RCGP and Cancer Research UK Workshop

Mercure Maidstone, Great Danes Hotel
Maidstone ME17 1RE
19th October 2017

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

Housekeeping
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
  - Mercure Maidstone Great Danes Hotel Staff
RCGP and Cancer Research UK Workshop

The Day:
• The expanding role of Primary Care and Cancer Control
  • Tea and Coffee
• NICE implementation and early diagnosis within Kent and Medway
  • Lunch and networking
• Significant Event Audits – Lessons from two large scale studies
• How best to get your patients to quit smoking
• Evaluation
RCGP and Cancer Research UK Workshop

Primary Care and Cancer Control
RCGP and Cancer Research UK Workshop

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
RCGP and Cancer Research UK Workshop

Cancer: why all the interest?
## 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>Respiratory</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>
## RCGP and Cancer Research UK Workshop

### 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

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

Which do you think is the correct column? (high to low)
# RCGP and Cancer Research UK Workshop

**Cancer: why all the interest?**

## Causes of death <75

<table>
<thead>
<tr>
<th>No.</th>
<th>Cause</th>
<th>No.</th>
<th>Cause</th>
<th>No.</th>
<th>Cause</th>
<th>No.</th>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Circulatory Disease</td>
<td>2</td>
<td>Cancer</td>
<td>3</td>
<td>Circulatory Disease</td>
<td>4</td>
<td>Cancer</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>3</td>
<td>Other</td>
<td>4</td>
<td>Respiratory</td>
<td>5</td>
<td>Other</td>
</tr>
<tr>
<td>3</td>
<td>Liver</td>
<td>4</td>
<td>Liver</td>
<td>5</td>
<td>Respiratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Respiratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
RCGP and Cancer Research UK Workshop

Cancer: why all the interest?

![Pie chart showing causes of death in England for those under 75 years old.]
RCGP and Cancer Research UK Workshop

Cancer: why all the interest?

![Pie chart showing causes of death <75 in England]

- Cancer: 42%
- Circulatory Disease: 37%
- Respiratory: 9%
- Liver: 6%
- Other: 21%
RCGP and Cancer Research UK Workshop

Cancer – why all the interest?

The Future:
RCGP and Cancer Research UK Workshop

The perfect storm:
RCGP and Cancer Research UK Workshop

The perfect storm:
RCGP and Cancer Research UK Workshop

The Scale of the Challenge:

The perfect storm...
RCGP and Cancer Research UK Workshop

The Scale of the Challenge:

The perfect storm...

Aging population
RCGP and Cancer Research UK Workshop

Aging Population

### RCGP and Cancer Research UK Workshop

**Aging Population - Centenarians**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2062</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2,242</td>
<td>50,000</td>
<td>22.3</td>
</tr>
<tr>
<td>Female</td>
<td>12,328</td>
<td>80,000</td>
<td>6.5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>14,750</td>
<td>130,000</td>
<td>8.8</td>
</tr>
</tbody>
</table>


RCGP and Cancer Research UK Workshop

The Scale of the Challenge:

The perfect storm...

Aging population

Lifestyles less healthy:
• Smoking
• Diet
• Alcohol
• Exercise
• Sun exposure
RCGP and Cancer Research UK Workshop

The Scale of the Challenge:

The perfect storm...

Aging population

Lifestyles less healthy:

• Smoking
• Diet
• Alcohol
• Exercise
• Sun exposure

Increasing survival
### The perfect storm:

**Numbers of cancers**

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

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

https://publications.cancerresearchuk.org/downloads/product/CS_REPORT_WORLD.pdf
By the end of 2016, there were 1,000 people in the UK being diagnosed with cancer every day.
RCGP and Cancer Research UK Workshop

Cancer: why all the interest?

1 in 2 people will be diagnosed with one or more cancers in their lifetime
RCGP and Cancer Research UK Workshop

Lifetime risk of cancer:

http://www.cancerresearchuk.org/cancer-info/cancerstats/incidence/risk/
RCGP and Cancer Research UK Workshop

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%
RCGP and Cancer Research UK Workshop

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.
RCGP and Cancer Research UK Workshop

Hasn’t cancer had its turn?
RCGP and Cancer Research UK Workshop

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....
RCGP and Cancer Research UK Workshop

Hasn’t cancer had its turn?
Total NHS spend in 2012/3: £125,700,000,000
RCGP and Cancer Research UK Workshop

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
RCGP and Cancer Research UK Workshop

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
RCGP and Cancer Research UK Workshop

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
RCGP and Cancer Research UK Workshop

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%
RCGP and Cancer Research UK Workshop

Why is early diagnosis important?
RCGP and Cancer Research UK Workshop

Why is early diagnosis important?

All Cancers

www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/all-cancers-combined#heading-Two (last accessed 5.3.17)
Why is early diagnosis important?
All Cancers

Stage Shift

www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/all-cancers-combined#heading-Two (last accessed 5.3.17)
## RCGP and Cancer Research UK Workshop

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

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Survival Rate</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>
RCGP and Cancer Research UK Workshop

Where were we?
### RCGP and Cancer Research UK Workshop

#### 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>
RCGP and Cancer Research UK Workshop

What did we do?
RCGP and Cancer Research UK Workshop

What did we do?
RCGP and Cancer Research UK Workshop

What did we do?

• Research stream
• Primary Care Engagement
• Input to Cancer Network and SCNs
• RCGP Education Events
  – etc
RCGP and Cancer Research UK Workshop

How did we do?
How did we do?

Conversion Rate

Detection Rate

https://fingertips.phe.org.uk/profile/cancerservices
RCGP and Cancer Research UK Workshop

How did we do?

https://fingertips.phe.org.uk/profile/cancerservices (last accessed 21.1.17)
Proportion of emergency presentations by year of diagnosis and type of cancer.
RCGP and Cancer Research UK Workshop

Variation: Kent CCGs

http://lci.cancertoolkit.co.uk/Survival (last accessed 5.3.17)
RCGP and Cancer Research UK Workshop

http://lci.cancertoolkit.co.uk/Survival (last accessed 21.1.17)
RCGP and Cancer Research UK Workshop
Variation: South East CCGs
RCGP and Cancer Research UK Workshop
Variation: South East CCGs

Number of emergency presentations (Number per 100,000 population) 2015/16

Export chart as image

Export table as image

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

Source: Hospital Episode Statistics, NHS Digital

RCGP and Cancer Research UK Workshop

PHE Press release 16.9.15:

“Cancers are being diagnosed earlier in England”

(last accessed 21.1.17)
RCGP and Cancer Research UK Workshop
However compared to Europe?
RCGP and Cancer Research UK Workshop

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

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/
RCGP and Cancer Research UK Workshop
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/
RCGP and Cancer Research UK Workshop
Why do we lag behind other Health Systems?
RCGP and Cancer Research UK Workshop

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

RCGP and Cancer Research UK Workshop

Gate openers...
RCGP and Cancer Research UK Workshop
RCGP and Cancer Research UK Workshop

ACHIEVING WORLD-CLASS CANCER OUTCOMES
A STRATEGY FOR ENGLAND
2015-2020

Report of the Independent Cancer Taskforce
RCPG 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

RCGP and Cancer Research UK Workshop

• 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

Under 75 mortality rate for cancer considered preventable
www.phoutcomes.info/public-health-outcomes-framework#page/8/gid/1000044/pat/6/par/E12000008/ati/101/are/E06000036/iid/40502/ (last accessed 17.6.17)
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 16.9%)
Cancer Control in Primary Care

Smoking prevalence in UK

23.3%
16.9%
11.7%

http://www.smokinginengland.info/latest-statistics/ (last accessed 17.10.17)
Cancer Control in Primary Care

Smoking prevalence in UK

http://www.smokinginengland.info/latest-statistics/ (last accessed 17.10.17)
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)

<table>
<thead>
<tr>
<th>Duration</th>
<th>Return (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 years</td>
<td>0.63</td>
</tr>
<tr>
<td>5 years</td>
<td>1.46</td>
</tr>
<tr>
<td>10 years</td>
<td>2.82</td>
</tr>
<tr>
<td>Lifetime</td>
<td>9.35</td>
</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

Weight management:
PHE: “Let’s talk about weight”
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

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
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”
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

     - “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
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>
</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>

**Notes:**
- RCGP and Cancer Research UK Workshop
- Focus areas include prevention, early detection, diagnosis, treatment, survivorship, and end of life.
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…
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 as peripheral, but as prevention, diagnosis, survivorship, and end-of-life care assume greater importance in cancer policy, the defining characteristics of primary care become more important”

The Lancet Oncology, Vol. 16, No. 12
RCGP and Cancer Research UK Workshop

The Lancet Oncology:
“The expanding role of Primary Care in Cancer Control”

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

The Lancet Oncology, Vol. 16, No. 12
RCGP and Cancer Research UK Workshop

The Lancet Oncology:
“The expanding role of Primary Care in Cancer Control”

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

The Lancet Oncology, Vol. 16, No. 12
RCGP and Cancer Research UK Workshop

Value in investing in early diagnosis:
RCGP and Cancer Research UK Workshop

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
RCGP and Cancer Research UK Workshop

Value in investing in early diagnosis:

- Results?
RCGP and Cancer Research UK Workshop

Value in investing in early diagnosis:

• Results?
  • Better medicine – earlier diagnosis (not just of cancer)
  • Fewer consultations
  • Better outcomes
  • Less complaints/litigation
  • Less £££
RCGP and Cancer Research UK Workshop

• Living with and beyond cancer:
RCGP and Cancer Research UK Workshop

• Living with and beyond cancer:
  • Rising cancer incidence
  • Falling cancer mortality
RCGP and Cancer Research UK Workshop

• Living with and beyond cancer:

![Cancer Survivorship Graph]

Projections of cancer prevalence in the United Kingdom, 2010–2040 J Maddams, M Utley and H Møller
RCGP and Cancer Research UK Workshop

- Survivorship:
RCGP and Cancer Research UK Workshop

- Survivorship:
  Problems faced by cancer survivors:
  - Physical
  - Psychological
  - Social
  - Financial
RCGP and Cancer Research UK Workshop

• Survivorship:
  Problems faced by cancer survivors:
  • Physical
    • Consequences of treatment
      • Immediate (eg radiation proctitis)
      • Late (eg ↑ x5 incidence of congestive heart failure after radiotherapy or chemotherapy for NHL) 10+ years after treatment
RCGP and Cancer Research UK Workshop

- Survivorship:
  - Problems faced by cancer survivors:
    - Physical
      - Consequences of treatment
Survivorship:
Problems faced by cancer survivors:
• Physical
  • Consequences of treatment
RCGP and Cancer Research UK Workshop

Survivorship:
Problems faced by cancer survivors:
• Physical
  • Consequences of treatment
RCGP and Cancer Research UK Workshop

- 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 treatment\(^1\).

### RCGP and Cancer Research UK Workshop

- **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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>No other LTCs</th>
<th>One other LTC</th>
<th>Two other LTCs</th>
<th>Three or more LTCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>77%</td>
<td>71%</td>
<td>61%</td>
<td>42%</td>
</tr>
<tr>
<td>15-24</td>
<td>7%</td>
<td>9%</td>
<td>15%</td>
<td>21%</td>
</tr>
<tr>
<td>25-49</td>
<td>19%</td>
<td>24%</td>
<td>25%</td>
<td>23%</td>
</tr>
<tr>
<td>50-64</td>
<td>28%</td>
<td>20%</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>65-69</td>
<td>35%</td>
<td>21%</td>
<td>22%</td>
<td>16%</td>
</tr>
<tr>
<td>70-74</td>
<td>42%</td>
<td>21%</td>
<td>21%</td>
<td>16%</td>
</tr>
<tr>
<td>75+</td>
<td>5%</td>
<td>7%</td>
<td>9%</td>
<td>42%</td>
</tr>
</tbody>
</table>

Royal College of General Practitioners

Cancer Research UK
RCGP and Cancer Research UK Workshop

Risk factors common to other long term conditions:
RCGP and Cancer Research UK Workshop

Risk factors common to other long term conditions:

Aging population

Lifestyles less healthy:
• Smoking
• Diet
• Alcohol
• Exercise
• Sun exposure
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
RCGP and Cancer Research UK Workshop

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).
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 depression¹.
  - Pre-existing

Problems faced by cancer survivors:

- Physical
- Psychological
- Social
  - Consequences of treatment – impact on family and communities.
  - Pre-existing – deprivation gradient
Problems faced by cancer survivors:
- Physical
- Psychological
- Social
- Financial
  - Consequences of treatment
  - Loss of job/overtime for patient and carer
RCGP and Cancer Research UK Workshop

Survivorship - Exercise
Role of cancer rehab:

Helps short term:
- Fatigue, stress, depression, quality of life

Helps long term:
- Breast cancer patients
  - 150 mins of exercise per week → ↓ 40% cancer mortality
- Bowel cancer
  - 6 hours of exercise per week → ↓ 50% cancer mortality
- Prostate cancer
  - 3 hours of exercise per week → ↓ 30% cancer mortality

RCGP and Cancer Research UK Workshop

Survivorship - Exercise

https://www.walkingforhealth.org.uk/ (last accessed 17.10.17)
As survivorship increases:
  - Co-morbidity
  - Second cancers:
    - previous history cancer
    - Eg: Melanoma: ↑ risk of prostate cancer by 32%
  - Complications of treatment
    - Eg pelvic radiation
RCGP and Cancer Research UK Workshop

End of Life Care
RCGP and Cancer Research UK Workshop

End of Life Care

Palliative Care

- increasingly seen as “non-curative treatment and support”
End of Life Care
RCGP and Cancer Research UK Workshop

End-of-life care: The best and the worst

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

RCGP and Cancer Research UK Workshop

End of Life Care

• A third of those diagnosed with cancer will die from their disease
• Most express preference to die at home
RCGP and Cancer Research UK Workshop

Dying at home

RCGP and Cancer Research UK Workshop

Dying at home

RCGP and Cancer Research UK Workshop

What’s new?
RCGP and Cancer Research UK Workshop

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
RCGP and Cancer Research UK Workshop

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

Reporting level: CCG

Reporting geography: West Kent CCG

Ambition/standard: ✔

Show Kent & Medway Alliance: ✔

Key: Compared to England Average:
- ✔ better
- ⬗ worse
-sim similar
-no comparison made

Overview Trends Definitions Background

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

https://www.cancerdata.nhs.uk/dashboard/?tab=Overview&ccg=99J
“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
RCGP and Cancer Research UK Workshop

Key to cancer
Education
Education
Education
RCGP and Cancer Research UK Workshop

Key to cancer

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

Education – public
Education – patients
Education – profession
Education – policy makers
RCGP and Cancer Research UK Workshop

Key to cancer

Education – public
Education – patients
Education – profession
Education – policy makers
Education – politicians
RCGP and Cancer Research UK Workshop

Insanity:
Insanity:
• doing the same thing over and over again and expecting different results
Insanity:
• doing the same thing over and over again and expecting different results

Albert Einstein 1879-1955
RCGP and Cancer Research UK Workshop

The ones who are crazy enough to think they can change the world, are the ones who do.
RCGP and Cancer Research UK Workshop

The ones who are crazy enough to think they can change the world, are the ones who do.

Steve Jobs 1955-2001
RCGP and Cancer Research UK Workshop

Our common goal?
RCGP and Cancer Research UK Workshop

Our common goal?
RCGP and Cancer Research UK Workshop

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
RCGP and Cancer Research UK Workshop

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
The Day:

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

- NICE implementation and early diagnosis within Kent and Medway
  - Lunch and networking

- Significant Event Audits – Lessons from two large scale studies

- How best to get your patients to quit smoking

- Evaluation
RCGP and Cancer Research UK Workshop

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
RCGP and Cancer Research UK Workshop

Thank you
Any questions?