



## Cancer

### Introduction

Cancer is the largest cause of premature death (below the age of 75 years) in England. Overall, more than one in four people die from cancer and one in two people under the age of 65 years will be diagnosed with cancer at some point in their lifetimes.

The major factor that increases an individual's risk of cancer is increasing age so this chapter is relevant to adult care. However, much cancer is preventable; the main modifiable risk factors are using tobacco, being overweight, eating unhealthy diets and drinking excessive alcohol.

Public Health England's website 'Longer Lives' compares overall and specific disease premature mortality from similarly deprived local authorities (LA). It shows that Bedford Borough is eighth out of 15 similar LAs caused by cancer in 2013-15; it was 69th out of 150 over all the LAs.

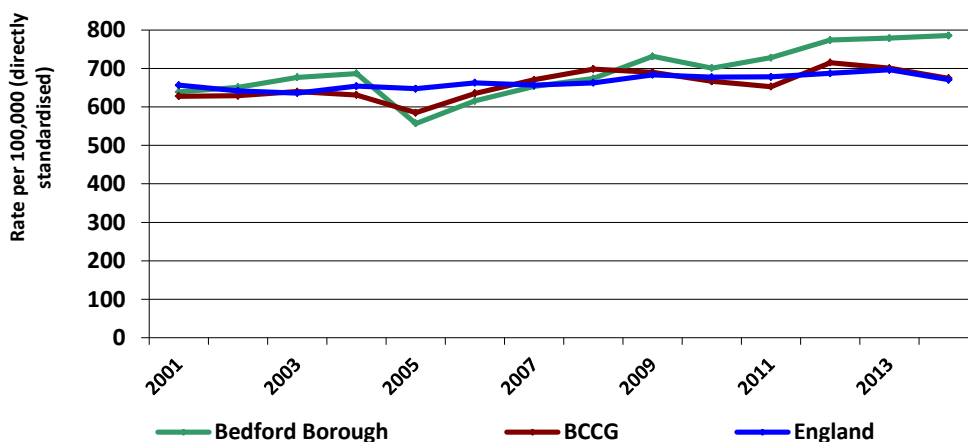
### What do we know?

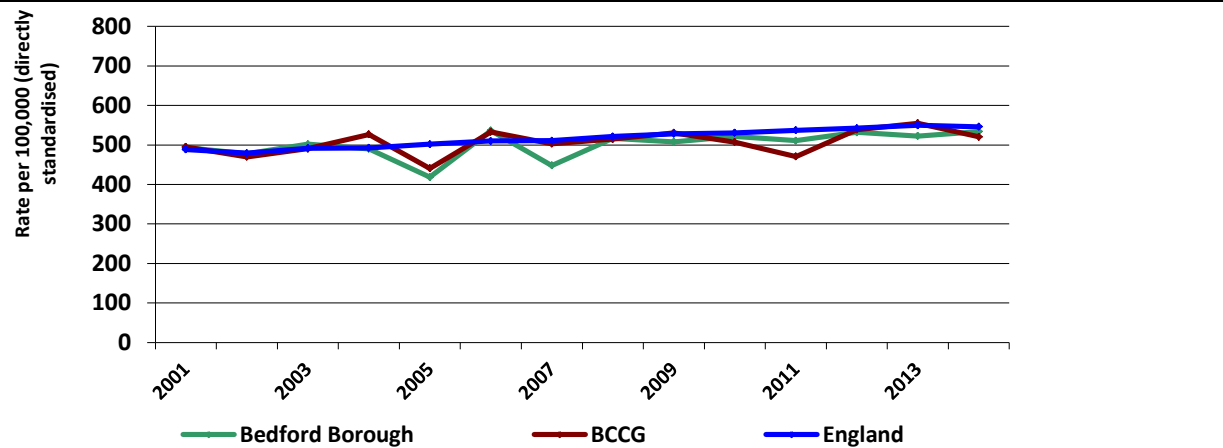
#### Numbers of people affected by Cancer

##### *Incidence of Cancer*

- 525 men and 429 women of all ages were newly diagnosed with cancer in Bedford Borough, 2014. Figure 1 shows the standardised timeline. Recent male rates are statistically significantly higher than the national rates. The incidence in Bedford Borough were slowly increasing and in 2014 the main cancers were:
  - *Men:* Prostate (35%) and Colorectal (12%)
  - *Women:* Breast (34%) and Colorectal (11%)

**Figure 1: Incidence of all cancers for all ages (directly standardised), 1995-2014**





BCCG- Bedfordshire CCG

Source: CancerStats, 2016

**Modifiable risk factors**

The results for [modifiable risk factors](#) in Bedford Borough were:

- Physically active                      **similar** rate compared to similarly deprived local authorities, 2015
  
- Excess weight in adults                **similar** rate compared to similarly deprived local authorities, 2013-15
  
- Alcohol related admission to hospital-narrow definition (persons)                **similar** rate compared to similarly deprived local authorities, 2014/15
  
- Fruit & veg '5-a-day'                    **similar** rate compared to similarly deprived local authorities, 2015
  
- Current smoking prevalence in adults                **similar** rate compared to similarly deprived local authorities, 2014/15

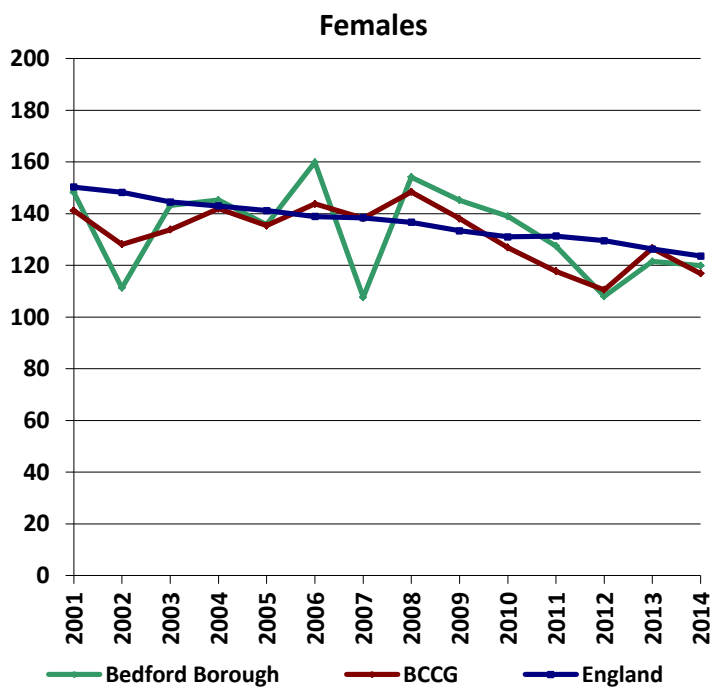
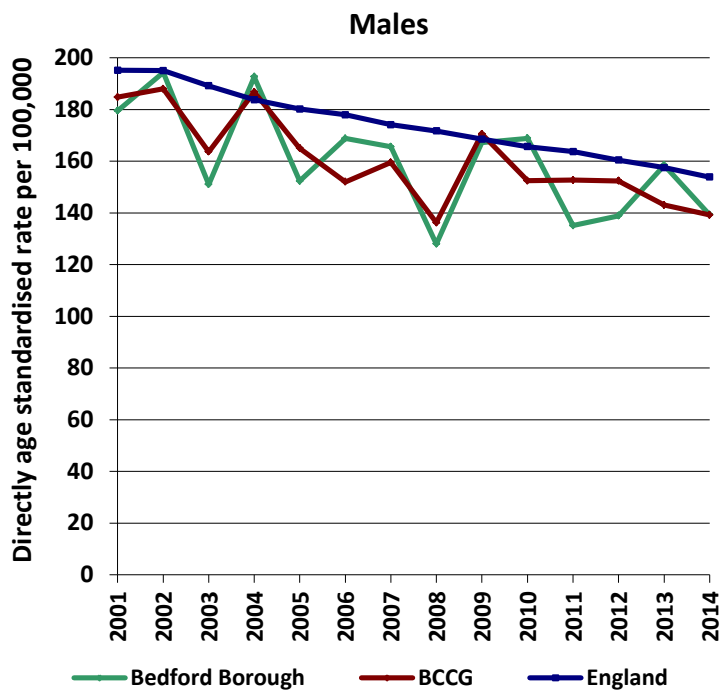
If the sun is strong, primary prevention for skin cancer includes:

- Spending time in the shade between 11am and 3pm
- Covering up with a T-shirt, hat and sunglasses
- Use a sunscreen with a protection level of at least SPF15 and 4 stars. Use it generously and reapply regularly

**Harm caused by Cancer**

**Cancer Mortality**

- Premature mortality (below the age of 75 years) from cancer in England and Bedford Borough fell between 2001 and 2014 as shown in Figure 2. England was generally higher than Bedford Borough and males had higher rates than females



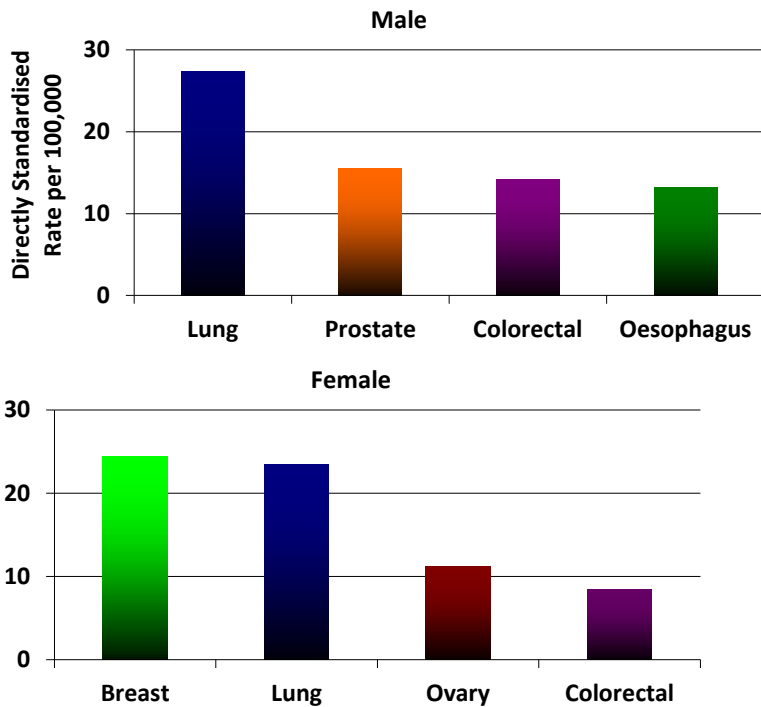
BCCG- Bedfordshire CCG  
Source: CancerStats, 2016

- The most common cancers resulting in death in those aged 75 years or under were lung, prostate, colorectal and oesophageal cancers for males and breast, lung, ovary and colorectal cancers for females (see Figure 3)
- Although there are more than 200 different types of cancer, together these account for over half of all cases newly diagnosed

**Figure 1: Standardised cancer mortalities under the age of 75 by sex for**



**Bedford Borough, 2012-14**

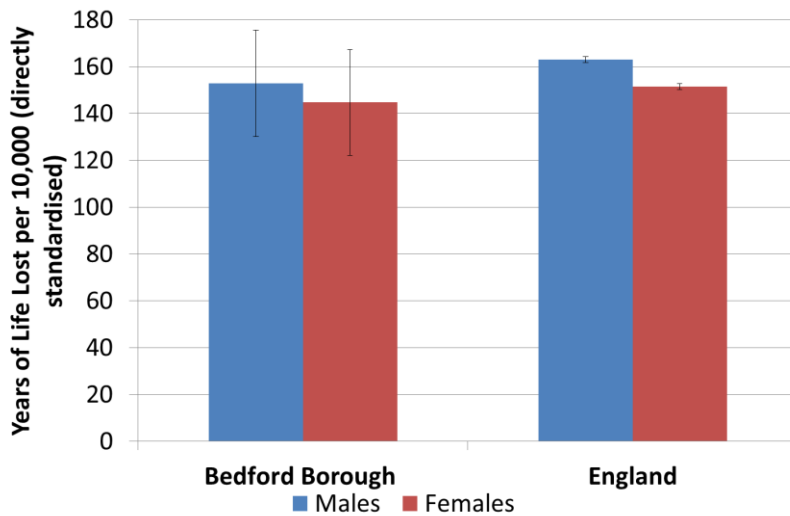


Source: CancerStats, 2016

**Years of Life Lost (YLL)**

Years of Life Lost (YLL) measures the number of years a person would have lived if they had not died prematurely at an age of less than 75 years. It is useful for highlighting causes of death that affect younger people. The rate for males was higher than for females and there is no statistical significance between Bedford Borough and England (see Figure 2).

**Figure 2: Years of Life Lost due to mortality below 75y for all cancers, 2012-14 (pooled)**



Source: Office for National Statistics Deaths Registrations, 2016



### **Death in usual place of residence from cancer**

48% of deaths happened in the [usual place of residence](#) where the underlying cause was cancer, 2015. That was a higher proportion compared to Bedford Borough's deprivation decile (44%). This has risen over the last 10 years although recently it has remained at a steady level:

### **Ethnicity and Cancer**

The National Cancer Intelligence Network (NCIN) report on [ethnicity](#) (2009) suggested that:

- Overall, the incidence of cancer in the minority ethnic population (BME) was lower than that of the white British population
- Much of the difference in incidence was attributable to differences in lifestyle and behaviours (such as tobacco consumption, diet, obesity and alcohol)
- Certain minority ethnic groups have higher incidence of specific cancers; for example prostate cancer in Black African and Black African Caribbean men. No reason has yet been found to explain this but it has been suggested that there may be a genetic link
- Survival rates for people with cancer may also be affected by ethnicity. This may reflect later presentation among minority ethnic groups. There is increasing evidence that this is a factor in the relatively poor survival of Black African/Black African Caribbean women with [breast cancer](#)
- In 2012, NCIN found that there are differences in the [incidence of lung cancer](#) between ethnic groups. Lung cancer was most common in White and Bangladeshi men and White groups in women

### ***Projected future position if no action taken & Scope for improvement***

#### **Survival**

- Since 2008 Bedfordshire CCG's one-year survival for lung cancer has been statistically worse than England's figures and similar for breast and colorectal cancers (see Figure 3). However, if the comparison is against Best 5 of similar 10 CCGs<sup>1</sup> both breast and lung cancer are statistically significantly lower
- Cancer survival rates are increasing in both Bedford Borough and England. Cancer awareness and early diagnosis are the most important factors to [improving survival](#). Cancer diagnosed at [an early stage](#) was statistically higher (59.5%) at Bedford Borough compared to its deprivation decile (49.4%), 2014. However, cancer survival in England [remains poor](#) in relation to comparable countries
- 37% of those who return to work after [cancer treatment](#) say they experience some kind of discrimination from their employer or colleagues while 9% feel harassed to the point they feel they cannot stay in their job. One in 10 of those returning to work said their employer failed to make

<sup>1</sup> Mid Essex, West Essex, East and North Hertfordshire, Nene, Basildon and Brentwood, Dartford, Gravesham and Swanley, West Kent, Wiltshire, Chiltern and Southern Derbyshire



- reasonable changes to enable them to do their job
- Surviving cancer exposes an individual to continuing physical and mental health problems, and therefore not all cancer survivors will wish to return to paid employment

**Figure 3 Trend of one-year survival for breast, lung and colorectal cancers, Bedfordshire CCG**

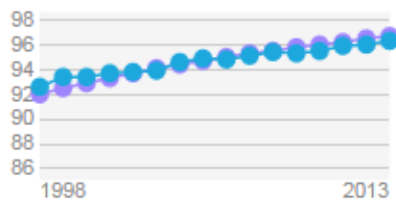
Key: Compared\* to England Average:

✓ better    ✗ worse    similar    - - - no comparison made

**Breast**

One-year survival

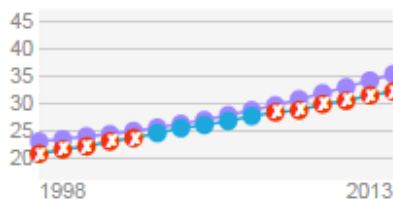
Net survival index for adults



**Lung**

One-year survival

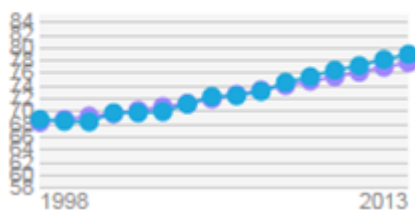
Net survival index for adults



**Colorectal**

One-year survival

Net survival index for adults



Source: CancerData, [www.cancerdata.nhs.uk](http://www.cancerdata.nhs.uk), 2016

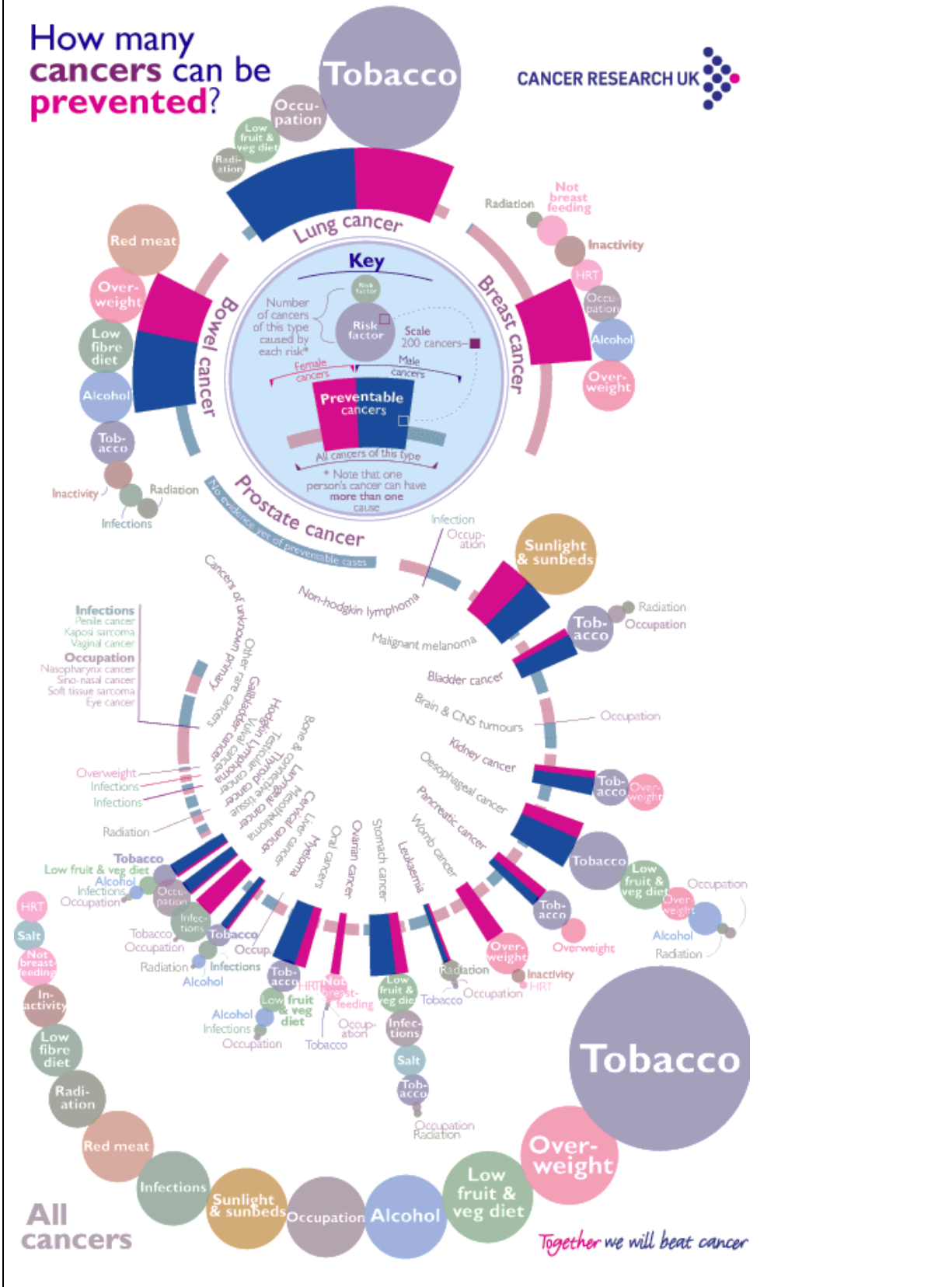
**Current activity & services**

Cancer prevention

- In 2010, around 43% of cancer cases seen in the UK were caused by cell changes brought about by lifestyle and environmental factors. This is presented in **Figure 4**
- By far the largest modifiable risk factor for cancer is smoking, although

excess weight, unhealthy diets and alcohol together with smoking causes about one third of those diagnosed in the UK each year for cancer

**Figure 4 How many cancers can be prevented?**





Source: Cancer Research UK, 2010

### **National Awareness and Early Diagnosis Initiative (NAEDI)**

To improve early diagnosis and awareness, Bedfordshire CCG is aiming to improve patient awareness of cancer symptoms and early diagnosis by primary care. NAEDI has four main work streams:

- Achieving early presentation by public and patients to primary care, increasing public awareness of cancer signs and symptoms/seriousness and overcoming barriers to presentation and improving user experience. The Be Clear on Cancer brand was developed by the Department of Health and has been in use since January 2011 to promote awareness and early diagnosis of cancer locally, regionally and nationally by raising awareness of the symptoms of various types of cancer. The last one was on respiratory symptoms ending in October 2016. It included TV, press, radio advertising and events [Be Clear on Cancer](#)
- Optimising clinical practice and systems- The National Cancer Intelligence Network produces General Practice profiles, which bring together a range of data relevant to cancer in primary care, and allow practices to make comparisons [General Practice profiles](#)
- Improving GP access to diagnostics- The [ACE programme](#) (Accelerate Coordinate and Evaluate) is looking to build on service and pathway development activity happening in England to improve early diagnosis and, through robust evaluation, inform the commissioning intentions of the future
- Research, evaluation and monitoring- The NAEDI research workstream is funded by a consortium of partners and supports innovative research projects and training for early diagnosis researchers across the UK

A Macmillan GP has been appointed to work across the entire Bedfordshire area. The GP acts on the whole cancer journey from supporting early diagnosis of cancer, living with cancer and supporting people to die well in primary and community care settings as well as performing practice visits, education events and engaging with the CCGs. Recently Macmillan has been acting on aspects of working across boundaries and is improving cancer services through [primary care commissioning](#).

### **Cancer screening programmes**

The [NHS Breast Screening Programme](#), [NHS Cervical Screening Programme](#) and the [NHS Bowel Cancer Screening Programme](#) are nationally coordinated. All national screening programmes have national standards to be met and are subjected to rigorous external quality assurance processes. [Full details](#) of the evidence base, national standards and annual statistical data are available from the website. The levels of deprivation and proportions of different ethnic groups may influence screening performance.

The Local Authority Public Health supports national campaigns on cervical (June and January), bowel (April) and breast (October) cancers. They work with Cancer Research UK, HealthWatch Bedfordshire and a community organisation to promote screening uptake and addressing inequality.

#### *Breast Screening*

This programme offers mammographic screening on a 3-yearly basis for women



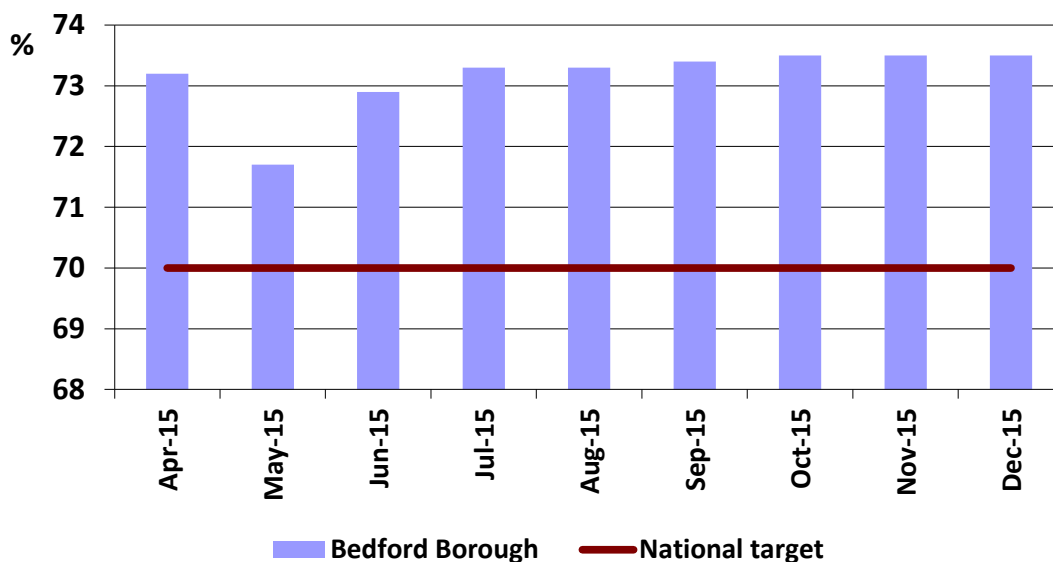


aged 50—70 with older women able to self-refer. The age extension has started bringing all women aged 47—73 into the programme over a six year period so that by 2017 all women will be offered their first screen between ages 47—50 and eight subsequent screens offered at 3-yearly intervals. Age extension is being introduced as a randomised process in line with national guidance. This means at some GP practices, women aged 47—50 will be included whereas in others women aged 70—73. However by 2017 all women in the wider age range will be invited.

Along with this age extension, breast screening is being transferred to a digital X-ray equipment to improve the quality of the images.

**Figure 5** shows that for breast screening coverage<sup>2</sup>; Bedford Borough had results above the national target of 70% for the past year. If a GP practice deprivation was low, the performance tended to be high.

**Figure 5: Breast screening coverage: proportion of women aged 50—70 screened in the last year: Bedford Borough & National target**



Source: Public Health England, 2015

There are a number of performance measures for the screening programme. These include:

- Round length (women being invited within the 3 yearly time period)
- Screen to assessment to ensure that those women who need further assessment receive it within a short time period
- Issuing of normal results so that women receive the results of screening quickly

*Cervical screening*

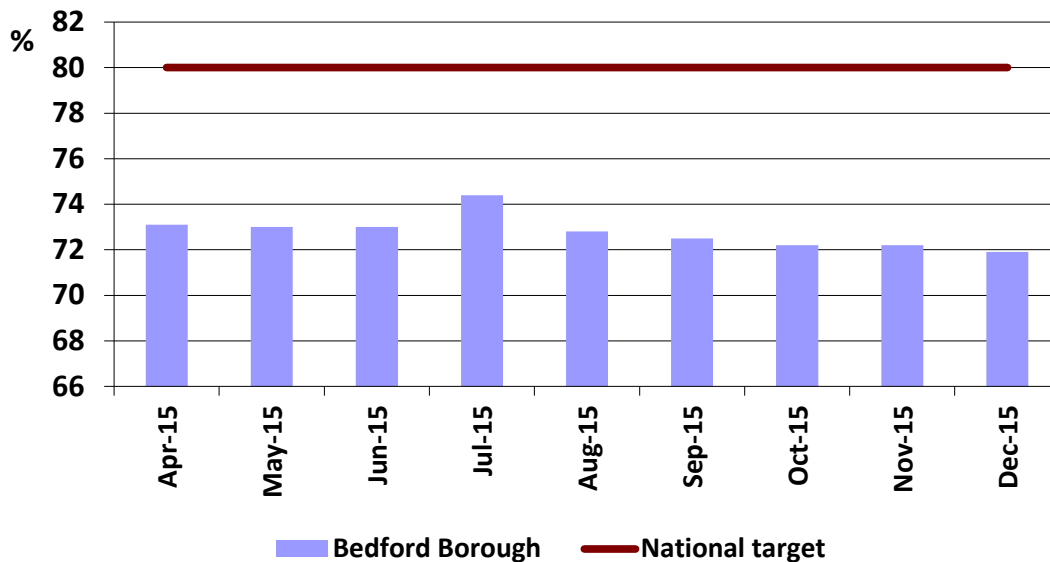
This programme offers screening for women aged 25—49 every three years and for women aged 50—64 every five years.

<sup>2</sup> Coverage is the proportion of the population who were eligible for screening who were screened within a specified period



Figure 6 shows that women in Bedford Borough had a lower rate compared with the national target coverage (80%) for cervical screening in all ages applicable (25-64 years).

**Figure 6: Cervical screening coverage: proportion of women aged 25—64 screened in the last 3.5 or 5.5 years: Bedford Borough & National target**



Source: Public Health England, 2015

There are a number of performance measures for the cervical screening programme. These include:

- Turnaround time – ensuring that women receive their results within 14 days of their screening sample being taken
- Waiting times for those needing assessment within colposcopy following a positive screening result
- Receiving results from colposcopy within 8 weeks

**Bowel screening**

This programme started in 2009 offering screening to those aged 60—69. The screening is offered on a 2-yearly cycle. The uptake was counted as the percentage who returned their Faecal Occult Blood test (FOBT) test kits within 12 weeks. In October 2012 NHS Bedfordshire offered age-extension so that screening was available to those aged 60—74 years.

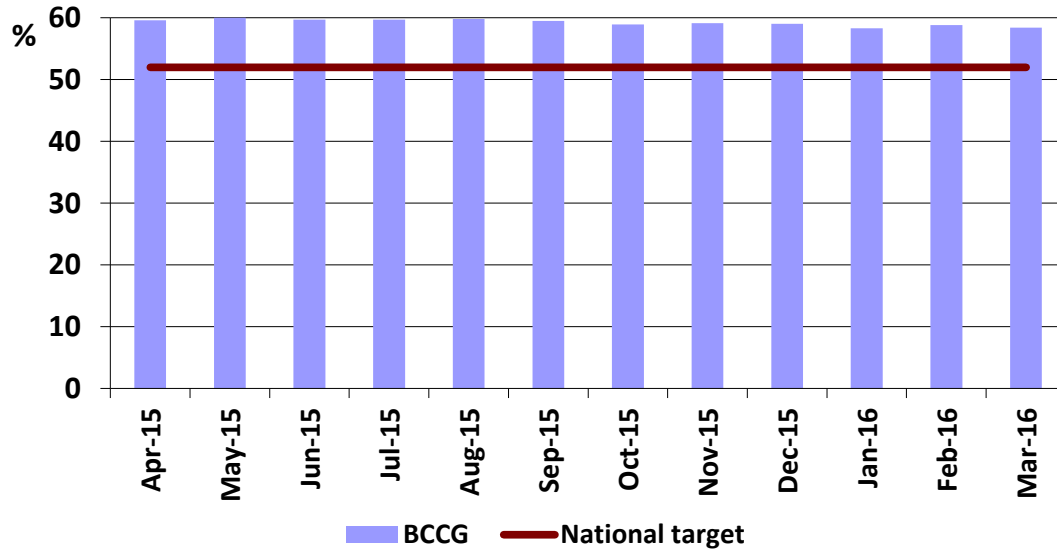
Bowel scope (flexible sigmoidoscopy) screening is a one-off invitation to all people aged 55 years. The rollout is being implemented as a phased process; full rollout is expected to be completed by the end of 2016/17. In Bedfordshire the plan is to introduce a new bowel scope screening list every 3 months, alternating between Luton and Bedford sites.

**Figure 7** contains the data of the uptake for Bedfordshire CCG and the national target. Performance was above target. There has been a national drop in uptake as



the programme develops and recalls previous participants. If GP practice deprivation was low, the performance tended to be high.

**Figure 7: Bowel screening uptake, all ages: Bedfordshire CCG & National standard, 2015/16**



Source: Public Health England, 2015

### Local Views

Anglia Cancer Network commissioned a social market research company to conduct an [evaluation](#) of the 'Be Clear on Cancer' campaign in December 2011. Using the Cancer Awareness Measure carried out in [2010](#) and [here](#) as a comparison, the unprompted cancer awareness of the signs and symptoms of cancer had increased:

unexplained bleeding	57%	(15% increase)
unexplained pain	39%	(21% increase)
change in bowel/bladder habits	15%	(5% increase)
cough/hoarseness	30%	(10% increase)
loss of appetite	28%	(6% increase)
nausea/sickness	13%	(5% increase)
difficulty swallowing	20%	(6% increase)

The Cancer Awareness Measure (CAM) in 2010 concluded that

- Campaigns should raise awareness of symptoms, lifestyle risk factors and cancer screening programmes, particularly with bowel cancer
- Specific campaigns would be beneficial if they were targeted at males, students, BME Groups and deprived areas

An evaluation of a national lung cancer campaigns, 2012, suggested that a shift in cancer stage distribution. It is possible a sustained increase in resections may lead to improved long-term survival.

### National & Local Strategies (Current best practices)

- National Institute for Health and Clinical Excellence- [NICE for cancer](#):
  - Guidance covering several different cancers including 'do not do'



recommendations

- NICE up-dated the guidance for Suspected Cancer in June 2015 and quality standards in June 2016
- Cancer was flagged up as a clinical priority in the Five Year Forward View and an independent Cancer Taskforce was established in January 2015 to define a new cancer strategy for the healthcare system. [Achieving World-Class Cancer Outcomes: A Strategy for the NHS 2015-2020](#) was published in July 2015 and sets out a proposed new five-year cancer strategy for the NHS. The strategy includes over 100 recommendations of which many will fall to NHS England to deliver
- In NHS England's The Forward View into action: Planning for 2015/16, four broad programmes were proposed:
  - Effective population screening (for prevention of some cancers as well as early detection)
  - Raising awareness of symptoms to promote earlier presentation of patients with potential symptoms of cancer in general practice
  - Earlier and more accurate diagnosis of the symptoms of cancer by GPs
  - Ensuring timely access to diagnostics
- The East of England Cancer Alliance Board is one of 15 nationally that were set up in September 2016, following recommendations in the National Cancer Strategy 2015-2020. It is an executive group of decision-makers across primary, secondary and tertiary care that will collaborate across boundaries to lead and innovate cancer services
- In January 2015, NHS England published [three handbooks](#) to support commissioners and practitioners in planning services for people with long term conditions (LTCs), in order to achieve more effective, personalised care for this group. They are case finding and risk stratification; personalised care and support planning; and multi-disciplinary team (MDT) working
- National Cancer Registration and Analysis Service ([NCRAS](#)). Part of NCRAS is the National Cancer Intelligence Network (NCIN) which is a UK-wide initiative, working to drive improvements in standards of cancer care and clinical outcomes by improving. It uses the information collected about cancer patients for analysis, publication and research

### **What is this telling us?**

### **What are the key inequalities?**

#### **Contribution to inequalities**

- Generally, the incidence increases with more disadvantaged groups, especially for tobacco and other lifestyle-related cancers. However, for cancers of the breast, prostate and malignant melanoma it is more common in those with [higher socioeconomic status](#)
- In general men are at [significantly greater](#) risk than women from nearly all of the common cancers that occur in both sexes
- [Cancer](#) incidence by ethnicity: it is more common in White and Black males than in Asian males and is more common in White females than in Black or Asian females, England



**What are the unmet needs/ service gaps?**

- Nationally, 500,000 people are facing poor health or disability after [treatment for cancer](#). Many of these problems can persist for at least 10 years after treatment

**Recommendations for consideration by organisations i.e BCCG, General Practices, Local Authority, Public Health and other providers e.g. SEPT, Bedford hospital:**

**Bedfordshire CCG is currently reviewing all clinical pathways, using a RightCare approach, and the review will not be complete until early/mid 2017. At this point, a full analysis of service provision, gaps and service needs will be summarised and shared with system partners.**

**This chapter links to the following chapter in the JSNA:**

**References:**

**Appendices**