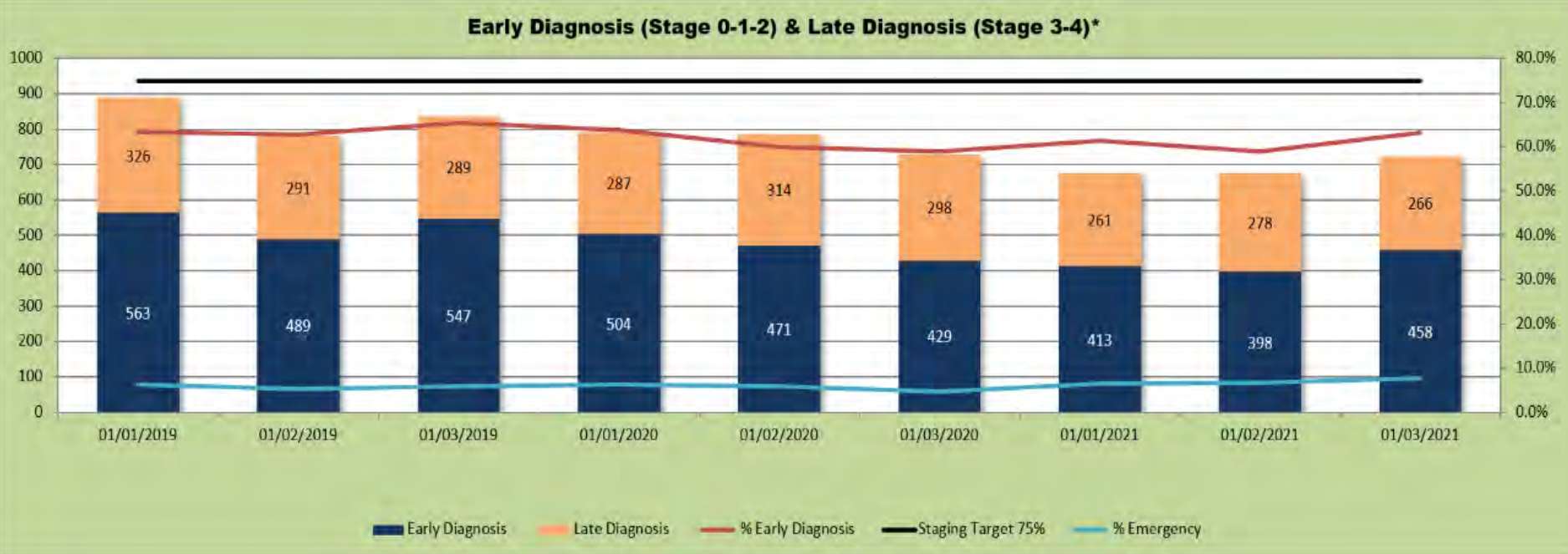


Report to the Wessex Cancer Alliance Board				
Title:	Earlier diagnosis – position across Wessex and plan for this year			
Sponsor	Sally Rickard			
Author	Nicola Duffield			
Date:	16th June 2021			
Purpose	Assurance or reassurance	Approval	Ratification	Information
Summary of paper:	<p>The purpose of the paper is to give an overview of the work being undertaken to meet the national ambition that 75% of cancer is detected at early stage by 2028.</p> <p>There are clear programme of work in place in terms of primary care, targeting key tumour sites and tackling health inequalities. A major challenge at present is the ability to get up to date on the early detection of cancer – a plan is in place to progress this.</p>			
Implications: (Clinical, Organisational, Governance, Legal?)	Main objective for cancer in the long term plan is around earlier stage of diagnosis. This programme is the delivery vehicle for that clinical imperative			
Key risks and mitigations:	Impact of Covid and reduction in patient presentations in primary care on the stage of diagnosis and early signs that emergency presentations are rising and stage of diagnosis has fallen back up to five years. (55% versus 62% stage 1 and 2 in 2019) Mitigation via the programme presented			
Summary: Conclusion and/or recommendation	<p>The Board are asked to review the proposed workplan for 2021/22 and confirm assurance that the proposed plans will address the risk of a fall in the number of earlier stage diagnosis.</p> <p>Further, members are asked to identify any connectivity and wider system / networked programmes into which the Alliance planning should connect with respect to earlier stage of diagnosis and prevention.</p>			

Ambition and Current Position

The Long Term Plan sets a new ambition that, by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around 50% now to 75% of cancer patients. Achieving this will mean that, from 2028, 55,000 more people each year will survive their cancer for at least five years after diagnosis.



Across Wessex completion of stage of cancer reporting is variable, but improving. For Dorset (all trusts) UHS and Salisbury we now have near full completion and above summary shows whilst new diagnosis has fallen, at present stage of diagnosis has returned to around 65% stage 1 and 2 with below 10% new diagnosis following emergency presentation.*

*Validation and expansion to all trusts is key focus of trust analysts for this year.



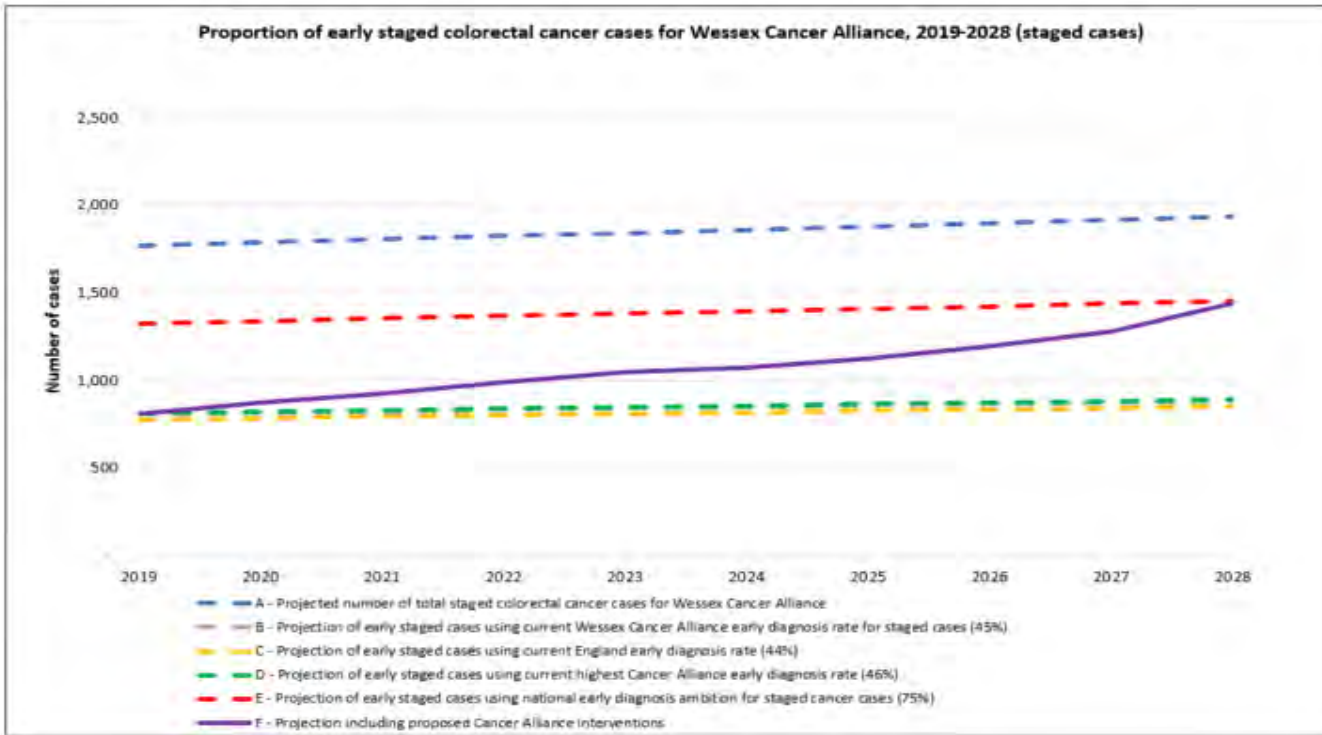
Current Position Against Target



- Covid 19 has delayed the completion of staging data in trusts, therefore national analysis delayed.
- Using local data to understand our early detection data
 - Work is underway to use the Dorset Insight & Intelligence Service to collate cancer data from across Wessex, this will include early detection data.
 - At present, a Data Sharing Agreement is in place in Dorset which allows the sharing of this data. A separate agreement has been drafted by HIOW providers and this is in the process of being agreed.
 - Once fully operational, this will allow **up to date early detection data to be shared with interested parties e.g. PCN and SSGs** so that targeted action can be taken to increase early detection rates.
- By the autumn we hope to be able to present stage of diagnosis by tumour type, and cross reference with inequalities data to enable us to target our resources to those people for whom cancer is most commonly diagnosed later. For tumour types we are focused on key areas of prostate, lung and colorectal.

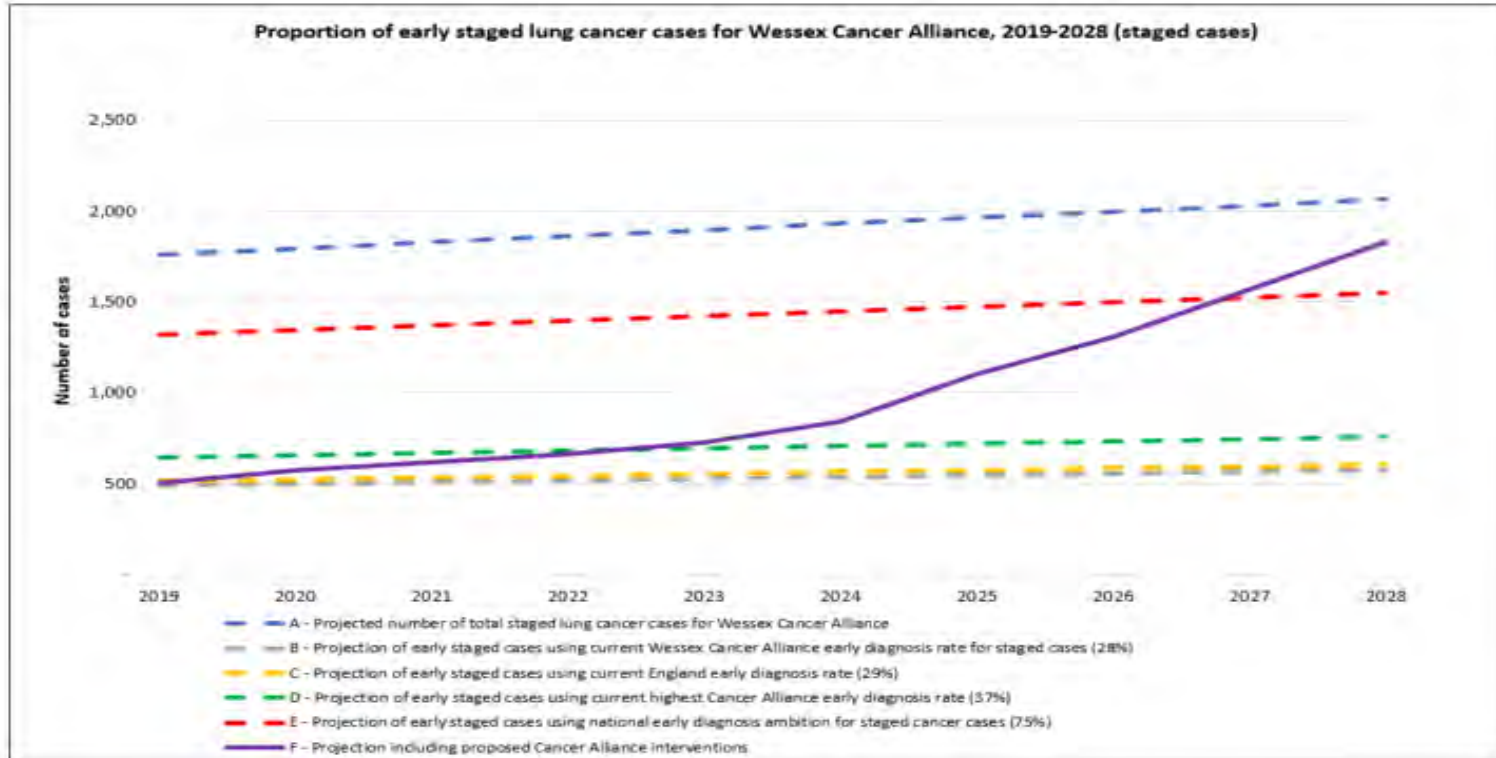


Wessex Colorectal Trajectories



What are we doing to increase the early detection rate?

- Secondary Care FIT data analysis to gather a greater understanding of FIT as a diagnostic tool – led by Nigel D’Souza at UHS
- Increasing GP FIT use to increase the number of patients diagnosed early
- Accessibility of FIT kits to increase use by patients
- Exploring case finding for colorectal cancer using bowel screening information

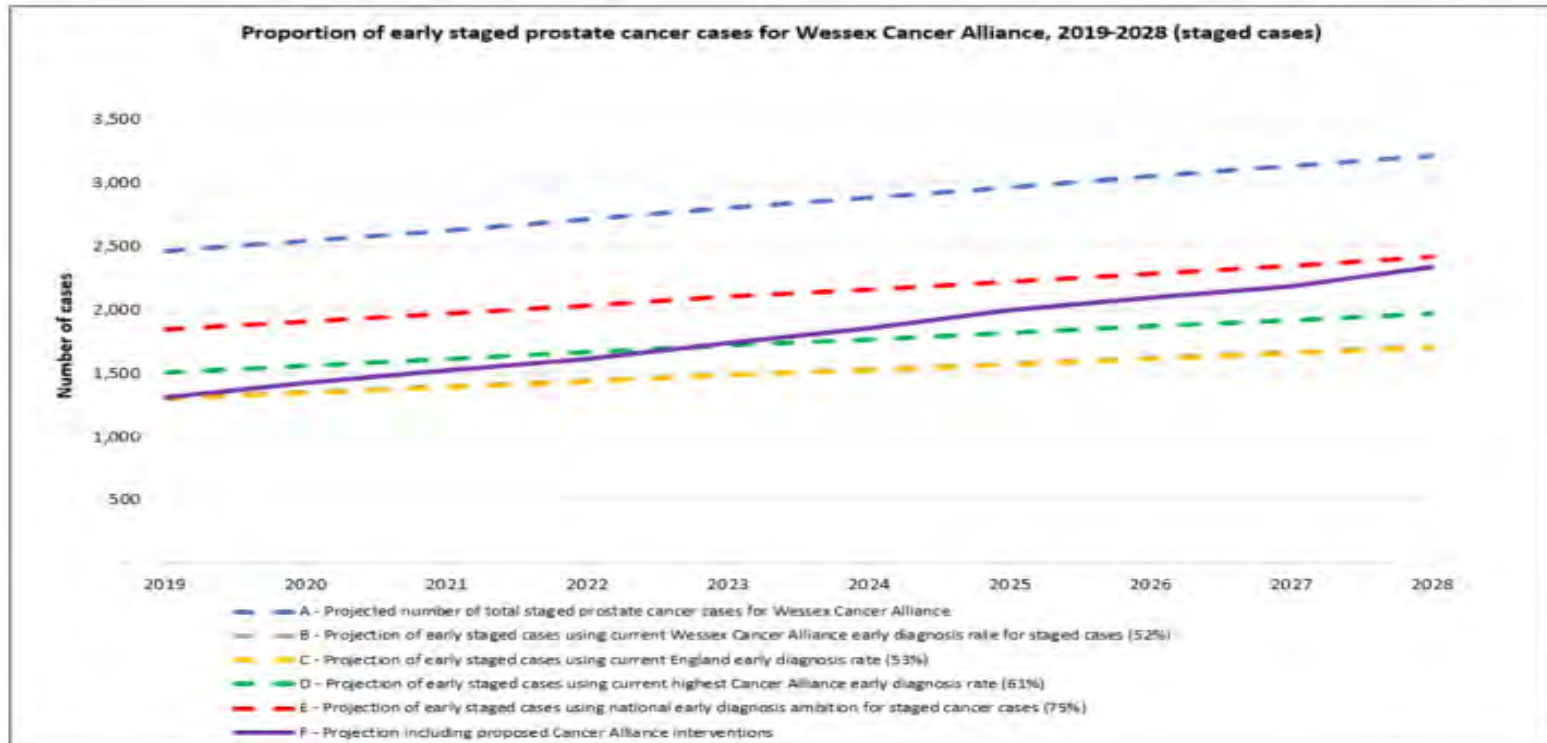


What are we doing to increase the early detection rate?

- Targeted Lung Health Checks Southampton
- Dorset Lung Cancer Case Finding
- Portsmouth Lung Cancer Case Finding
- Dorset smoking cessation App



Wessex Prostate Trajectories

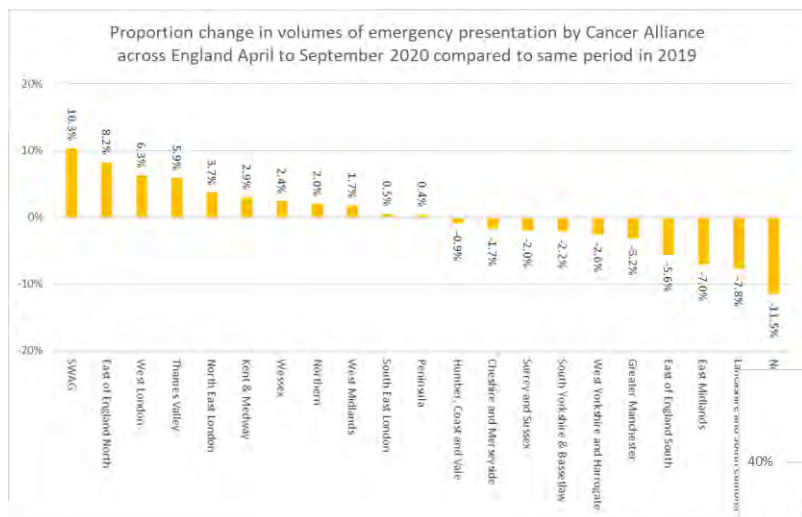


What are we doing to increase the early detection rate?

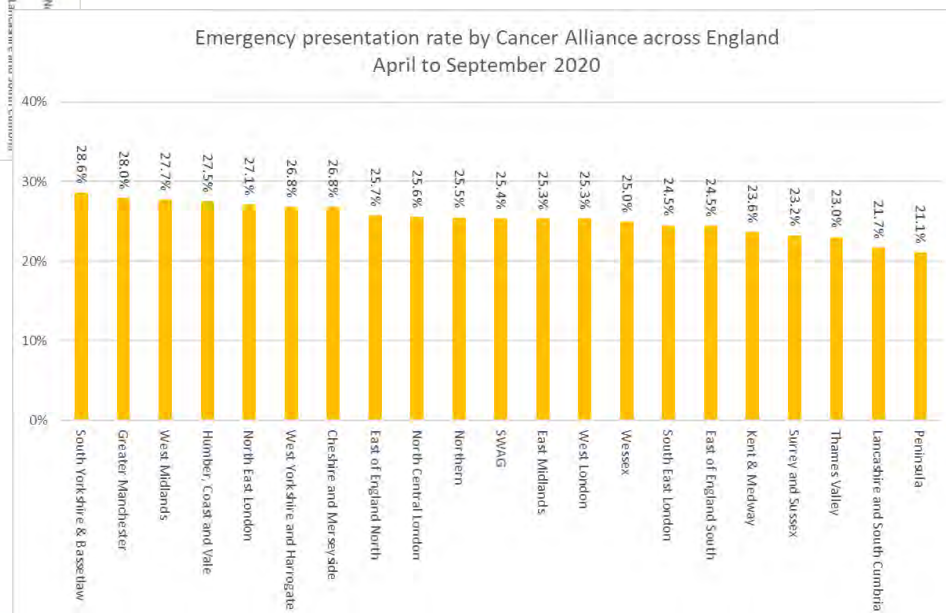
- Co-production, co-delivery work with Black African, Black Caribbean and Black British men about the heightened risk of prostate cancer in those communities
- Alongside this to inform the GPs of the stark inequality and the project direction.



Analysis of Emergency Presentation Rates across England



- During Covid 19 there has been an increase in patients diagnosed through emergency presentation =25%
- Pre Covid 19 Wessex level was under 20%



Data Source: NHSE





Context for Workplan



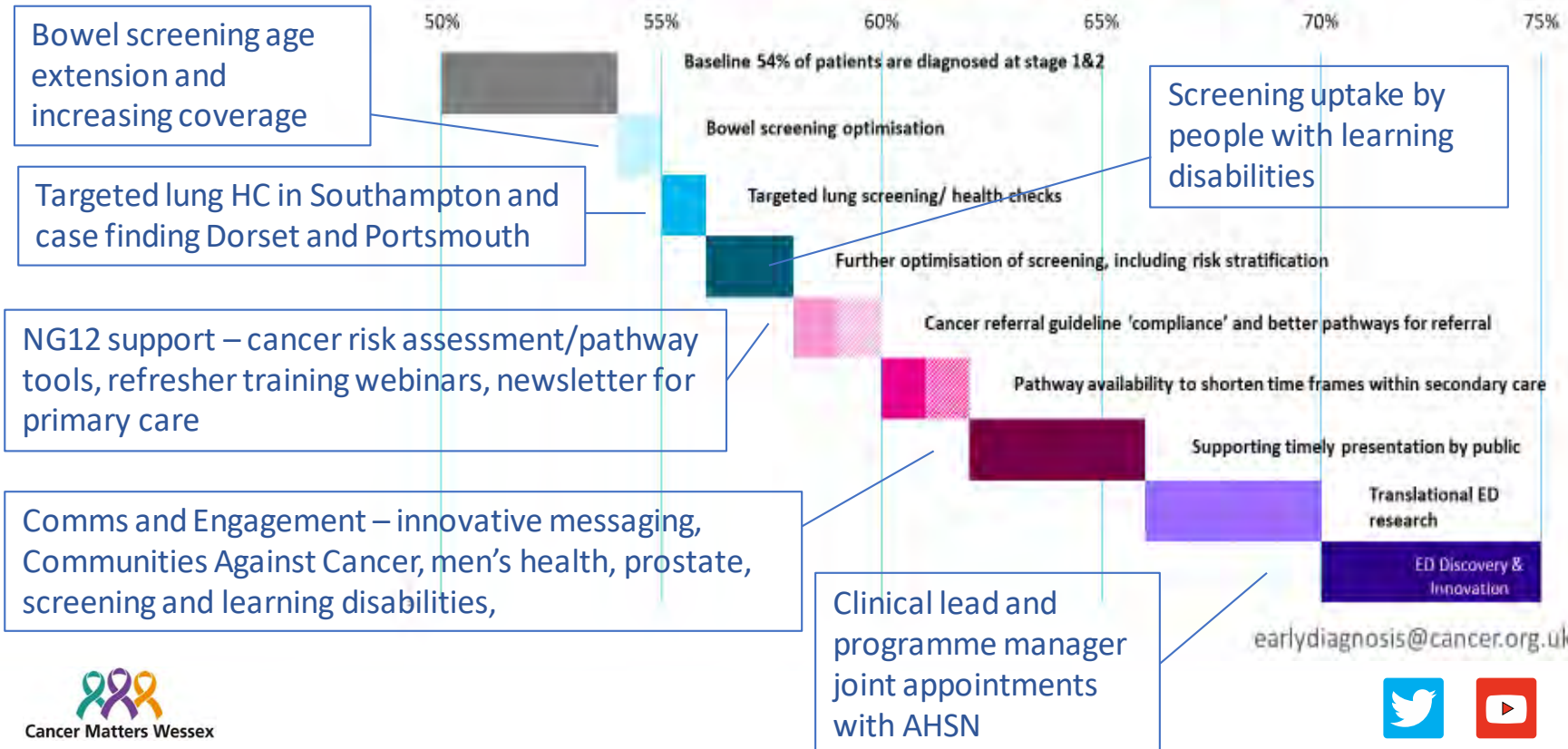
We use this as a blueprint to focus our work.

CRUK Early Diagnosis Waterfall Diagram



WCA
workstreams:

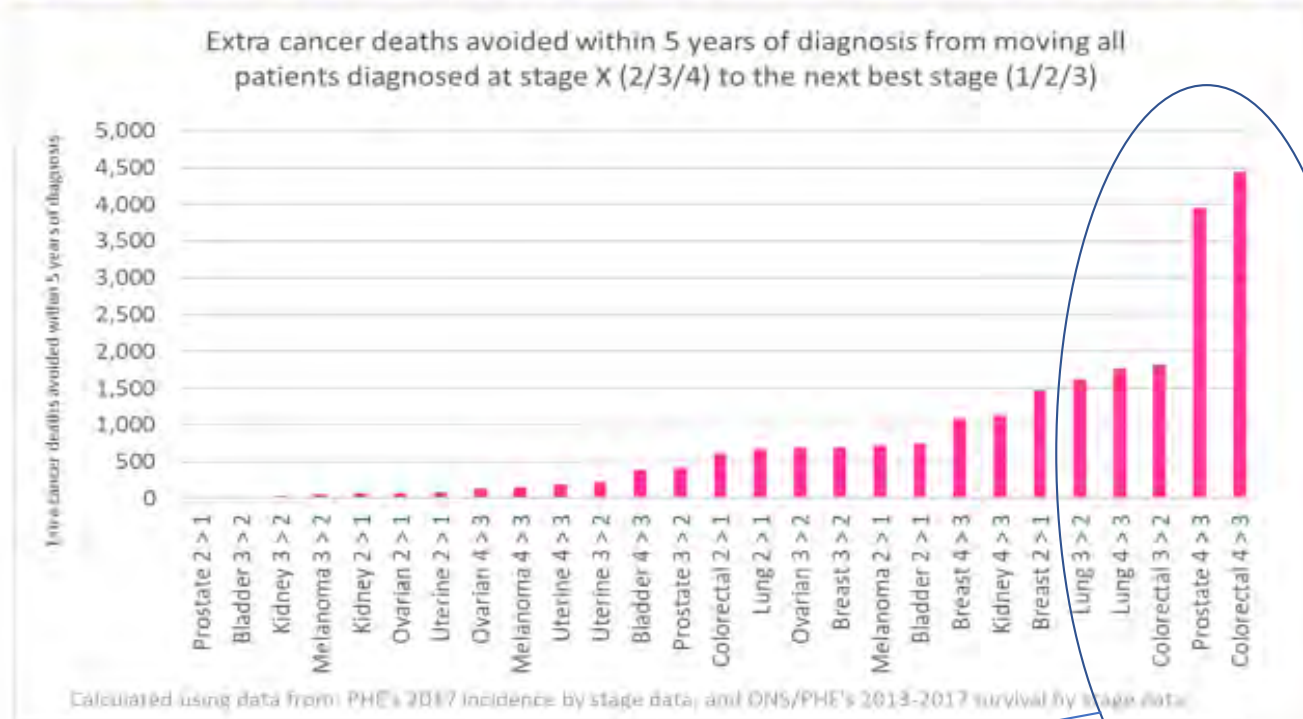
Increase in the proportion of all cancers diagnosed at early stage (I & II)





Context for Workplan

All stage shift is important, but some has more impact on survival

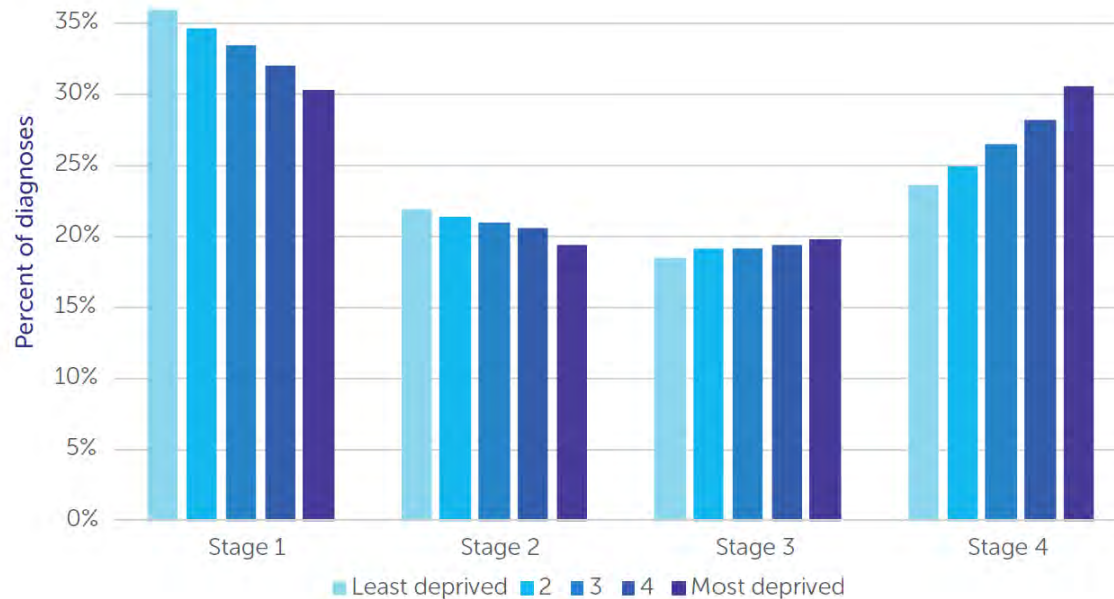


In response to this we have workstreams on **Colorectal, Prostate and Lung** cancers.



Deprivation

Proportion of patients diagnosed at each stage by deprivation quintile, England, 2014-2018



Wessex is diverse; to address inequalities we are targeting work in

- Southampton – Targeted Lung Health Checks,
- Portsmouth – Lung Cancer Case Finding,
- Bournemouth & Poole and Weymouth & Portland – Homeless people and cancer screening programmes.

Communities Against Cancer runs across the deprived populations.



Ethnicity

Prostate Cancer in Black Men

- Black men are more likely to get prostate cancer
 - 1 in 4 black men will develop prostate cancer compared to 1 in 8 of other men.
- Death rate in black men is reported to be between 30% and 50% higher than other men.

Working with Black communities to address a significant health inequality by increasing the awareness of the issue and encouraging men to speak to their GPs about a PSA test from the age of 45.

LC2101EW - Ethnic group by sex by age
ONS Crown Copyright Reserved [from Nomis on 16 November 2020]

population	All usual residents		
units	Persons		
date	2011		
sex	Males		
ethnic group	Black/African/Caribbean/Black British: Total		
Area	Age 50 to 64	Age 65 and over	Total
Southampton, Test	106	65	171
Basingstoke	94	50	144
Southampton, Itchen	89	44	133
Aldershot	72	31	103
Portsmouth South	52	16	68
Bournemouth East	52	6	58
			677

Prostate Cancer in Black Men

- Black men are more likely to get prostate cancer if a first wave relative (father or brother) has had it.
- Risk increases as age increases, but black men are more likely to develop prostate cancer at a younger age.



People with learning disabilities



Cancer Screening and People with learning disabilities



OUR VALUES



People with learning disabilities die decades earlier than the rest of the population. Working with Southern Health, Wessex CCGs, primary care and HIOW & South West Screening and Immunisations Teams to address this clear health inequality.

Cancer Screening and Annual Health Check



Southern Health, Strategic Health Facilitators completed a Quality Audit of annual health checks across Hampshire and Southampton in 2018. Part of the annual health check is to discuss cancer screening...

Only 3/38 eligible people spoken to about Bowel Screening

33/72 ladies eligible were spoken to about having their Smear

27/105 men were spoken to about checking their testicles

27/65 ladies spoken to about checking their breasts/attending mammograms

OUR VALUES



LeDeR Review



SHIP LeDeR annual report 2019/20; Cancer was the 4th highest cause of death in 50 deaths reviewed.

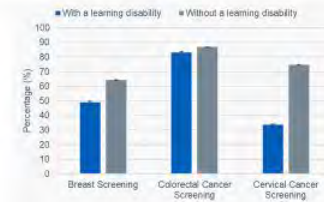
National LeDeR report (2019); People with learning disabilities over the age of 75 die less of cancer than the general population

Hampshire JSNA highlights that although people with learning disabilities have lower rates of cancer than general population, they have a much higher rate of colorectal cancer

OUR VALUES



Percentage of patients who are eligible for cancer screening on whom a cancer screening test has been performed in the five years prior to 31st March 2019



Cancer Screening - NHS Digital

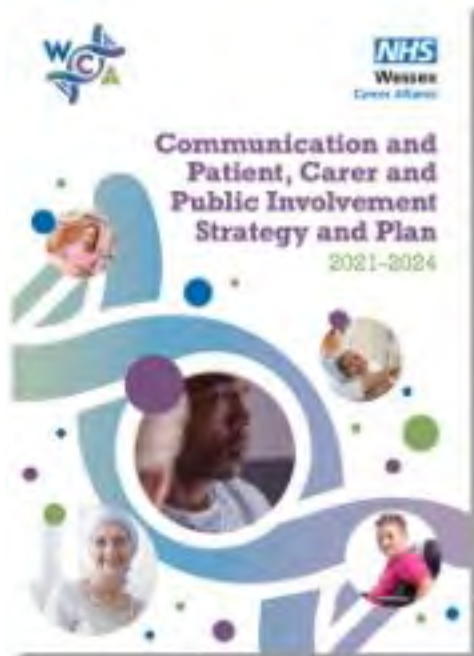




Context – Public Involvement

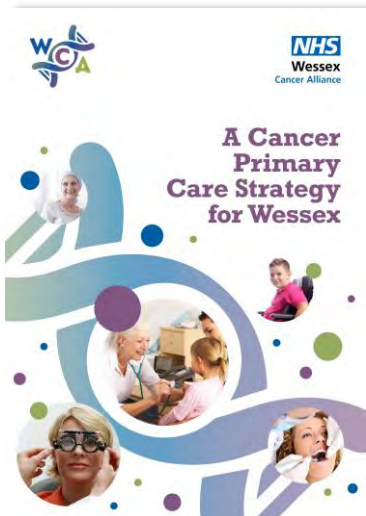


- Communications and Patient, Carer and Public Involvement Strategy
 - Involvement with patients and carers is a key to our success
 - Amongst other planned work Prostate, colorectal and learning disability workstreams all have patient/carers involvement strands
 - Communities Against Cancer
 - £300,000 education and grant scheme
 - Targeted at deprived areas and seldom heard groups
 - Adapted to virtual working
 - Developing a train-the-trainer model
 - Robustly evaluated by the Macmillan Survivorship Research Group at University of Southampton





Context – Primary Care



- The Primary Care Strategy will be implemented through an offer of support for PCNs for the Early Diagnosis DES
- WCA Macmillan GPs and CRUK facilitators will engage with PCNs
- Other workstreams include
 - training for primary care clinical and non clinical staff in NG12, VBA and greater understanding of cancers and their role in early diagnosis
 - innovative ways to link into Long Term Condition reviews.
 - clinical champions, case reviews,
 - NHS Workforce cancer awareness raising
 - Innovative messaging for patient to increase patient understanding of prevention and signs and symptoms of cancer



Increasing the coverage of cancer screening programmes



Wessex
Cancer Alliance

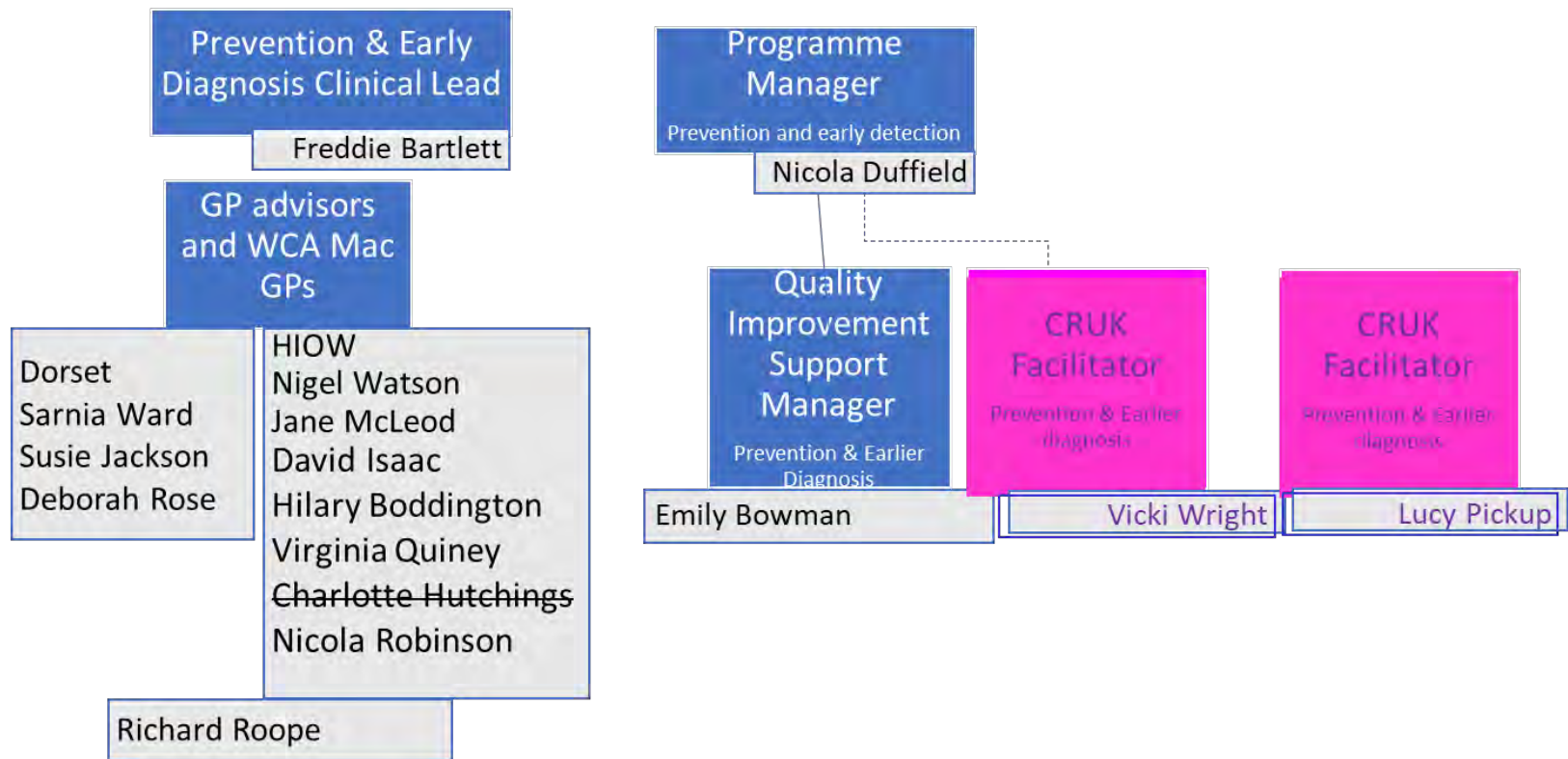
- HIOW
 - WCA Programme Manager member of the Screening and Immunisation Oversight Group
 - WCA Programme Manager joint chair of task group with Screening and Immunisation Team to increase the uptake of cancer screening programmes.
 - Breast screening focus - first attenders
 - Cervical screening focus - inequalities
 - Bowel screening focus - age extension from August 21 with associated onward pathway impact and then increase uptake with a focus on inequalities.
- Dorset
 - WCA Programme Manager of the Cancer Screening Oversight Group
 - Additional links through Dorset Prevention and Earlier Diagnosis Group



Team



Prevention and Earlier Diagnosis Team





Governance



Prevention and Earlier Diagnosis Board

The purpose of the Board is to :

- Lead on the development and delivery of the Prevention and Early Diagnosis work programme
- Champion the importance of effective prevention and early detection
- Provide assurance to the Wessex Cancer Alliance Board on the delivery of the overall programme.

Membership

Wessex Cancer Alliance GP Clinical Lead (Co-Chair)

Wessex Cancer Alliance GP Clinical Lead (Co-Chair)

Wessex Cancer Alliance Clinical Lead for Prevention

Cancer Research UK

Public Health – from South East England and South West England

Macmillan

Local authority Public Health reps/Prevention Board reps – STP/ICS

Innovation Clinical Advisor/Project Manager

Dorset ICS rep

Hampshire and IoW STP rep

Action Hampshire – Communities Against Cancer

Wessex Cancer Alliance Nursing / AHP Lead

WCA Programme Management.

