

December 2011

Clear on cancer

Updates for primary care on the National Awareness and Early Diagnosis Initiative

Follow-up advertising campaign on bowel cancer planned for new year


A second advertising campaign is being staged across Devon and Cornwall in early 2012 to help combat bowel cancer, following the success of a pilot scheme at the beginning of this year.

The NAEDI pilot, covering the South West and East Anglia, publicised bowel cancer signs and symptoms through the media, using regional TV, print, online and radio to target those at high risk and who might otherwise not come forward early.

The message encouraged people to make an appointment with their GP if they had either 'loose poo or blood in their poo' for three weeks.

Results from the regional pilots showed:

- A 48 per cent increase in the number of people who visited their GPs with symptoms



If for the last 3 weeks you've had blood in your poo or it's been looser, don't sit there, just tell me.

Chances are it's nothing to worry about, but it could be the early signs of bowel cancer. Tell your doctor. Finding it early means it's more treatable, and could save your life.

BE CLEAR ON CANCER

- A 32 per cent increase in urgent referrals to hospitals over a six-month period, which included the campaign
- Overwhelming support for the campaign – 96 per cent of the public and 89 per cent of GPs believed it was important

Each hospital in Devon and Cornwall has reviewed the local impact in more detail, including the period over which the impact was felt beyond the end of the campaign. Their analysis shows that, compared to the same period in 2010, the pilot in January-March 2011 saw:

Urgent (two-week) referrals increase by 46% (with a range of 29% - 57% from hospital to hospital)

Sigmoidoscopies increase by 14% (range 3% - 93%)

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Primary care, the PCN and cancer awareness

Welcome to the first edition of our newsletter, which aims to keep you up to date with the National Awareness and Early Diagnosis Initiative (NAEDI) and its application in Devon and Cornwall.

At the Peninsula Cancer Network (PCN), we recognise the vital role of primary care in ensuring that people with early-stage cancer are identified and treated. That's why, for example, we have also visited each of the nascent Clinical Commissioning Groups in the Peninsula to outline our aims and find out how we can support primary care.

This is a learning process, but one that I believe, with your support, will pay long-term dividends for our population.



John Harrison
Network Director

Follow-up advertising campaign on bowel cancer in new year continued from p1

- Colonoscopies increase by 27% (range 14% - 51%)

Results have not yet been reported on the number of cancers diagnosed and the stage of diagnosis.

The impact on primary care has been estimated by the national team to be an additional one or two extra patients per week for each practice.

In view of results from the pilots, the Department of Health decided to run a national awareness campaign, 'Be clear on cancer', for a nine-week period from Monday 30 January 2012. Advertising will again feature real GPs encouraging patients to talk to them if they have noticed changes in their faeces for the last three weeks.

Local work is being coordinated by the PCN, which circulated a letter in late November to trusts, GPs and others likely to be involved or affected by the campaign. It was signed by Dr Virginia Pearson, Joint Executive Director of Public Health for NHS Devon/Devon

County Council, Dr Cathy Burton, the PCN's GP & Primary Care Lead, and Mr Ian Daniels, Chair of the PCN's Network Colorectal Group.

This urges practices and acute hospital to ensure they are able to cope with the anticipated increase in demand. The NHS Medical Director had already written to all trust chief executives in August to give early warning of the campaign. [Click here.](#)

The pilot scheme highlighted the need to support GPs with the 'loose poo or blood in their poo for three weeks' message. This has been rectified in an updated GP resource pack, which will be accessible via the web. An email alert will be going out to practices informing them of when and how to download the info at the end of December 2011.

Further information is available from your PCT or from Annie Sillitoe, the PCN's NAEDI Programme Manager.

Email: annie.sillitoe@nhs.net

Cathy Burton:

'A fascinating opportunity to make a real difference for patients'

I have recently been asked to work with the Peninsula Cancer Network, providing clinical leadership for our local project to improve the early detection of cancer. The project is funded as part of the National Awareness and Early Detection Initiative (NAEDI).

I am very excited to be working on this project which aims to improve our national cancer survival rates to match the best in Europe. My role



will primarily be to ensure as much engagement with local GPs as possible in order to achieve this.

I have been a GP in London for more than 28 years and have had a number of years' experience working with Macmillan Cancer Support, the South East London Cancer Network and my local PCT Lambeth as Clinical Cancer and End-of-life Lead. I have a home in Bodmin and am very much looking forward to working with healthcare professionals across the Peninsula.

The next few months are going to signal many changes for GPs and the early diagnosis of cancer. The Government has set a national target of reducing cancer deaths by 5,000 per annum by 2014. This should be achieved mainly by improving public awareness of cancer symptoms, increasing the uptake of screening, and working with GPs to try and diagnose cancers at an earlier stage, as well as making sure that all patients

have access to the best-possible treatment, care and support.

The Peninsula NAEDI project has a number of components, which include opportunities for GPs and other practice members to review the cancer diagnoses in their own practice, events to bring primary and secondary care clinicians together to discuss aspects of early diagnosis, and tools and resources for practices to use. As part of the Peninsula initiative, the PCN would also like to invite GPs to participate in local practice peer review groups.

This project is a fascinating opportunity to make a real difference for our patients and allow our cancer survival rate to rival the best in Europe. It can, however, only be a success with your engagement and support. If you would like to know more or would like to arrange a practice visit, then please do not hesitate to get in touch with me at:

calburton@gmail.com

Survey of cancer in-patients prompts local action from acute trusts to raise standards

The 2010 Cancer Patient Survey has provided some valuable insights into the views of people who have recently been diagnosed and treated.

Of 68,000 patients who chose to respond, nearly 3,000 were from within the Peninsula Cancer Network. The high response rate (67%) shows how willing people are to report on their care and thereby help to improve service quality.

The survey – the first in which the word ‘cancer’ has been used explicitly – included all adult cancer patients treated as in-patients or day cases from January to March 2010 in 158 trusts across England. Patients were placed into one of the 13 cancer groups using the ICD10 code (cancer diagnosis code).

Each of the trusts taking part in the survey have been provided with a bespoke report which enables them to compare their performance with that of others, and to drive quality improvements and better outcomes locally. Local trusts have produced action plans in response to the survey results.

The survey included two questions relating to primary care, as shown by trust in the table below. GPs may want to reflect on these results.

The complete results for individual trusts can be found on the National Cancer Intelligence Network website: www.ncin.org.uk

For further information contact Annie Sillitoe. Email: annie.sillitoe@nhs.net

| Questions | South Devon | Northern Devon | RD&E | Royal Cornwall | Plymouth |
|---|-------------|----------------|-------|----------------|----------|
| 63. As far as you know, was your GP given enough information about your condition and the treatment you had at the hospital? | 97.4% | 97.1% | 97.2% | 94.7% | 93.6% |
| 64. Do you think the GPs and nurses at your general practice did everything they could to support you while you were having cancer treatment? | 95.2% | 93.6% | 95.6% | 94.4% | 91.0% |

NAEDI:

Reducing cancer death rates through understanding and early action

The National Awareness and Early Diagnosis Initiative (NAEDI), a partnership between the Department of Health, the NHS and Cancer Research UK, was formally launched in November 2008.

The overall goal of NAEDI is to promote earlier diagnosis of cancer, and, through doing so, improve cancer survival rates and to reduce cancer mortality.

To help achieve this goal we have a number of supporting objectives including:

- Raising public awareness of the symptoms of cancer and the benefits of early diagnosis
- Encouraging people with symptoms that could be due to cancer to present earlier to healthcare services
- Targeting those at higher risk of delaying seeking medical advice
- Supporting primary care in referring patients who present with symptoms for investigation
- Improving access to diagnostic technologies for primary care

Four outcome-focused workstreams have been established to take forward the work of NAEDI:

- Achieving early presentation by public and patients: Earlier (and more appropriate) presentation of potential cancer patients with symptoms to primary care
- Optimising clinical practice and systems: Overcoming clinical and system barriers to prompt onward referral within and between primary and secondary care
- GP access to diagnostics: Earlier diagnosis of cancer through primary care, including improving access to diagnostic tests to help GPs confirm or rule out suspicion of cancer
- Research, evaluation and monitoring: Inform and underpin effective NAEDI activity through quality, investigator-led research and ensure appropriate evaluation

For further information, click [here](#)

Social marketing:

Report highlights lessons from summer campaign to raise awareness of lung cancer in older men

An independent evaluation has made a series of recommendations following last summer's NAEDI campaign to improve awareness and early diagnosis of lung cancer.

The campaign saw social marketing techniques targeted at 10 of the more-deprived parts of Devon and Cornwall, with the aim of getting men aged 50-70 to see their doctor if they had been suffering from a persistent cough.

The areas covered were: Camborne and Redruth, Penzance, Marazion and St Just, Barne Barton, Devonport, Barnstaple, Ilfracombe, Bideford, Newtown, Priory and Torquay.

Teams on the ground talked with members of the public and handed out publicity materials, based on workshops to decide on the best ways of reaching the target group. Pharmacists also stocked materials including a 'cough card', encouraging people with a cough to see their doctor.

Of around 2,500 people engaged directly by the teams, 55 were referred to their GP, with one more being referred via their pharmacist. Six were ultimately sent for chest x-rays. It is unknown yet how many of these showed cancers.



The overall number of x-rays for men aged 50-70 was also monitored, to triangulate results. The outcome was mixed, with numbers up in Devon and Torbay compared to the same period in 2010, but down in Plymouth and Cornwall.

Initial enthusiasm

Initial enthusiasm among practices for the campaign was not matched by follow-up action, with 19 out of 56 practices signing

service-level agreements and just four recording any data on individual patients who came forward. Suggested reasons included competing demands on GP time and the small number of patients who came to the surgery – far fewer than some practices had expected.

The evaluation concludes that the methods for recording consultations and behaviour-change in general practice “did not provide

robust evidence to determine the impact and outcome of the social marketing campaign”.

Recommendations

Among its recommendations are that the Peninsula Cancer Network:

- Develop a communications framework, with PCTs and Clinical Commissioning Groups, to increase engagement with primary care and underpin further work on awareness and early diagnosis
- Carry out further research on the types of support that practices would find valuable
- Identify future programmes for pharmacy involvement, then work with the Local Pharmaceutical Committee to build these into pharmacies' public health campaigns
- Strengthen the planning and implementation of future initiatives by involving more stakeholders early in the process and on the steering group
- Securing agreement on outcomes to be achieved and the role of PCTs

The full evaluation, by Sarah Harvey of Loop2, is available from Annie Sillitoe, the PCN's NAEDI Programme Manager.

Email: annie.sillitoe@nhs.net

Analysis shows variation in diagnosis route for patients with different cancers

Changes on the way for cervical screening

The overarching goal of NAEDI is to promote early diagnosis of cancer and thereby improve survival rates and reduce cancer mortality. To help achieve this we need to better understand the different routes taken by patients to their cancer diagnoses and to examine what effect this has on overall outcomes.

For all patients diagnosed with cancer in 2007, we used existing, routinely-available data sources to work backwards through their cancer journey and examine the sequence of events that took them to that diagnosis.

These routes to diagnosis included through in-patients, out-patient, screening and emergency presentation.

We then examined how the routes to diagnosis varied for different cancer types and by age, sex and deprivation, to highlight differences in relative one-year survival rates.

Cancer registration data from the National Cancer Data Repository

is the core data source for the project. The results cover all English patients diagnosed in 2007 with malignant cancer, excluding non-melanoma skin cancer, in-situ breast and cervical cancers, and patients with multiple tumours.

Although there are potential limitations in the data and methodology to assign routes, the analysis shows the proportion of patients diagnosed through each route and the corresponding survival rates.

Findings

The table on the right highlights the wide variation across different cancer types in routes to diagnosis.

Across all cancers, 25% of patients are being diagnosed through the two-week wait, while 23% are presenting as emergencies.

The percentage of patients in the 'unknown' column varies by cancer type. Some of these could be private patients; there could also be issues with data quality. This warrants further investigation.

| Routes to Diagnosis | GP/OP referral | Two Week Wait | Emergency presentation | Other outpatient | Screen detected | Inpatient elective | DOC | Unknown | Total | Number of patients |
|------------------------|----------------|---------------|------------------------|------------------|-----------------|--------------------|-----|---------|-------|--------------------|
| Acute leukaemia | 17% | 3% | 61% | 12% | 0% | 4% | 0% | 4% | 100% | 380 |
| Bladder | 22% | 36% | 18% | 13% | 0% | 6% | 1% | 5% | 100% | 1,167 |
| Brain & CNS | 18% | 2% | 49% | 20% | 0% | 5% | 0% | 5% | 100% | 740 |
| Breast | 8% | 40% | 5% | 5% | 28% | 2% | 0% | 13% | 100% | 5,646 |
| Cervix | 21% | 17% | 12% | 8% | 23% | 3% | 1% | 15% | 100% | 308 |
| Chronic leukaemia | 26% | 6% | 45% | 13% | 0% | 4% | 1% | 4% | 100% | 629 |
| Colorectal | 19% | 29% | 24% | 12% | 0% | 8% | 0% | 7% | 100% | 4,515 |
| Kidney | 22% | 26% | 23% | 16% | 0% | 5% | 0% | 8% | 100% | 928 |
| Larynx | 35% | 34% | 8% | 14% | 0% | 5% | 0% | 3% | 100% | 216 |
| Lung | 15% | 26% | 38% | 10% | 0% | 4% | 1% | 7% | 100% | 3,893 |
| Melanoma | 23% | 39% | 4% | 8% | 0% | 5% | 0% | 22% | 100% | 1,686 |
| Multiple myeloma | 20% | 14% | 44% | 13% | 0% | 4% | 1% | 5% | 100% | 606 |
| Non-Hodgkin's lymphoma | 25% | 22% | 25% | 13% | 0% | 6% | 1% | 9% | 100% | 1,349 |
| Oesophagus | 15% | 32% | 21% | 14% | 0% | 13% | 0% | 4% | 100% | 912 |
| Oral | 32% | 27% | 5% | 14% | 0% | 4% | 1% | 17% | 100% | 458 |
| Ovary | 20% | 29% | 28% | 11% | 0% | 3% | 1% | 8% | 100% | 853 |
| Pancreas | 13% | 20% | 45% | 10% | 0% | 5% | 1% | 7% | 100% | 917 |
| Prostate | 26% | 28% | 11% | 11% | 0% | 7% | 0% | 16% | 100% | 4,865 |
| Stomach | 14% | 24% | 31% | 13% | 0% | 11% | 1% | 6% | 100% | 801 |
| tbc (other) | 21% | 18% | 34% | 12% | 0% | 4% | 1% | 9% | 100% | 4,323 |
| Testis | 14% | 47% | 9% | 15% | 0% | 4% | 0% | 11% | 100% | 259 |
| Uterus | 28% | 36% | 8% | 12% | 0% | 5% | 0% | 12% | 100% | 918 |
| Total | 19% | 28% | 22% | 11% | 5% | 5% | 1% | 10% | 100% | 36,369 |

Routes to diagnosis by cancer type for all malignant diagnoses, excluding C44 (non-melanoma skin cancer) and multiples, in England, 2007

A number of changes are occurring within the cervical screening programme.

The forms used have been revised and it is intended that PIN numbers will be issued to both medical and nursing smear-takers to allow for audit and governance.

The process for accreditation for doctors remains to be finalised, but a need to remain up to date and conversant with any changes will be built into the process.

Updating is likely to be available in both workshop and electronic formats. It will cover the use of HPV testing to triage low-grade changes and as a 'test of cure'; the recommendations for enhanced screening of immuno-compromised women; the considerations necessary for learning-disabled women; and practical issues such as how to manage vault smear surveillance. Further details will be available in the New Year.

Contact Sarah Gray for further information.
Email: sarahgray@lineone.net

Partnership working:

Devon skin cancer project scoops social marketing prize at 2011 HSJ awards

NHS Devon and Exeter College have won this year's Health Service Journal (HSJ) award for best social marketing project, for their joint prevention scheme, 'Love Your Skin'.

This award recognises excellence in the systematic application of social marketing techniques to achieve behaviour change. The HSJ awards panel said: "The project has a clear behavioural focus, is replicable across the rest of the country and could have a major impact on the prevention of skin cancer among young people."

Love Your Skin works by training college beauty students to run mini-consultations, beginning with the use of a UV facial scanner to highlight skin type and any areas of sun damage, followed by personal advice, a fake-tan demonstration, free samples and information.

The scoping stage of the social marketing process, led by the



Peninsula Cancer Network, shows that appearance-based intervention, including the use of UV scanners, was the most effective approach for teenagers. Together with the understanding of young people, their

motivators for tanning and their barriers to changing behaviour, confirmed the behavioural challenges and formed the framework for the design of Love Your Skin.

Implementation was timed alongside the April 2011 sunbed legislation, but the project also encouraged people to:

- Know their skin type
- Avoid burning
- Use higher-SPF lotions
- Seek shade
- Cover up
- Reduce sunbed use

The ambition now is to reach more students and for more colleges to deliver the intervention in 2012.

Further information is available from Sarah Bird, Health Improvement Project Officer (Skin Cancer), on 01392 267754.

Email: sarahbird1@nhs.net

For more information on social marketing, contact Ruth Dale on 01392 267748.

Email: ruth.dale@nhs.net

How to measure public awareness about cancer

Cancer Research UK and three university departments have developed a standard set of questions to measure cancer awareness.

As well as the original cancer awareness measure (CAM), there are specialist CAMs for breast, lung, bowel, cervical and ovarian cancer. An international CAM and some questions from the CAM have also been included in the tracker survey for regional bowel cancer awareness campaigns.

A baseline survey using the CAM in 2008 showed that with the exception of 'a lump or swelling', less than 30% of the public were able to recall common cancer symptoms.

Supported by the National Cancer Action Team, cancer networks and PCTs have used the CAM locally to:

- Establish a baseline of cancer awareness
- Shape NAEDI strategies
- Inform the design of projects and services
- Test, in some cases, whether the CAM can be used to measure the effectiveness of interventions in changing awareness

The Cancer Research UK webpage on the CAM, including information about how to access data from completed CAMs, can be found here.

Interested in cancer?

If you have a special interest in cancer, and/or in early awareness and diagnosis of cancer, we would like to hear from you. Please contact Annie Sillitoe on 01803 860661 or via email: annie.sillitoe@nhs.net