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# NAEDI Newsletter

## National Awareness and Early Diagnosis Initiative

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Welcome to the fourth edition of the NAEDI newsletter. NAEDI activity has continued to move forward over the past six months. Particular highlights since the last edition are the research call for expressions of interest and the publication of the special supplement to the British Journal of Cancer.

With more than a year now past since the formal launch of NAEDI, some areas of activity have been drawing to an end, while others have gathered pace. It is therefore a good time to review the way in which the Initiative is organised and to think about how the areas of activity might be streamlined. Discussions on this continue and more information will be available on the webpage in due course.

For further information about NAEDI and its activity, visit [www.naedi.org.uk](http://www.naedi.org.uk) or email [naedi@cancer.org.uk](mailto:naedi@cancer.org.uk).

### Primary care – SEA report

The secondary analysis of Significant Event Audit reports, completed by 92 general practices in the North of England and featured briefly in the last NAEDI newsletter, has been completed.

The analysis, funded by the National Cancer Action Team and the North of England Cancer Network and conducted by researchers at the universities of Dundee and Glasgow, has yielded useful insight into events surrounding the diagnosis of lung cancer, and cancer in teenagers and young adults.

The common lesson across the cancer groups, raised in many of the practitioners' reflections, was the importance of having processes in place to follow-up, manage, and refer non-resolving symptoms. Useful insights specific to the cancer groups were also gained in the study.

To download the full report visit [www.dur.ac.uk/school.health/erdu/cancer\\_audit/cancersea/](http://www.dur.ac.uk/school.health/erdu/cancer_audit/cancersea/)

### Key messages

Key messages for cervical cancer were launched on 21st January 2010.

Like the other key messages, the cervical cancer KMs have been developed by a group of experts and stakeholders and bring together newly-agreed signs and symptoms of cervical cancer and what women can do to help protect themselves against the disease.

We encourage you to use all the key messages developed so far in your awareness-raising activities. Remember, the key messages have no copyright and can be used and branded as required for your own campaigns.

All the cancer key messages to date; lung, bowel, prostate, ovarian, breast and cervical, are available on NHS Choices. Links to the KMs are also available at [www.naedi.org.uk](http://www.naedi.org.uk)

## Activity updates

Kathy Elliott,  
National Lead for  
Prevention, Early  
Diagnosis and  
Inequalities, is  
bringing together  
examples of the  
work being  
undertaken by  
Cancer Networks  
and PCTs.

### Local Awareness and Early Diagnosis Strategies and Services – Case study

#### Durham commissions county-wide awareness service

Once a month the senior management team of NHS Durham and Darlington ‘walk the wall’, viewing on magnetic notice boards the latest findings from their cancer awareness and early detection work, looking for hotspots and problems, and making sure that all the directors are completely on top of what is going on.

The level of investment is striking, not just in management time, but also in hard cash. The PCT has paid for a large survey, commissioned a county-wide awareness service, and is supporting ground-breaking work on improving the primary care pathway for lung cancer.

The PCT has gone for the big bang approach, according to director of public health Anna Lynch, because the figures are so stark. Women’s life expectancy is 16.7 years lower and men’s 12.2 years lower in the worst compared to the best wards in the county of Durham. The difference is mainly due to deaths from cancer and cardiovascular diseases.

The PCT has set targets for diagnosing more cancers at earlier stages and hopes to be able to quantify the savings that will accrue as a result. The work ‘is as high profile as it can be’, Anna says.

The task is challenging but the PCT now has a formidable new tool in the shape of a detailed survey of 6,000 people in Durham and Darlington, paid for by the PCT, using the national cancer awareness measure (CAM). Based on face-to-face interviews lasting about half an hour, the survey provides a ‘wealth of data’, according to public health consultant Nick Springham.

The new cancer awareness service will target the communities where knowledge of the symptoms of cancer is lowest, using postcode data from the CAM, and

will be able to pinpoint individual general practices to work with. The CAM also provides vital information about people’s attitudes that can be used to shape the service by giving clues as to what approaches will work best.

The CAM found that a quarter of people were unable to name a single symptom of cancer. Shockingly, people were least aware of the symptoms of lung cancer, despite it being one of the biggest killers, particularly in the ex-mining communities.

Fiona McQuiston, who as Macmillan information manager and health improvement lead for cancer is responsible for the awareness work, says: ‘We are not thinking of it as a project but as a service.’

She has recruited 12 new members of staff with different skills who will work with volunteers in three teams based in different areas to raise awareness of the symptoms of breast, bowel and lung cancer. The service will build on the experience of an existing service in Easington and Sedgfield.

McQuiston says the way they train and support their ‘de luxe volunteers’ is important. ‘They get a really good 12 week induction, which covers information about cancer and communication skills. They have quarterly supervision sessions, monthly volunteer meetings and can opt into continuing training. We have a lot of socials.’ The staff provide support and help to keep up the enthusiasm of volunteers, who work anything from one session a fortnight to about 15 hours a week.

The new service, it is hoped, will persuade people to go to their GPs sooner. Nick Springham is also working on reducing the time from the first visit to the GP to diagnosis and the start of treatment.

*Contd. overleaf*

Professor Greg Rubin of Durham University has carried out a significant event analysis (SEA) with 90 general practices in Durham and NHS South of Tyne and Wear. The GPs were asked to look at their last lung and teenage and young adult's cancer. While SEAs are commonly used in general practice, Rubin was innovative in using the 90 completed lung SEAs as a source of data that among other things could illuminate what was happening when requests for chest X-rays were ordered, carried out and reported back.

These findings will help to structure a rapid process improvement workshop. This is a method taken from LEAN, the manufacturing improvement model devised by the car manufacturer Toyota that inspired 'walk the wall' and a lot of other initiatives within the PCT. A group of practitioners will come together for an intensive week when they will examine every step of the X-ray pathway to see how it can be improved and speeded up. All GPs and the four radiology departments in County Durham will be encouraged to implement any recommendations.

Comprehensive though the programme of work appears, according to Nick Springham, one crucial bit is still missing – access to timely staging data.

He is currently working with the acute trusts, the North of England Cancer Network and the National Cancer Information Service (NCIS) to try and resolve this.

It's only when all the work of the community volunteers, health workers, GPs, radiologists and consultants comes together and allows cancers to be caught at earlier, more treatable stages, that those shocking mortality figures will start to move in the right direction.

And to get those figures on the 'wall' and to start show savings to the PCT, the staging data are crucial.

Contact: Nick Springham  
Consultant in Public Health, NHS  
County Durham

*Case study written by Ros Bayley on behalf of the National Cancer Action Team*



The special supplement to the British Journal of Cancer was published at the beginning of December.

The supplement, titled Diagnosing Cancer Earlier: Evidence for a National Awareness and Early Diagnosis Initiative, brings together some of the novel work presented at the launch conference in 2008, as well as a selection of other work.

The supplement can be downloaded free of charge from <http://www.nature.com/bjc/journal/v101/n2s/index.html>

## Pilot of risk assessment tool in primary care

A pilot project is being taken forward to evaluate the use of a diagnostic risk assessment tool within a selected number of primary care settings. This tool, developed by Dr Willie Hamilton and informed by his research on the risk of cancer for symptoms in primary care\*, aims to aid early recognition of symptoms in general practice for a number of different cancers.

This pilot will focus on lung and colorectal cancer. The project is a collaboration between a number of partners including the Department of Health, North of England Cancer Network and the National Cancer Action Team.

The agency delivering the project is currently in the process of identifying and recruiting practices to participate in the pilot, after which the GPs in the pilot will be trained in how to use the tool. The findings from the pilot will be valuable in helping to inform how risk assessment tools like this one might become integrated into GP systems.

\* Hamilton, W. (2009) The CAPER studies: five case-control studies aimed at identifying and quantifying the risk of cancer in symptomatic primary care patients. [BJC Supplement](#)

## The 2 Week Wait and the NHS Constitution

The NHS Constitution brings together what the NHS does, what it stands for and the commitments it should live up to. It describes and renews DH's commitment to the values and enduring principles of the NHS. It is also a living document that needs to reflect what matters and is relevant to the needs of patients, the public and staff in the 21st century.

There is currently a consultation on changes to the Constitution including new patient rights to:

- treatment within a maximum of 18 weeks from a GP referral and to be
- be seen by a cancer specialist within 2 weeks from a GP referral, or
- where this is not possible, for the NHS to take reasonable steps to

offer a range of alternative providers.

The consultation document is available on the DH website and the consultation closes on the 5th of February.

[http://www.dh.gov.uk/en/consultations/liveconsultations/dh\\_108012](http://www.dh.gov.uk/en/consultations/liveconsultations/dh_108012)

## NAEDI Research Call for Expressions of Interest

The NAEDI research call for expressions of interest was announced at the end of last year. The call, made possible through the commitment of a consortium of funders, invites proposals in the areas of:

- Targeting higher risk populations
- Research focusing on public awareness and reasons for late presentation
- Research focusing on health services
- Methodology for, and evaluation of, early detection and awareness research

Investment is likely to take place in different forms over several calls.

Outline applications for the first call were accepted until 29<sup>th</sup> January. Final funding decisions are expected in September 2010, with funds available from 1<sup>st</sup> December 2010.

Further information about the call is available at [http://science.cancerresearchuk.org/gapp/population\\_science\\_funding/naedi/?campaign=hpflash/GandR/naedi](http://science.cancerresearchuk.org/gapp/population_science_funding/naedi/?campaign=hpflash/GandR/naedi) and an update on the call's progress will feature in the next NAEDI newsletter.