

# Improving the early detection and treatment of cancers in Croydon



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*GP Adviser to Transforming Cancer Services Team*

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*Clinical lead for Cancer – Healthy London Partnership*

*Co-Chair – Cancer Commissioning Board*



# Strategic context: HWBB

## Croydon Joint health and wellbeing strategy, 2013-2018

The Health and Wellbeing Board identifies as an ambition: **increased healthy life expectancy and reduced differences in life expectancy between communities**. The strategy identifies specific improvement areas relating to cancer that contribute to this ambition:

Improvement area 2: preventing illness and injury and helping people recover

**2.1 Reduce smoking prevalence**

**2.2 Reduce overweight and obesity in adults**

**2.3 Reduce the harm caused by alcohol misuse**

Improvement area 3: preventing premature death and long term health conditions

**3.2 Early detection and treatment of cancers**

Improvement area 5: providing integrated, safe, high quality services

**5.4 Improve the clinical quality and safety of health services**

Improvement area 6: improving people's experience of care

**6.2 Improved patient and service user satisfaction with health and social care services**

# Strategic context: CCG

**Our vision** is for longer healthier lives for all the people in Croydon. We will deliver this through an ambitious programme of innovation and by working together with the diverse communities of Croydon and with our partners. We will use resources wisely to transform healthcare to help people look after themselves, and when people do need care they will be able to access high quality services.

# CCG Operating Plan

During 2016/17 we are working to:

- Ensure that all targets for cancer reporting are met, particularly with regards to the 62 day referral to treatment target
- We are achieving this through delivery of local action plans that are agreed with providers and which include the tracking of patient pathways
- Adopt a collaborative approach across London on demand and capacity requirements for diagnostic services that are key in ensuring the delivery of the nationally set cancer targets
- Actively engage with clinicians in primary care to provide education and support in the pathways for patients presenting with symptoms as per NICE guidance and locally developed pathways
- Implement the pan-London cancer pathways - including direct access for GPs to diagnostics.

# Strategic context: Cancer

- Achieving world-class cancer outcomes: A strategy for England 2015-2020
- NHS England's Five year Cancer commissioning Strategy for London, 2014
- Five-year sustainability and transformation plan
- Croydon CCG Cancer Strategy 2014-19

# Burden of death and disease

- One in two people in the UK will get cancer in their lifetime
- Causes one in four of all deaths in the UK
- 945 people die from cancer in Croydon each year
- Survival rates have doubled with 50% of people diagnosed in England and Wales surviving their disease for ten years or more

# Burden of death and disease

Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period
177 Incidence of oesophageal cancer (rate per 100,000 population)	14.7	12.3	15.1		▶	—	2010 - 12
178 Deaths from oesophageal cancer (rate per 100,000 population)	9.0	10.5	13.3		▶	▶	2011 - 13
181 Incidence of colorectal cancer (rate per 100,000 population)	72.5	68.0	77.2		◀	▶	2010 - 12
182 Deaths from colorectal cancer (rate per 100,000 population)	24.5	26.6	28.8		▶	▶	2011 - 13
194 Incidence of bladder cancer (rate per 100,000 population)	16.0	18.2	19.3		◀	▶	2010 - 12
195 Deaths from bladder cancer (rate per 100,000 population)	7.3	8.2	9.0		▶	▶	2011 - 13

- Deaths from oesophageal cancer and colorectal cancer are **better** than England
- Early deaths from cancer and incidence of bladder cancer **better** than England

# Burden of death and disease

Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period
169 CCG spend per head on cancers and tumours	£40	£47	£50		no data	no data	2013/14
179 Incidence of stomach cancer (rate per 100,000 population)	11.2	11.9	12.4		—	—	2010 - 12
180 Deaths from stomach cancer (rate per 100,000 population)	9.1	8.0	8.1		◀	◀	2011 - 13
187 Breast screening rate (% of women aged 53-70)	66.7%	68.9%	75.9%		◀	◀	2014
188 Incidence of breast cancer (rate per 100,000 population)	156	155	164		▶	◀	2010 - 12
189 Deaths from breast cancer (rate per 100,000 population)	33.9	35.2	36.2		▶	◀	2011 - 13
192 Incidence of prostate cancer (rate per 100,000 population)	178	175	174		▶	▶	2010 - 12
193 Deaths from prostate cancer (rate per 100,000 population)	48.3	45.0	49.1		▶	◀	2011 - 13

- Croydon **ranks low** on financial expenditure on cancer
- **Emerging issue** of deaths from stomach cancer
- Breast screening rates for women aged 53-70 **worse** than England
- Three-year trend for prostate cancer deaths is **of concern**



# Burden of death and disease

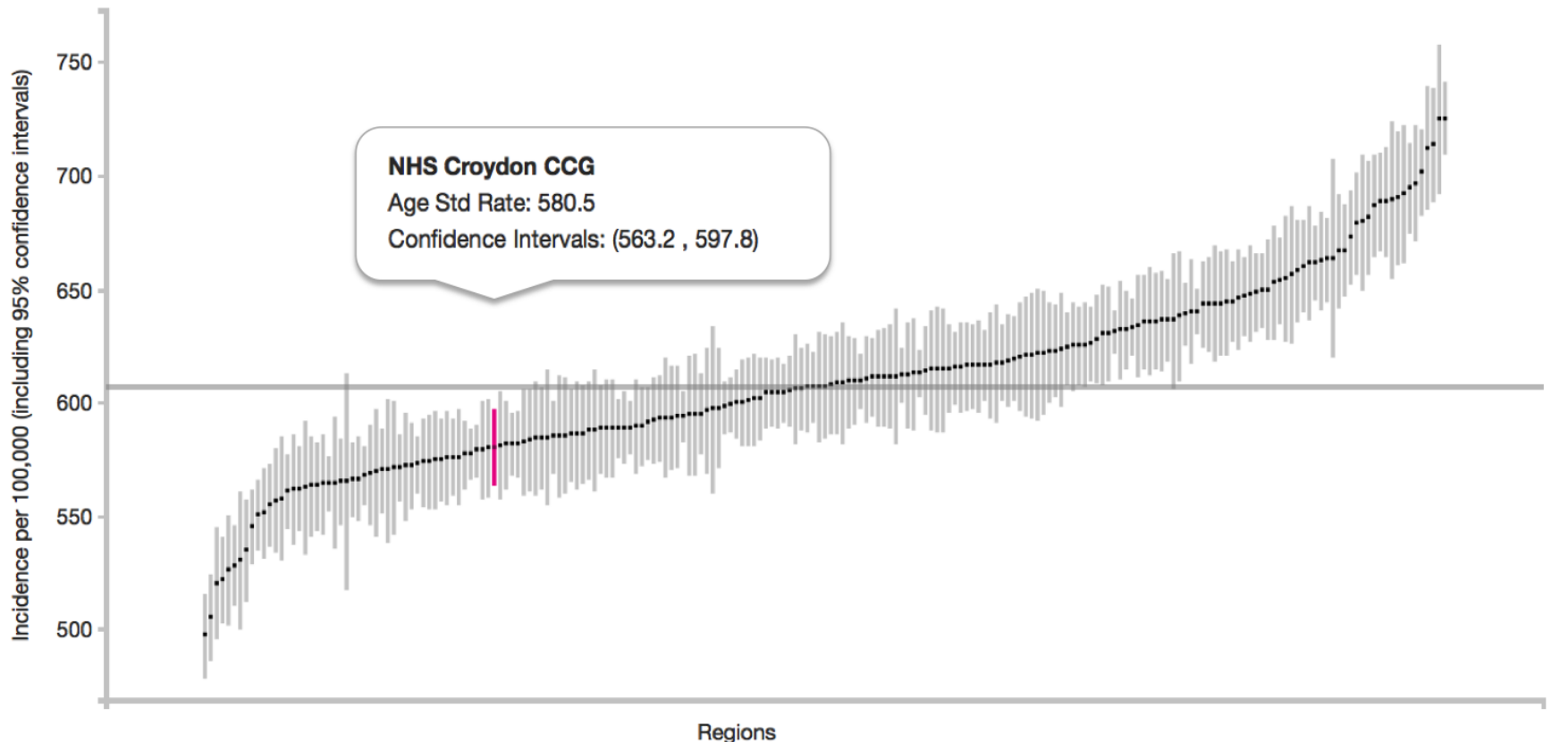
Cancer incidence for all cancers combined

580.5

NHS Croydon CCG

606.7

National Average



# Burden of death and disease

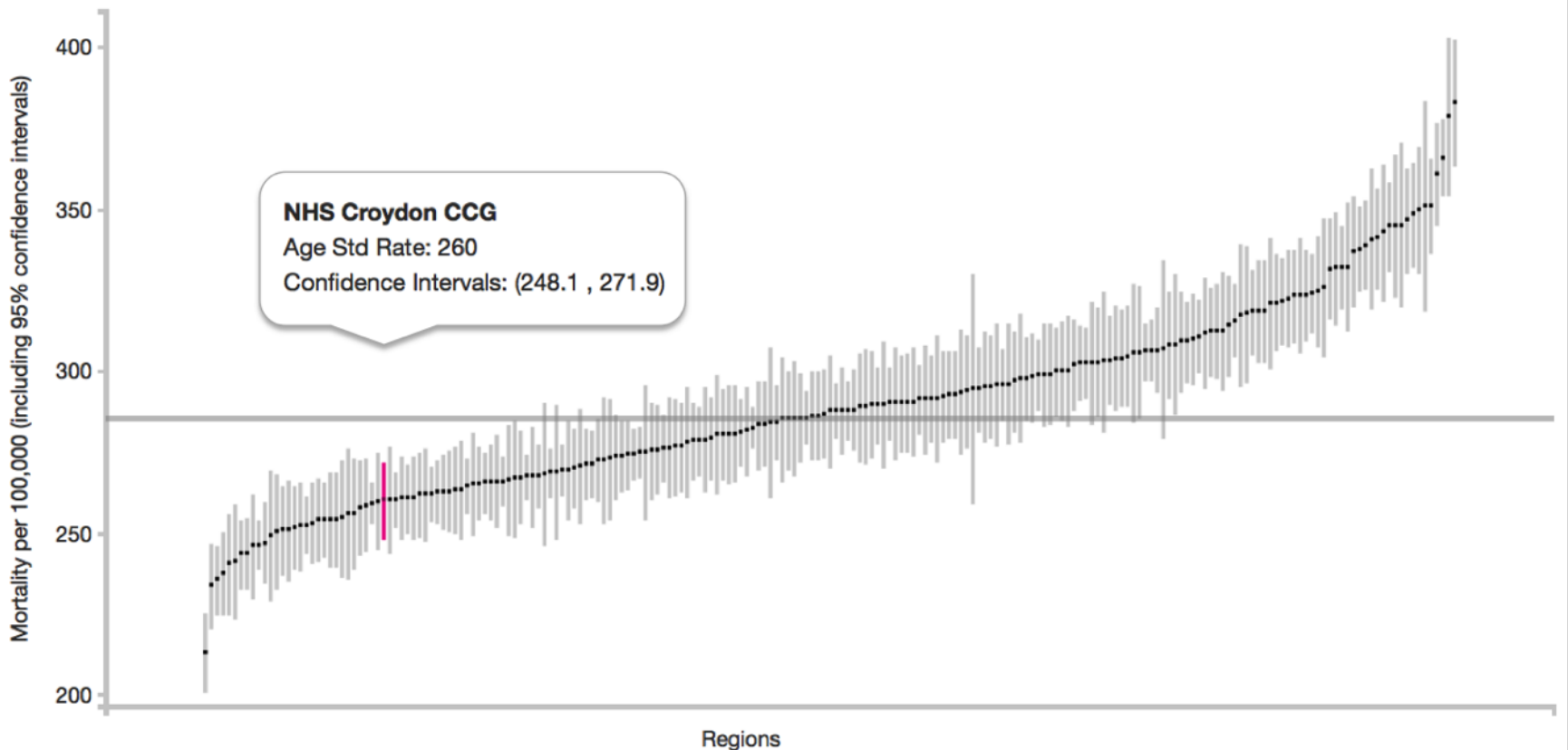
Mortality for all cancers combined

●  
260

NHS Croydon CCG

—  
285.4

National Average



# Health inequalities issues

- Cancer incidence, mortality and survival
- Lifestyle factors that predispose people to cancer
- Perceptions of cancer risk
- Cancer symptom recognition
- Awareness of and use of health services
- Experience of cancer treatment

# Addressing health inequalities issues

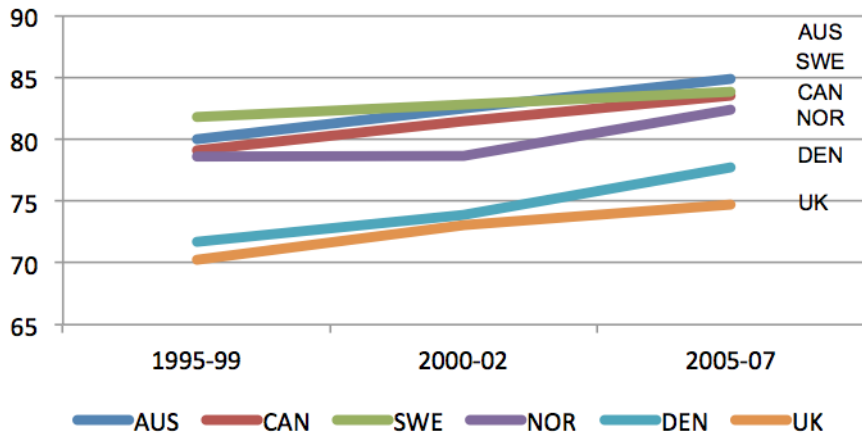
- Working with together to build intelligence and assess need
- Providing targeted and tailored interventions - 'proportionate universalism'
- Detailed equalities impact assessments
- Understanding existing variations in cancer and developing plans to redress them
- Working with patients, the public and other stakeholders in partnership
- Focus investment 'upstream'

# DIAGNOSIS

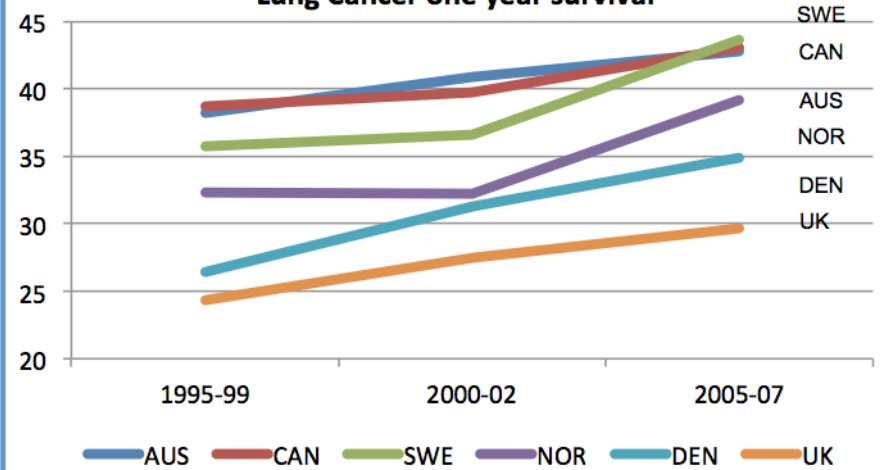


# Survivorship

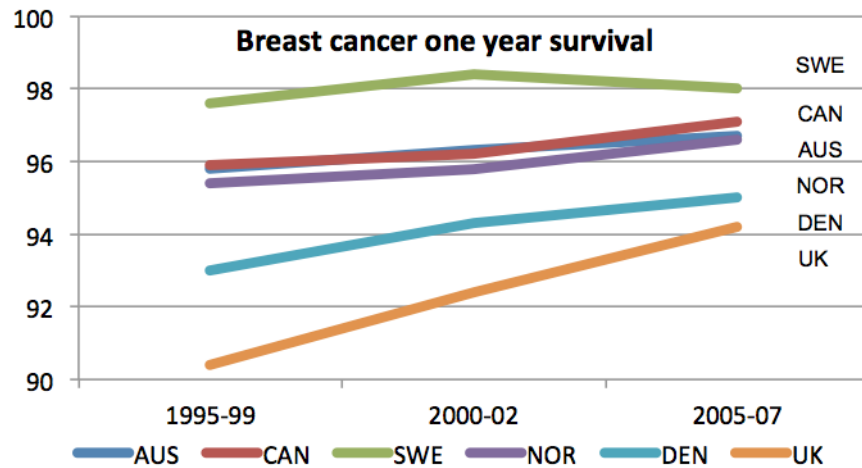
**Colorectal cancer one year survival**



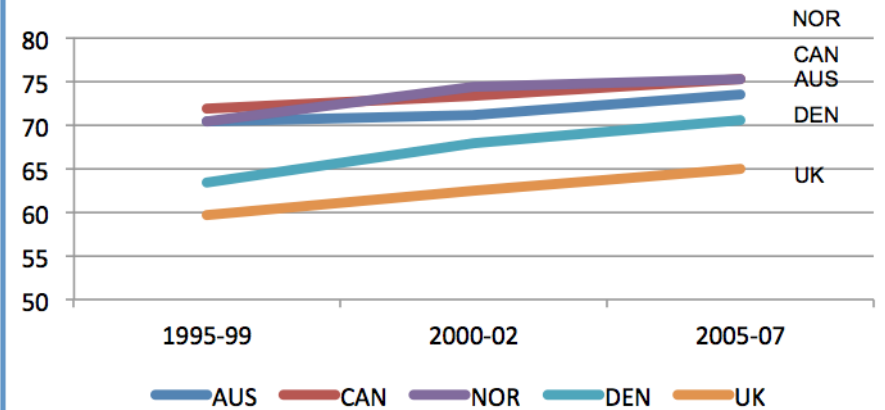
**Lung Cancer one year survival**



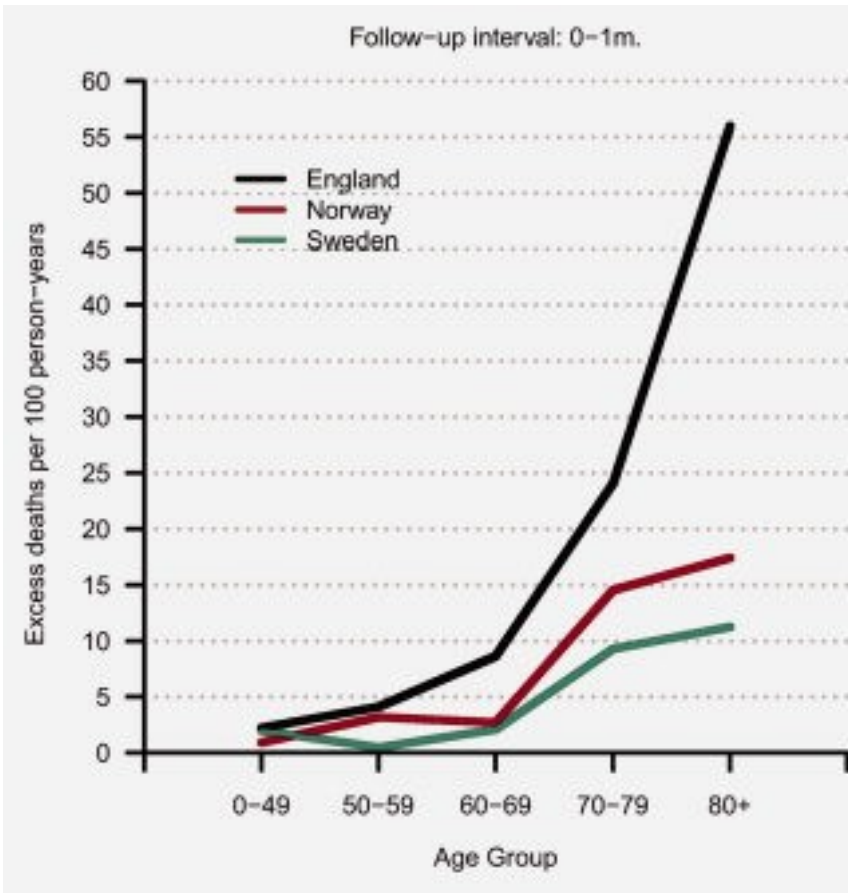
**Breast cancer one year survival**



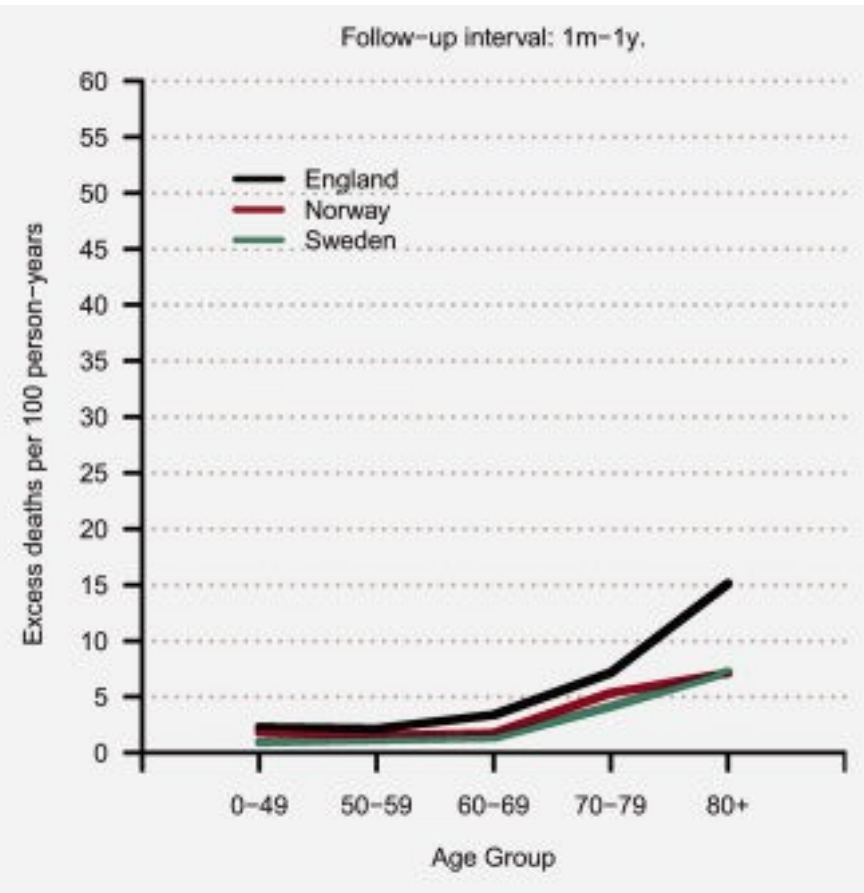
**Ovarian cancer one year survival**



# Breast cancer survival in England, Norway and Sweden: a population-based comparison

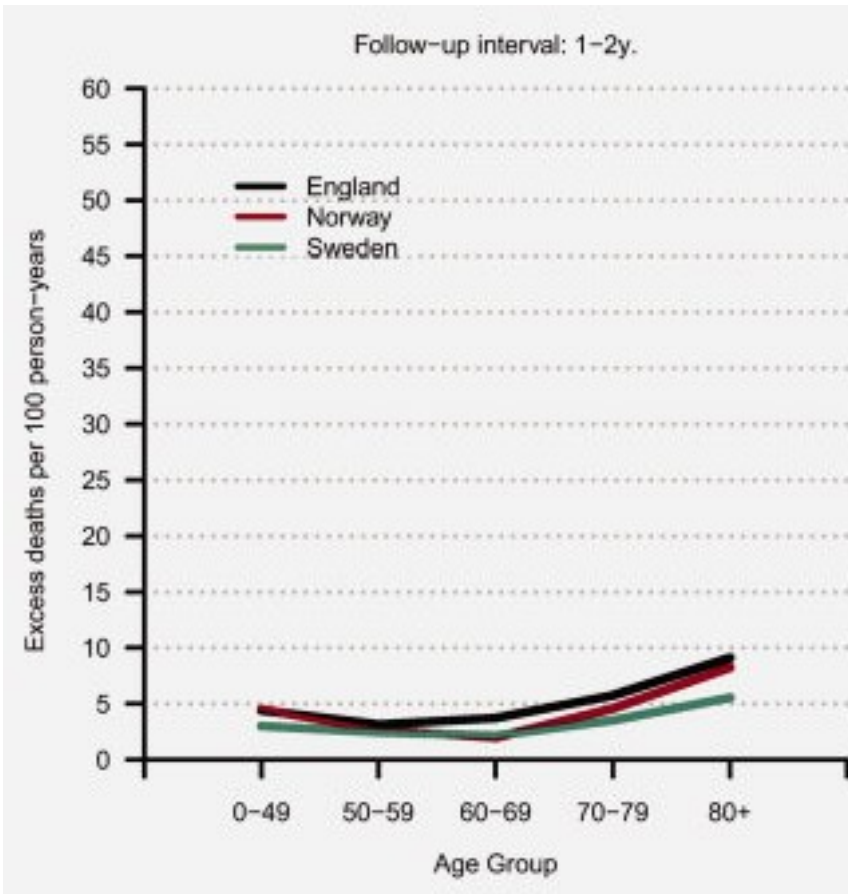


Follow-up interval  
0-1 month

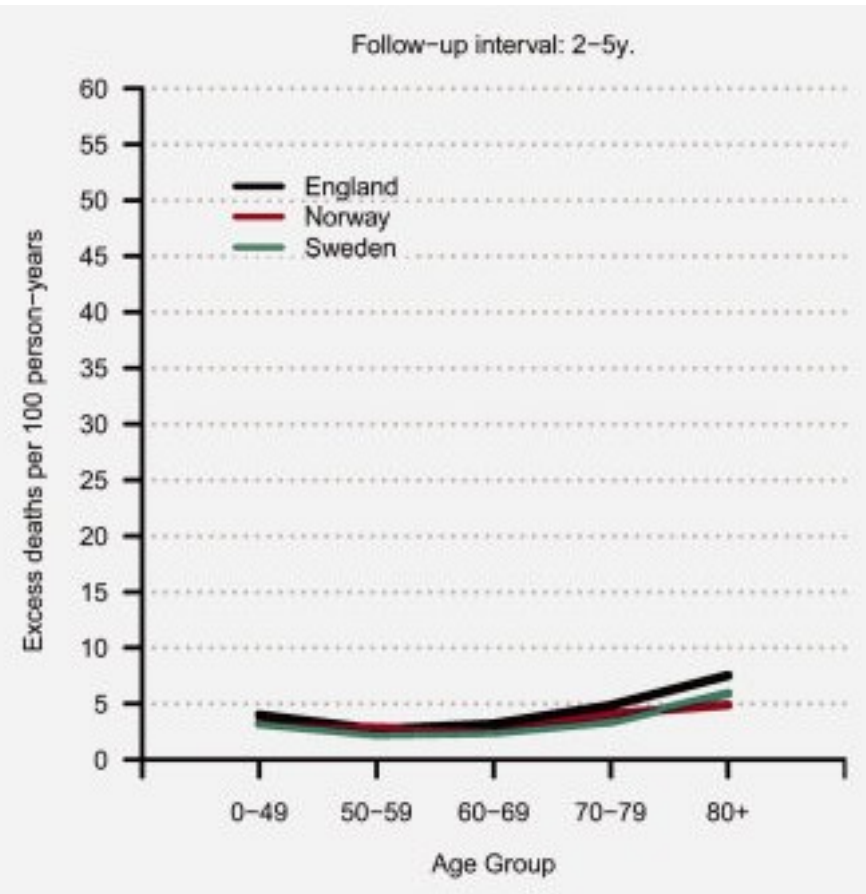


Follow-up interval  
1 month - 1 year

# Breast cancer survival in England, Norway and Sweden: a population-based comparison



Follow-up interval  
1-2 year



Follow-up interval  
2-5 year



# Reducing late stage diagnosis

- *Achieving World-Class Cancer Outcomes*, July 2015 – ambition that 62% of all cancers diagnosed at stages 1 and 2 by 2020
- *NHS Five Year Forward View* - greater GP access to diagnostic and specialist advice
- New *NICE guidance* on appropriate referral for suspected cancer in 2015 - threshold for risk lowered to 3%
- *Quality premium: Cancer Diagnosed at Early Stage*

# Reducing late stage diagnosis

## Croydon CCG commissioning intentions 2016-17

1. All GPs to have direct access to colonoscopy
2. All GPs to have direct access to diagnostic services - flexible sigmoidoscopy
3. All GPs to have direct access to diagnostic services - non-obstetric ultrasound
- 3a. In order to promote the earlier diagnosis of ovarian cancer, services will be commissioned to support Ultrasound (US) and CA125 concurrently (CA 125 is a blood test to check for the cancer antigen which in itself is not a definite indicator for ovarian cancer which is why an ultra should also be undertaken
4. All GPs to have direct access to same day chest x-ray for high risk of cancer and access for low risk
- 4a. In order to support the reduction of the risk of delayed diagnosis, all commissioned services will be required to formally report A&E, Urgent Care Centres and inpatient chest x-rays

**Now enshrined within the acute care contract as local quality requirements**

# Cancer waiting times – May 2016

Cancer waits in Croydon - NHS Croydon CCG		Target	Performance YTD	Performance Month	Breaches
Cancer - 2 weeks	2 week wait	93%	96.4%	96.6%	39
	Breast symptoms 2 week wait	93%	92.7%	94.9%	6
Cancer - 31 days	31 day first definitive treatment	96%	97.5%	98.0%	2
	31 day subsequent treatment surgery	94%	96.9%	100.0%	0
	31 day subsequent treatment drug	98%	100.0%	100.0%	0
	31 day subsequent treatment radiotherapy	94%	97.8%	97.7%	1
Cancer - 62 days	62 day standard	85%	81.9%	77.0%	14
	62 day screening	90%	90.9%	100.0%	0
	62 day upgrade	90%	100.0%	100.0%	0
<b>Quarterly Activity</b>					
Cancer - 2 weeks	2 week wait (Quarterly)	93%	95.3%	96.6%	104
	Breast symptoms 2 week wait (Quarterly)	93%	95.3%	99.6%	1
Cancer - 31 days	31 day first definitive treatment (Quarterly)	96%	98.0%	96.7%	12
	31 day subsequent treatment surgery (Quarterly)	94%	96.1%	96.1%	2
	31 day subsequent treatment drug (Quarterly)	98%	99.8%	100.0%	0
	31 day subsequent treatment radiotherapy (Quarterly)	94%	98.0%	98.6%	2
Cancer - 62 days	62 day standard (Quarterly)	85%	82.4%	84.1%	32
	62 day screening (Quarterly)	90%	92.4%	95.8%	1
	62 day upgrade (Quarterly)	90%	87.1%	95.5%	1



# SCREENING

- **Breast screening** is offered to women aged 50-70 in England. In England, this age range is gradually being extended to 47-73.
- **Cervical screening** is offered to women aged 25-64 in England.
- **Bowel screening** is offered to men and women aged 60-74 in England and a new test called Bowel Scope is starting to be offered to people at age 55.

# SCREENING IN CROYDON

## 5.6.1 Prevalence and incidence

Indicator	MDY	TNH	WSS	NAS	PRY	ECR	Cro	Lon	Eng	Target
Cancer diagnosed (since 1st April 2003) (all ages)	1.36%	1.56%	1.84%	2.06%	2.41%	1.42%	1.75%	1.54%	2.26%	
New cancer cases (incidence per 1,000)	2.84	3.57	3.66	4.45	4.61	3.32	3.70	3.38	5.08	

## 5.6.2 Cancer screening

The targets shown are the national targets for coverage.

Indicator	MDY	TNH	WSS	NAS	PRY	ECR	Cro	Lon	Eng	Target
Cervical screening coverage (last 5 yrs) (ages 25-64)	68.3%	74.1%	73.9%	75.0%	76.4%	68.1%	72.2%	68.4%	73.5%	80
Cervical screening coverage (excl. exceptions) (CS002)	79.5%	82.4%	82.2%	84.1%	85.8%	78.5%	81.8%	79.7%	81.8%	80
Breast screening coverage (last 3 years) (age 50-70)	57.9%	58.2%	66.3%	65.1%	69.0%	58.6%	62.9%	64.2%	72.2%	80
Bowel screening coverage (last 2.5 years) (age 60-69)	42.3%	43.4%	52.0%	53.8%	58.2%	44.2%	49.8%	48.8%	57.9%	

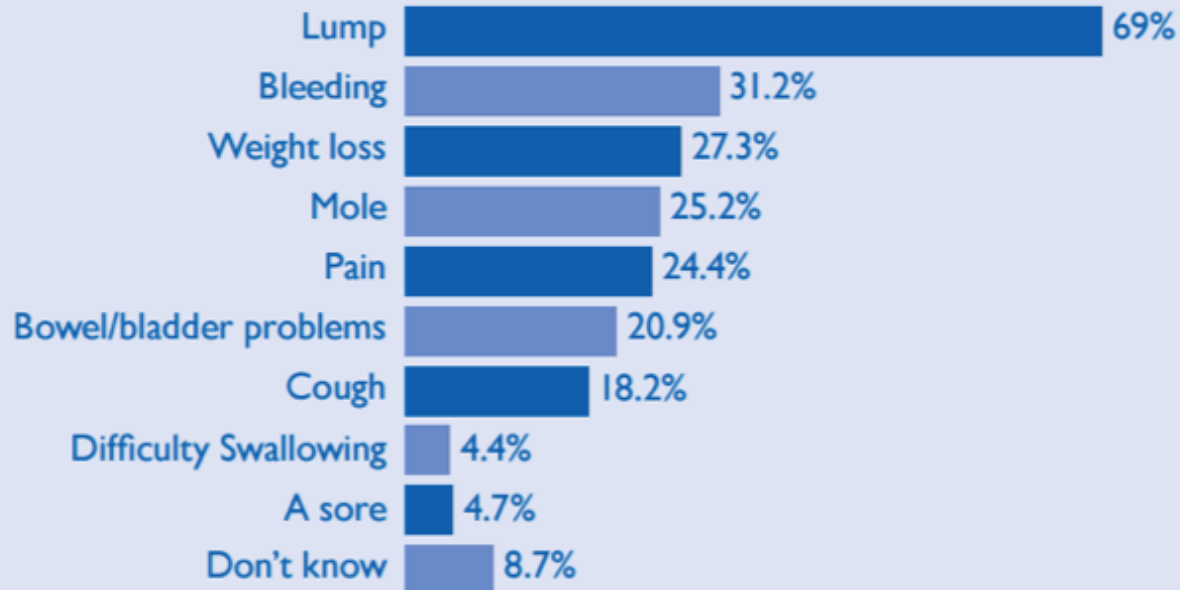
- **Low rates of bowel screening for 60-69 year olds within three GP networks**
- **Though no significant underperformance among networks, breast screening a concern in Croydon**

# IMPROVING SCREENING IN CROYDON

Practices visited to date	Date:	Cancer Research UK	Macmillan
Portland medical centre	01/10/2015	x	x
Greenside Medical Practice	16/10/2015	x	
Mitchley Avenue Surgery	12/11/2015	x	
Downland Surgery	18/11/2015	x	
Old Coulsdon Medical Practice	25/11/2015	x	
Leadnder Road Primary Care Centre	30/11/2015	x	x
The Moorings Medical Practice	08/12/2015	x	
Parkside Practice	09/12/2015	x	x
The Coulsdon Medical Practice	09/12/2015	x	
Mersham Medical Centre	10/12/2015	x	
Selsdon Park	14/12/2015	x	
Woodcote Group	23/12/2015	x	
Keston	07/01/2016	x	
Brigstock Medical Practice	22/01/2016	x	x
Bramley Medical Practice	25/01/2016		x
Auckland	10/02/2016	x	
Violet Lane	12/02/2016	x	x
Norbury Medical Practice	07/03/2016	x	x
Thornton Heath	19/04/2016	x	x
Hartland Way Surgery	22/07/2016	x	x
Stovell House Surgery	01/08/2016	x	x

# AWARENESS

## Recall of cancer signs/symptoms



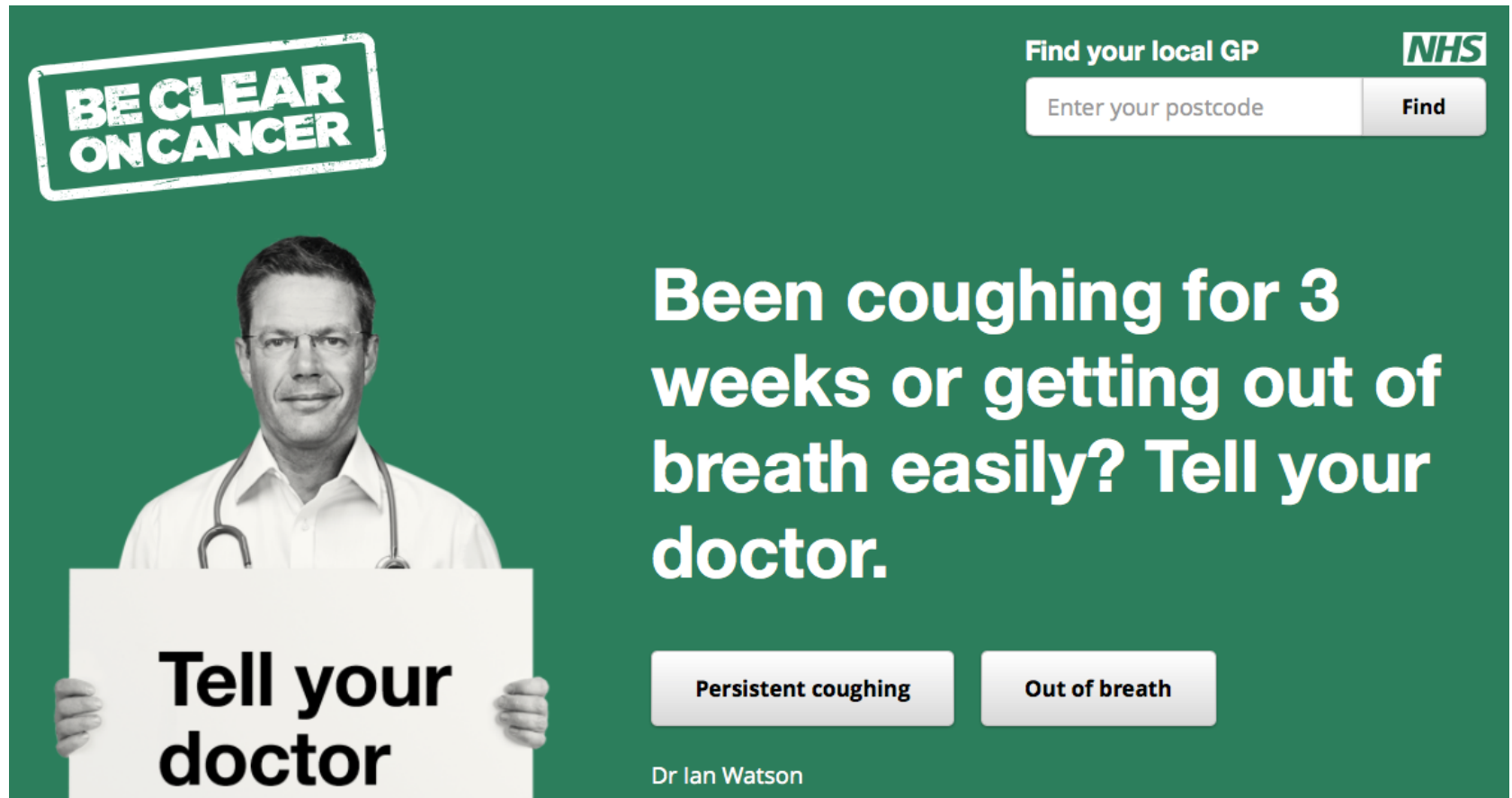
# AWARENESS

## Barriers to seeing the doctor





# AWARENESS



**BE CLEAR ON CANCER**

Find your local GP **NHS**

Enter your postcode **Find**

**Been coughing for 3 weeks or getting out of breath easily? Tell your doctor.**

**Tell your doctor**

**Persistent coughing** **Out of breath**

Dr Ian Watson

The image is a green banner with white text and graphics. On the left, a doctor in a white coat and glasses holds a sign that says 'Tell your doctor'. Above him is a stamp that says 'BE CLEAR ON CANCER'. On the right, there is a search bar for finding a local GP, a large headline asking if the user has been coughing for 3 weeks or getting out of breath easily, and two buttons for 'Persistent coughing' and 'Out of breath'. The name 'Dr Ian Watson' is at the bottom.

# PREVENTION

## The NHS Five Year Forward View:

*“The future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health”*

# PREVENTION

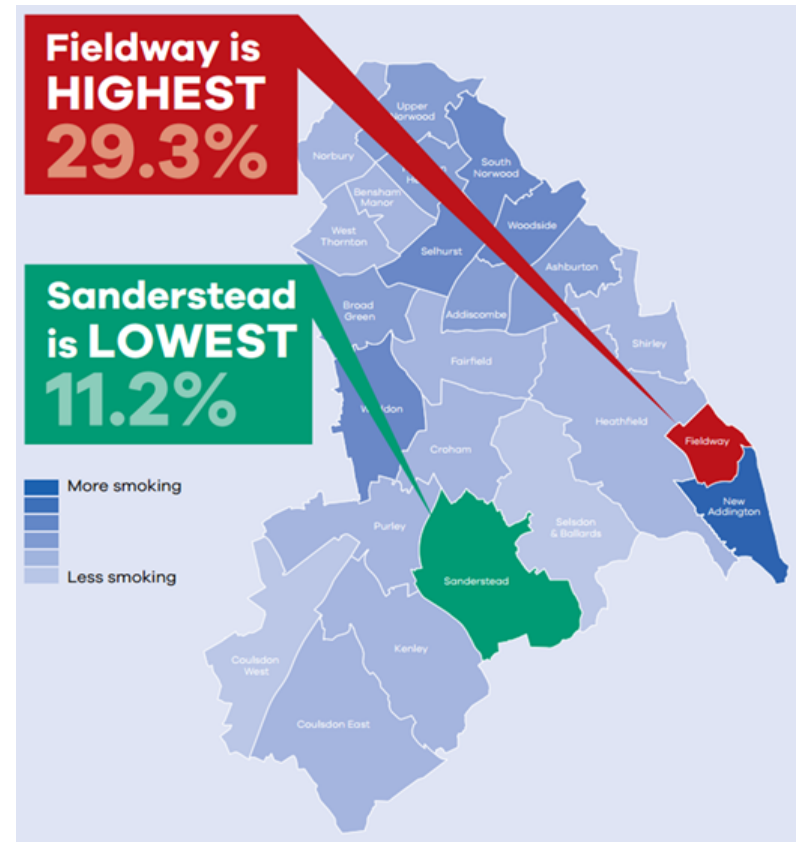
Lifestyle factor	Cancer cases prevented	% of new cancer cases
Be Smokefree	64,500	19%
Keep a healthy weight	18,100	5%
Eating fruit and veg	15,100	5%
Drink less alcohol	12,800	4%
Be SunSmart	11,500	3%
Less processed and red meat	8,800	3%
Eat a high fibre diet	5,100	2%
Be active	3,400	1%
Eat less salt	1,700	1%
Other factors	Cancer cases prevented	% of new cancer cases
Minimise risks at work, such as asbestos	12,100	4%
Minimise certain infections, such as HPV	10,600	3%
Minimise radiation, such as unnecessary x-rays	6,100	2%
Breastfeed if possible	2,700	1%
Minimise any time spent on HRT	1,700	1%

# PREVENTION



Smoking causes more than one quarter (28%) of all cancer deaths in the UK

58,000 people smoke in Croydon and two thirds of them started smoking before the age of 18





# PREVENTION

- One in six adults in Croydon drink at risky levels
- Two in three adults are overweight or obese (181,000 people)
- Croydon's population is getting older and excess weight in the population is increasing
- **Without action, incidence of lifestyle-related cancers is likely to increase**

# ACTION ON PREVENTION

## COUNCIL PREVENTION:

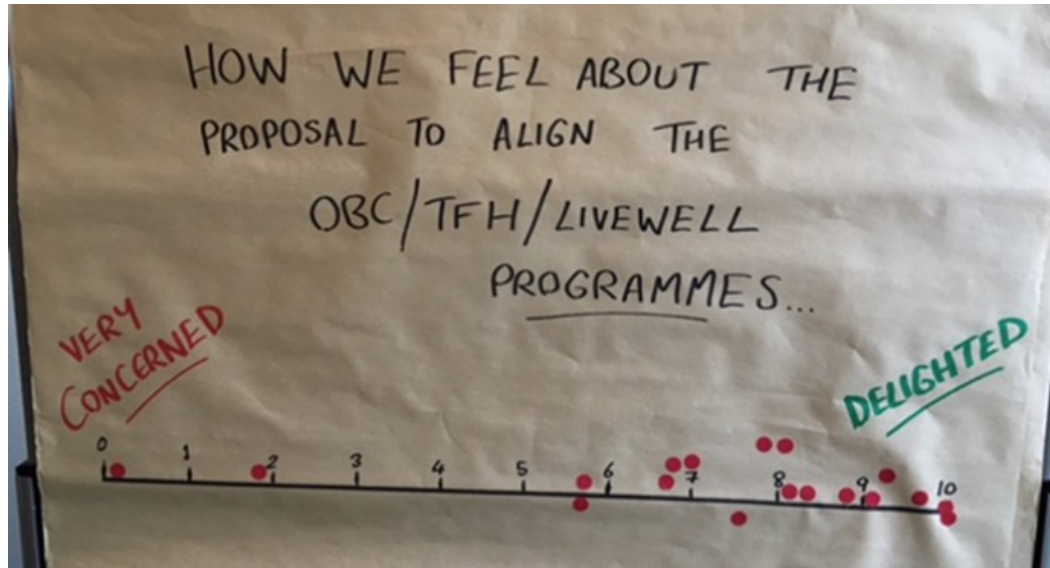
- Public health
- Livewell
- NHS Healthchecks

Domain	Indicator	Croydon	London	England	England Range
NHS health checks	274 Offered an NHS health check (cumulative % of eligible people aged 40-74)	11.9%	44.6%	37.9%	
	275 Received an NHS health check (cumulative % of eligible people aged 40-74)	6.9%	21.5%	18.6%	

- Policy and Regulation

## NHS PREVENTION:

- Making Every Contact Count
- Together for Health
- Outcomes Based Commissioning



# POTENTIAL FOR ALIGNMENT



# The importance of partnership

## Key

-  Clinical Commissioning Group
-  Primary Care Commissioning - NHS England / CCGs
-  Public Health England
-  NHS England – Specialised Commissioning
-  Local Authority – Public Health

Public awareness and behaviour change  
eg Be Clear on Cancer campaigns



Smoking cessation



Promote physical activity



Other lifestyle interventions:  
eg diet and alcohol



GP Referral

ie 2 week wait, 31 day wait,  
62 day wait



A & E



Screening

ie breast, bowel,  
cervical cancers



Diagnostics

eg biopsy, x-ray, CT, MRI,  
PET, colonoscopy, endoscopy,  
flexisigmoidoscopy etc





# Questions

