

The Cancer Reform Strategy

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September 2008



The Cancer Reform Strategy – what does it mean for primary care?

- Prevention
- Awareness
- Better early detection
- Tackling inequalities
- Treatment closer to home
- Helping people living with and beyond cancer

Preventing cancer (Chapter 2)

- Rationale: over half of all cancers could be prevented
- Progress:

Local tobacco control and smoking cessation in Vital Signs and Local Area Agreements

National consultation on future tobacco control – closed 8 September

Skin cancer – CAT trawling for local projects (Kathy Elliott)

National consultation by the HSE on new guidance on the health risks of UV equipment - closed 17 July.

National survey of sunbed use by teenagers being commissioned by CAT.

Diagnosing cancer earlier (Chapter 3)

- Rationale: Late diagnosis is the major factor underlying poor survival rates in the UK
 - Actions:
 - National Awareness and Early Diagnosis Initiative (NAEDI)
- NAEDI will not look specifically at primary prevention of cancer, as there are other programmes (eg the tobacco control programme) to directly address this, but the work of NAEDI may inform their agenda. However in engaging high-risk groups on early detection, it may be that awareness of risk factors is addressed indirectly.

CANCER REFORM STRATEGY – NAEDI

The primary aim of NAEDI

- to reduce delay in reaching a cancer diagnosis, so that disease can be treated before it is too advanced, leading to better outcomes and improved survival.

Secondary aims of NAEDI include:

- increasing public awareness of risk factors, to enable choices to be made for a more healthy lifestyle to minimise those risks
- disseminating the learning from different approaches to raising awareness and rationalising the approach to evaluation/monitoring
- developing a central resource containing the results (positive and negative) of the above
- using the results of the audit in primary care to identify avenues for further research nationally and the development of support tools for GPs, and locally to improve GP knowledge of symptom progression.

CANCER REFORM STRATEGY – NAEDI

Workstreams include:

- Review of the evidence base and research – to understand what evidence exists about late diagnosis in the UK, the areas/tumour sites for which early diagnosis is an important factor in influencing outcomes, and evidence of successful interventions.

CANCER REFORM STRATEGY – NAEDI

- Awareness measurement - Developing measurement tools for assessing levels of risk, cancer and symptom awareness and evaluating the impact of interventions; undertaking surveys of public awareness and attitudes to measure improvement over time.

CANCER REFORM STRATEGY – NAEDI

Interventions –

- Developing, testing, supporting and evaluating new interventions to raise public awareness;
- understanding and learning from evidence of interventions to raise awareness and encourage earlier diagnosis, whilst identifying gaps where more research is needed.
- Supporting the rollout and evaluation of local pilots of validated interventions and disseminating information about best practice.

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Working with healthcare professionals in primary care, and Royal Colleges to better understand the pattern of patient presentation and developing best practice for reaching an early diagnosis:

- working with the RCGP on an audit of newly diagnosed cancer patients.
- working with the NPSA on reviewing missed diagnosis opportunities

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- International benchmarking – reviewing areas where other countries are having more success eg in getting patients treated at a stage where effective therapies are possible. This will include levels of awareness, how GP visits are different, and the use of differing diagnostic approaches

CANCER REFORM STRATEGY – NAEDI

- Prospective research – establishing a coordinated programme of existing and new research to address areas where we have insufficient evidence as to the reasons for and impact of late presentation or delays in diagnosis.

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- Key messages for individual cancers - underpinning other workstreams, we will be working with stakeholders on key messages to improve screening uptake (especially in trying to overcome socio-economic disparities), and improve risk and symptom awareness for cancers without screening programmes (eg ovarian, skin).

Reducing cancer inequalities (Chapter 6)

- Rationale: There are major inequalities in cancer incidence, uptake of services and/or outcomes according to deprivation, race, age, gender, disability, religion and sexual orientation
- Progress - Local goals to be set for mortality reductions by 2012. Links closely with NAEDI, with interventions aimed at reducing cancer mortality in deprived areas already underway.

Using information to improve quality and choice (Chapter 8)

- Rationale: Better information on cancer services and outcomes will enhance quality, inform commissioning and promote choice
- Progress:
 - Links to NAEDI - Survey of awareness of risk factors and symptoms of cancer already underway
 - Surveys of patients' experience of care and patient reported outcomes
 - Collection of defined clinical datasets by Trusts / MDTs as part of national contract
 - Establishment of a National Cancer Intelligence Network to coordinate these activities, and make information available in Commissioning Toolkit

Diagnosing Cancer Earlier

Aim - every PCT to have one early diagnosis/
detection initiative

- To have reviewed information
 - One year survival rates against international benchmarks
 - Screening uptake, overall and by general practice
 - Referral rates, by general practice
 - Emergency admission
- In PCT Strategic Commissioning Plan

CANCER REFORM STRATEGY – NAEDI

And Finally –

NAEDI LAUNCH EVENT 21 NOVEMBER
2008, LONDON. REGISTER WITH
EVENTPRO