Appendix 1. Update on cancer for the Health and Wellbeing Board

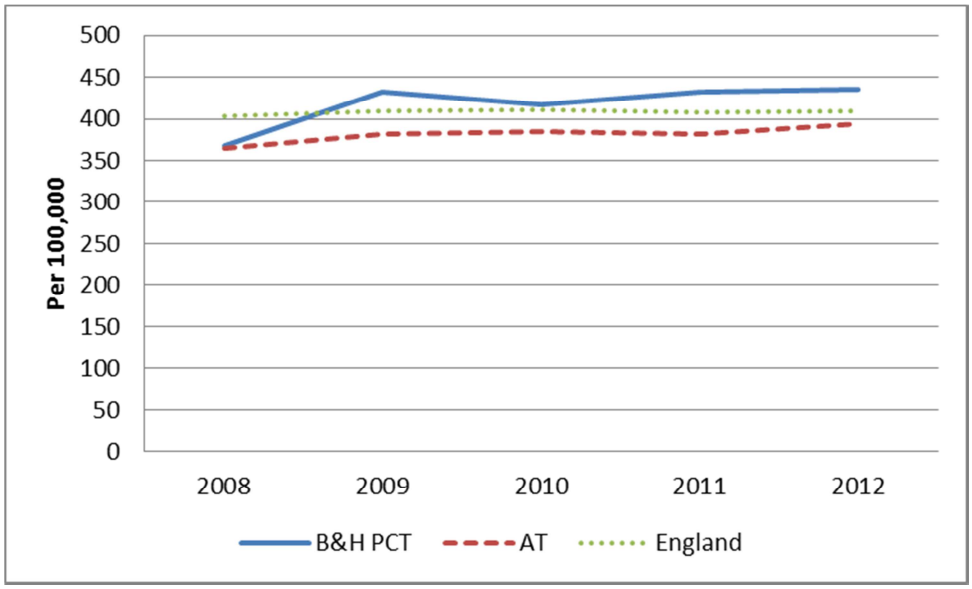
Martina Pickin, Public Health Principal, Brighton and Hove City Council, 6th August 2014

1. Cancer

1.1 Need

Around 1,100 people in the city are diagnosed with cancer each year. The age standardised incidence rate for all cancers in Brighton and Hove is higher than the national average and whilst the national rate has remained fairly static since 2009, Brighton and Hove has seen an increase (Figure 1).

Figure 1: Incidence rate in Brighton and Hove PCT, NHS Surrey and Sussex Area Team and England



Source: Cancer Commissioning Toolkit https://www.cancertoolkit.co.uk/

The most common cancer in females is breast cancer and in males prostate cancer[1]; the second and third most common cancers in both females and males are lung and colorectal cancer.[2]

Cancer is the main cause of death within the city both for all age mortality and under 75 years (premature) mortality. In 2012 it was responsible for 31% (666) of all deaths and 41% (288) of all premature deaths. Lung cancer is responsible for the highest percentage of deaths (22% for all ages and 28% for under 75s), followed by colorectal cancer (13% for all ages and 10% for under 75s) and breast cancer (7% for all ages and 6% for under 75s). Whilst prostate cancer has the fourth highest percentage of cancer deaths in all ages, few of these are premature deaths. Oesophageal and pancreatic cancers are also responsible for a

[1] However the incidence of prostate cancer is linked to identification via Prostate Specific Antigen (PSA) testing.

[2] ONS Cancer Registration Statistics, England, 2011. 26 June 2013. [Accessed 16.8.13] Available from http://www.ons.gov.uk/ons/dcp171778_315795.pdf

relatively high percentage of deaths both for all ages (5% for each) and under 75s (6% for oesophageal and 5% for pancreatic cancer).

Lung cancer is the eighth biggest contributor to the life expectancy gap between the most deprived and least deprived quintiles in Brighton and Hove for men, and the third biggest contributor for women (out of 15 broad causes of death). Whilst there are some factors that contribute to cancer risk that cannot be controlled, experts estimate that more than four in 10 cancer cases could be prevented by lifestyle changes. The main preventable lifestyle factor is tobacco; other key lifestyle factors are obesity, diet (particularly low fruit and vegetable intake), alcohol intake, sunlight and sunbeds.[3]

1.2 Key outcomes

The Key outcomes for cancer in the Public Health Outcomes Framework are as follows:

- Age-standardised mortality rate from all cancers for persons aged under 75 per 100,000 population
- Age-standardised rate of mortality that is considered preventable from all cancers in persons less than 75 years of age per 100,000 population
- Patients with cancer diagnosed at stage 1 and 2 as a proportion of cancers diagnosed

In addition the NHS Outcomes Framework (NHSOF)[4] introduced new indicators for cancer survival in February 2014:

- One-year survival from all cancers
- Five-year survival from all cancers
- One-year survival from breast, lung and bowel cancer combined
- Five-year survival from breast, lung and bowel cancer combined[5]

A further new indicator for cancer in children was introduced into the NHSOF in March 2014:

- Five-year survival from all cancers in children

1.3 Current performance

Evidence shows that when cancer is diagnosed at an early stage, the treatment options and chances of a full recovery are greater. Raising awareness of cancer symptoms is therefore a key aim of the government's strategy for cancer and a key intervention for reducing the life expectancy gap between the most and least disadvantaged areas.[6] The Cancer Awareness and Early Diagnosis dashboard provides an overall picture of performance against a number of indicators for Brighton and Hove CCG.[7] The performance measures described here relate to 2012/13, the most recent available, unless otherwise stated.

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[3] Cancer Research UK. Can cancer be prevented?http://www.cancerresearchuk.org/cancer-info/healthyliving/introducingcancerprevention/can-cancer-be-prevented

[4] Department of Health, The NHS Outcomes Framework, 2014/15, November 2013.

[5] According to the NHS Outcomes Framework, the Department of Health will still be able to monitor survival for breast, lung and bowel cancers individually as these will continue to be reported by the ONS.

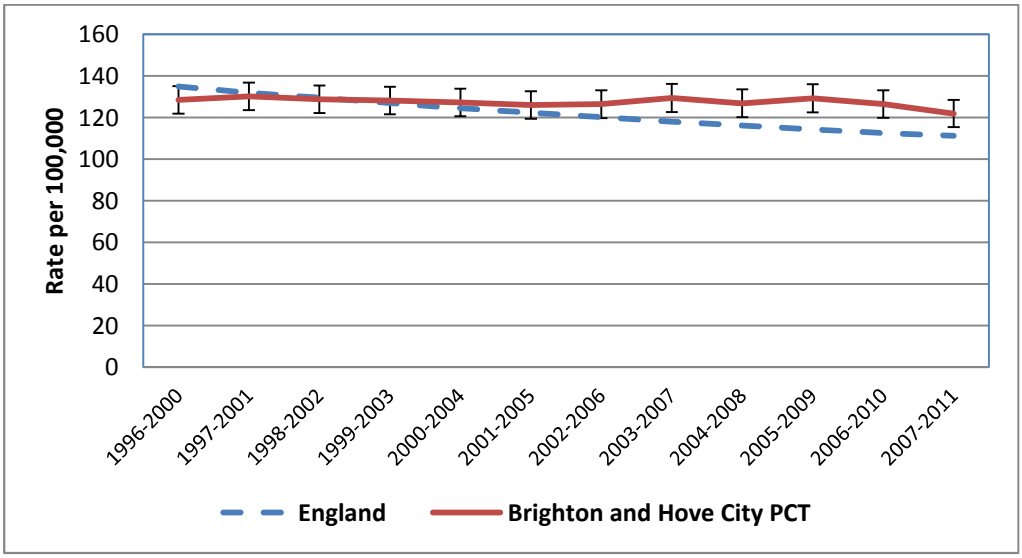
[6] Department of Health, Improving outcomes: a strategy for cancer, 2011.

[7] The dashboard is produced by Quality Observatory and South East Coast Cancer Strategic Clinical Network

- **Two week wait referrals** – When a GP suspects that someone may have cancer they should refer them on an urgent two week wait cancer pathway so that they can be seen by a specialist within two weeks. Brighton and Hove CCG has a higher rate of two week wait referrals (TWWs) than the national figure and is in the top 25% of CCGs in the Kent, Surrey and Sussex region (Regional ranking 4/20).
- **Two week wait conversion rate** - The conversion rate is the number of GP Two Week Wait referrals that are subsequently diagnosed with cancer. The conversion rate in Brighton and Hove CCG is only 6%, the lowest in the Kent, Surrey and Sussex region (Ranking 20/20) and lower than the national average.
- **GP direct access to diagnostics** – When GPs can order some diagnostic tests directly it can assist in diagnosing cancer early. It is recommended that GPs have direct access to chest x-rays, brain MRIs and abdomen-pelvic ultrasounds. Brighton and Hove CCG is slightly above the national average for chest x-rays (Regional ranking 14/20), although below average for brain MRIs (Regional ranking 19/20) and abdomen-pelvic ultrasounds (Regional ranking 17/20).
- **Number of times patient saw GP before referral to hospital** – 77% of Brighton and Sussex University Hospitals Trust patients with a cancer diagnosis saw their GP only once or twice before referral, indicating relatively high levels of early diagnosis.
- **One year survival for breast, lower GI and lung cancers** – Data for this indicator is currently only available at PCT level as the latest published data is for 2006-10. Brighton and Hove City PCT had lower 1 year survival rates than the national average for all three cancers and some of the lowest survival rates in the South East Coast region (Regional rankings Breast 18/20; Lung 19/20; Bowel 17/20).
- **Routes to diagnosis** – Patients presenting via emergency routes[8] have substantially lower one-year relative survival. Brighton and Hove CCG has a lower percentage of invasive cases of cancers first presenting via an emergency route than the national average for lung cancers (Regional rank 6/20), but a higher percentage for breast (Regional ranking 1/20) and colorectal cancers (Regional ranking 2/20).
- **Early detection** – This indicator looks at the percentage of cancers diagnosed at stages 1 or 2, the earlier stages of cancer. The percentage diagnosed early in Brighton and Hove CCG (37.9%) is lower than the England average (42.1%) although it is not clear if this difference is significant (Regional ranking 9/20).
- **Under 75s cancer mortality rate** – The age standardised under 75 mortality rate from cancer is an indicator of premature mortality. Brighton and Hove CCG is slightly above the national average and in has one of the highest mortality rates in the region in 2012, the most recent data available. (Regional ranking 3/20) Trend data suggests that premature mortality in Brighton and Hove has been significantly worse than the national rate since 2003/07 (Figure 2).

[8] Emergency routes via A&E, emergency GP referral, emergency transfer, emergency consultant outpatient referral, emergency admission or attendance

Figure 2: Mortality rate per 100,000 in Brighton and Hove and England, 5 year rolling averages (1996/2000 – 2007/2011)



Source: Cancer Commissioning Toolkit https://www.cancertoolkit.co.uk/

- **Breast cancer mortality rate** - Data for this indicator is also only available at PCT level as the latest published data is for 2009-11. Brighton and Hove City PCT has a higher age standardised mortality rate for breast cancer than the national average (Regional ranking 1/20).
- **Preventable mortality from cancer** - The under 75 mortality rate from cancer considered preventable is significantly worse in Brighton and Hove than England (see Figure 3).

Figure 3: Preventable mortality from cancer in 2010-12 (most recent available)

Healthcare and premature mortality	Period	Local value	Eng. value	Eng. lowest	Range	Eng. highest
4.05i Under 75 mortality rate from cancer	2010 - 12	154.8	146.5	207.3		113.5
4.05i Under 75 mortality rate from cancer - Male	2010 - 12	168.2	163.6	238.9		122.8
4.05i Under 75 mortality rate from cancer - Female	2010 - 12	141.9	130.8	181.3		105.3
4.05ii Under 75 mortality rate from cancer considered preventable	2010 - 12	94.3	84.9	134.9		53.8
4.05ii Under 75 mortality rate from cancer considered preventable - Male	2010 - 12	104.0	92.7	154.4		53.1
4.05ii Under 75 mortality rate from cancer considered preventable - Female	2010 - 12	85.2	77.9	121.4		54.6

Source: Public Health Outcomes Framework. Red (darkest) = significantly worse; Yellow = not significant

1.4 Spend in relation to performance

The most recent data available (2011/12) shows that compared to other PCTs nationally, Brighton and Hove has higher spend but worse outcomes. Previously (2009/10) the PCT had lower spend and worse outcomes; it is hoped that the increased spend will lead to better outcomes in the future.

2. Access to cancer screening

2.1 Key outcomes

- The percentage of women in a population eligible for breast screening at a given point in time who were screened adequately within a specified period (PHOF)
- The percentage of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period (PHOF)
- There is no PHOF indicator as yet for bowel screening

2.2 Current performance

At 31st March 2013, screening coverage for breast and cervical cancer in Brighton and Hove CCG is significantly worse than for England. There is no Public Health Outcomes Framework indicator for bowel cancer as yet, but data from the Cancer Commissioning Toolkit would suggest that up-take in Brighton and Hove is also worse than the national average. CCG comparisons across the Kent, Surrey and Sussex region shows that Brighton and Hove CCG ranks 18/20 for breast screening uptake; 20/20 for cervical screening coverage; 17/20 for bowel screening uptake

2.3 Breast screening

At 31st March 2013, the percentage of eligible women aged 53-70 years who were screened in the previous 3 years was 72.7% in Brighton and Hove, compared to 76.6% for the South East Coast and 76.2% for England against a national standard of 80%.[9]

2.4 Cervical screening

At 31st March 2013, the percentage of eligible women (aged 25 to 64) who were recorded as screened adequately at least once in the previous five years (coverage) was 76.5% in Brighton and Hove, compared to 80% in the South East Coast and 78.3% for England. Coverage rates for both younger women (aged 25-49 years), who are screened every 3 years, and older women (aged 50-64 years), who are screened every 5 years, are both below the SE Coast and England averages.[10] Cervical screening is conducted in GP practices, mostly by Practice Nurses; at 31st March 2014 uptake by practice ranges from 29% to 86% (target 80%).

England has seen a gradual fall in coverage over the last 10 years. Whilst Brighton and Hove mirrored this fall between 2005/06 to 2007/08, coverage rates have increased since this time up until 2010/11, and the gap between coverage in Brighton & Hove and England decreased from 3% in 2005/06 to 1.7% in 2012/13.

2.5 Bowel screening

Up-take for Brighton and Hove PCT at year end 2012/13 was 55.57%, which is lower than uptake for the Sussex Screening Centre (59.81%), the old South East Coast Strategic

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[9] Breast Screening Programme, England – 2012-13. Publication date: February 27, 2014. Health and Social Care Information Centre http://www.hscic.gov.uk/catalogue/PUB13567/bres-scre-prog-eng-2012-13-rep.pdf

[10] Cervical Screening Programme, England - 2012-2013 [NS]. Publication date: October 24, 2013. Health and Social Care Information Centre. http://www.hscic.gov.uk/searchcatalogue?productid=12601&q=title%3a+cervical+screening+programme&sort=Relevance&size=10&page=1#top

Health Authority (SEC SHA) (60%) and the Southern Screening Hub (61.24%)[11]. Recent local data[12] shows that uptake in Brighton and Hove CCG area fell to 51.51% in 2013/14 (national target of 60%) with uptake by GP practice ranging from 9% to 66%. Between 2008/09 and 2013/14 uptake in Brighton and Hove followed a similar pattern to the SEC SHA and Southern Hub, with a general upward trend, but at a lower level.[13]

3. Work to reduce cancer incidence and mortality

The HWB strategy identifies three areas of focus for reducing the incidence and mortality from cancer. In addition it focuses on how screening uptake rates might be improved. Current work will be reviewed under each of these headings.

3.1 Continue to invest in reducing the avoidable causes of cancer and support cancer survivors to lead a healthy lifestyle.

The City Council's Public Health Directorate continues to commission a range of services that address the key cancer risk factors: smoking cessation services; physical activity, dietary advice and weight management; alcohol awareness and reduction; sexual health; sun safety awareness; Health trainers and NHS Health Checks.[14] In addition they are responsible for inspection of sunbed providers.

In 2012/13 successful bids were submitted to Macmillan for part-time (one day a week) GP and specialist nurse roles, both of whom are hosted by Brighton and hove CCG.
The role of the primary care nurse specialist is:

- To develop a consistent framework to help practices assess and meet the needs of people living with cancer
- To facilitate the education of primary health care teams to share good practice
- To support pathway and service redesign initiatives as appropriate

3.2 Continue to invest in raising awareness of cancer signs and symptoms and providing support to primary care to encourage earlier presentation and referral, particularly in the more deprived areas of the city.

3.2.1 The contract with Albion in the Community (Brighton and Hove Albion's charitable arm) expired in June 2013. The contract was funded through successful National Awareness and Early Diagnosis bids but this funding stream is no longer available.

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[11] Bowel Cancer Screening Southern Programme Hub Annual Report. Financial year 2012/2013. March 2014 (revised version)
http://www.royalsurrey.nhs.uk/adx/aspx/adxGetMedia.aspx?DocID=3387,676,6,1,Documents&MediaID=60d53537-6035-43c1-ab85-a9caa80125fc&Filename=BCSP+Southern+Hub+Annual+Report+2012-2013.pdf
[12] Supplied by Sussex Screening Centre, Brighton and Sussex University Hospitals Trust.
[13] Bowel Cancer Screening Southern Programme Hub Annual Report. Financial year 2012/2013. March 2014 (revised version)
http://www.royalsurrey.nhs.uk/adx/aspx/adxGetMedia.aspx?DocID=3387,676,6,1,Documents&MediaID=60d53537-6035-43c1-ab85-a9caa80125fc&Filename=BCSP+Southern+Hub+Annual+Report+2012-2013.pdf
[14] Directory of Health and Wellbeing Services Commissioned by Brighton & Hove City Council Public Health Department 2014. http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/8553%20Healthy%20Living%20Directory%20June%202014_0.pdf

3.2.2 Brighton and Hove public health continue to commission Sussex Community Trust Cancer Health Promotion Team to promote awareness of early signs and symptoms of cancer (as well as focusing on screening uptake – see 3.4). Public Health England (PHE) now lead on the national Be Clear on Cancer campaigns; the messages they use and the materials they produce are utilised locally.
http://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16309

The SCT team conducted a sun safety awareness campaign in 2013/14, which targeted children, parents and carers through schools and community events. They also developed sun safety guidance for school PSHE leads, working with the council's 'Healthy Schools' team. The contract with SCT expires in March 2015, and this service will be re-tendered.

3.2.3 Public Health has recently conducted a review of malignant melanoma skin cancer which will be used to inform further work on skin cancer prevention.

3.2.4 The Macmillan GP is responsible for providing support to primary care to encourage earlier presentation and referral, particularly in the more deprived areas of the city. Since she commenced in post a year ago she has:

- Repeated the audit of cancer diagnosis in primary care (previously conducted in 2010/11) achieving greater participation in the East of the city which was under-represented previously
- Conducted practice visits to discuss GP cancer profiles and the various indicators related to early diagnosis (eg Two week waits and conversion rates) and encouraged GPs to conduct a retrospective audit of their TWWs
- Organised a GP cancer up-date event for GPs and provided feedback on the findings of the cancer diagnosis audit

3.3 Maintain implementation of former Sussex Cancer Network's delivery plans.

Cancer is a priority in Brighton and Hove CCG's 2 year Operating Plan. The CCG has established a Cancer Action Group and are in the process of developing a detailed work plan. The CCG priorities are aligned to the Cancer Strategic Clinical Network's (SCN) strategy for improving cancer detection and care. The CCG are also working with the SCN to reconnect the cancer commissioning pathway which has become fragmented since the NHS reorganisation of 2013 when Sussex Cancer Network ceased to operate.

The programme of work and investment will be structured around the following key themes:

- Promoting the uptake of cancer screening programmes
- Early diagnosis in primary care including 2WW referrals and conversion rates and improved access to diagnostics
- Reducing diagnosis in A&E and other emergency settings
- Pathway redesign work with secondary care (particularly for colorectal and lung cancers) to reduce the possibility of avoidable delays in care and treatment
- Education of GPs, health professionals, patients and carers about cancer risks, early diagnosis and survivorship

3.4 Work with NHS England to increase uptake of cancer screening programmes

In line with national guidance, testing for Human Papilloma Virus (HPV) has been introduced into the cervical screening programme; the monitoring of those with a family history of breast cancer has been integrated into the breast cancer screening programme; and local colonoscopy waiting times met the requirements for age extension of bowel cancer screening to age 75 years.

Whilst commissioning of NHS cancer screening programmes is the responsibility of NHS England, Brighton and Hove public health have continued to commission Sussex Community Trust Cancer Health Promotion Team to increase the up-take of the three NHS cancer screening programmes. This provision will be retendered in 2014/15 and decisions about roles and responsibilities for promoting cancer screening will need to be reviewed.

4. Proposals going forward

- Work to reconnect commissioning responsibilities and clinical governance issues across the whole cancer pathway as a priority
- Continue to focus on avoidable risks - such as tobacco control and smoking cessation; alcohol harm reduction, diet - ensuring cancer is a consideration in the contracts of all public health commissioned lifestyle services
- Promote early diagnosis
    - Raise public awareness of screening programmes and early symptoms of cancer, with a particular focus on more deprived populations and groups. This could be done through specific campaigns but also by utilising opportunities provided by the NHS Health Checks programme, Health Trainers, GP receptionists and other key groups
    - Continue to work with individual GP practices to review practice level indicators and work to improve practice in those performing less well
    - Improve GP direct access to diagnostics and ensure primary and secondary care work together to improve referral/care pathways particularly for lung cancer and colorectal cancer
- Improve treatment and care
    - Ensure plans to increase access to radiotherapy (currently the responsibility of specialised commissioning in NHS England) are implemented as a priority
    - Use intelligence such as national audit data to identify areas for improvement
- Improve cancer survivorship
    - Increase the focus on cancer as a long-term condition
    - Improve awareness of, and access to, lifestyle services for those living with/surviving cancer

The CCG are to receive additional funding through the Quality Premium, a proportion of which will be utilised to reduce inequalities and improve health outcomes related to cancer.[15]

[15] The 'quality premium' is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.