

## EALING JSNA

### 'Focus on'

# Cancer

September 2019

The Joint Strategic Needs Assessment (JSNA) is a statutory document published by the London Borough of Ealing and NHS Ealing Clinical Commissioning Group, which describes the health and social care needs of the population. The JSNA contains topic and theme-based chapters, which are updated on a rolling basis. The 'Focus on' series provides succinct chapter summaries from the JSNA.

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## Overview

Cancer is a condition where cells grow and multiply uncontrollably and destroy surrounding healthy tissue, including organs, as well as spread to distant areas. There are over 200 different types of cancer, each with a different method of diagnosis and treatment. This JSNA focusses on the more common cancers. Staging describes the severity of a person's cancer based on the size and/or extent (reach) of the original (primary) tumour and whether the cancer has spread further in the body (metastasis, leading to secondary tumours). Cancer stage is important as it affects treatment options and predicts survival - the earlier the stage at which a cancer is found, the better the prognosis.

### Facts and figures

- Cancer accounts for 3.07% of total prevalent cases in Ealing, in line with Greater London and Western Europe, significantly below the UK (GBD 2017)
- Breast, non melanoma skin, lung, colorectal and prostate cancers together accounted for over half (64%) of all new cancers (2014-16)
- 7,171 people in Ealing were living with cancer, this represents 1.6% of GP registered population). One year survival rate in Ealing is 73.9% (England 72.3%, NW London 74.6%) (ONS, 2017)
- Five year survival rate for all cancers is 54% across NW London and breast and colorectal rates being at NW London 88.6% and colorectal 62%
- Percent of total deaths attributable to cancer in Ealing is significantly below London and the UK at 28.04% and is the 9th lowest rate out of 32 London Clinical Commissioning Groups (CCGs)
- Emergency presentation is linked to lower short term survival in newly diagnosed patients

### Population groups

- Cancer accounts for more than a quarter (28%) of all deaths in the UK with 88,200 deaths among men and 77,900 among women (2016)
- Men are diagnosed with more cancers, have a higher mortality and generally report more favourably on care than women
- Cancer incidence and mortality is higher in deprived groups compared with affluent groups, due to lifestyle factors, especially higher smoking rates and later presentation/diagnosis
- Older people's chances of long term survival are diminished due to late presentation (following an emergency admission), not being given active treatment or aggressive therapy appears to be due to being overweight or obese or frail
- Cancer incidence is lower in Black and Minority Ethnic groups than white groups, but early diagnosis may be compromised by poor attendance at screening or patients not recognising cancer symptoms

### National and local strategies

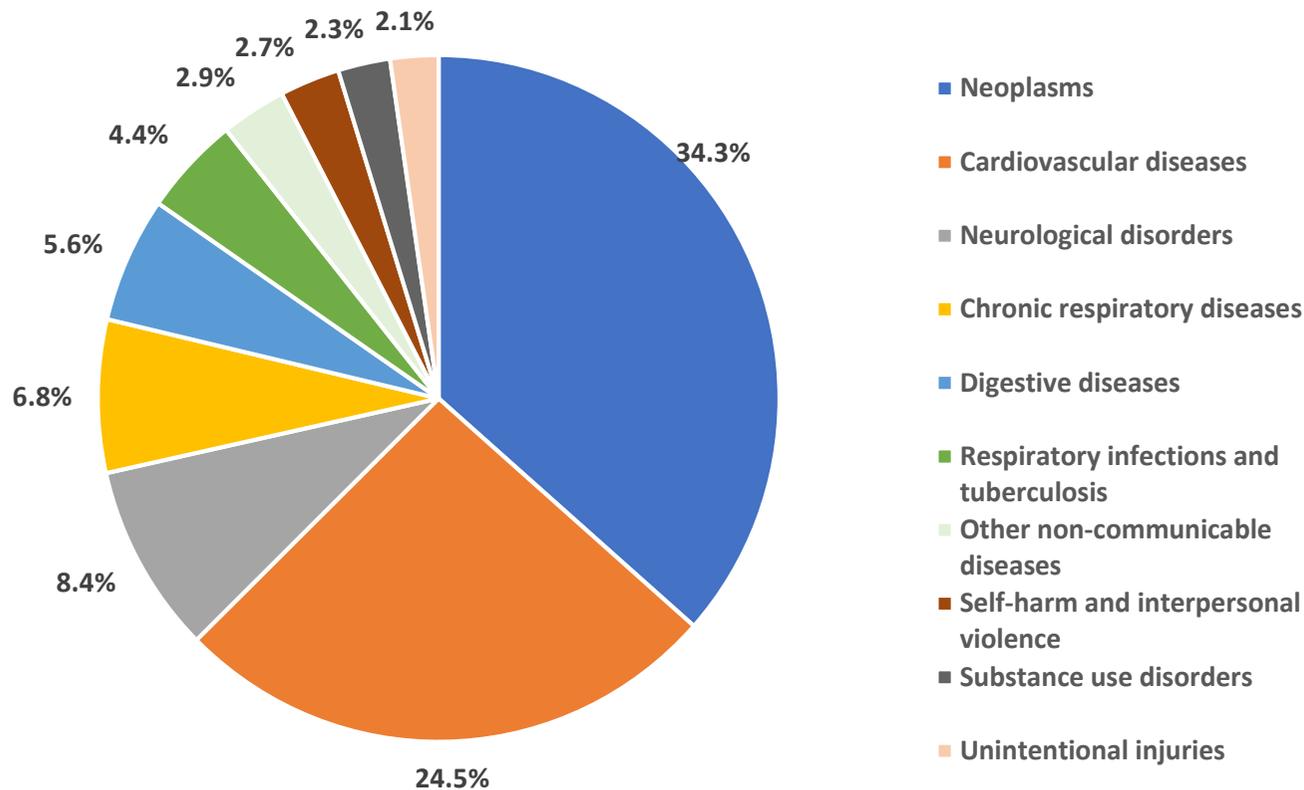
- Improving Outcomes: A Strategy for Cancer 2014, Department of Health, Public Health England, NHS England
- Cancer guidance, National Institute for Clinical Excellence
- NHS Long Term Plan, 2019 NHS Excellence
- Achieving world-class cancer outcomes: A strategy for England 2015-2020, Independent Cancer Taskforce
- National Cancer Intelligence Network & National Disease Registration Public Health England, 2016
- Cancer Commissioning Strategy for London, 2014
- Fingertips Tool, Public Health England

### Reducing inequalities

- Nearly 112,000 England cancer cases every year could be prevented.
- Smoking is the largest cause of cancer in the UK.
- Screening is the route with the highest proportion of cases diagnosed at an early stage, for all cancers combined
- Improving screening uptake among people with learning disabilities could improve outcomes
- Patients with mental health conditions have poorer outcomes i.e. pre cancer diagnosis of major psychiatric diagnosis correlates with cancer specific and all cause mortality
- Increasing awareness of cancer, screening uptake, socioeconomic conditions and addressing cultural issues could improve outcomes for BME groups
- Risk of lung cancer among gay, lesbian and bisexual could be reduced by addressing smoking behaviours and improving access to Stop Smoking services

## National and regional context

**Top Ten Causes of Death, % of total YLLs  
(England, both sexes, all ages, 1990-2017)**

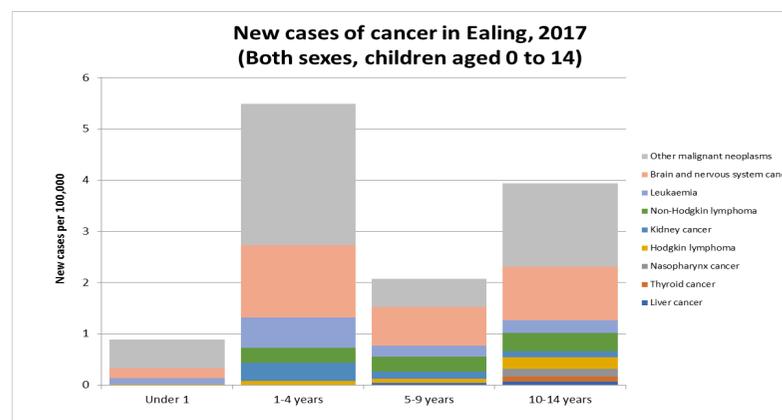
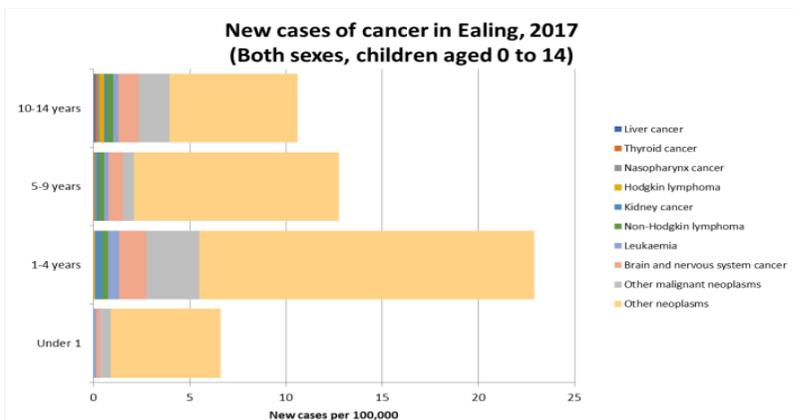
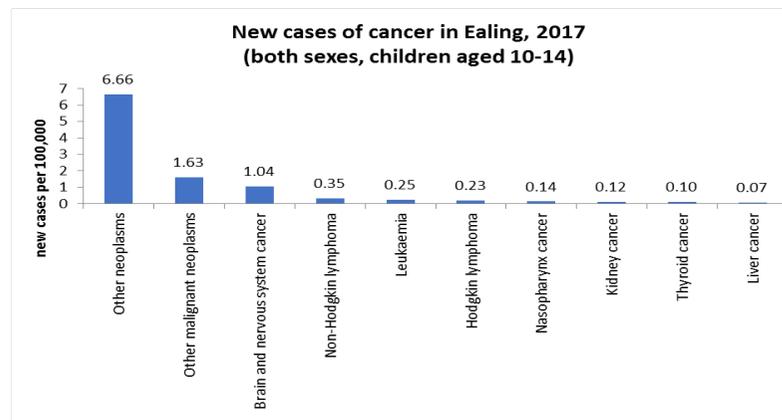
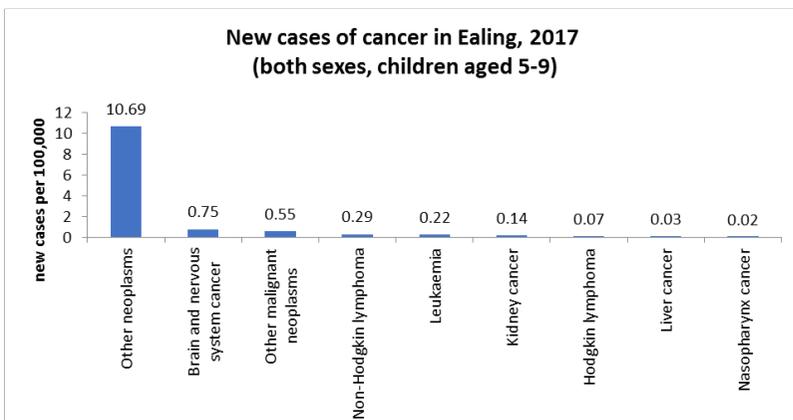
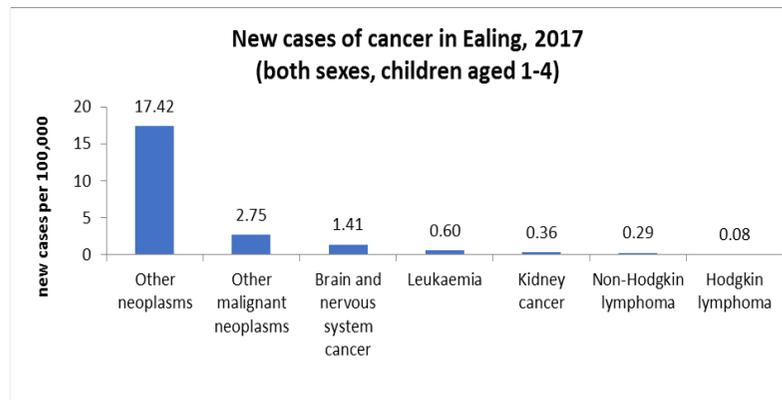
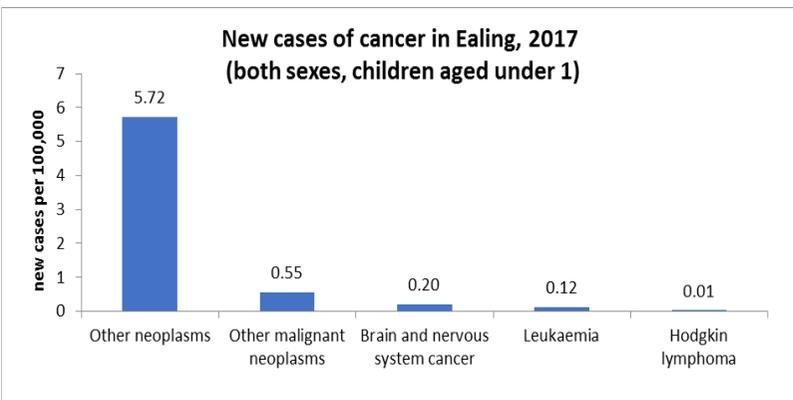


**Neoplasm** refers to an abnormal growth of tissue caused by the rapid division of cells that have undergone some form of mutation and is used to reference cancers.

### National and regional context of cancers

- Cancers are now the leading cause of avoidable deaths in England & Wales
- Around a fifth of all cancer deaths are from lung cancer
- A person's risk of developing cancer depends on many factors, including age, genetics and exposure to risk factors
- Cancer survival is improving and has doubled in the last 40 years in the UK
- Nearly 4 in 10 cancer cases are attributable to known risk factors
- Differences exist in urgent GP referrals and emergency cancer bed days between areas
- Cancer patients have poorer outcomes in the UK than in other European countries
- Elderly cancer patients survive less well
- In London 25-30% of cancers are diagnosed in Accident and Emergency
- Across London cancer remains the 2nd leading cause of death.
- In Ealing, 28% of the causes of death are attributable to cancer

# New cases of cancer in children



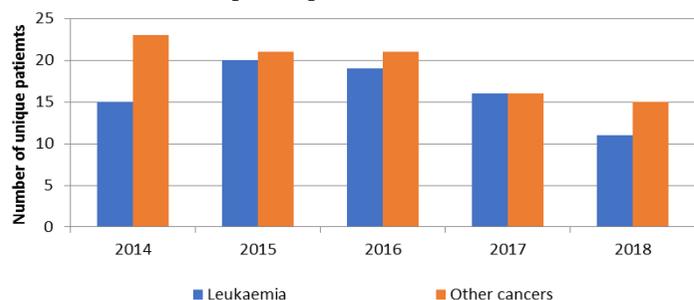
## New cases of cancer in children

- The new cases of neoplasms (5.7/100,000) are highest in children < 1 year old which increases to 17.4/100,000 between the ages of 1-4.
- The incidence of other neoplasms drops with age, with rates dropping to 10.7/100,000 in 5-9 year olds, and even further to 6.7/100,000 in the 10-14 year olds.
- Neoplasms and cancers of the brain and nervous system also increase slightly with age when compared to children below the age of 1.
- The highest incidence of all cancers is seen in children between ages 1-4, where other neoplasms are proportionally having the highest incidence, including that for malignant neoplasms.

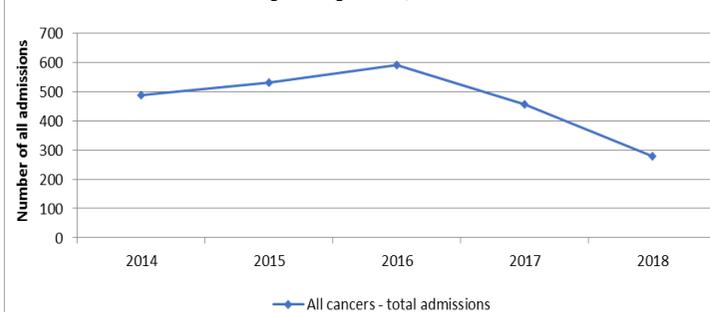
## Hospital admissions in children

### Number of admissions for all cancers and leukaemia

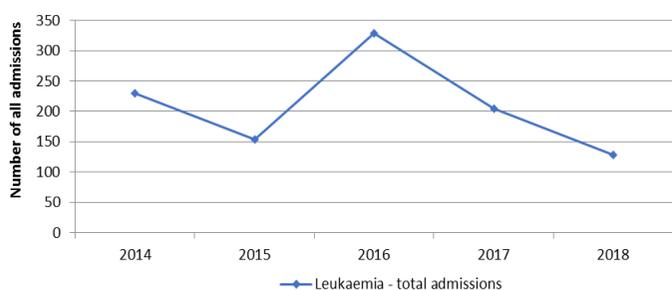
Hospital admissions for cancer patients resident in Ealing and aged <18, 2014-2018



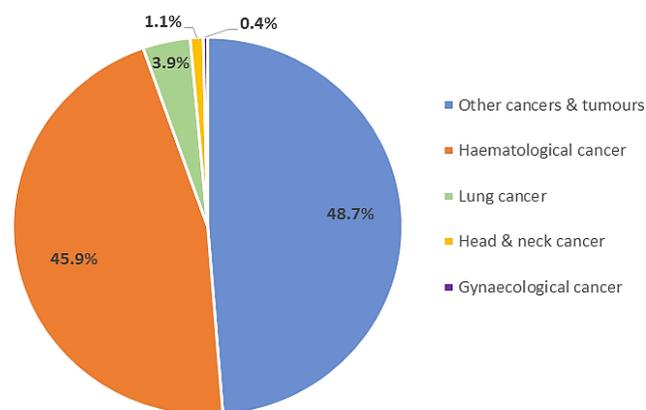
Annual hospital admissions for all cancers patients resident in Ealing and aged <18, 2014-2018



Annual hospital admissions for leukaemia patients resident in Ealing and aged <18, 2014-2018



Hospital admissions for cancer by common types of cancer Ealing residents aged <18, 2018

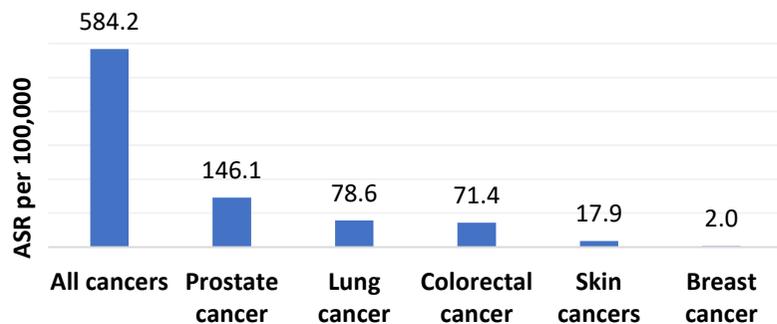


### Hospital admissions in children

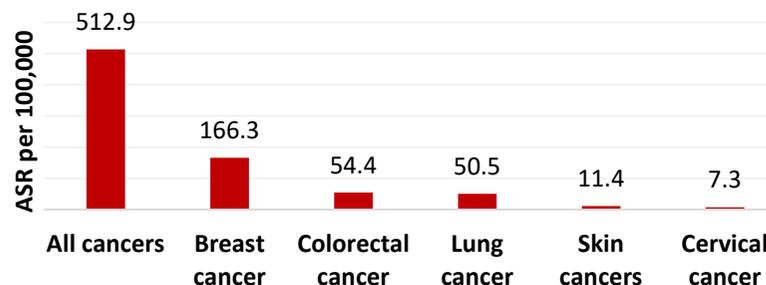
- The number of hospital admissions for all cancers and leukaemia in children aged <18 has been dropping steadily since 2015 in Ealing.
- In 2018, there were more total admissions for all other cancers, than for leukaemia.
- Generally, unique admissions for cancers apart from leukaemia have dropped from 23 (2014) to 15 (2018) in Ealing, although this remains higher than unique admissions for leukaemia (11) in 2018.
- Total admissions (including repeat admissions) for leukaemia have dropped by nearly 60% between 2016-2018.
- Total admissions (including repeat admissions) for all cancers have dropped by nearly 53% between 2016-2018.
- When considering hospital admissions in children due to cancer, nearly 95% of children admitted are afflicted by haematological cancer and tumours and other cancers.

## New cases of cancer in adults

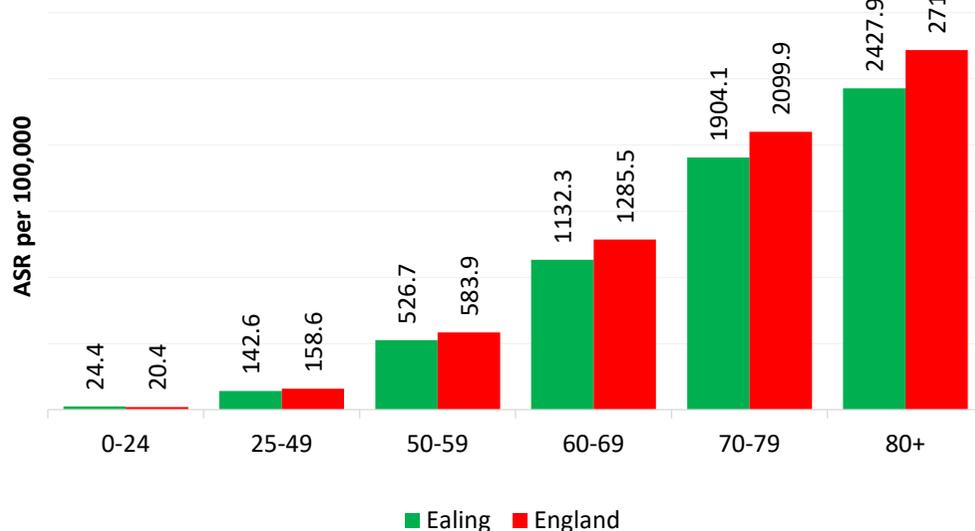
Cancer incidence in Ealing, males, all ages, 2014-16



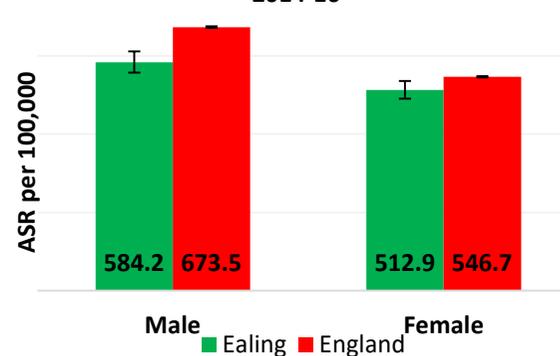
Cancer incidence in Ealing, females, all ages, 2014-16



Age-standardised rate of new incidences of cancer by Age Group for Ealing & England, 2014-16



Age-standardised rate of new incidences of cancer by Gender for Ealing & England, 2014-16

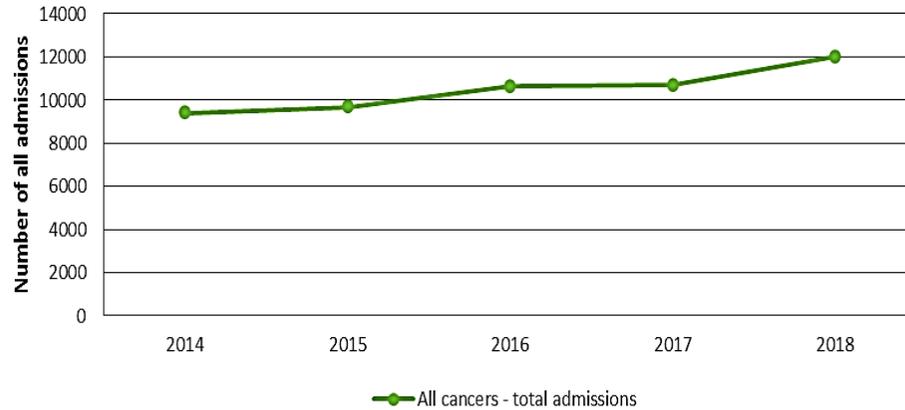


### Hospital admissions in children

- The incidence of cancer in Ealing is lower than that of England.
- For Ealing, the incidence of cancer in men is higher than in women.
- The incidence of lung and colorectal cancer in men is higher than for women in Ealing.
- For women, the highest cancer incidence is for breast cancer, whereas for men, prostate cancer has the highest incidence rate.
- As with all cancers, the incidence of cancer in Ealing increases with age.
- Cancer incidence in Black and Minority Ethnic (BME) groups may be characterised by advanced stages e.g. BME women are more likely to present with advanced breast cancer and have significantly lower survival rate than white women. Black Caribbean and African men have 2-3 times the risk of being diagnosed or dying from prostate cancer than white men, while Asian men have a lower risk than the rest of the population.

# Hospital admissions in adults

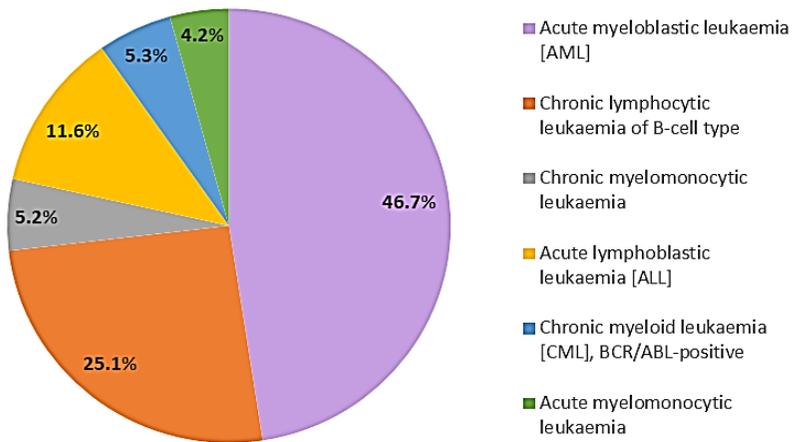
**Annual number of admissions for all cancer**  
Patients resident in Ealing aged 18+, 2014-18



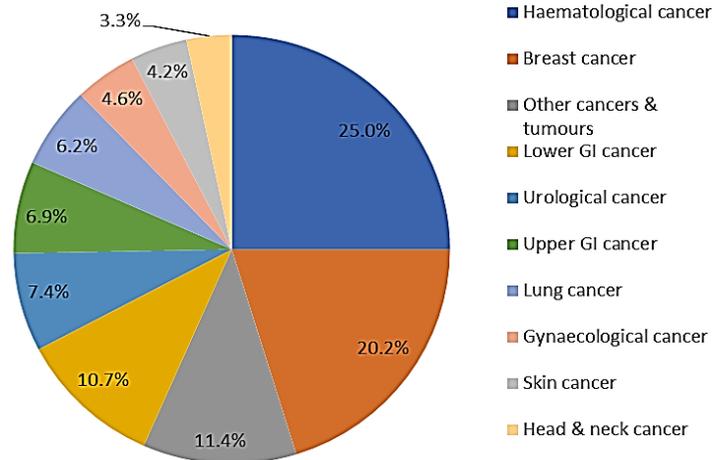
## Hospital admissions in adults

- Annual hospital admissions for all cancers have steadily increased since 2014, with a near 30% increase in admissions between 2014-2018.
- Haematological cancers (25%) remain the highest proportion for cancer admissions, closely followed by breast cancer (20%), skin (11%) and lower gastrointestinal tract (11%). Head and neck cancers (3.3%) share the lowest proportion of cancer admissions for Ealing.
- When considering admissions due to leukaemia, 67% are due to acute myeloblastic leukaemia (AML), while 25% are due to chronic lymphocytic leukaemia (CLL -B-type).

**Proportion of admissions by common types of leukaemia**  
Patients resident in Ealing aged 18+, 2018

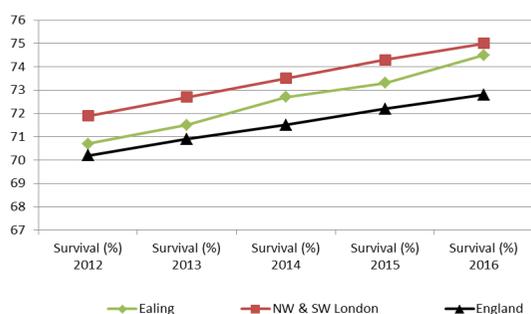


**Proportion of admissions by common types of cancer**  
Patients resident in Ealing aged 18+, 2018

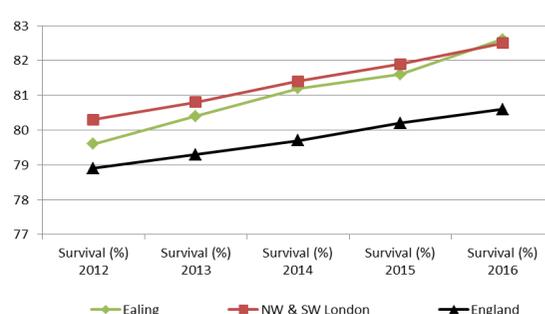


## Cancer survival

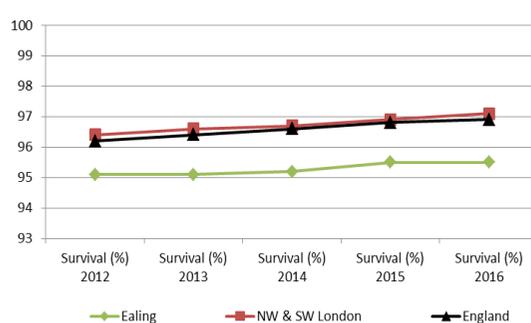
1 year survival for all cancers, by year of diagnosis



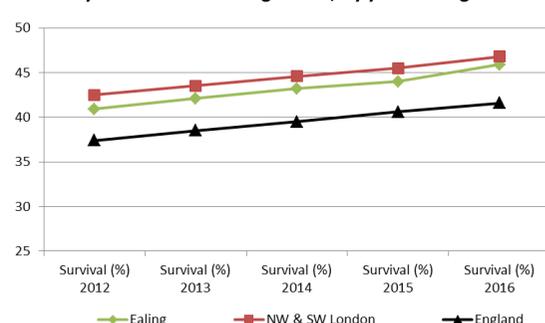
1 year survival for colorectal cancer, by year of diagnosis



1 year survival for breast cancer, by year of diagnosis



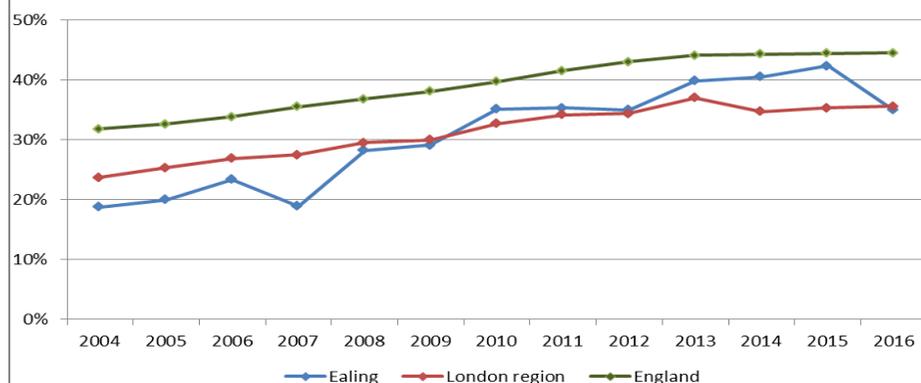
1 year survival for lung cancer, by year of diagnosis



### Proportion surviving after 1 year (2012-16)

- The highest proportion for cancer survival is for patients with breast cancer, followed by colorectal cancer. The lowest proportional survival is for lung cancer.
- Although survival has improved in Ealing by 4% points in the four years till 2016, 1 year survival in Ealing still remains lower than NW & SW London, but higher than England for all cancers.
- Breast cancer has the highest proportion for survival after 1 year (95.5% for Ealing), although it still remains lower than both NW & SW London and England.
- Ealing's survival for colorectal cancer (82.6%) remains similar to NW & SW London, and higher than England.
- The lowest proportion survival is for lung cancer (45.9%) in Ealing, and remains slightly lower than NW & SW London, but 5% points higher than England.

deaths at usual place of residence (all cancers): Ealing compared to London and England (2004-2016)



### Death at usual place of residence

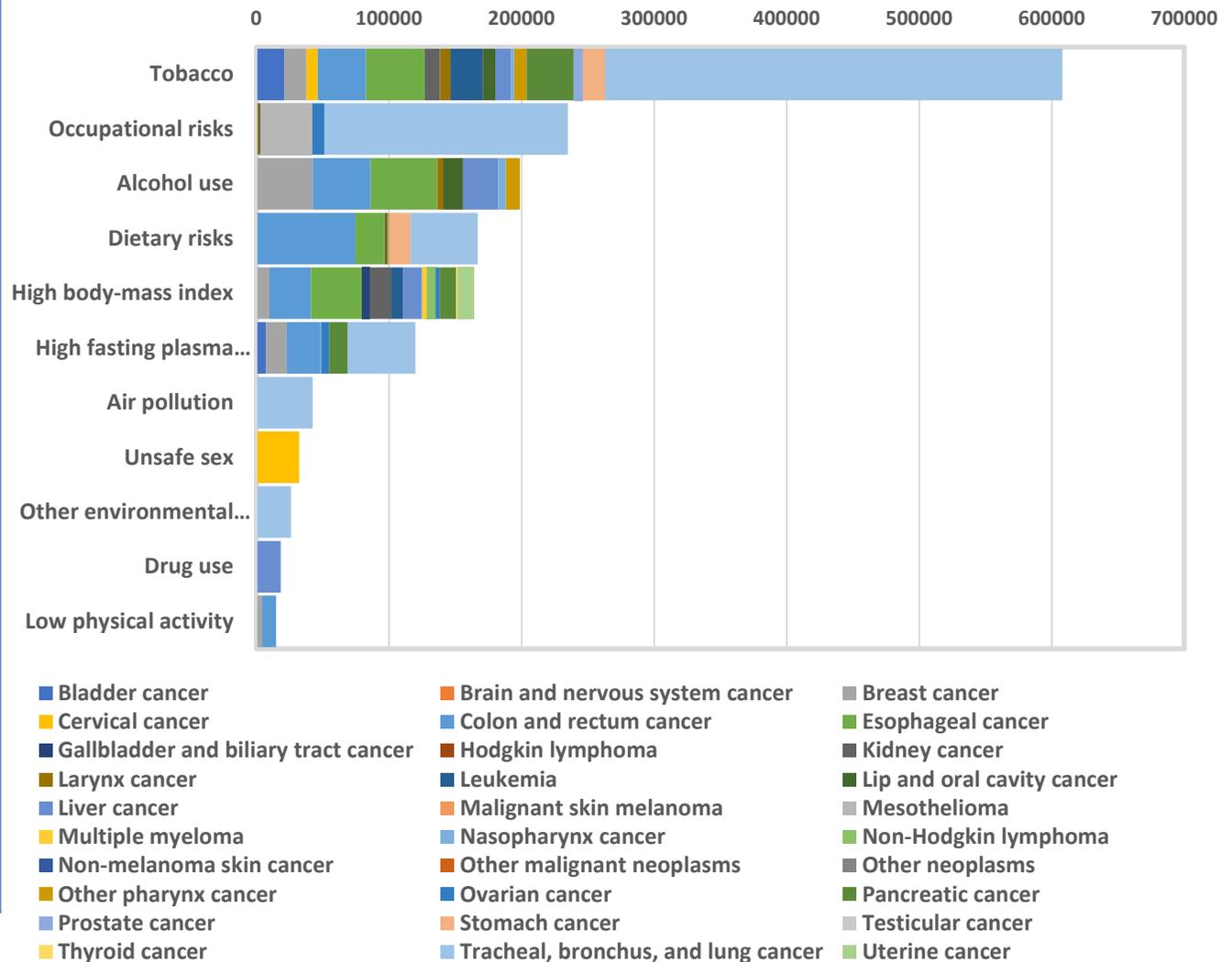
- Meeting people's preferences for place of care and place of death is an important measure of the quality of end of life care. The proportion of individuals choosing to die at their usual place of residence has consistently remained below England average, with statistically significant variations around London.
- In the decade ending 2016, the proportion of deaths at the usual place of residence for all cancers has risen by nearly 12% for Ealing.

## Setting the scene

### Risk factors involved in cancers

- There are various risk factors that contribute to the incidence of cancer, where tobacco is considered as one of the leading risk factors for the various types of cancer, followed by occupational risks.
- Alcohol consumption, unhealthy diet, obesity and poor glucose control are also contributory risk factors for various types of cancer.
- Screening of asymptomatic and apparently healthy individuals is linked to early diagnosis of pre-cancerous lesions or an early stage of cancer and efficient and effective referrals, diagnosis and treatment.
- Overexposure to ultraviolet (UV) radiation is the main preventable cause of skin cancers (melanoma skin cancer and non-melanoma skin cancers (NMSC). Around 86% of melanoma skin cancers in the UK (around 13,600 cases) are linked to too much exposure to sunlight and sunbed use every year.
- Low-income and disadvantaged groups are generally more exposed to avoidable cancer risk factors, such as environmental carcinogens, tobacco use, alcohol abuse and infectious agents.

Cancer risk factors 2017  
England, both sexes, all ages (YLLs)

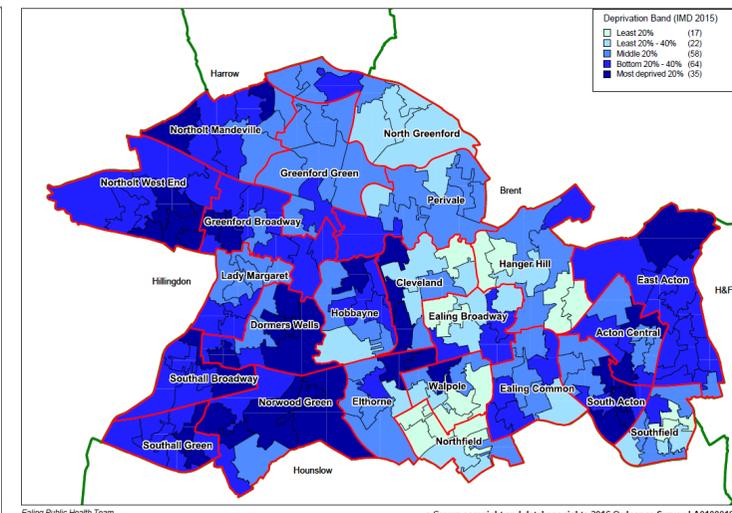
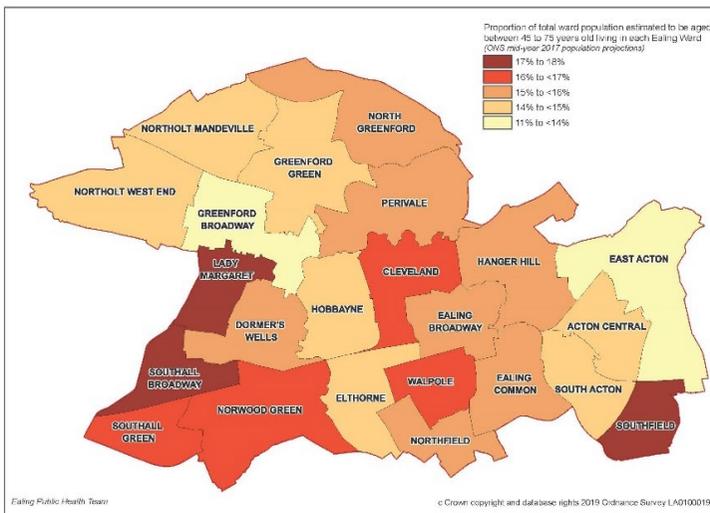
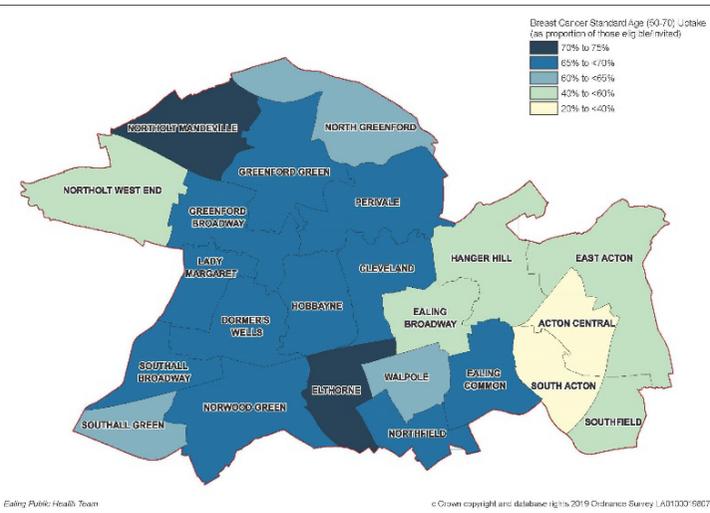


# Breast and bowel cancer screening

**Breast cancer screening: standard age uptake (50-70 years) June 2017-18**

**Estimated proportion of ward population 45-75 year olds 2017**

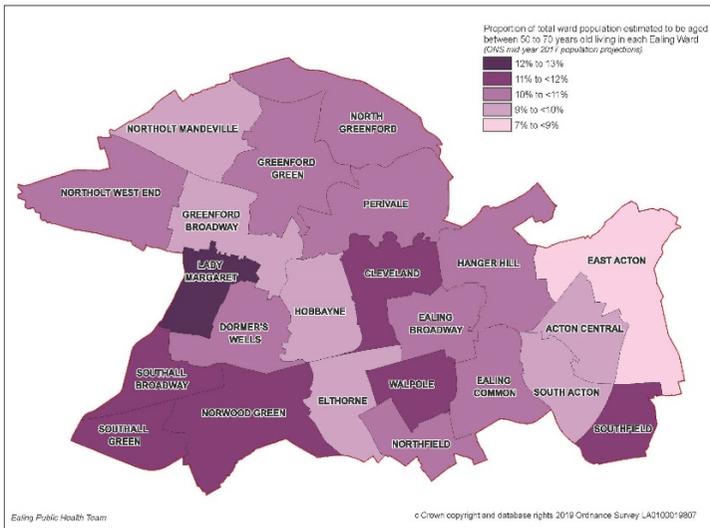
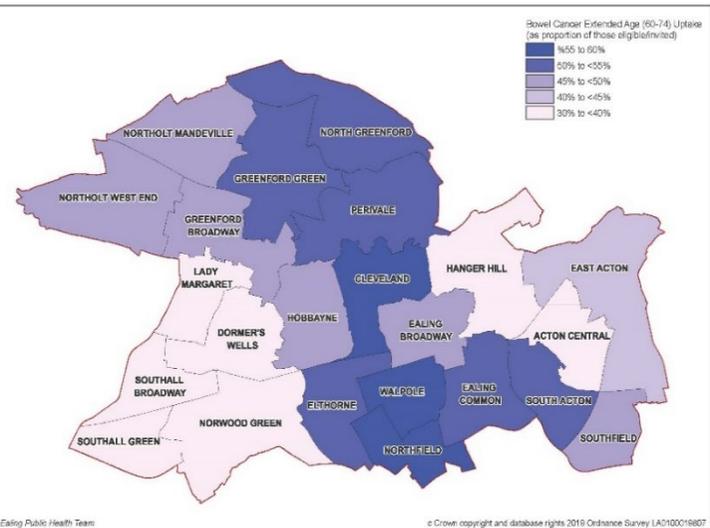
**Index of Multiple Deprivation in Ealing, 2015**



**Bowel cancer screening: uptake (60-70 years) June 2017-18**

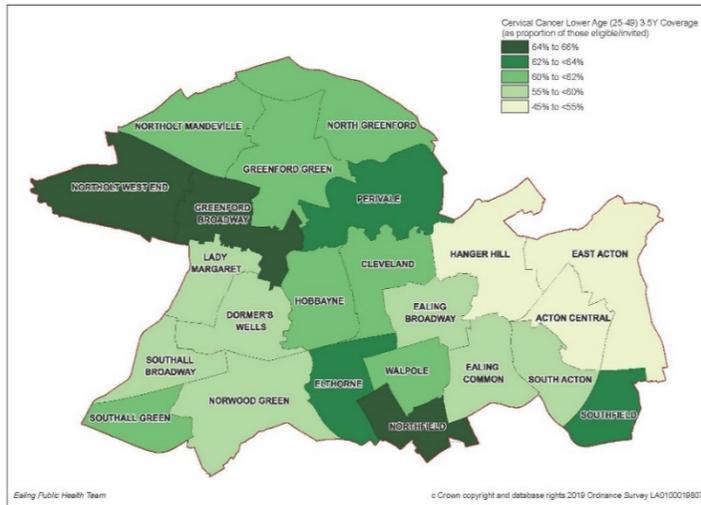
**Estimated proportion of ward population 60-70 year olds 2017**

- Breast screening uptake in Ealing (66%) is higher than NW London (62%);
- Bowel screening uptake is similar in Ealing at 44% compared to NW London at 43%;
- There appears to be variation in the uptake patterns for both breast and bowel screening compared to the eligible resident population;
- Variation in uptake is also seen between most deprived and least deprived wards.

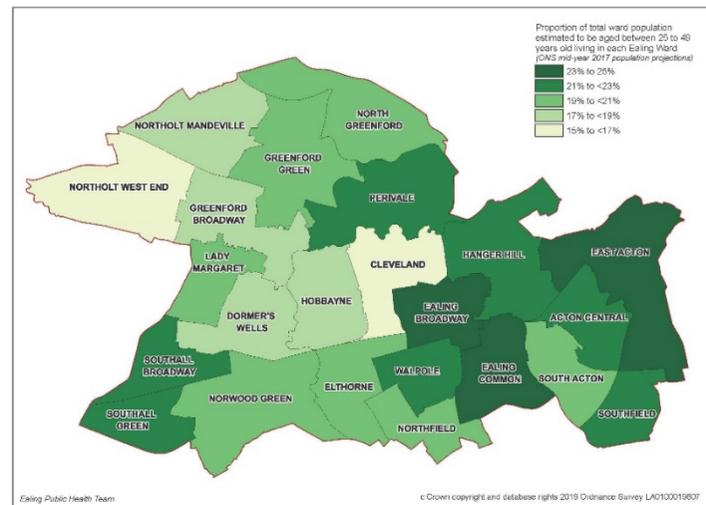


# Cervical cancer screening

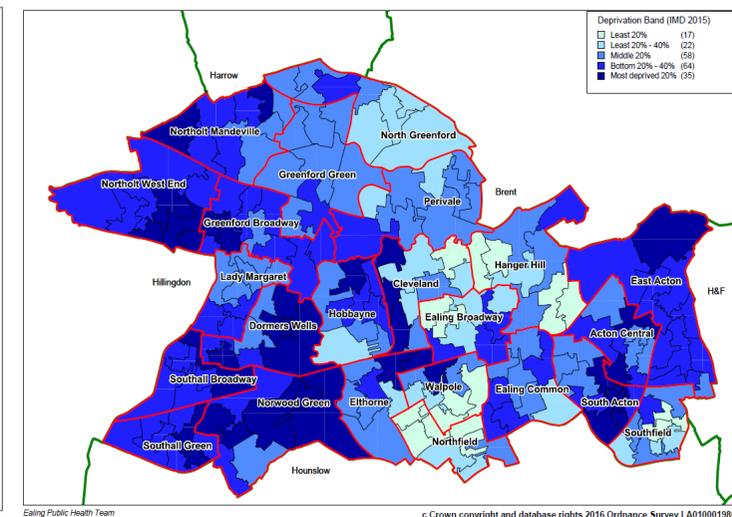
**Cervical cancer screening: coverage (25-49 years)**  
June 2017-18



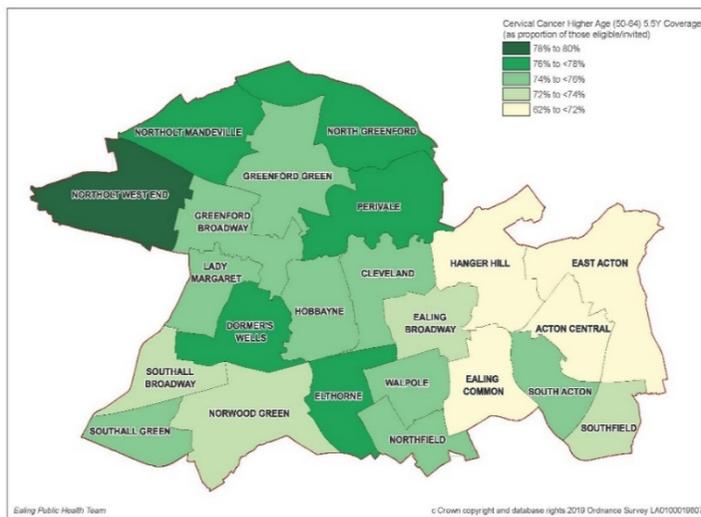
**Estimated proportion of ward population (25-49) year olds 2017**



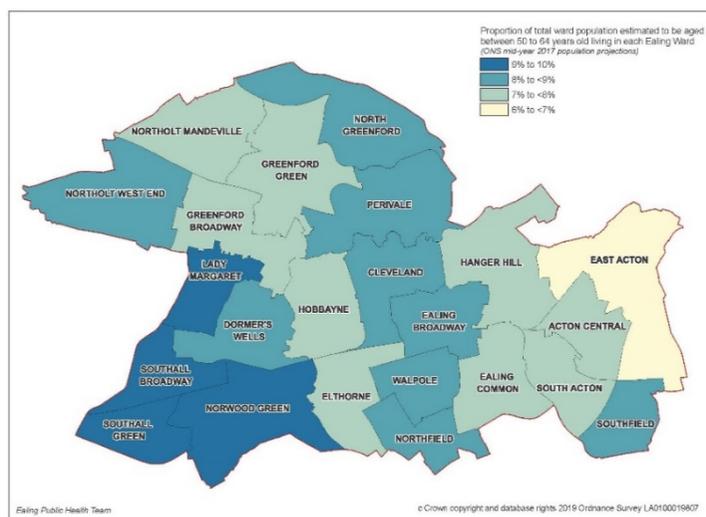
**Index of Multiple Deprivation in Ealing, 2015**



**Cervical cancer screening: coverage (50-64 years)**  
June 2017-18



**Estimated proportion of ward population (50-64) year olds 2017**



- 83% of cervical cancer cases could be prevented if everyone attended screening regularly;
- Ealing coverage is 60.0% compared to London at 62.3% and England at 69.2% for 25-49 year olds;
- It is 74.5% for 50-64 year olds, compared to London at 74.3% and England at 76.3%;
- There appears to be variation in the coverage patterns and eligible resident population;
- 71.4% of eligible women (aged 25-64) were screened adequately in 2018, compared with 72% on 31st March 2017;
- National target for cervical screening coverage is 80%;
- Variation in uptake is seen between most deprived and least deprived wards.



## Setting the scene: Employment and social care

### Employment

- Employees with cancer are protected from discrimination in the workplace
  - by the Equality Act 2010
- Cancer can bring all kinds of unexpected expenses e.g. having to pay for a special diet, child care or travel to and from hospital, including the possibility of taking time off work. High costs associated with treatment can lead to increased distress, reduced quality of life and even shortened survival
- Approximately half of cancer patients are younger than 65, when employment is an important part of their lives. Symptoms like depression, fatigue, cognitive dysfunction or peripheral nerve disease may adversely affect ability to undertake work, particularly in professions and situations of high demand where little flexibility is present in the workplace to accommodate temporary reduced capacity
- Cancer survivors are 1.4 times more likely to be unemployed, with approximately 30% of previously employed not returning to work at five years after diagnosis. Failure to return to work is associated with reductions in quality of life and financial status
- Cancer survivors are more likely to experience presenteeism (working while sick) within five years of diagnosis. Among survivors, impact of cancer on work is expected to lessen over time, patients with metastatic cancer are likely to face a fluctuating and ultimately deteriorating course of work ability.
- Non-elderly colorectal and breast cancer survivors experience statistically significant annual excess employment disability and productivity loss at work. Time after diagnosis is associated with reduction in probability of employment for cancer survivors, reduced working hours, reduced income and reduction in the overall household income. Impact appears to be greater for men than women, reflecting men's greater paid workforce participation
- Impact of unemployment is greatest in those already most vulnerable, blue collar workers more than white collar workers, those on lower incomes or very young. Very little data is available on patients from ethnically diverse, rural and remote backgrounds, where job skills may be more limited and the job market smaller with fewer re-training opportunities
- 2 in 3 (65%) of people with cancer are waiting for at least six months for Personal Independence Payments (PIPs)

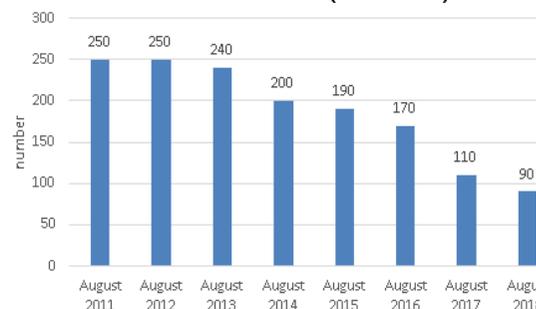
### Working and cancer

- There are around 600,000 people working with cancer in the UK. This number is expected to double over the next 10 to 15 years
- Over 80% of those who were working when diagnosed with cancer thought it important to continue working, 47% had to give up work or change their roles as a result of their diagnosis (ergo 53% continue to work)
- For those affected by cancer, work is important for restoring a sense of normality and wellbeing, as well as contributing to financial independence, but many cancer survivors find returning to work a struggle as they deal with cancer's short or longer term side effects
- Few employers have a carers' policy and many carers are hesitant to ask for time off work in case it affects their employment prospects

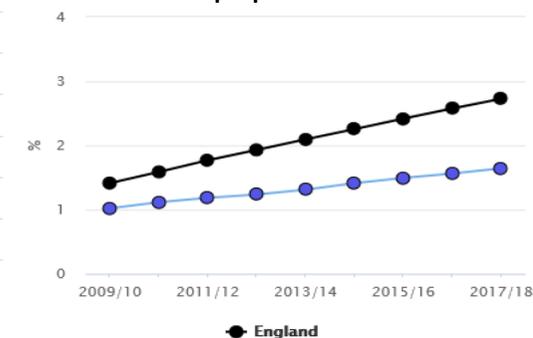
### Disability benefit claimed in Ealing (Aug 2018 - Feb 2019)

- 90 residents supported with disability benefit claims due to malignant disease
- 80 of these residents have received benefits due to malignant disease for over 5 years

Ealing Disability Living Allowance claimants for cancer (2011-2018)



Cancer: QOF prevalence (all ages) – proportion in %



## Future need

Nationally, the number of cancer diagnoses is expected to reach over 300,000 a year by 2020 and number of people living with and beyond cancer is expected to rise from 2 million to 4 million in the UK by 2030. In NWL, number of cancer cases are likely to be higher 26,000 from 17,000, a 53% increase.

### Social care and cancer

Nationally,

- 1 in 5 people with cancer have had to go to hospital for an unplanned or emergency visit, because of a lack of support for their practical or personal needs;
- Almost half of people with cancer (45%) have emotional needs, but do not get enough support or get no support at all;
- 1 in 5 people with cancer (22%) experience a negative impact on their lives as a result of a lack of support for their personal or practical needs;
- 1 in 14 people with cancer (7%) are constantly or often unable to wash themselves, dress or go to the toilet because of a lack of support;
- 1 in 10 (11%) are constantly or often housebound as a result of a lack of support;
- 1 in 13 (8%) are constantly or often unable to look after their dependants, such as children or other relatives;
- 6 in 10 (61%) people caring for someone with cancer experience some kind of impact on their lives as a result of caring and very few receive a formal Carer's Assessment;
- The need for social care support in general will only increase as our population continues to grow and age, while the budgets of local government remain under intense pressure.

### NHS Long term plan

- Commits to dramatically improving cancer survival, partly by increasing the proportion of cancers diagnosed early, from a half to three quarters;
- Genome sequencing to be offered to children and new generation CART- therapies to children and young people, Human Papilloma Virus (HPV) vaccination for 12 and 13 year old boys (2019), participation in trials and increased funding for palliative and end of life care;
- Local health systems will be expected to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29;
- An additional 1,500 new clinical and diagnostic staff across seven priority specialisms, including cancer, need to be recruited between 2018 and 2021;
- Modernisation of the Bowel Cancer Screening Programme will improve participation rates in previously marginalised populations and lowering the starting age for screening to 50;
- Expansion of lung health checks is similarly aimed at populations at higher risk of lung cancer;
- Raise greater awareness of symptoms of cancer, lower the threshold for referral by GPs, accelerate access to diagnosis and treatment and maximise the number of cancers that we identify through screening.



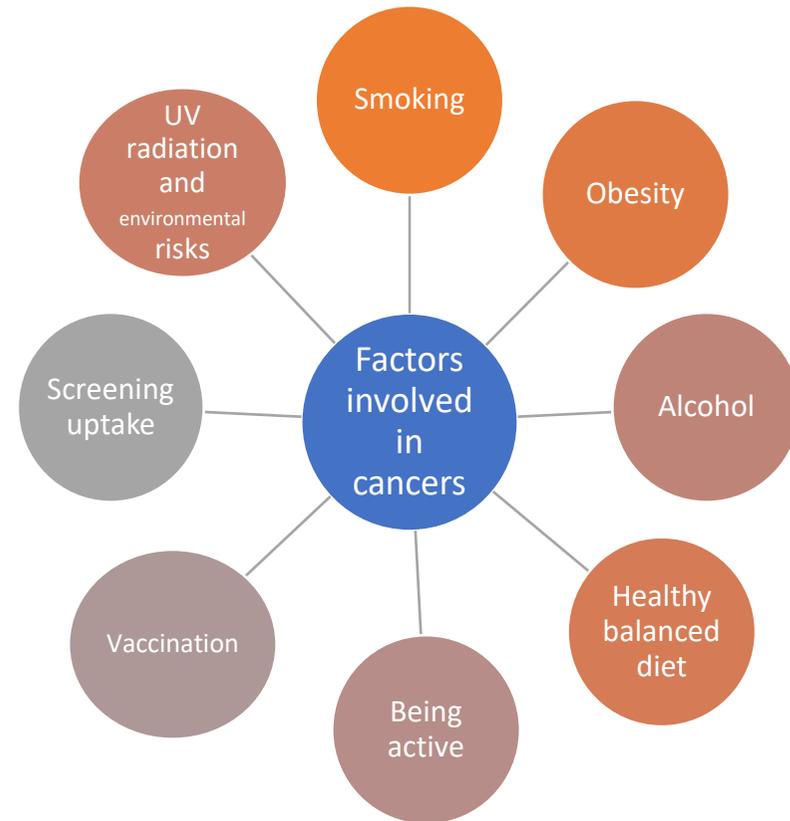
## What influences this topic?

### Influences on the outcomes of cancer

- Between 30-50% of all cancer cases are preventable. Prevention offers the most cost-effective long-term strategy for the control of cancer.
- National policies and programmes should be implemented to raise awareness, to reduce exposure to cancer risk factors and to ensure that people are provided with the information and support they need to adopt healthy lifestyles
- Early diagnosis of cancer is correlated with better outcomes
- End of life care at home
- Risk of cancer will sometimes be determined by factors that can't be changed, such as inherited conditions
- Peer review across teams and improving outcomes

### Contextual factors

- Unwarranted variation in outcomes between different parts of the country and for those from different backgrounds
- Focus on improving outcomes for people with cancer is embedded firmly in the wider context of improving outcomes for a whole population
- Local funding plans to provide the investment in services – from prevention to diagnosis, treatment and care
- Evaluate impact of cancer outcomes of cancer patients' travel distances
- Putting patient experience on an equal footing with other patient outcomes
- Establishing priorities for research on outcomes for older people with cancer
- 25-30% of cancers are diagnosed in Accident and Emergency
- Cancer Alliances and in partnership with patients, look at whole pathway data and information – including survival, prevention, early diagnosis rates, treatment outcomes, patient experience and quality of life



### Prevention action

- 4 in 10 UK cancers are preventable, through lifestyle changes
- Whole system approach focus efforts to identify and treat tobacco dependence
- Increase the number of children leaving primary school at a healthy weight
- Ensure that patients and the public are aware of cancer link to alcohol
- Roll-out of the HPV vaccination in cervical screening
- Integration of lifestyle advice and health promotion into the care and support provided to those people currently living with or who are at risk of recurrent cancer

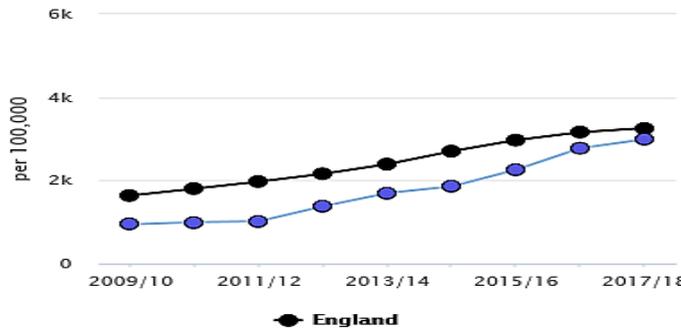
Ealing services

Cancer Quality and Outcomes

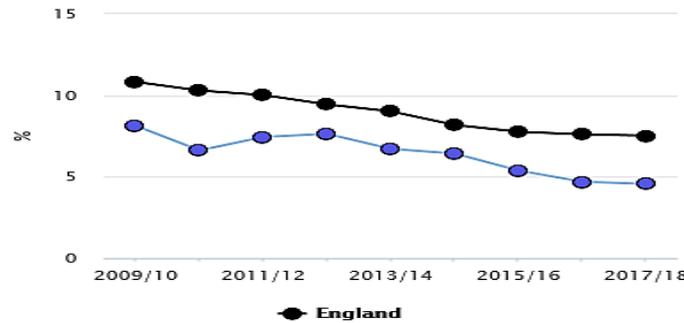
Emergency presentations of cancer

Ealing services

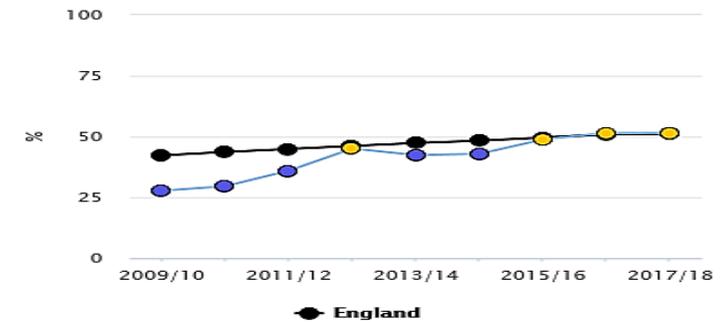
Trend for two week wait referrals for suspected cancer, Ealing



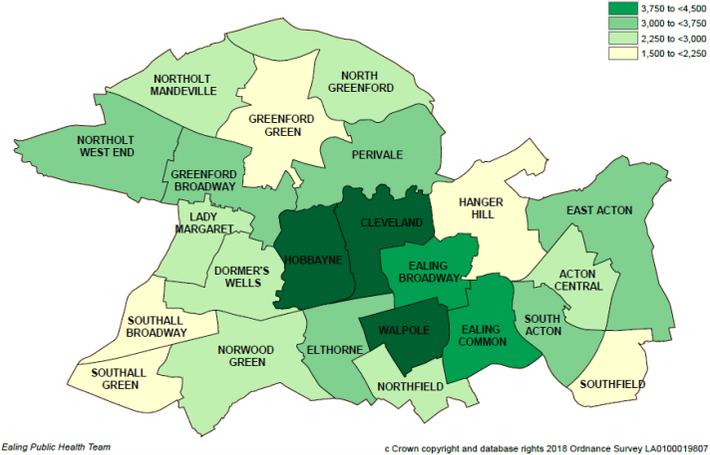
Trend for two-week referrals resulting in a diagnosis of cancer (Conversion rate: as % of all TWW referrals)



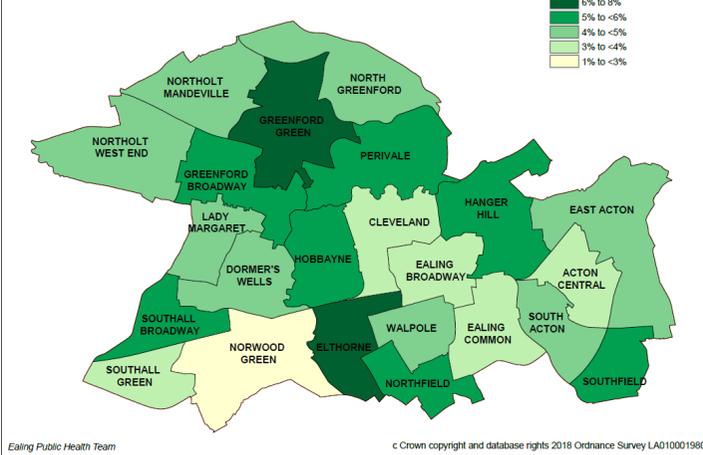
Number of new cancer cases treated (Detection rate: % of which resulted from a TWW referral) 2017/18



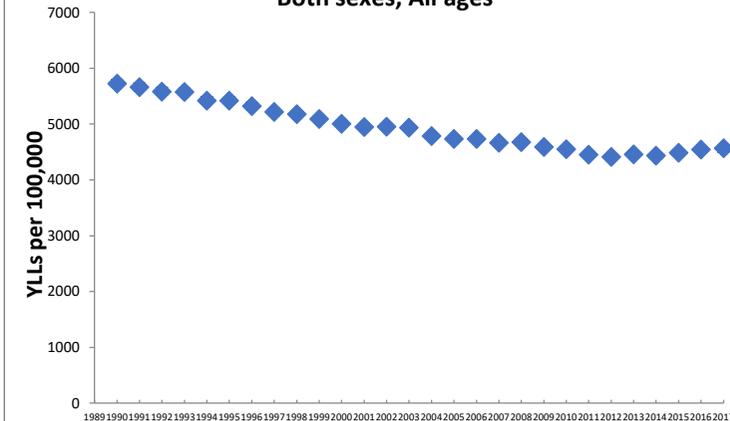
Two-week wait referrals for suspected cancer (Crude rate per 100,000 population) by Ealing ward (GP registered), 2016/17



Two-week wait referrals resulting in a diagnosis of cancer (conversion rate as % of all TWW referrals) by Ealing ward (GP registered), 2016/17



England - Neoplasms Both sexes, All ages



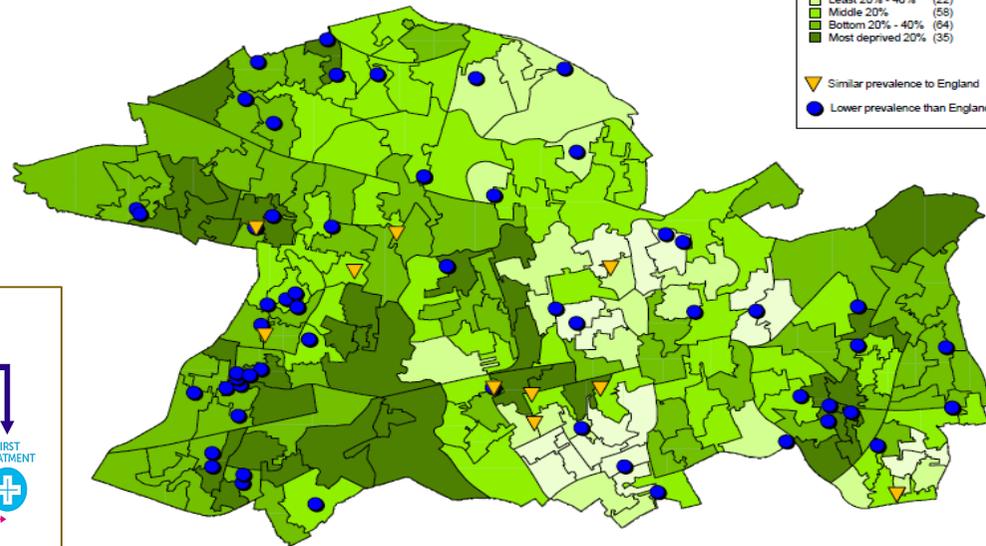
- Ealing two week referrals is lower than England, however the trend has been improving between 2009 and 2018
- Two week referrals resulting in a diagnosis is lower than England (2017/18)
- Number of new cases treated following detection have improved since 2009 and have been similar to England since 2015
- Variation exists in two week wait referrals and conversion rate to diagnosis (2016/17)
- Years of Life Lost to cancer in England have been rising since 2012
- Lack of good survivorship means people living with and beyond cancer can have unmet needs and are 20% more likely to visit their GP, twice as likely to attend A&E as those who haven't had a cancer diagnosis, likely to be unemployed and many report economic hardship.

# Cancer Quality and Outcomes

## Cancer Quality and Outcomes Framework (QOF) prevalence

Principal active management of cancers occurs in the secondary care setting. General practice often has a key role in the referral and subsequent support of these patients and in ensuring that care is appropriately co-ordinated. Ealing has the 10th lowest QOF prevalence in the region.

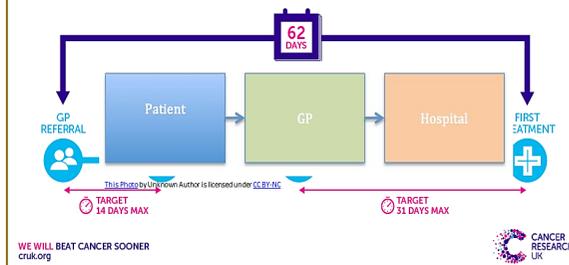
## Ealing QOF Prevalence and deprivation by GP practice (2017/18)



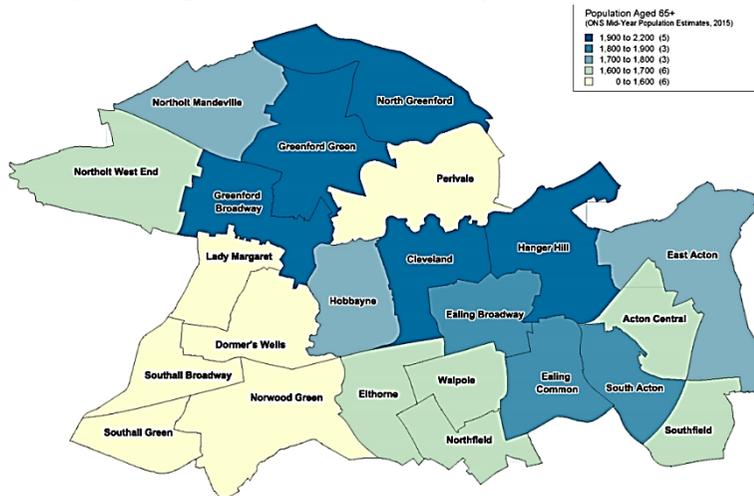
## Primary prevention and better outcomes

- In England, most patients presenting with symptoms to a GP are referred after the first or second visit. A quarter of cases (younger patients, ethnic minorities, types of cancer where symptoms are less well-known or they relate to organs which cannot be easily palpated or inspected), report visiting their GP three or more times before hospital referral. Initial misleading presentation or vague symptoms can result in patients shuttling between primary care and different secondary care services
- Earlier referral for tests should help to reduce the number of repeat GP visits for some patients
- More emergency presentations can be expected in practices with an older or more deprived population and the mix of tumour types is also highly significant (for example, lung cancers have a higher fraction of emergency presentations while breast cancers have a low fraction).

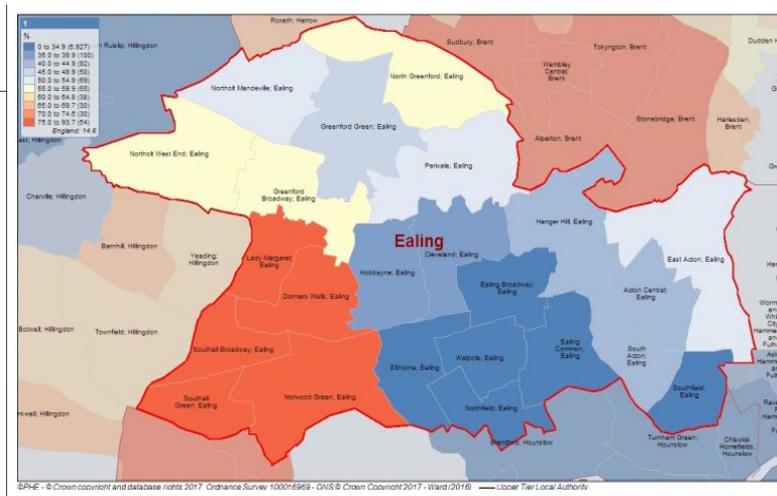
### THE CANCER REFERRAL TARGET



## Population aged 65+ - ONS Mid-Year Population estimates, 2015



## Proportion of People from a Black or Minority Ethnic (BME) Group





## What works?

**PRIMARY PREVENTION** - reduces the risk of cancers developing: increasing awareness of risk factors (smoking, obesity, increasing physical activity, improving nutrition, reducing harmful drinking) and protective factors (vaccinations, screening programmes and reducing UV and harmful environmental exposure)

**SECONDARY PREVENTION** - reduces the risk of cancers spreading and admissions: early detection, effective treatment, psychological and financial support, employment, social care support for activities of daily living and carers support

**TERTIARY PREVENTION** - reduces the impact of cancer and admissions: reduce readmissions, Macmillan support and advice, social and psychological support, support for carers, end of life care at home

- Cut smoking among pregnant women, people with mental ill health and manual workers; reduce obesity among children; enrolment in Type 2 NHS Diabetes Prevention Programme; to limit alcohol-related A&E admissions; and to lower air pollution
- Making Every Contact Count (MECC) - staff on the frontline who are in contact with thousands of patients a year feel equipped to talk to them about nutrition and achieving a healthy weight in an informed and sensitive way
- Hospitals to encourage healthier food options to be available for staff, limiting the proportion, placement and promotion of foods high in fat, salt and sugar
- Alcohol Care Teams (ACTs) have significantly reduced accident and emergency (A&E) attendances, bed days, readmissions and ambulance call-outs
- National Institute for Health and Care Excellence, yields 35 cancer conditions with guidelines for good practice
- London Cancer Alliance has published a series of guidelines to help improve diagnosis and treatment of a range of different cancers and reduce variation for patients

### Clinically and cost-effective

Cut smoking and reduce obesity

Healthy diet and alcohol harm reduction

Increase physical activity

Reducing exposure to UV light and environmental harm

Psychological therapies

Making Every Contact Count (MECC) advice on healthy weight and diet

### Clinically effective

Symptom awareness

Two week wait referrals for suspected cancer

Early diagnosis

Reduced exposure to polluted air

Cancer screening and vaccination programmes

Colorectal cancer care

End of life care

## Assets and services

The majority of cancer care occurs in primary and hospital settings. Awareness and prevention is carried out typically through council activity.

### Local Authority – Primary Prevention

- A range of services, strategies and stakeholders contribute to preventative action on smoking, alcohol, diet and physical activity in Ealing, informed by JSNAs.
- Ealing Council provides ‘Making Every Contact Count’ (MECC) training for primary care staff, community physiotherapists and community voluntary sector workers, to discuss lifestyle interventions, such as physical activity and weight loss with their patients and clients
- Ealing Council funds Strength and Balance Classes, Healthy Walks Programme, Everyone Active Exercise Referral Scheme and promotes cycling schemes
- Ealing Alcohol and Drugs service and a Recovery Intervention Service Ealing (RISE)
- 84 Ealing schools (93%) have signed up to the Healthy Schools Awards Scheme
- Many national portals and web pages dedicated to the big four factors for cancer – smoking, alcohol, diet and physical activity are available on Ealing council website
- Ealing Council has signed up to the Healthy Workplace Charter and achieved the Excellence standard

### Self management

- GP Practice websites offer self-care advice and self-help options, guiding patients to see the right person and provides a directory of local support services
- Ealing Community and Voluntary Sector (CVS) organisations provide chair-based exercises, healthy walks, yoga, relaxation therapies, massage and healthy cooking sessions. Ealing CVS maintains a directory of voluntary sector projects and advice about healthy living
- Information on cancer, advice on help and GP services is available through the Health Help Now digital app

### NHS Primary care

- The Ealing Primary Care Standard is a 3½ year investment programme from 2017, to improve access and outcomes for people with health conditions in Ealing
- Screening programmes - cervical, breast and bowel cancer - and a prostate cancer risk management programme for men aged over 50 who wish to take a free blood test after discussion with their GP are promoted and available <http://cancerscreening.nhs.uk/>
- The Two Week Referral for early investigation of suspect symptoms
- Lead Macmillan GP to support improvement in general practice Ealing e.g.
- individualised information/support packs including posters for GP practices

### NHS Community and hospital care

- Royal Marsden and UCLH in London are trialling an accountable clinical network model, looking at the care provided for patients right across patient pathways, from prevention to end of life
- Diagnosis, staging and treatment services via all acute trusts
- Opportunities for peer review across teams and improving outcomes with North West London Hospitals Trust

### NHS England

- NHS Long Term Plan aims to:
- increase the proportion of cancers diagnosed early, from a half to three quarters
- reduce obesity, partly by doubling enrolment in the successful Type 2 NHS Diabetes Prevention Programme
- limit alcohol-related A&E admissions
- lower air pollution
- make sure that frontline staff are equipped to talk about nutrition and achieving a healthy weight in an informed and sensitive way
- set up multidisciplinary rapid diagnostic and assessment centres across England
- offer all boys aged 12 and 13 vaccination against HPV-related diseases

## Targets and outcomes



Raise awareness about lifestyle risk linked to cancer (smoking, obesity, alcohol physical *inactivity*, exposure to UV and environmental radiation in every interaction between health, and care frontline professionals.

NHS Standard Contract includes a requirement that staff use every contact they have with users and the public to maintain or improve health and wellbeing e.g. through MECC and diabetes prevention. Prevention, MECC, cancer screening and end of life care are included in the Ealing Primary Care Standard 7. Ealing Corporate Plan aims to support healthy lifestyles, walking and cycling.



Equip frontline staff to talk about healthy weight with patients in a informed and sensitive manner.



Reduce variation in uptake of screening uptake especially among vulnerable groups e.g. people with learning disabilities, older people, deprived and BME communities. Include within the CCG Equality targets



Improve support for those with admissions due to harmful drinking. The NHS Long Term Plan aims to fund Alcohol Care Teams to reduce ambulance call outs, admissions, bed days and re-admissions. Ealing Corporate Plan has target to reduce alcohol admissions.



Reduce the 25-30% of identification of cancer patients in A&E presentations



Improve identification of early stages of cancer to improve survival. NHS Long Term Plan aims to improve early identification from half to three quarters



Reduce variation in primary care and hospitals staff working together to achieve better outcomes for patients

Improve cancer patients referrals to IAPT to support those identified with depression and refer to befriending to address isolation for those who are house bound addressing physical and mental vulnerability to poor health. IAPT runs groups for older people, those with LTCs and for people with depression. Supported by Ealing Primary Care Standard 1 (adult mental health).

Reduce variation in two week referral rates from GP practices to ensure earlier diagnosis

The NHS Mandate states that the NHS is required to contribute to reducing the disability employment gap and increase integrated working between health services and work-related interventions. GPs will be expected to refer people for occupational support where appropriate.

Proactive carers support for patients who have caring responsibilities and for carers of cancer patients.

Increase uptake of HPV vaccination from 75.2% to meet 95% among girls. Ealing Primary Care Standard 12 expects practices to provide the immunisations and develop action plans to meet national Targets.

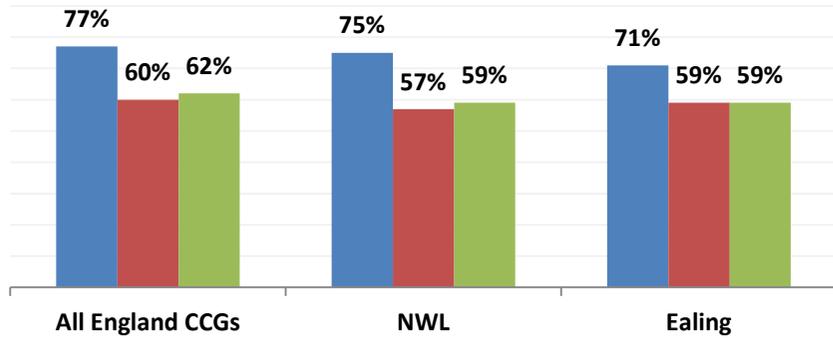
Equip health and care staff to support risky lifestyle behaviour changes to address 40% of preventable cancers

Commission and support End of Life Care at home

Sign post to support and advice on financial matters

## What local people think about cancer services

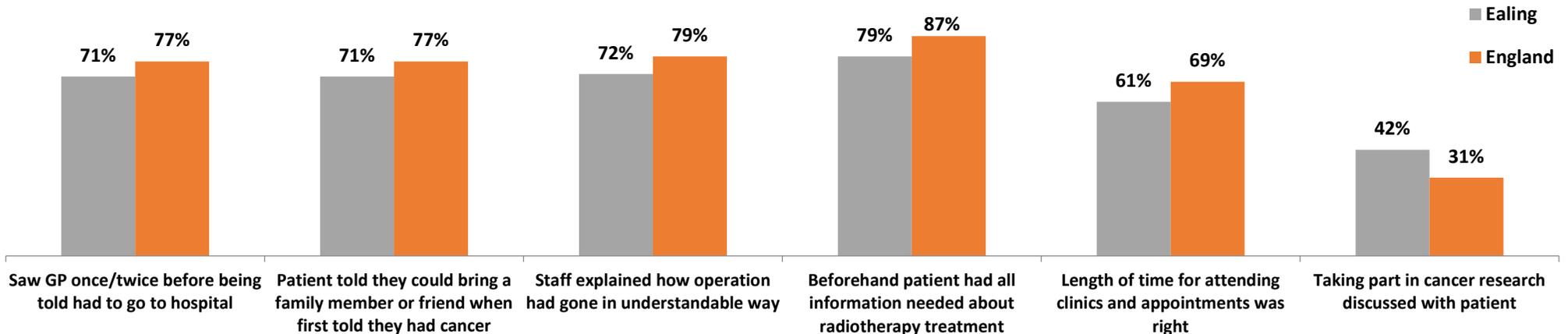
**Cancer Patient Experience Survey, 2017**



- Saw GP once/twice before being told had to go to hospital (Q1)
- Practice staff definitely did everything they could to support patient (Q53)
- Hospital and community staff always worked well together (Q54)

	<a href="#">Initial Assessment: Cancer</a>	<a href="#">Cancers diagnosed at early stage</a>	<a href="#">People with urgent GP referral having 1st definitive treatment for cancer within 62 days of referral</a>	<a href="#">One-year survival from all cancers</a>	<a href="#">Cancer patient experience</a>
<b>NHS Ealing CCG</b>	Needs Improvement	49.6% of patients diagnosed at an early stage	76.4% of people treated within 62 days	69% one-year survival	8.6 is the average score given by patients asked to rate their care on a scale of 1-10

**The Cancer Patient Experience Survey (2017) - Questions which scored outside the expected range in Ealing**



## Gaps and unmet needs

### All Prevention Domains

Low recognition for cancer signs or for risk factors, apart from lumps and smoking, especially among certain groups

Higher levels of physical inactivity among women, over 55s and minority ethnic groups. Levels of obesity higher

Missing NHS Cancer waiting targets

Psychological support not offered to patients

Workplace charter and cancer not linked

Increase demand for cancer and support services due to longevity, resistance to changing lifestyle risks and higher survival rates

### Primary Prevention

Smoking prevalence higher in deprived areas and people with mental health conditions and gay and lesbian people

Lower uptake of HPV vaccination programmes

Lower uptake of screening programmes among people with learning disabilities, deprived communities and BME groups

Varied support for population risky lifestyle behaviour change

Lower awareness of risk of UV light and environmental risk

Frontline staff not confident about healthy weight conversations

### Secondary Prevention

Negative attitudes to help seeking are common in patients and add to delay in accessing primary care for diagnosis

Onset of financial difficulties and/or unemployment likely

Support for Activities of Daily Living does not match cancer levels

Support for carers and caring unlikely

Significant variations in patterns of GP referrals and outcome rates

Late detection of cancers among older people and BME groups

Patient experience outside expected range

### Tertiary Prevention

41% of hospital staff and community did not always work together

Emergency presentations from certain electoral wards higher

Links between NHS and employment disability schemes may not exist to reduce the disability employment gap

Support for carers and/or caring may not exist

High levels of alcohol admissions

Support for Activities of Daily Living does not match cancer levels

Cancer detection typically at later stages

Patients with cancer more likely to present at A&E due to lack of support for practical and personal needs

## Recommendations for commissioners

High Priority Recommendations	Action by
1. Improve awareness of cancer signs and lifestyle risk factors among the population and staff with specific focus on men, young people, ethnic minorities, vulnerable and deprived groups including the belief that symptoms deserve medical attention	Local Authority (LA) & Ealing CCG
2. Cut levels of smoking, especially among vulnerable groups	Local Authority
3. Reduce obesity and harmful alcohol consumption	Local Authority
4. Increase physical activity and healthy diets at all ages	LA & Ealing CCG
5. Reduce variation in Two Week Wait referrals to improve early diagnosis	Local Authority
6. Link Ealing Workplace Charter to cancer support	Ealing CCG
7. Improving Access to Psychological Therapies (IAPT) support for cancer patients and carers	Ealing CCG
8. Increase support for activities of daily living for carers	Ealing CCG
9. Increase patient satisfaction with primary care and hospital services	Ealing CCG
10. Improve consistency of primary care and hospital staff working together	LA & Ealing CCG
11. Provide staff training to support behaviour change (Making Every Contact Count – MECC), patient activation and shared decision making	LA & Ealing CCG
12. Ensure planning for increased demand for cancer and support services due to longevity, resistance to changing lifestyle risks and higher survival rates	LA & Ealing CCG
13. Bowel and cervical screening uptake needs to be boosted among practices struggling to meet 'acceptable' targets through partnership working with practices and local populations. This is especially important in areas with more deprived populations, where uptake is generally lower.	LA & Ealing CCG

### The general principles for developing interventions and services for cancer are:

- Keep the person or patient as the guiding principle at the centre of decision-making
- Use a life course approach to health prevention and local authority strategies
- Consider that interventions such as reducing smoking prevalence, improving nutrition, reducing obesity and increasing activity levels, as well as providing effective treatment will benefit the co-morbidities too
- Consider how to engage particular groups with interventions to improve health and reduce health inequalities

## Further information

### Key local documents

- London Borough of Ealing 2015 Draft Ealing Joint Strategic Needs Assessment - Cancer 2018 Kaur B et al
- Ealing Clinical Commissioning Group 2017 Update on North West London Sustainability and Transformation Plan. Parmar M
- Ealing Clinical Commissioning Group Primary Care Standard 2017  
<https://www.ealingccg.nhs.uk/media/130130/Paper-4-Ealing-Primary-Care-Standard.pdf>
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### Resources

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