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NAEDI Newsletter

National Awareness and Early Diagnosis Initiative

Inside this issue:

Welcome	1
Awareness measurement	1
Reviewing and publishing the evidence base	1
Local Awareness and Early Diagnosis Strategies and Services	2
New work stream: Health economics	2
Reducing primary care delay	3
International comparisons	3
Ahead of the Game – Organise your defence	3
Raising prostate cancer awareness – The Prostate Cancer Charity	4
The Prostate Cancer Risk Management Programme – New guidance	4
Early Lung Cancer Intervention in Doncaster (ELCiD)	5

Welcome to the third edition of the NAEDI newsletter. There's been a great deal of activity over the past six months. Progress has been made in all work streams, and a new one has even been added – more of that on page 2.

Particular highlights since the last edition are the rolling out of the Cancer Awareness Measure and Cancer Diagnosis Audit Tool, and the scoping work for the international comparisons cancer benchmarking project. There is more on all three of these later in the newsletter, and a lot more besides.

For further information about NAEDI and its activity, visit www.naedi.org.uk or email naedi@cancer.org.uk.

Awareness measurement

The CR-UK Cancer Awareness Measure was first used in the National Cancer Awareness Survey late last year. Papers have since been submitted to peer-reviewed journals on:

- Development of the CAM.
- Results of the national survey.
- Results of the 'Ethnibus' survey looking at six major ethnic minority groups in Britain.

The CAM is now being used at local level by PCTs and Networks throughout the country. A toolkit has been developed to support the use of the CAM, and is available by emailing naedi@cancer.org.uk.

A site-specific ovarian cancer module was completed earlier this year, with financial support from a consortium of ovarian cancer charities. Breast cancer charities are supporting the development and surveying of a breast-specific module. And we are currently investigating interest in developing modules for bowel, lung and prostate cancer.

Reviewing and publishing the evidence base

Following the launch conference last November, a commitment was made to publish some of the novel work that was presented. This meant that we were not able to distribute the presentations after the event.

It has taken a little longer than ideal, but plans for the NAEDI-related supplement, including work presented at the conference and a selection of other papers, are now well advanced with the British Journal of Cancer.

It is hoped that the BJC supplement will be published in the autumn. Further details will be available at www.naedi.org.uk in due course.

In the meantime, if you do have any particular questions about NAEDI or the work presented at the conference, do get in touch via naedi@cancer.org.uk.

Activity updates

“In all parts of the country, the basics are being put in place for local awareness and early diagnosis strategies and services.”

Local Awareness and Early Diagnosis Strategies and Services

Cancer Networks and PCTs, working with many partners, are establishing work programmes to deliver the commitments of the Cancer Reform Strategy on awareness and early diagnosis. Armed with research and ideas from the NAEDI launch in November 2008, NHS organisations began the work needed to make a new focus on awareness and early diagnosis a reality in local communities.

For a few parts of the country, such as Merseyside and Cheshire Cancer Network, this was building on an existing programme of work. They shared their experience through a [toolkit](#) published for the event. For most other Cancer Networks it required establishing new programmes of work.

In all parts of the country ‘the basics’ are being put in place for local awareness and early diagnosis strategies and services. The focus is on four areas: understanding the local needs; developing clinical leadership; agreeing plans with Network and PCT Boards; and commissioning new services.

The National Cancer Action Team (NCAT) is working alongside the Cancer Networks and PCTs, providing tailored advice and support. A guidance note on doing baseline assessments for awareness and early diagnosis was issued by the National Cancer Intelligence Network (NCIN) and NCAT in May and will be further developed building on feedback. Launch events have brought together health professionals, charities and patient groups to shape local plans. General practitioners and public health clinicians

are providing clinical leadership. New services are being piloted, both reaching out into communities to ensure people know the early signs of cancer and reduce barriers to going to their primary care services; and to ensure effective patient services when people go with concerns to their general practitioner. The new national resources, for example the Cancer Awareness Measure and the Primary Care Audit have been welcomed and piloted.

In order to support and accelerate the implementation of this work, the Department of Health, working closely with the National Cancer Action Team, made available £5 million to Cancer Networks and PCTs for one year projects. A selection group considered approximately 80 proposals. As of the beginning of July, 27 Cancer Networks are beginning to implement the projects. For some networks who have already established clinical leadership, done baseline assessments and agreed strategies, this funding is an opportunity to accelerate the delivery of new local services and initiatives. For others, the proposals focus on ensuring that the basics are in place to establish locally relevant and effective programmes of work to deliver this part of the Cancer Reform Strategy.

A summary of the projects will be made available, along with ways that Cancer Networks and PCTs can share learning.

For more information contact Kathy Elliott via naedi@cancer.org.uk.

New work stream – Health economics

At the last Steering Group meeting held in June, it was agreed that we need a further work stream to focus on the health economics of the various aspects of NAEDI. We will be seeking advice from health economists with a specific expertise in assessing effectiveness of earlier cancer detection and improved awareness.

Reducing primary care delay

Work in collaboration with the Royal College of General Practitioners on the National Audit of Cancer Diagnosis has advanced rapidly in 2009. A small development group have produced and piloted the RCGP-NCAT Cancer Diagnosis Audit Tool (CDAT) and this is now available at

www.dur.ac.uk/school.health/centres/erd/cancer_audit/.

Fifteen cancer networks plan to use the tool in 2009 and they attended a 'getting started' event in June to learn more of its use. This will provide them with valuable local information to support their work on service improvement. The data will also be used to develop a

national picture of cancer diagnosis pathways in primary care.

In the first quarter of 2009, 92 practices in the North of England Cancer Network completed significant event audit analyses for their most recent case of lung cancer and teenager / young adult cancer. SEA provides a structured narrative analysis of an event. Researchers at Glasgow University are completing a thematic analysis of these reports and will have the findings later in July. The network has already prepared plans to use the findings to inform further development work with commissioners and with practitioners.

“Part of our NAEDI commitment is to identify how and why cancer survival rates in England are often poorer than in other comparable countries.”

International comparisons cancer benchmarking

Part of our NAEDI commitment is to identify how and why cancer survival rates in England are often poorer than in other comparable countries. One way in which we hope to find answers is through international comparisons of certain factors and processes involved along the cancer pathway.

By understanding critical differences, as well as similarities, between our cancer services,

processes and the public's interaction with these, and those of countries with better survival rates, we should be able to build a picture of where improvements could be made.

A Steering Group has been established to oversee this work and McKinsey and Company have been commissioned to undertake the first phase of activity which is to scope out the development of the project. As part of this work,

the scoping team has consulted with a wide range of experts and stakeholders, areas for comparison are being narrowed down and partner countries are currently being identified.

It is expected that the outcomes from this first phase will report at the end of July 2009. Phase 2 of the project will be the commissioning of the international benchmarking exercise itself.

Ahead of the Game – Organise your defence

Five football club community schemes from across England - Portsmouth, Blackburn Rovers, Scunthorpe United, Norwich City, and Brighton & Hove Albion - have been selected to participate in the *Ahead of the Game* programme.

Ahead of the Game is funded by the Football Foundation and the Department of Health, and supported by the Men's Health Forum. The programme aims to use the reach and appeal of football to raise awareness and increase the knowledge of the signs, symptoms and risk factors of bowel, prostate and lung cancer, among men over 55.

In England, the majority of deaths from lung, bowel and prostate cancers in men, as well as new cases of these cancers, occur in men over 55.

These community-based projects, which will be getting underway at the start of the new football season, will encourage men to 'Organise your defence' by arming themselves with information which could help reduce their risk of developing cancer and help them spot signs of cancers early.

Watch out for updates on the programme in future NAEDI newsletters.

Viewpoints

“Prostate cancer is the most common cancer in men in the UK.

It matters. 35,000 men are diagnosed with prostate cancer every year in the UK.

It matters. One man dies every hour from prostate cancer in the UK.

It matters.”

Raising prostate cancer awareness – The Prostate Cancer Charity

Two of The Prostate Cancer Charity’s strategic goals for 2020 focus on raising awareness of prostate cancer:

- Society will understand the key facts about prostate cancer and will act on that knowledge.
- African Caribbean men and women will know more about prostate cancer and will act on that knowledge.

Our specialist nurses and trained volunteers (all of whom have been personally affected by prostate cancer) run workshops and give talks to target audiences – men over 45 and African Caribbean men.

We go to where men are – the workplace, sports events, community and social groups. These interactive education sessions are structured to enable discussion, explore myths and

misconceptions about prostate cancer and provide a forum for people to ask difficult questions in a safe environment.

We are currently recruiting and training African Caribbean men and women who have been affected by prostate cancer in Newham, Hackney and Lambeth to act as Community Champions and raise awareness of prostate cancer in their community.

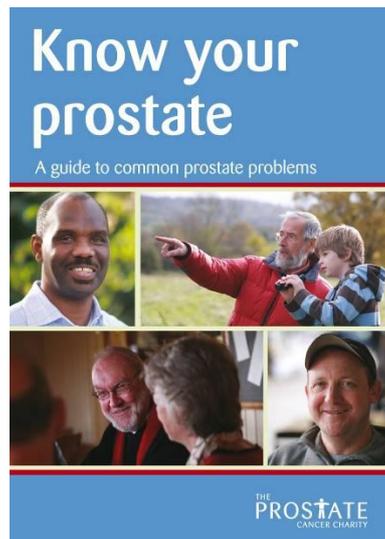
We also use the media to promote key messages on prostate cancer and in March 2009 ran the first Prostate Cancer Awareness month (PCAM). Key messages for the month were:

- Prostate Cancer is the most common cancer in men in the UK. It matters.
- 35,000 men are diagnosed with prostate cancer each year in the UK. It matters.
- One man dies every hour from prostate cancer in the UK. It matters.

An awareness strategy will be developed over the next year, which will build upon our current activity.

The Prostate Cancer Charity’s awareness resources are available to order or download from www.prostate-cancer.org.uk or by calling 0800 074 8383.

For prostate cancer statistics, visit www.cancerresearchuk.org/statistics and www.ncin.org.uk.



The Prostate Cancer Risk Management Programme – Updated guidance

The Prostate Cancer Risk Management Programme (PCRMP) aims to help primary care teams give clear and balanced information to men who enquire about testing for prostate cancer.

The programme has recently published the second edition of its guidance. The updated guidance is being sent to GPs over the summer. Information is also available at <http://www.cancerscreening.nhs.uk/prostate/informationpack.html>.

Viewpoints

Early Lung Cancer Intervention in Doncaster (ELCiD)

R Suckling, NHS Doncaster; T Rogers, Doncaster and Bassetlaw Hospitals; AM Tod, Sheffield Hallam University

Over 38,000 people in the UK are diagnosed with lung cancer each year. Five year survival is low (7%) when compared to other developed countries (16%) (Cancer Research UK, 2009). Early assessment and diagnosis are essential if the disease is to be detected early enough for surgical resection, the only curative intervention.

In recent years, Doncaster has attempted to overcome barriers to early diagnosis of lung cancer by changing the health-seeking behaviour of the public and by modifying the response of health services. A social marketing campaign was developed based on patient insight from qualitative research (Tod et al, 2008) and local audit. The project formed partnerships with advertising and media agencies to develop the awareness campaign.

The campaign was implemented in six target communities with 11 GP practices in March 2008. The public campaign focused on raising awareness of the symptoms of lung cancer and the benefits of early detection i.e. Customer 'Push'. Health care professionals were prepared prior to the campaign launch by sharing insights, training and capacity management in GP surgeries i.e. Service 'Pull'.

Routine data and survey findings indicated an increased intention to report a cough (from 93% to

97%) and ask for a chest x-ray (from 64% to 76%). Chest x-ray referrals increased by 9% in non-targeted practices and by 27% in targeted practices. The number of cases diagnosed in April 2008 increased by almost 60% compared to April the previous year (from 32 to 54). This increase in cases was not sustained significantly in the following months.

The stage of diagnosis changed pre- and post-campaign from 11% (stage I & II) to 19% (p<0.02). 14 people were diagnosed with stage I & II disease as opposed to nine before the campaign.

This project provides encouraging early findings of the impact of awareness and early diagnosis initiatives in lung cancer. More rigorous evaluation is required to fully understand the impact of such complex interventions.

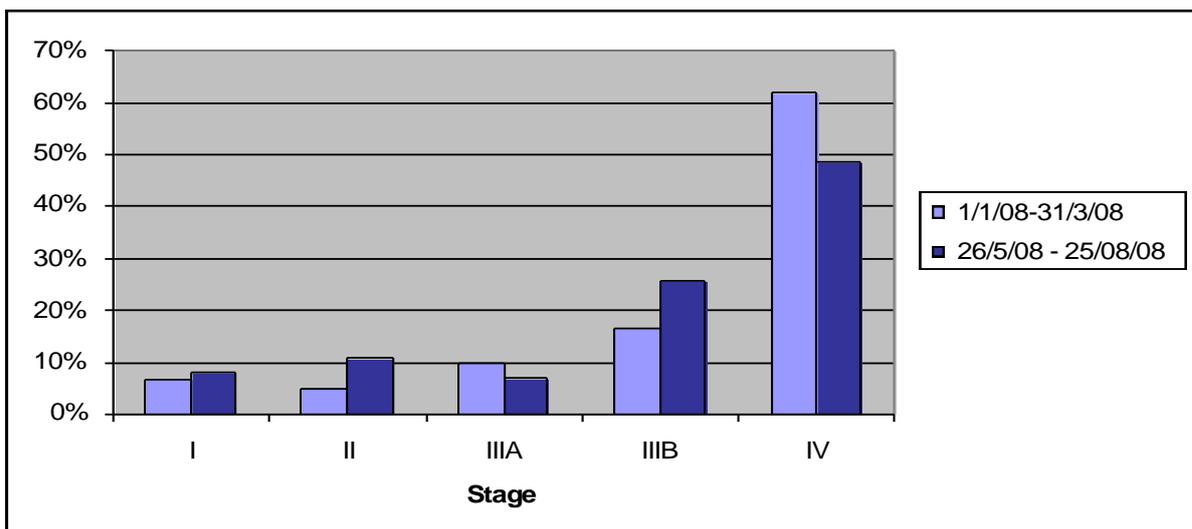
Acknowledgements

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Comparison of stage of diagnosis of lung cancer with previous year