2015 NATIONAL AWARENESS AND EARLY DIAGNOSIS INITIATIVE RESEARCH CONFERENCE

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### 3rd NAEDI Research Conference Programme
**Day 2 – Friday 27th March 2015**

<table>
<thead>
<tr>
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'Half of UK people' will get cancer

By James Gallagher
Health editor, BBC News website

04 February 2015 | Health

One in two people in the UK will be diagnosed with cancer at some point in their lives, analysis suggests.

Cancer Research UK said this estimate, using a new calculation method, replaced a forecast of more than one in three people developing the disease.
Public messages about cancer survival in the UK

UK cancer survival rates trail 10 years behind other European countries

Study by Macmillan Cancer Support acknowledges improvement in UK, but not enough to catch up with levels achieved in countries such as Italy and Austria

Cancer survival rates in the UK are still lagging more than two decades behind those achieved in many European countries, according to new analysis by campaigners.

Macmillan Cancer Support, which conducted the study, said it was “shameful” that “people were dying needlessly” as it revealed the chances of surviving five of
Diagnosing cancer earlier: reviewing the evidence for improving cancer survival

The National Awareness and Early Diagnosis Initiative in England: assessing the evidence 5 years on

S C Hiom
ICBP: Examining survival differences

**Module 1:** Epidemiological benchmarking study

**Module 2:** Public awareness, attitudes and beliefs

**Module 3:** The role of primary care and healthcare systems

**Module 4:** Variation in patient, diagnostic and treatment time intervals and routes to diagnosis

**Module 5:** Data comparability; plus co-morbidities and early deaths (with an initial focus on lung cancer)
The myth of the rational patient

(and the rational doctor).

https://betabetic.wordpress.com/2015/03/19/the-myth-of-the-rational-patient/
Over 60 and feeling under the weather? A minor illness can get worse quickly.

This winter, pop into your local pharmacy for quick health advice or visit www.nhs.uk/asap

Early advice is the best advice.
Choosing the right NHS Wales service if you become ill or are injured

Choose Well will help you decide if you need medical attention if you get sick. It explains what each NHS service does, and when it should be used.

Choosing Well means that you and your family will get the best treatment. It also allows busy NHS services to help the people who need them most.

If you don’t know which option to choose, please contact NHS Direct Wales on 0845 46 47

Symptom Checker

Check your symptoms with the NHS Direct Wales Symptom Checker
www.nhsdirect.wales/nhs/uk/selfassessments/

Choose Well Quiz

Do you know what NHS service to use if ill or injured? Take the NHS Direct Choose Well quiz to test your knowledge

Free download - Choose Well app

Download for iPhone and iPad
Download for Android

Latest tweets

If you have a minor injury and live in Bridgend or Neath Port Talbot use Neath Port Talbot Minor Injury Unit, open 24/7. #ChooseWell
Tue, 24 Mar 2015 at 16:30
Natural patient behaviour

- Over-consulting
- Just right
- Under-consulting
NHS Message Intention

Choose Well (Don't bother the Dr) Messages

Over-consulting

Just right

Under-consulting

Minor illnesses can get worse quickly Messages
NHS Message Impact

Minor illnesses can get worse quickly Messages

Over-consulting

Just right

Under-consulting

Choose Well (Don't bother the Dr) Messages
Best Bet

• We are operating within a very complex environment

• Never assume patients or their GPs will act in rational or predictable ways
Cancer guidelines may improve diagnosis rates

Thursday November 20 2014

“Doctors to get more help to spot cancer early,” The Guardian reports. The National Institute for Health and Care Excellence (NICE) has produced new revised draft guidelines that may help GPs pick up on possible early warning signs of cancer.

The aim of the draft guidelines is to improve early cancer diagnosis in children, young people and adults of all ages. The draft guidelines have been primarily written for GPs and are an update of the 2005 guidelines that were last partially updated in 2011.
GPs who fail to spot cancer could be named

The BMA’s Dr Chaand Nagpaul says naming and shaming is not the answer.

GPs with a poor record in spotting signs of cancer could be publicly named under new government plans.

Health Secretary Jeremy Hunt wants to expose doctors whose failure to spot cancer may delay sending patients for potentially life-saving scans.

Labour called the idea “desperate” and accused Mr Hunt of attacking doctors.

The Royal College of GPs said it would be a “crude” system and one that could lead to GPs sending people to specialists indiscriminately.

It warned this could result in flooding hospitals with healthy people.

The move is part of the health secretary's plans to make the NHS more transparent.

Ranking GP surgeries on how quickly they spot cases of cancer and refer patients for treatment is among proposals being considered.
UNDERSTANDING THE GP ENVIRONMENT: THE NEED FOR A PARTNERSHIP APPROACH

The number of full-time equivalent GPs in the UK has increased by 1.7% since 2013, with an increase in the numbers of GPs overall, official figures have revealed. However, the statistics from the Health and Social Care Information Centre reveal that the number of GP partners and principals is continuing to decrease.

They also show that the increase in the number of consultants in the system is continuing to outpace GP numbers.

There were 40,584 GPs in the UK in 2014, an increase of 0.9% on 2013, while the number of FTE GPs grew to 32,628, an increase of 1.7%.
Threat to the future of patient-centred care

General practice in crisis

The ability of general practice to carry on delivering effective patient care in the community is now at risk.

While it conducts 90% of all patient contacts in the NHS, general practice in England is being given a rapidly diminishing share of the NHS budget – now receiving a second low proportion of just 8.5%.

This inadequate level of investment is set to get even worse, with research by Deloitte showing that if current trends continue, funding for general practice in England will fall by a further 17% to just 7.28% of the NHS budget by 2017.

As the population changes and demand for GP services soars, the situation is in desperate need of many more GPs. In fact, the RCGP estimates that in England alone an additional 8,000 family doctors are required to meet the explosion in patient demand by 2020.

The effect of the decline in investment levels, and the growing shortfall in GP numbers, means that the quality of patient care that can be offered by general practice is in decline. In fact, there is now a crisis enveloping the service.

Waiting times to see a GP are growing substantially, with RCGP analysis indicating that on more than 27m occasions patients will have to wait longer than a week to see their GP during 2015.

According to research published by the RCGP, over a third of patients say that the length of time they have to wait to see their GP leaves them concerned about the impact on their health.

As patient demand soars, and resources plummet, general practice teams are buckling under the weight of ballooning workloads, with the majority of GPs now conducting between 40-60 patient consultations a day.

The unsustainable volume of work now being experienced by GPs has made the vast majority of them worry that they will miss something serious in a patient.

As the general practice crisis deepens, increasing numbers of patients are inevitably seeking medical attention in secondary care – heaping further pressure on our hospitals.

There has to be a better way.
GP recruitment campaign in Cumbria
Julie Walabyeki: Understanding cancer symptoms and healthcare interactions amongst smokers

Debra Howell: Haematological malignancies – referral routes and time to diagnosis
Health Behaviors of Smokers, Ex-Smokers, and Never Smokers in an HMO

Raymond G. Boyle, Ph.D.,*1 Patrick O'Connor, M.D., M.P.H.,* Nico Pronk, Ph.D.,† and Agnes Tan, Ph.D.‡

*HealthPartners Research Foundation, †HealthPartners Center for Health Promotion, and
‡HealthPartners, Minneapolis, Minnesota 55440
Julie Walabyeki: Understanding cancer symptoms and healthcare interactions amongst smokers

Debra Howell: Haematological malignancies – referral routes and time to diagnosis

Figure 1: The cancer patient journey

5 Signs of Leukemia
Variation in number of general practitioner consultations before hospital referral for cancer: findings from the 2010 National Cancer Patient Experience Survey in England

Dr Georgios Lyratzopoulos, MD, PhD, Richard D Neal, PhD, Josephine M Barbieri, MPH, Prof Gregory P Rubin, FRCP, Gary A Abel, PhD
Richard Neal: X-raying smokers > 60 years with new symptoms – effect on lung cancer diagnosis

### Lung cancer overview

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<td>Symptoms and signs indicating urgent chest X-ray and urgent and immediate referral</td>
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#### Symptoms and signs indicating urgent chest X-ray

Offer urgent chest X-ray to patients presenting with haemoptysis, or any of the following if unexplained or present for more than 3 weeks:

- cough
- chest/shoulder pain
- dyspnoea
- weight loss
- chest signs
- hoarseness
- finger clubbing
- signs suggesting metastases (for example, in brain, bone, liver or skin)
- cervical/supraclavicular lymphadenopathy.
Christina Renzi: how does an ‘all clear’ message following negative investigations influence appraisal and help-seeking for subsequent cancer symptoms?

Mark Rutherford: variation in stage of diagnosis (breast cancer & melanoma) - how much does it explain differences in survival?
Missed diagnosis in general practice is inevitable. No diagnostic test or clinical decision in general practice is 100% sensitive. This is largely because individuals present at different stages in the evolution of their illness and the red flag signs and symptoms...
Christina Renzi: how does an ‘all clear’ message following negative investigations influence appraisal and help-seeking for subsequent cancer symptoms?

Mark Rutherford: variation in stage of diagnosis (breast cancer & melanoma) - how much does it explain differences in survival?
Breast cancer survival and stage at diagnosis in Australia, Canada, Denmark, Norway, Sweden and the UK, 2000-2007: a population-based study

S Walters¹, C Maringe¹, J Butler², B Rachet¹, P Barrett-Lee³, J Bergh⁴, J Boyages⁵, P Christiansen⁶, M Lee⁷, F Wärnberg⁸, C Allemani¹, G Engholm⁹, T Fornander¹⁰, M L Gjerstorff¹¹, T B Johannesen¹², G Lawrence¹³, C E McGahan¹⁴, R Middleton¹⁵, J Steward¹⁶, E Tracey¹⁷, D Turner¹⁸, M A Richards¹⁹ and M P Coleman¹ The ICBP Module 1 Working Group²⁰
• Early Diagnosis Panel – continuing to seek high quality early diagnosis research ideas

• next deadline for project grant applications (which will be considered by the panel) is 18 June 2015
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