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Welcome to the third issue of the ICBP newsletter

In our summer newsletter we featured the research module looking at population awareness and beliefs about cancer (Module 2). Since then, fieldwork provider Ipsos MORI have completed over 20,000 interviews in all ICBP partner jurisdictions, using the Awareness and Beliefs about Cancer (ABC) measure developed for this study. With the fieldwork phase completed, analysis of the results is now underway.

The development of the ABC measure and some early findings from several of the partnership's jurisdictions will be presented at the National Cancer Research Institute (NCRI) conference in November this year.

The first scientific paper will describe the development of the ABC, with further papers describing and discussing international differences in cancer awareness and beliefs in people aged 50+.

The focus of this issue is Module 3 which looks specifically at the role of primary care in diagnosing cancer. The pilot study for this research module is due to get underway this autumn, with the main study starting in early 2012 in all ICBP partner jurisdictions.

This newsletter also puts a spotlight on two further ICBP board members and provides more information on why Wales and Ontario (Canada) were keen to join the partnership, and tells you what is new on the ICBP webpage.

Focus on Module 3: Role of primary care in diagnosing cancer

Introduction

Module 3 looks specifically at the role of primary care in diagnosing cancer, under the direction of Dr Peter Rose as chair. The module aims to:

- Measure beliefs, behaviours and systems in primary care as they relate to delays in diagnosis
- Understand international differences in the beliefs, behaviours and systems in primary care that may impact on survival.

The module involves two work streams:

1. A survey for GPs/primary care physicians
2. A health care system mapping exercise

The survey

The survey has been developed by Dr Peter Rose in England and includes a set of general questions and two patient vignettes.

The general questions relate to practice/office administration (making appointments and providing follow-up), access to diagnostics, training and education and availability of advice from secondary care.

In addition, some jurisdictions will collect data on questions which are relevant to specific local issues. These include probing in more detail about clinical guidelines or access to care for urban versus rural populations.



Focus on Module 3: The Role of primary care in diagnosing cancer

The vignettes provide two patient scenarios of patients presenting with symptoms that might represent cancer and ask the doctor to demonstrate how they would manage the patient. They focus on initial management and follow up arrangements. They aim to draw out any differences in the approach of primary care physicians to patients with these symptoms. Combined with the general questions the data will provide an insight into the contribution of variation in primary care management of symptoms to cancer outcomes.

The survey will be completed by 200 primary care doctors in each jurisdiction and will be in the form of an online questionnaire. Analysis will be led by Dr Rose.

Health Care Systems mapping

The systems mapping exercise, headed by Professor Greg Rubin in England, will combine desktop research with structured interviews with key informants in each participating jurisdiction. The exercise will map the context in which GPs work, for example which financial and non financial incentives GPs receive, what diagnostic and investigation guidelines and training are available to them, and what their actual diagnostic access is. The idea is that this will provide invaluable insight into variations in systems that might impact on the outcomes of the survey and help to explain and analyse emerging trends.

What next for Module 3?

Both the survey and the vignettes are currently being validated by a sample of GPs in England and further tested for overall ease of use. Once this process is complete, a pilot study in all partner jurisdictions is planned for later this year with the main international study taking place in late January 2012.

The systems mapping exercise started in early October and final reports are expected for May 2012. These results will be used to put the findings of the survey and vignettes into context.

Module 3 Funding and Management

As with Modules 2, 4 and 5, funding is through a collaborative model with each participating jurisdiction contributing a proportion of the central costs of the

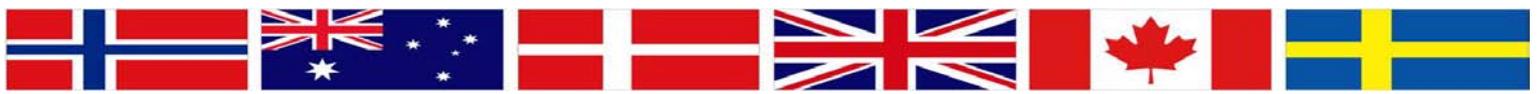
study and financing any associated local costs. Programme management is provided by Cancer Research UK.

Governance

The governance structure for Module 3 below consists of a central academic team which leads on Module 3 and works in close collaboration with a working group, comprising international collaborators.

An independent Academic Reference group (ARG) provides peer review on methodology, analyses and conclusions. The ICBP Programme board oversees the work of Module 3 overall.





Spotlight on Jane Hanson

Dr Jane Hanson, Lead Adviser on Cancer to the Assembly Government and ICPB Programme Board Member, Wales



Biography

Jane trained as a biologist and spent 18 years in cancer research. Her PhD studies investigated the potential to predict patient response to radio and chemotherapy.

Following the publication of the 1995 Calman Hine Report, which set out principles for cancer care and the clinical organisation for service delivery on Cancer Services in England and Wales, Jane left research and moved to work at the interface between the NHS and government cancer policy in Wales.

Jane, as programme co-ordinator, set up a multi professional clinical advisory structure which resulted in the Cameron Report (1996). This was in effect the first cancer plan for Wales and was the start of an all Wales approach to cancer information, clinical trials and cancer genetics. Jane is currently the Lead Adviser for Cancer ensuring that advice from cancer specialists informs the on-going development of Welsh cancer policy.

The national multi professional cancer site groups, chaired by the Lead Cancer Clinician and supported by Jane's central team, have been maintained and have had a key role in developing standards for cancer services and benchmarking services via national clinical audit.

Current work with NHS Wales and the cancer advisory groups is focussed on the update of the current Cancer Plan 'Designed to Tackle Cancer' that will cover the period to 2015.

As an example of the expertise developed over recent years, Wales has recently been awarded one of six Clinical and one of three Technology Hubs as part of the Cancer Research UK stratified medicine programme.

Q & A with Jane Hanson

Q: What was Wales' motivation for joining the ICBP?

There is a strong culture of clinical audit in Wales with recognition of the importance of research and evidence to both inform decisions how to achieve best outcomes and ensure effective use of resources. Participation in the ICBP provides a great way to achieve these goals. The commitment to ensure a uniform methodology comparing like with like, added to the need to have rapid publication of results, gives us the potential to build the ICBP research findings into the next phase of our cancer policy.

Q: How does the National Health System (NHS) in Wales differ from the NHS in England?

Guidance on best practice clinical remains similar in both countries and emanates principally from the Royal Colleges in London and National Institute for Clinical Excellence (NICE) supported by a number of national clinical audits. The process of devolution of responsibility for health services has proceeded over several decades and the legislative powers for almost all aspects of health care are located in Cardiff.

Last year, the NHS re-organisation resulted in abolition of the quasi-market system and of separate commissioners and providers, and the establishment of seven integrated Local Health Boards responsible for primary, secondary and tertiary care services.

This meant regional structures could also be simplified and the initial three regional cancer networks have been reduced to two. A new NHS Trust, Public Health Wales, has been created to lead on health improvement and screening services for the whole of Wales. It is expected that this integrated approach will provide the impetus for greater collaboration between GPs and specialist cancer teams that will be needed to achieve earlier diagnosis of cancer.



Spotlight on Michael Sherar

Dr Michael Sherar, President and CEO Cancer Care Ontario & ICBP Programme Board Member, Ontario, Canada



Biography

Michael Sherar is President & CEO of Cancer Care Ontario. From 2006 to 2011, he was the provincial agency's Vice-President, Planning and Regional Programs, leading the development of Regional Cancer Programs, including capital planning for cancer services across the province.

Most recently, Michael was responsible for overseeing the development of the new Ontario Cancer Plan 2011-2015. Michael is also a Professor of Medical Biophysics, University of Toronto and Senior Scientist at the Ontario Cancer Institute/Princess Margaret Hospital where he leads research into new minimally invasive cancer treatments including radiofrequency ablation.

In 2001 Michael Sherar was selected as one of Canada's "Top 40 under 40" for achievements in leadership. He was previously Regional Vice President & Vice President, respectively, for Cancer Services London (for Cancer Care Ontario) and the London Regional Cancer Program (LRCP), London Health Sciences Centre (LHSC).

Michael received a BA in Physics from Oxford University in 1985 and his PhD in Medical Biophysics from University of Toronto in 1989.

Cancer Care Ontario

Cancer Care Ontario (CCO) is an agency of the Ontario government that drives continuous improvement in disease prevention, the delivery of care and the patient experience in cancer, chronic kidney disease and wait times for key health services. In conjunction with its partners, CCO leads system-wide planning, contracts for services with hospitals and providers, develops and deploys information systems, guidelines and standards, and establishes performance targets for system improvement.

“We joined the International Cancer Benchmarking Partnership because it is an excellent opportunity to contribute to a unique international partnership of physicians, scientists, and policymakers...”

Q & A with Michael Sherar

Q: What are you hoping the ICBP can do for Ontario?

Cancer Care Ontario believes that the ICBP will help us gain a better understanding as to how and why cancer survival rates vary among jurisdictions. We will look to see what other jurisdictions are achieving and compare them with Ontario to see where we stand. Working with the ICBP will help us find ways to improve Ontario's cancer services, to reduce cancer risks and to provide better care close to home.

Q: What was your motivation for joining the ICBP?

We joined the International Cancer Benchmarking Partnership because it is an excellent opportunity to contribute to a unique international partnership of physicians, scientists, and policymakers under the excellent leadership of Sir Mike Richards. We look forward to generating insight and understanding that will help improve cancer survival outcomes across all 12 jurisdictions in the partnership.

The other key motivator in joining the ICBP is that it is in line with the goals outlined in our third Ontario Cancer Plan 2011-2015. The Cancer Plan is driven by a commitment to quality and guided by our vision of providing Ontarians with the best cancer system in the world. Joining the ICBP is a great way for all 12 jurisdictions to work together to reduce the risk of developing cancer and to improve the ability to detect it early, while also improving the quality of care and treatment for current and future patients.



What is new on the ICBP webpage?

We have updated our webpage to make its content more easily accessible and provide you with extra detail on the partnership. In particular, we have created a new page that contains all ICBP publications:

- Newsletters
- Scientific publications
- Conference presentations
- Other ICBP reports

Here is a sneak preview of two new ICBP reports that are available for download from:

www.icbp.org.uk

- ICBP partners: Cancer plan comparison report
- How to improve cancer survival: Explaining England's relatively poor rate

ICBP partners: Cancer plan comparison report

One of the key objectives of the ICBP is to produce actionable insights to help all partners improve cancer survival outcomes in ways which are credible to policy makers and clinicians. A key aspect of this is having an in-depth understanding of jurisdictions' cancer plans. All ICBP partners have cancer plans in place and several, including England, Denmark and New South Wales (Australia) have recently published new national cancer strategies.

As part of a six month project with the ICBP management team, CR-UK's Penny Sellers reviewed all of the ICBP partner jurisdictions' cancer plans. She identified the key aspects in each strategy as well as areas of overlap and significant differences between jurisdictions and produced a summary report.

How to improve cancer survival: Explaining England's relatively poor rates

In June, ICBP Programme Director Catherine Foot, together with her colleague Tony Harrison at The King's Fund, published a briefing paper outlining the evidence to date on international differences in cancer survival and the evidence for what may be driving those differences. "How to improve cancer survival: Explaining England's relatively poor rates" sets out how the ICBP studies are already and will continue to add to this evidence base.

Both reports are now available to download from www.icbp.org.uk

We would like to hear from you with your views and comments about the partnership, and we encourage you to stay in touch via icbp@cancer.org.uk.





The ICBP partners and funders

The ICBP is a partnership which involves many collaborators and funders. These include:



National Cancer Action Team
Part of the National Cancer Programme



CANADIAN PARTNERSHIP
AGAINST CANCER



PARTENARIAT CANADIEN
CONTRE LE CANCER



Cancer Services
Co-ordinating Group

Grŵp Cydgysylltu
Gwasanaethau Cancer



Llywodraeth Cymru
Welsh Government



BC Cancer Agency

CARE + RESEARCH

An agency of the Provincial Health Services Authority