RCGP and Cancer Research UK Workshop

Sleaford New Life Conference Centre
25 Mareham Lane, Sleaford, NG34 7JP
22nd February 2018

Dr Richard Roope
RCGP and Cancer Research UK Cancer Clinical Champion
Senior Clinical Advisor Cancer Research UK
RCGP and Cancer Research UK Workshop

Housekeeping

- Fire Exits
- Toilets
- Mobile phones
- Questions
- Certificates
- Thanks to the team who have set up the day:
  - RCGP and Cancer Research UK Team
  - Sleaford New Life Conference Centre Staff
The Day:

• The expanding role of Primary Care and Cancer Control
  • Tea and Coffee

• Cancer and Women’s Health
  • Lunch and networking

• Find out faster in Lincoln

• The role of secondary prevention services – Let’s talk about weight

• Safety netting and learning form significant events

• Key take home, evaluation and close
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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
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Cancer: why all the interest?
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Cancer: why all the interest?

Causes of death <75

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

1. Circulatory Disease
2. Cancer
3. Liver
4. Respiratory
5. Other
### Causes of death <75

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

**Which do you think is the correct column? (high to low)**
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## 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>
</tr>
</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>Other</td>
<td>Cancer</td>
<td>Circulatory Disease</td>
</tr>
<tr>
<td>3.</td>
<td>Liver</td>
<td>Circulatory Disease</td>
<td>Respiratory</td>
<td>Other</td>
</tr>
<tr>
<td>4.</td>
<td>Respiratory</td>
<td>Liver</td>
<td>Liver</td>
<td>Respiratory</td>
</tr>
<tr>
<td>5.</td>
<td>Other</td>
<td>Respiratory</td>
<td>Other</td>
<td>Liver</td>
</tr>
</tbody>
</table>
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Cancer: why all the interest?

![Pie chart showing Causes of death <75 in England](image-url)
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Cancer: why all the interest?

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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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

Life expectancy 1960-2015

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### Aging Population - Centenarians

<table>
<thead>
<tr>
<th>Gender</th>
<th>2013</th>
<th>2063</th>
<th>X</th>
</tr>
</thead>
<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 13.1.18
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Aging Population - Centenarians

https://visual.ons.gov.uk/what-are-your-chances-of-living-to-100/ last accessed 13.1.18
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Aging and Cancer
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Aging and Cancer

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 13.1.18

Male  Female
Mortality from all cancers
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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&line=2&moving=1&scale=0&submit=%A0%A0%A0Execute%A0%A0%A0 last accessed 13.1.18
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The Scale of the Challenge:

The perfect storm...

Aging population

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

The perfect storm...

Aging population

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

Increasing survival
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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 last accessed 12.2.18

http://www.cancerresearchuk.org/health-professional/cancer-statistics/worldwide-cancer/incidence#heading-Five Last accessed 12.2.18
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
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%
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. 2.4%
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
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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 in 2012/3: £2008 per head
Total NHS spend cancer care: £109 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 in 2012/3: £2008 per head
Total NHS spend cancer care: £109 per head

Just 5.4% of NHS spend

http://www.nuffieldtrust.org.uk/nhs-numbers-0 last accessed 1.3.17
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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%
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Why is early diagnosis important?
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Why is early diagnosis important?

[Bar chart showing one-year age standardised net survival by stage, adults (Ages 15-99 Years), England 2014]

http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/survival#heading-Three (last accessed 17.2.18)
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Why is early diagnosis important?

![Breast Cancer (C50), One-Year Age Standardised Net Survival by Stage, Adults (Ages 16-99 Years), England 2014](chart.png)
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Why is early diagnosis important?

http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/prostate-cancer/survival#heading-Two (last accessed 17.2.18)
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Why is early diagnosis important?

- **Breast Cancer (CS5)**, One-Year Age Standardised Net Survival by Stage, Adults (Ages 15-99 Years), England 2014
- **Prostate Cancer (CE1)**, One-Year Age Standardised Net Survival by Stage, Adults (Ages 15-99 Years), England 2014
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Why is early diagnosis important?

http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/bowel-cancer/survival#heading-Three (last accessed 17.2.18)
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Why is early diagnosis important?
Why is early diagnosis important?

[Lung Cancer (C33-C34), One-Year Age Standardised Net Survival by Stage, Adults (Ages 15-99 Years), England 2014]

[Prostate Cancer (C61), One-Year Age Standardised Net Survival by Stage, Adults (Ages 15-99 Years), England 2014]

[Breast Cancer (C50), One-Year Age Standardised Net Survival by Stage, Adults (Ages 15-99 Years), England 2014]

[Colorectal Cancer (C18-C20), One-Year One Year Age Standardised Net Survival by Stage, Adults (Ages 15-99 Years), England 2014]

http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/lung-cancer/survival#heading-Three (last accessed 17.2.18)
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Why is early diagnosis important?
Why is early diagnosis important?

Proportion of Cases Diagnosed at Each Stage

- England
- Northern Ireland

[Graph showing the proportion of cases diagnosed at each stage (Stage I, Stage II, Stage III, Stage IV, Stage Unknown) for England and Northern Ireland.]

[Link: www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/all-cancers-combined#heading-Two (last accessed 17.2.18)]
Why is early diagnosis important?

Proportion of Cases Diagnosed at Each Stage

Stage Shift

Percentage of Cases (%)

Stage at Diagnosis

England
Northern Ireland

Stage I
Stage II
Stage III
Stage IV
Stage Unknown

www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/all-cancers-combined#heading-Two (last accessed 17.2.18)
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>
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Where were we?
Improving Outcomes: A Strategy for Cancer

January 2011
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**Where were we?**

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

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

Detection Rate

Conversion Rate

https://fingertips.phe.org.uk/profile/cancerservices
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How did we do?

Conversion Rate

Detection Rate

https://fingertips.phe.org.uk/profile/cancerservices (last accessed 21.1.17)
How have we done?

Routes to Cancer Diagnosis - %

- Screening
- 2 week wait
- Emergency

http://www.ncin.org.uk/publications/routes_to_diagnosis (last accessed 17.2.18)
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How have we done?

Routes to Cancer Diagnosis - Numbers

- Screening: ↑66.0%
- 2 week wait: ↓1.2%
- Emergency: ↑77.8%

http://www.ncin.org.uk/publications/routes_to_diagnosis (last accessed 17.2.18)
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Variation: Lincolnshire CCGs

Cancer 1 year survival

http://lci.cancertoolkit.co.uk/Survival (last accessed 5.3.17)
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Variation: Lincolnshire CCGs

Proportion of cancers diagnosed at early stage – year ending:

- England
- Lincolnshire East
- Lincolnshire West

http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics (last accessed 17.2.18)
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http://lci.cancertoolkit.co.uk/Survival (last accessed 21.1.17)
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Variation: East and West Lincolnshire CCGs
## Number of emergency presentations (Number per 100,000 population)

### 2016/17

**Crude rate - per 100,000**

<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>88*</td>
<td>87</td>
<td>89</td>
</tr>
<tr>
<td>Central Midlands NHS region</td>
<td>84*</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NHS Bedfordshire CCG</td>
<td>76*</td>
<td>68</td>
<td>84</td>
</tr>
<tr>
<td>NHS Corby CCG</td>
<td>98*</td>
<td>77</td>
<td>122</td>
</tr>
<tr>
<td>NHS East And North Hert...</td>
<td>75*</td>
<td>68</td>
<td>82</td>
</tr>
<tr>
<td>NHS East Leicestershire...</td>
<td>90*</td>
<td>80</td>
<td>100</td>
</tr>
<tr>
<td>NHS Herts Valleys CCG</td>
<td>86*</td>
<td>79</td>
<td>94</td>
</tr>
<tr>
<td>NHS Leicester City CCG</td>
<td>73*</td>
<td>65</td>
<td>82</td>
</tr>
<tr>
<td>NHS Lincolnshire East C...</td>
<td>126*</td>
<td>112</td>
<td>140</td>
</tr>
<tr>
<td>NHS Lincolnshire West C...</td>
<td>88*</td>
<td>76</td>
<td>101</td>
</tr>
<tr>
<td>NHS Luton CCG</td>
<td>76*</td>
<td>65</td>
<td>88</td>
</tr>
<tr>
<td>NHS Milton Keynes CCG</td>
<td>71*</td>
<td>61</td>
<td>81</td>
</tr>
<tr>
<td>NHS Nene CCG</td>
<td>81*</td>
<td>74</td>
<td>88</td>
</tr>
<tr>
<td>NHS South Lincolnshire...</td>
<td>105*</td>
<td>90</td>
<td>122</td>
</tr>
<tr>
<td>NHS South West Lincolnshire...</td>
<td>88*</td>
<td>73</td>
<td>106</td>
</tr>
<tr>
<td>NHS West Leicestershire...</td>
<td>91*</td>
<td>82</td>
<td>101</td>
</tr>
</tbody>
</table>

Source: Hospital Episode Statistics, NHS Digital

[Accessed 17.2.18](https://fingertips.phe.org.uk/profile/cancerservices/data#page/3/gid/1938132830/pat/46/par/E39000030/ati/153/are/E38000099/iid/91356/age/1/sex/4)
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PHE Press release 16.9.15:

“Cancers are being diagnosed earlier in England”

(last accessed 17.2.18)
ONS Press release 29.11.17:

“The one-year all-cancer survival index for England increased steadily from 61.2% for patients diagnosed in 2000 to 72.3% in 2015.”
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

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

% 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>
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<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>
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<td></td>
<td></td>
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<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/
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However compared to Europe?

LATEST CANCER SURVIVAL FIGURES
ENGLAND FIGURES COMPARED TO COUNTRIES WITH SIMILAR HEALTHCARE SYSTEMS

% 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?
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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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• 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
Cancer Control in Primary Care

- Cancer Strategy 2015-2020 has three core aims:

1. Save thousands more lives - <75 preventable cancers

Under 75 mortality rate for cancer considered preventable
Cancer Control in Primary Care

- 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
Cancer Control in Primary Care

• Cancer Strategy 2015-2020 has three core aims:

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

Ambition:
Cancer Control in Primary Care

• 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 17.1%)
Cancer Control in Primary Care

Smoking prevalence in UK

http://www.smokinginengland.info/latest-statistics/ (last accessed 17.2.18)
Cancer Control in Primary Care

Smoking prevalence in UK

http://www.smokinginengland.info/latest-statistics/ (last accessed 17.2.18)
Cancer Control in Primary Care

• Cancer Strategy 2015-2020 has three core aims:

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

Smoking cessation:
Cancer Control in Primary Care

- Cancer Strategy 2015-2020 has three core aims:
  1. Save thousands more lives
     • Spearhead a radical upgrade in prevention

  Smoking cessation:

  £1 investment leads to a return of (including NHS savings and value of health gains)

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
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<td>5 years</td>
<td>£</td>
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<td>£</td>
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</tr>
</tbody>
</table>
Cancer Control in Primary Care

• Cancer Strategy 2015-2020 has three core aims:
  1. Save thousands more lives
    • Spearhead a radical upgrade in prevention

  Weight management:
Cancer Control in Primary Care

- Cancer Strategy 2015-2020 has three core aims:

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

http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/overweight-and-obesity#heading-Two (last accessed 17.2.18)
Cancer Control in Primary Care

• Cancer Strategy 2015-2020 has three core aims:

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

Weight management:
PHE: “Let’s talk about weight”
Cancer Control in Primary Care

Weight management:

PHE: “Let’s talk about weight”

Guidance

Adult weight management: a guide to brief interventions

From: Public Health England
Part of: Weight management: guidance for commissioners and providers
Published: 21 June 2017

Practical advice and tools to support health and care professionals make brief interventions in weight management for adults.

Documents

Let’s talk about weight: a step-by-step guide to brief interventions with adults for health and care professionals
Ref: PHE publication gateway number: 2017052
PDF, 418KB, 11 pages
This file may not be suitable for users of assistive technology. Request an accessible format.

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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
RCGP and Cancer Research UK Workshop

• 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”
Cancer Strategy 2015-2020 has three core aims:

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   • 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”
RCGP and Cancer Research UK Workshop

• 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
RCGP and Cancer Research UK Workshop

- Cancer Strategy 2015-2020 has three core aims:
  1. Save thousands more lives
  2. Transform patient experience and quality of life
RCGP and Cancer Research UK Workshop

• 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
RCGP and Cancer Research UK 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
“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.”
## RCGP and Cancer Research UK Workshop

<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>
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<tr>
<td>Food</td>
<td>Health care seeking</td>
<td>Access</td>
<td>Chemotherapy</td>
<td>Late effects</td>
<td>Specialised</td>
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<tr>
<td>Immunisations</td>
<td>Screening</td>
<td>Technology</td>
<td>Radiotherapy</td>
<td>Rehabilitation</td>
<td>Social</td>
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<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>

### Prevention Topics
- Tobacco
- Food
- Immunisations
- Exercise
- Environment

### Early Detection Topics
- Awareness
- Health care seeking
- Screening
- Access

### Diagnosis Topics
- Investigations
- Access
- Technology
- Decision support

### Treatment Topics
- Surgery
- Chemotherapy
- Radiotherapy
- Comorbidity
- Psychology

### Survivorship Topics
- Follow-up
- Late effects
- Rehabilitation
- Health promotion

### End of Life Topics
- Basic palliation
- Specialised
- Social
- Bereavement
Primary Care could (should?) have a part to play throughout the cancer pathway, and is well placed to do so…
Primary Care could (should?) have a part to play throughout the cancer pathway, and is well placed to do so…if adequately resourced…
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The Lancet Oncology:
“The expanding role of Primary Care in Cancer Control”

“For a long time, the role of primary care in cancer was largely seen a 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, Vol. 16, No. 12
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:
“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”
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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
- When? Now
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Value in investing in early diagnosis:

• Results?
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:
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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

Projections of cancer prevalence in the United Kingdom, 2010–2040 J Maddams, M Utley and H Møller
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- Survivorship:
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• Survivorship:
  Problems faced by cancer survivors:
  • Physical
  • Psychological
  • Social
  • Financial
Survivorship: Problems faced by cancer survivors:
• Physical
  • Consequences of treatment
    • Immediate (e.g., radiation proctitis)
    • Late (e.g., ↑ 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
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- Survivorship:
  Problems faced by cancer survivors:
  - Physical
    - Consequences of treatment
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- Survivorship:
  - Problems faced by cancer survivors:
    - Physical
      - Consequences of treatment
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- Survivorship:
  Problems faced by cancer survivors:
  - Physical
    - Co-morbidities

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 treatment¹.

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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
Risk factors common to other long term conditions:
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Risk factors common to other long term conditions:

Aging population

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

- Physical
  - Recurrence – can be reduced
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.
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
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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http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/deprivation-gradient#heading-Zero (last accessed 17.2.18)
Problems faced by cancer survivors:
• Physical
• Psychological
• Social
• Financial
  • Consequences of treatment
  • Loss of job/overtime for patient and carer
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Survivorship - Exercise
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 \rightarrow 40% cancer mortality
  Bowel cancer
    6 hours of exercise per week \rightarrow 50% cancer mortality
  Prostate cancer
    3 hours of exercise per week \rightarrow 30% cancer mortality

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Survivorship - Exercise

https://www.walkingforhealth.org.uk/ (last accessed 17.2.18)
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Health walks within 10 miles of SLEAFORD, LINCOLNSHIRE

https://www.walkingforhealth.org.uk/walk/search/Lincoln%2CLincolnshire (last accessed 17.2.18)
As survivorship increases:
  
  **Co-morbidity**
  
  **Second cancers:**
  
  previous history cancer → ↑ risk other cancer
  
  Eg: Melanoma: ↑ risk of prostate cancer by 32%

  **Complications of treatment**
  
  Eg pelvic radiation
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End of Life Care
End of Life Care

Palliative Care

• increasingly seen as “non-curative treatment and support”
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End of Life Care
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![End-of-life care: The best and the worst](https://www.eiuperspectives.economist.com/sites/default/files/images/2015%20EIU%20Quality%20of%20Death%20Index%20Oct%2029%20FINAL.pdf)

<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>
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<tr>
<td>New Zealand</td>
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<td>15.3</td>
</tr>
<tr>
<td>Ireland</td>
<td>85.8</td>
<td>Nigeria</td>
<td>16.9</td>
</tr>
<tr>
<td>Belgium</td>
<td>84.5</td>
<td>Myanmar</td>
<td>17.1</td>
</tr>
<tr>
<td>Taiwan</td>
<td>83.1</td>
<td>Dominic Republic</td>
<td>17.2</td>
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<td>Germany</td>
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<td>Iran</td>
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<td>US</td>
<td>80.8</td>
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<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

[https://www.eiuperspectives.economist.com/sites/default/files/images/2015%20EIU%20Quality%20of%20Death%20Index%20Oct%2029%20FINAL.pdf](https://www.eiuperspectives.economist.com/sites/default/files/images/2015%20EIU%20Quality%20of%20Death%20Index%20Oct%2029%20FINAL.pdf) (last accessed 17.2.18)
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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

http://apps.mariecurie.org.uk/marie-curie-atlas/html5/atlas.html (last accessed 17.2.18)
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Dying at home

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What’s new?
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What’s new?

Output from the National Cancer Transformation Board

• **Delivery infrastructure:** National Cancer Vanguard and 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:
The current Dashboard is phase 1 of this work. See the background tab below for more details.

- **Headline**
  - **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

[Dashboard Link](https://www.cancerdata.nhs.uk/dashboard#?tab=Overview&ccg=03T)
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National Cancer Diagnosis Audit

https://www.cancerdata.nhs.uk/dashboard#?tab=Overview&ccg=03T
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National Cancer Diagnosis Audit

- Primary and secondary care data for patients diagnosed with cancer in 2014
- England: 439 GP practices took part
- 17,043 (5.74%) patient pathways to cancer diagnosis
- Participating practices provided with a tailored report on their data to help highlight good practice and identify areas for quality improvement
- National results of the England audit have been published in the BJGP https://doi.org/10.3399/bjgp17X694169
WHERE CANCER PATIENTS FIRST REPORTED THEIR SYMPTOMS

67.5% GP SURGERY

6.9% A&E

6.4% Screening

5% Outpatients

4.7% GP home visit

9.5% Other places & unknown (includes hospital inpatients, telephone consultations and out of hours)

Source: National Cancer Diagnosis Audit 2017, BJGP
LET'S BEAT CANCER SOONER cru.uk.org

https://doi.org/10.3399/bjgp17X694169
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National Cancer Diagnosis Audit

WHAT CAUSES AVOIDABLE DELAYS IN CANCER DIAGNOSIS?

GPs were asked about more than 17,000 cancer diagnoses in England in 2014. They said...

1 in 5 patients experienced an avoidable delay in their diagnosis.

TOP THREE CAUSES OF AVOIDABLE DELAYS

<table>
<thead>
<tr>
<th>Health Professional (eg, GP, Hospital doctor)</th>
<th>Hospital</th>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>28%</td>
<td>27.1%</td>
<td>25.7%</td>
</tr>
</tbody>
</table>

OTHER CAUSES

- Cancer signs & symptoms (eg, vague symptoms) - 11.9%
- Primary care system (eg, GP surgery) - 6.8%
- Specialist hospitals (Tertiary care) - 0.6%
- Other - 4.9%

Source: National Cancer Diagnosis Audit 2017, BJGP

LET'S BEAT CANCER SOONER

crui.org

https://doi.org/10.3399/bjgp17X694169
Consultations prior to referral (where recorded)

- Number of consultations prior to referral:
  - <3: 78%
  - ≥3: 22%
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National Cancer Diagnosis Audit

• The audit will be repeated (data collection to start in 2019)

https://doi.org/10.3399/bjgp17X694169
"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
“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
Education
Education
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Key to cancer

Education – public
Education – patients
Education – profession
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Key to cancer

- Education – public
- Education – patients
- Education – profession
- Education – policy makers
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Key to cancer

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

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

We have done amazingly, rising to the challenge of 2011
Our common goal?

We have done amazingly, rising to the challenge of 2011
We can do even better, individually
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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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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
One person can make a difference, and everyone should try.
One person can make a difference, and everyone should try.

John F Kennedy 1917-1963
Thank you
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Any questions?