers
• Key take home learning, reflections and evaluation
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Aims for the day...
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What are GPs there for?
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What are GPs there for?

Discuss with your neighbour...
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Early Diagnosis for GP trainers

What are GPs there for?
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Primary Care and Cancer Control
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Primary Care and Cancer Control

- Cancer: why all the interest?
- Why is prevention important?
- Why is early diagnosis important?
- Past – where were we?
- Present – where are we?
- Future – where next?
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Cancer: why all the interest?
Cancer: why all the interest?

Causes of death <75

1. Cancer
2. Other
3. Circulatory Disease
4. Liver
5. Respiratory

1. Circulatory Disease
2. Cancer
3. Liver
4. Respiratory
5. Other

1. Cancer
2. Circulatory Disease
3. Other
4. Respiratory
5. Liver

1. Circulatory Disease
2. Cancer
3. Respiratory
4. Liver
5. Other
Cancer: why all the interest?

**Causes of death <75**

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Cancer</td>
<td>Circulatory Disease</td>
<td>Cancer</td>
<td>Circulatory Disease</td>
</tr>
<tr>
<td>2.</td>
<td>Other</td>
<td>Cancer</td>
<td>Other</td>
<td>Cancer</td>
</tr>
<tr>
<td>3.</td>
<td>Circulatory Disease</td>
<td>Liver</td>
<td>Other</td>
<td>Respiratory</td>
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<tr>
<td>4.</td>
<td>Liver</td>
<td>Respiratory</td>
<td>Respiratory</td>
<td>Liver</td>
</tr>
<tr>
<td>5.</td>
<td>Respiratory</td>
<td>Other</td>
<td>Liver</td>
<td>Other</td>
</tr>
</tbody>
</table>

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

#### Causes of death <75

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>1</td>
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<td>Cancer</td>
<td>Circulatory Disease</td>
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<td>2</td>
<td>Other</td>
<td>Cancer</td>
<td>Other</td>
<td>Cancer</td>
</tr>
<tr>
<td>3</td>
<td>Circulatory Disease</td>
<td>Liver</td>
<td>Respiratory</td>
<td>Respiratory</td>
</tr>
<tr>
<td>4</td>
<td>Liver</td>
<td></td>
<td>Respiratory</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Respiratory</td>
<td>Other</td>
<td>Liver</td>
<td></td>
</tr>
</tbody>
</table>

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**Royal College of General Practitioners**

**CANCER RESEARCH UK**
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Cancer: why all the interest?

Under 75 deaths in England 2017

- Cancer: 41%
- Cardiovascular: 22%
- Respiratory: 10%
- Liver: 6%
- Other: 21%

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Cancer: why all the interest?

![Graph showing age-standardised mortality rate (ASMR) per 100,000 population aged under 75 by cause, England]
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Why all the interest?

• Globocan 2018 – <70 deaths: cancer ranking

Globocan 2018 – GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries, First published: 12 September 2018, DOI: (10.3322/caac.21492)
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Cancer: why all the interest?

Age standardised death rates in England and Wales 2001-2017 (All Age)

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2017 (last accessed 2.1.19)
Cancer: why all the interest?

Age standardised death rates in England and Wales 2001-2017 (All Age)

2011 – Cancer became the leading cause of death in UK
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Cancer: why all the interest?

Number of coronary artery bypass operations and percutaneous coronary interventions per year, UK 1980–2013.

https://heart.bmj.com/content/102/24/1945 (last accessed 21.2.19)
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Cancer – why all the interest?

The Future:
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The perfect storm:
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The perfect storm:
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The Scale of the Challenge:

The perfect storm...
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The Scale of the Challenge:

The perfect storm...

Aging population
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Aging Population

GP Trainers' Workshop
Aging Population - Centenarians

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2063</th>
<th>X</th>
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<tbody>
<tr>
<td>Male</td>
<td>2,242</td>
<td>43,689</td>
<td>19.5</td>
</tr>
<tr>
<td>Female</td>
<td>12,328</td>
<td>66,359</td>
<td>5.4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>14,750</td>
<td>110,048</td>
<td>7.5</td>
</tr>
</tbody>
</table>

https://visual.ons.gov.uk/what-are-your-chances-of-living-to-100/ last accessed 21.2.19
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Aging Population - Centenarians

UK Centanarians

https://visual.ons.gov.uk/what-are-your-chances-of-living-to-100/ last accessed 21.2.19
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Aging and Cancer

Male
Female

Mortality from all cancers

http://www-dep.iarc.fr/WHOdb/Graph2p.asp?cancer=150&sex=1&country=4308&sYear=1950&eYear=2013&age=0&agegr=10&agen=9&orientation=1&window=1&grid=1&line=2&moving=1&scale=0&submit=%A0%A0%A0Execute%A0%A0%A0 last accessed 21.2.19
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Aging and Cancer

Mortality from all cancers

http://www-dep.iarc.fr/WHOdb/Graph2p.asp?cancer=150&sex=1&country=4308&sYear=1950&eYear=2013&age=0
&agegr=10&agen=9&orientation=1>window=1&line=2&moving=1*scale=0&submit=%A0%A0%A0Execute%A0%A0%A0 last accessed 2.1.19
The Scale of the Challenge:

The perfect storm...

Aging population

Lifestyles less healthy:
• Smoking
• Obesity
• Diet
• Alcohol
• Exercise
• Sun exposure
The Scale of the Challenge:

The perfect storm...

Aging population

Lifestyles less healthy:
• Smoking
• Obesity
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• Sun exposure

Increasing survival
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The perfect storm:

Numbers of cancers (ex NMSC)

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2040</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>401,507</td>
<td>538,481</td>
<td>34.1%</td>
</tr>
<tr>
<td>Global</td>
<td>17.0 million</td>
<td>27.5 million</td>
<td>61.7%</td>
</tr>
</tbody>
</table>

http://gco.iarc.fr/tomorrow/graphic-line?type=0&population=900&mode=population&sex=0&cancer=39&age_group=value&apc_male=0&apc_female=0#collapse-group-0-4 Last accessed 2.1.19
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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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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%
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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?
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Hasn’t cancer had its turn?

Cancer receives what proportion of NHS spend?

1. 2.0%
2. 5.0%
3. 8.0%
4. 11.0%
5. 14.0%

Discuss with your neighbour....
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Hasn’t cancer had its turn?

Cancer receives what proportion of NHS spend?

1. 2.0%
2. 5.0%
3. 8.0%
4. 11.0%
5. 14.0%
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€ per capita on cancer

€ 350.00
€ 300.00
€ 250.00
€ 200.00
€ 150.00
€ 100.00
€ 50.00
€ -

Luxembourg, Switzerland, Austria, Sweden, France, Norway, Denmark, Italy, Ireland, Slovenia, Spain, United Kingdom, Greece, Finland, Iceland, Slovakia, Hungary, Cyprus, Czech Republic, Croatia, Poland, Lithuania, Portugal, Bulgaria, Estonia, Latvia, Romania

168€
128€

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5 Year Survival and per capita cancer spend

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Why is early diagnosis important?
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Why is early diagnosis important?

https://www.cancerresearchuk.org/health-professional/cancer-statistics/survival/all-cancers-combined#heading-Two  Accessed 2.1.19
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Why is early diagnosis important?

**Survival by stage at diagnosis**

- **Diagnosed earlier at stage I**: Around 8 in 10
- **Diagnosed later at stage IV**: Less than 2 in 10

**Lung**

- More than 9 in 10

**Bowel**

- Around 4 in 10

Data for people diagnosed in England in 2014

Source: ONS/PHE, Cancer survival by stage at diagnosis for England (experimental statistics)
Why is early diagnosis important?

Cancer Stage at Diagnosis England 2016

http://www.ncin.org.uk/publications/survival_by_stage (Accessed 17.1.19)
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Why is early diagnosis important?

Cancer Stage at Diagnosis England 2016

- Reduction in late stage diagnosis

http://www.ncin.org.uk/publications/survival_by_stage (Accessed 17.1.19)
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Minimum increased 5 year survival with 10% increase in stages 1 & 2

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Survival (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal</td>
<td>4.00%</td>
</tr>
<tr>
<td>Ovary</td>
<td>4.00%</td>
</tr>
<tr>
<td>Breast</td>
<td>3.80%</td>
</tr>
<tr>
<td>Endometrium</td>
<td>3.70%</td>
</tr>
<tr>
<td>Prostate</td>
<td>2.40%</td>
</tr>
<tr>
<td>Melanoma</td>
<td>2.30%</td>
</tr>
<tr>
<td>Lung</td>
<td>2.00%</td>
</tr>
<tr>
<td>Kidney</td>
<td>2.00%</td>
</tr>
<tr>
<td>Bladder</td>
<td>1.30%</td>
</tr>
<tr>
<td>NHL</td>
<td>0.20%</td>
</tr>
</tbody>
</table>
Why is early diagnosis important?

• Cost
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Why is early diagnosis important?

WHEN THE NHS DIAGNOSES PATIENTS EARLIER, TREATMENT COSTS MUCH LESS

**EARLIER DIAGNOSIS (STAGE 1)**  **LATER DIAGNOSIS (STAGE 4)**  **EARLIER DIAGNOSIS (STAGE 1)**  **LATER DIAGNOSIS (STAGE 4)**

**COLON CANCER**
- £3,400
- More than 9 in 10 survive 5 or more years

**RECTAL CANCER**
- £12,500
- Less than 1 in 10 survive 5 or more years

**OVARIAN CANCER**
- £5,300
- Almost 9 in 10 survive 5 or more years

**LUNG CANCER**
- £15,100
- Less than 1 in 10 survive 5 or more years

http://www.cancerresearchuk.org/sites/default/files/saving_lives_aving_costs.pdf 2.1.19

*Rectal and Colon Cancer survival is based on bowel statistics*
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Why is early diagnosis important?

WHEN THE NHS DIAGNOSES PATIENTS EARLIER, TREATMENT COSTS MUCH LESS

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Earlier Diagnosis (Stage 1)</th>
<th>Later Diagnosis (Stage 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon Cancer</td>
<td>£3,400</td>
<td>£12,500</td>
</tr>
<tr>
<td>Rectal Cancer</td>
<td>£4,400</td>
<td>£11,800</td>
</tr>
<tr>
<td>Ovarian Cancer</td>
<td>£5,300</td>
<td>£15,100</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>£8,000</td>
<td>£13,100</td>
</tr>
</tbody>
</table>

↓72.8%  
↓64.9%  
↓62.7%  
↓38.9%

*Rectal and Colon Cancer survival is based on bowel statistics

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How have we done?
Improving Outcomes: A Strategy for Cancer

January 2011
How have we done?

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

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Estimate</th>
<th>Cancer Type</th>
<th>Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>~2000</td>
<td>Myeloma</td>
<td>250</td>
</tr>
<tr>
<td>Colorectal</td>
<td>~1700</td>
<td>Endometrial</td>
<td>250</td>
</tr>
<tr>
<td>Lung</td>
<td>~1300</td>
<td>Leukaemia</td>
<td>240</td>
</tr>
<tr>
<td>Oesophagogastric</td>
<td>950</td>
<td>Brain</td>
<td>225</td>
</tr>
<tr>
<td>Kidney</td>
<td>~700</td>
<td>Melanoma</td>
<td>190</td>
</tr>
<tr>
<td>Ovary</td>
<td>~500</td>
<td>Cervix</td>
<td>180</td>
</tr>
<tr>
<td>NHL/HD</td>
<td>370</td>
<td>Oral/Larynx</td>
<td>170</td>
</tr>
<tr>
<td>Bladder</td>
<td>290</td>
<td>Pancreas</td>
<td>75</td>
</tr>
</tbody>
</table>
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How have we done?
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How have we done?
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How have we done?

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

Deaths In England per Standardised 100,000 <75s from 2011-13 to 2014-2016:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
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<tbody>
<tr>
<td>Cancer</td>
<td>144.4</td>
<td>141.5</td>
<td>138.8</td>
<td>136.8</td>
</tr>
<tr>
<td>Heart disease and stroke</td>
<td>77.8</td>
<td>75.7</td>
<td>74.6</td>
<td>73.5</td>
</tr>
<tr>
<td>Lung disease</td>
<td>33.2</td>
<td>32.6</td>
<td>33.1</td>
<td>33.8</td>
</tr>
<tr>
<td>Liver disease</td>
<td>17.9</td>
<td>17.8</td>
<td>18.0</td>
<td>18.3</td>
</tr>
<tr>
<td>Other</td>
<td>69.2</td>
<td>69.5</td>
<td>70.5</td>
<td>71.5</td>
</tr>
</tbody>
</table>
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How have we done?

Deaths In England per Standardised 100,000 <75s from 2011-13 to 2014-2016:

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<td>71.5</td>
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3,798 less premature cancer deaths per year
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How have we done?

Deaths In England per Standardised 100,000 <75s from 2011-13 to 2014-2016:

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</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>144.4</td>
<td>141.5</td>
<td>138.8</td>
<td>136.8</td>
<td>-5.2%</td>
</tr>
<tr>
<td>Heart disease and stroke</td>
<td>77.8</td>
<td>75.7</td>
<td>74.6</td>
<td>73.5</td>
<td>-5.6%</td>
</tr>
<tr>
<td>Lung disease</td>
<td>33.2</td>
<td>32.6</td>
<td>33.1</td>
<td>33.8</td>
<td>1.8%</td>
</tr>
<tr>
<td>Liver disease</td>
<td>17.9</td>
<td>17.8</td>
<td>18.0</td>
<td>18.3</td>
<td>2.0%</td>
</tr>
<tr>
<td>Other</td>
<td>69.2</td>
<td>69.5</td>
<td>70.5</td>
<td>71.5</td>
<td>3.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>-2.5%</strong></td>
<td></td>
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</table>

3,798 less premature cancer deaths per year
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How have we done?

Conversion Rate

<table>
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<tbody>
<tr>
<td>Rate</td>
<td>10.8%</td>
<td>10.3%</td>
<td>10.0%</td>
<td>9.4%</td>
<td>9.0%</td>
<td>8.2%</td>
<td>7.8%</td>
<td>7.6%</td>
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</table>

Detection Rate

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<th></th>
</tr>
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<tbody>
<tr>
<td>Rate</td>
<td>42.4%</td>
<td>43.7%</td>
<td>45.0%</td>
<td>46.3%</td>
<td>47.4%</td>
<td>48.4%</td>
<td>49.7%</td>
<td>51.0%</td>
</tr>
</tbody>
</table>

https://fingertips.phe.org.uk/profile/cancerservices  Accessed 2.1.19
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How have we done?

Conversion Rate

Detection Rate

https://fingertips.phe.org.uk/profile/cancerservices Accessed 2.1.19
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How have we done?

Routes to Cancer Diagnosis - Numbers

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How have we done?

Routes to Cancer Diagnosis - Numbers

- **Screening**: Up 84.0%
- **2 week wait**: Down 4.2%
- **Emergency**: Up 51.3%


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How have we done?

<table>
<thead>
<tr>
<th>Date</th>
<th>Emergency Diagnosis %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec-12</td>
<td>21.0%</td>
</tr>
<tr>
<td>Mar-13</td>
<td>21.0%</td>
</tr>
<tr>
<td>Jun-13</td>
<td>20.8%</td>
</tr>
<tr>
<td>Sep-13</td>
<td>20.5%</td>
</tr>
<tr>
<td>Dec-13</td>
<td>20.4%</td>
</tr>
<tr>
<td>Mar-14</td>
<td>20.3%</td>
</tr>
<tr>
<td>Jun-14</td>
<td>20.2%</td>
</tr>
<tr>
<td>Sep-14</td>
<td>20.2%</td>
</tr>
<tr>
<td>Dec-14</td>
<td>20.2%</td>
</tr>
<tr>
<td>Mar-15</td>
<td>20.1%</td>
</tr>
<tr>
<td>Jun-15</td>
<td>20.1%</td>
</tr>
<tr>
<td>Sep-15</td>
<td>20.0%</td>
</tr>
<tr>
<td>Dec-15</td>
<td>19.9%</td>
</tr>
<tr>
<td>Mar-16</td>
<td>19.9%</td>
</tr>
<tr>
<td>Jun-16</td>
<td>19.7%</td>
</tr>
<tr>
<td>Sep-16</td>
<td>19.8%</td>
</tr>
<tr>
<td>Dec-16</td>
<td>19.7%</td>
</tr>
<tr>
<td>Mar-17</td>
<td>19.5%</td>
</tr>
<tr>
<td>Jun-17</td>
<td>19.4%</td>
</tr>
<tr>
<td>Sep-17</td>
<td>19.2%</td>
</tr>
<tr>
<td>Dec-17</td>
<td>19.0%</td>
</tr>
<tr>
<td>Mar-18</td>
<td>18.8%</td>
</tr>
</tbody>
</table>

http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics (last accessed 2.1.19)
GP Trainers' Workshop

How have we done?

<table>
<thead>
<tr>
<th>Month</th>
<th>Emergency Diagnosis %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec-12</td>
<td>21.0%</td>
</tr>
<tr>
<td>Mar-13</td>
<td>21.0%</td>
</tr>
<tr>
<td>Jun-13</td>
<td>20.8%</td>
</tr>
<tr>
<td>Sep-13</td>
<td>20.5%</td>
</tr>
<tr>
<td>Dec-13</td>
<td>20.4%</td>
</tr>
<tr>
<td>Mar-14</td>
<td>20.3%</td>
</tr>
<tr>
<td>Jun-14</td>
<td>20.2%</td>
</tr>
<tr>
<td>Sep-14</td>
<td>20.2%</td>
</tr>
<tr>
<td>Dec-14</td>
<td>20.2%</td>
</tr>
<tr>
<td>Mar-15</td>
<td>20.1%</td>
</tr>
<tr>
<td>Jun-15</td>
<td>20.1%</td>
</tr>
<tr>
<td>Sep-15</td>
<td>20.0%</td>
</tr>
<tr>
<td>Dec-15</td>
<td>19.9%</td>
</tr>
<tr>
<td>Mar-16</td>
<td>19.9%</td>
</tr>
<tr>
<td>Jun-16</td>
<td>19.7%</td>
</tr>
<tr>
<td>Sep-16</td>
<td>19.8%</td>
</tr>
<tr>
<td>Dec-16</td>
<td>19.7%</td>
</tr>
<tr>
<td>Mar-17</td>
<td>19.5%</td>
</tr>
<tr>
<td>Jun-17</td>
<td>19.4%</td>
</tr>
<tr>
<td>Sep-17</td>
<td>19.2%</td>
</tr>
<tr>
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</tr>
<tr>
<td>Mar-18</td>
<td>18.8%</td>
</tr>
</tbody>
</table>

http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics (last accessed 21.2.19)
GP Trainers' Workshop

How have we done?

<table>
<thead>
<tr>
<th>Date</th>
<th>Early Stage Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep-13</td>
<td>46.0%</td>
</tr>
<tr>
<td>Dec-13</td>
<td>47.0%</td>
</tr>
<tr>
<td>Mar-14</td>
<td>48.0%</td>
</tr>
<tr>
<td>Jun-14</td>
<td>49.0%</td>
</tr>
<tr>
<td>Sep-14</td>
<td>50.0%</td>
</tr>
<tr>
<td>Dec-14</td>
<td>50.0%</td>
</tr>
<tr>
<td>Mar-15</td>
<td>50.5%</td>
</tr>
<tr>
<td>Jun-15</td>
<td>50.9%</td>
</tr>
<tr>
<td>Sep-15</td>
<td>51.6%</td>
</tr>
<tr>
<td>Dec-15</td>
<td>52.1%</td>
</tr>
<tr>
<td>Mar-16</td>
<td>52.3%</td>
</tr>
<tr>
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Ambition by 2028

Early Stage Diagnosis

http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics (last accessed 2.1.19)
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Ambition by 2028 and beyond

Proportion of staged cancers diagnosed at stage 1&2, England

- NHS England ambition
- CRUK ambition
- Current trajectory
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PHE Press release 16.9.15:

“Cancers are being diagnosed earlier in England”

(last accessed 2.1.19)
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ONS Press release 29.11.17:

Figure 1: Funnel plot of the one-year survival index (%) for all cancers combined, for Clinical Commissioning Groups (CCG): England

Adults (aged 15 to 99 years) diagnosed in 2000 and in 2015

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/indexofcancersurvivalforclinicalcommissioninggroupsinengland/adultsdia gnosed2000to2015andfollowedupto2016 (last accessed 17.2.18)
ONS Press release 29.11.17:

“The inequality gap in the cancer survival index between the highest and lowest CCG in England has shrunk since 2000.”

“As for CCGs, the inequality gap between the highest and lowest STP in England has reduced since 2000, having halved for STPs over this period.”

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However compared to Europe?
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However compared to Europe?

**LATEST CANCER SURVIVAL FIGURES**

**ENGLAND FIGURES COMPARED TO COUNTRIES WITH SIMILAR HEALTHCARE SYSTEMS**

**DIAGNOSED WITH CANCER DURING...**

1995–1999

2005–2009

— 2010–2012

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

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUNG CANCER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OVARIAN CANCER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BREAST CANCER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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/
GP Trainers' Workshop
However compared to Europe?

LATEST CANCER SURVIVAL FIGURES
ENGLAND FIGURES COMPARED TO COUNTRIES WITH SIMILAR HEALTHCARE SYSTEMS
DIAGNOSED WITH CANCER DURING... 1995–1999
2005–2009
— 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...

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Why do we lag behind other Health Systems?
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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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Gate openers...
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ACHIEVING WORLD-CLASS CANCER OUTCOMES
A STRATEGY FOR ENGLAND
2015-2020

Report of the Independent Cancer Taskforce
GP Trainers' Workshop

• 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 more lives
  2. Early Diagnosis
GP Trainers' Workshop

• Cancer Strategy 2015-2020 has three core aims:

  1. Save more lives
  2. Early Diagnosis
     • Enhance screening uptake
     • Implement NICE Guidance (NG12)
     • Invest in diagnostic capacity
     • Direct access to diagnostic capacity
     • 28 days to diagnosis (to replace 2WW)
     • Education – Undergraduate, postgraduate, CPD
GP Trainers' Workshop

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  • Early Diagnosis
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  2. Transform patient experience and 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

• Early diagnosis determines experience throughout whole cancer pathway

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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
  2. Transform patient experience and quality of life
  3. Invest now to save later

• Investing in early diagnosis will save money…
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.”
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Prevention
  Tobacco
  Food
  Immunisations
  Exercise
  Environment

Early detection
  Awareness
  Health care seeking
  Screening
  Access

Diagnosis
  Investigations
  Access
  Technology
  Decision support

Treatment
  Surgery
  Chemotherapy
  Radiotherapy
  Comorbidity
  Psychology

Survivorship
  Follow-up
  Late effects
  Rehabilitation
  Health promotion
  Bereavement

End of life
  Basic palliation
  Specialised
  Social
  Bereavement
<table>
<thead>
<tr>
<th>Prevention</th>
<th>Early detection</th>
<th>Diagnosis</th>
<th>Treatment</th>
<th>Survivorship</th>
<th>End of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>Awareness</td>
<td>Investigations</td>
<td>Surgery</td>
<td>Follow-up</td>
<td>Basic palliation</td>
</tr>
<tr>
<td>Food</td>
<td>Health care seeking</td>
<td>Access</td>
<td>Chemotherapy</td>
<td>Late effects</td>
<td>Specialised</td>
</tr>
<tr>
<td>Immunisations</td>
<td>Screening</td>
<td>Technology</td>
<td>Radiotherapy</td>
<td>Rehabilitation</td>
<td>Social</td>
</tr>
<tr>
<td>Exercise</td>
<td>Access</td>
<td>Decision support</td>
<td>Comorbidity</td>
<td>Health promotion</td>
<td>Bereavement</td>
</tr>
<tr>
<td>Environment</td>
<td></td>
<td></td>
<td>Psychology</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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Value in investing in early diagnosis:
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Value in investing in early diagnosis:

• Why? To address our lowly cancer outcomes rank
• How? To lower threshold/readiness to refer with consistency: Right patient, right place, right time
• When? Now
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How?

• Bowel Cancer – survival improving:

Bowel Cancer Mortality Rates have fallen 31% over 20 years.

Let's Beat Cancer Sooner cruk.org
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• Importance of bowel screening
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- Importance of bowel screening

**Net survival estimates by presentation route and survival time, Colorectal, 2010-2014**

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- Importance of bowel screening

*Net survival estimates by presentation route and survival time, Colorectal, 2010-2014*

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• Importance of bowel screening

• Screening presentations – hugely better outcomes

• Should be area of priority
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- Importance of bowel screening
- Role of GP Endorsement
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• Importance of bowel screening

• Role of GP Endorsement – increases uptake by 8%\textsuperscript{1}

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• Importance of bowel screening

• Role of GP Endorsement – increases uptake by 8%\(^1\)

• Rolled out by some Screening Hubs
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National Cancer Diagnosis Audit
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NCDA findings
GP Trainers' Workshop

NCDA findings

- Data was completed on 17,064 tumour records
- 439 practices submitted data
- Number of records per practice ranged from 1 to 156
- Median number of records was 34
- 139 CCGs had at least one practice that submitted data
- 6 CCGs have 10+ practices participating
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NCDA findings

NCDA 2014 - Incidence

- Breast
- Lung
- Prostate
- Colorectal
- Melanoma
- NHL
- Kidney
- H+N
- Bladder
- Leukaemia
- Pancreas
- Oesophagus
- Uterus
- Ovary
- Stomach
- CNS
- Liver
- Myeloma
- Cervix
- Hodgkins
- Other
### GP Trainers' Workshop

#### NCDA findings

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>NCDA</th>
<th>CRUK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>15.9%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Lung</td>
<td>12.5%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Prostate</td>
<td>12.5%</td>
<td>12.9%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>11.6%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Melanoma</td>
<td>4.9%</td>
<td>4.3%</td>
</tr>
<tr>
<td>NHL</td>
<td>3.9%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Kidney</td>
<td>3.7%</td>
<td>3.5%</td>
</tr>
<tr>
<td>H+N</td>
<td>3.0%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Bladder</td>
<td>2.9%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Leukaemia</td>
<td>2.7%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>2.7%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Oesophagus</td>
<td>2.6%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Uterus</td>
<td>2.3%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Ovary</td>
<td>2.1%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Stomach</td>
<td>1.8%</td>
<td>1.8%</td>
</tr>
<tr>
<td>CNS</td>
<td>1.6%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Liver</td>
<td>1.6%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Myeloma</td>
<td>1.6%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Cervix</td>
<td>0.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other</td>
<td>9.2%</td>
<td>9.1%</td>
</tr>
</tbody>
</table>
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NCDA findings

All cancers
17,045 patients

Proportion of patients (%)

- Early (stages 0, 1&2)
- Late (stages 3&4)
- Not known
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NCDA findings

All cancers
17045 patients

Proportion of patients (%)

Early (stages 0,1,2)
Late (stages 3&4)
Not known

England Stage at diagnosis 2010-2014

- Stages 1 and 2
- Stages 3 and 4
- Unknown
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NCDA findings – all are “pre-NG12”

[Bar chart showing distribution of cancer stages and unknown cases]
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NCDA findings:
Consultations prior to referral
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NCDA findings:
Consultations prior to referral (where recorded)
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NCDA findings:
Consultations prior to referral (where recorded)

Number of consultations prior to referral

- 78% <3
- 22% ≥3
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NCDA findings:
Presentation to referral time:
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NCDA findings:
Presentation to referral time:

<table>
<thead>
<tr>
<th></th>
<th>5th centile</th>
<th>25th centile</th>
<th>Median</th>
<th>75th centile</th>
<th>95th centile</th>
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</thead>
<tbody>
<tr>
<td>All cancers</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>27</td>
<td>159</td>
</tr>
<tr>
<td>Breast</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Colorectal</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>27</td>
<td>182</td>
</tr>
<tr>
<td>Lung</td>
<td>0</td>
<td>2</td>
<td>14</td>
<td>46</td>
<td>180</td>
</tr>
<tr>
<td>Prostate</td>
<td>0</td>
<td>1</td>
<td>11</td>
<td>32</td>
<td>234</td>
</tr>
</tbody>
</table>
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NCDA findings:
Presentation to referral time:

All cancers
Each dot represents one record

Days from presentation to referral
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NCDA findings: Place of presentation
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NCDA findings: Place of first presentation

Place of First Presentation

- GP Surgery: 68%
- A+E: 11%
- Screening: 5%
- Outpatients: 5%
- GP Home Visit: 6%
- Other places: 7%

Royal College of General Practitioners
Cancer Research UK
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NCDA findings:
Types of referrals (of those recoded)
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NCDA findings:
Types of referrals (of those recoded)

Types of referrals

- 54% Other
- 17% Urgent
- 8% Private
- 6% Screening
- 5% Routine
- 2% Emergency
- 2% 2 WW
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NCDA findings:
Types of referrals (of those recoded)

<table>
<thead>
<tr>
<th>Types of referrals</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 WW</td>
<td>54%</td>
</tr>
<tr>
<td>Emergency</td>
<td>17%</td>
</tr>
<tr>
<td>Routine</td>
<td>8%</td>
</tr>
<tr>
<td>Screening</td>
<td>8%</td>
</tr>
<tr>
<td>Urgent</td>
<td>5%</td>
</tr>
<tr>
<td>Private</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
</tbody>
</table>

- Patient self-referred - no prior consultation: 4.2%
- Referred as emergency by GP - no prior consultation: 3.2%
- Patient self-referred while waiting for tests: 1.8%
- Referred as emergency by GP while waiting for tests: 1.4%
- Patient self-referred - previously seen in same episode: 1.7%
- Referred as emergency by GP - previously seen in same episode: 3.0%
- Other: 0.7%
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NCDA findings:
Types of referrals (of those recoded)

<table>
<thead>
<tr>
<th>Types of referrals</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 WW</td>
<td>2%</td>
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</tr>
<tr>
<td>Other</td>
<td>0.7%</td>
</tr>
</tbody>
</table>
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2019 NCDA:
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2019 NCDA:
18.2.19 opened for registration:
https://www.cancerresearchuk.org/health-professional/diagnosis/national-cancer-diagnosis-audit
Only via an N3 connection
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- NG12 - Suspected cancer: recognition and referral
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• NG12 - Suspected cancer: recognition and referral

• This afternoon…
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Safety netting.
GP Trainers' Workshop

Safety netting.

More this afternoon…
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Value in investing in early diagnosis:

- Results?
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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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Key to early diagnosis of cancer
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Key to early diagnosis of cancer

Education
Education
Education
GP Trainers' Workshop

Key to early diagnosis of cancer

Education – public
Education – patients
Education – profession
GP Trainers' Workshop

Key to early diagnosis of cancer

Education – public
Education – patients
Education – profession
Education – policy makers
GP Trainers' Workshop

Key to early diagnosis of cancer

Education – public
Education – patients
Education – profession
Education – policy makers
Education – politicians
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• Earlier Diagnosis of Cancer
  • Cancer: why all the interest?
  • Why is it important?
  • How have we done?
  • How could we do even better?
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The ones who are crazy enough to think they can change the world, are the ones who do.
The ones who are crazy enough to think they can change the world, are the ones who do.

Steve Jobs 1955-2001
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Our common goal?
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Our common goals?
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Our common goals?
75% cancer cases to be diagnosed at an early stage by 2028
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Primary Care and Cancer Control

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

John F Kennedy 1917-1963
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One person can make a difference, and everyone should try.

1,200km; 51,000ft of climbing; 12 days
3 medics on bikes...
27.4.19...

https://uk.virginmoneygiving.com/RichardRoope
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Thank you
@DrRichardRoope
@CRUKHCPs
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Any questions?