

HEALTH AND WELLBEING BOARD			
<b>Report Title</b>	Update on the Cancer priority outcome in the Health and Well Being Strategy		
<b>Contributors</b>	Katrina McCormick, Deputy Director of Public Health	Item No.	5c
<b>Class</b>	Part 1	Date:	25 November 2014
<b>Strategic Context</b>	Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years is one of the nine priority areas in Lewisham's Health and Wellbeing Strategy.		
<b>Pathway</b>			

## 1. Purpose

The purpose of this report is to provide an update on the progress towards achieving the outcome of Lewisham's Health and Wellbeing Strategy, Priority Area 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years in the Health and Wellbeing Strategy.

It also provides an overview of cancer in Lewisham as it is the first time that the Board has received a report on cancer .

### 1.1 The report highlights the following:

- a) Cancer is now the main cause of death of people in Lewisham. However, mortality from cancer for all ages and for those aged under 75 has decreased in Lewisham as it has in London and England.
- b) There has been little change in breast cancer screening coverage in Lewisham, although it remains above the coverage achieved by Lambeth and Southwark, but below the national target.
- c) There has been a slight decrease in the uptake of bowel cancer screening. Lewisham is one of 4 CCG in South London (including Lambeth, Greenwich and Richmond) that has seen a slight decrease in uptake as of May 2014, out of the 12 CCGs in South London.
- d) The coverage of the cervical screening programme for the prevention of cancer improved in Lewisham in 2012-13. Although Lewisham does not meet the national target of 80% coverage, there is an upward trend in improvement and coverage is above that of Lambeth and Southwark.
- e) Survival for most cancer types is improving. This progress can generally be attributed to faster diagnosis and advances in treatment. However, there is still scope for improvement and some cancers have shown very little improvement. The one year survival rate for all cancers is lower in Lewisham compared to London and England.
- f) A range of activity has been undertaken to promote early diagnosis of cancer by the Local Authority, Lewisham CCG , the Community Health Improvement Team and community and voluntary organisations.
- g) Lewisham CCG has successfully secured funding from Macmillan to employ a GP Cancer lead. One of the main aims is to provide primary

care leadership particularly on cancer awareness and early diagnosis, and the role of primary care in increasing uptake of cancer screening.

## **2. Recommendation**

Members of the Health and Wellbeing Board are recommended to:

- 2.1 Note and comment on the content of the report.

## **3. Policy Context**

- 3.1 Increasing the number of people who survive colorectal, breast and lung cancer is one of the 9 priorities in the Lewisham's Health and Wellbeing Strategy .
- 3.2 Reducing inequality is one of the two principles informing Lewisham's Sustainable Community Strategy and increasing the number of people who survive cancer supports its priority of healthy, active and enjoyable- where people can actively participate in maintaining and improving their health and well-being.

## **4. Background**

Cancer affects everyone. Over 250,000 people in England are diagnosed with cancer every year and around 130,000 die from the disease. Currently, about 1.8 million people are living with and beyond a cancer diagnosis. The Government Report "Improving Outcomes: A Strategy for Cancer" published in 2011 highlighted that despite improvements in survival and mortality in recent decades, cancer outcomes in England remain poor when compared with the best outcomes in Europe. Although improvements have been made in the quality of cancer services, a significant gap remains in both survival and mortality rates. If England was to achieve cancer survival rates at the European average, then 5,000 lives would be saved every year. If England was to achieve cancer survival rates at the European best, then 10,000 lives would be saved every year. A range of actions were identified and included the following:

- reduce the incidence of cancers which are preventable, by lifestyle change;
- improve access to screening for all groups and introduce new screening programmes where there is evidence they will save lives and are recommended by the UK National Screening Committee;
- achieve earlier diagnosis of cancer, to increase the scope for successful treatment – diagnosis of cancer at a later stage is generally agreed to be the single most important reason for the lower survival rates in England;

- 4.1 This report covers progress towards achieving the improvements and outcomes of the key priority area 2; Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years in the Health and

Wellbeing Strategy. The focus of the report will be on the objectives and actions identified in the delivery plan of the Health and Wellbeing Strategy, with an emphasis on screening and early diagnosis. This work is undertaken in partnership with the CCG, NHS England, Local Acute Trusts , the voluntary and community sector and by individuals. The objectives in the delivery plan reflect the work of a number of strategies and plans, these include the CCG Clinical Commissioning Strategy 2013-2018 and the Cancer Commissioning Strategy for London

4.2 For this key priority the Health and Wellbeing Strategy wants to achieve the following:

- Support residents of Lewisham to achieve and maintain a healthy lifestyle.
- Reduce the rate of premature mortality of cancer in Lewisham .
- Increase the coverage of cancer screening programmes ( Breast, Bowel and Cervical) in Lewisham.
- Increase the awareness of professionals and communities of the early signs and symptoms of common cancers.
- Reduce the incidence of cancer in Lewisham.

4.3 Performance in relation to achieving and maintaining a healthy lifestyle is not reported here as it is reported in the separate reports to the Board on the three priority outcomes Promoting Healthy Weight, Reducing Alcohol Harm and Reducing smoking prevalence and uptake among young people.

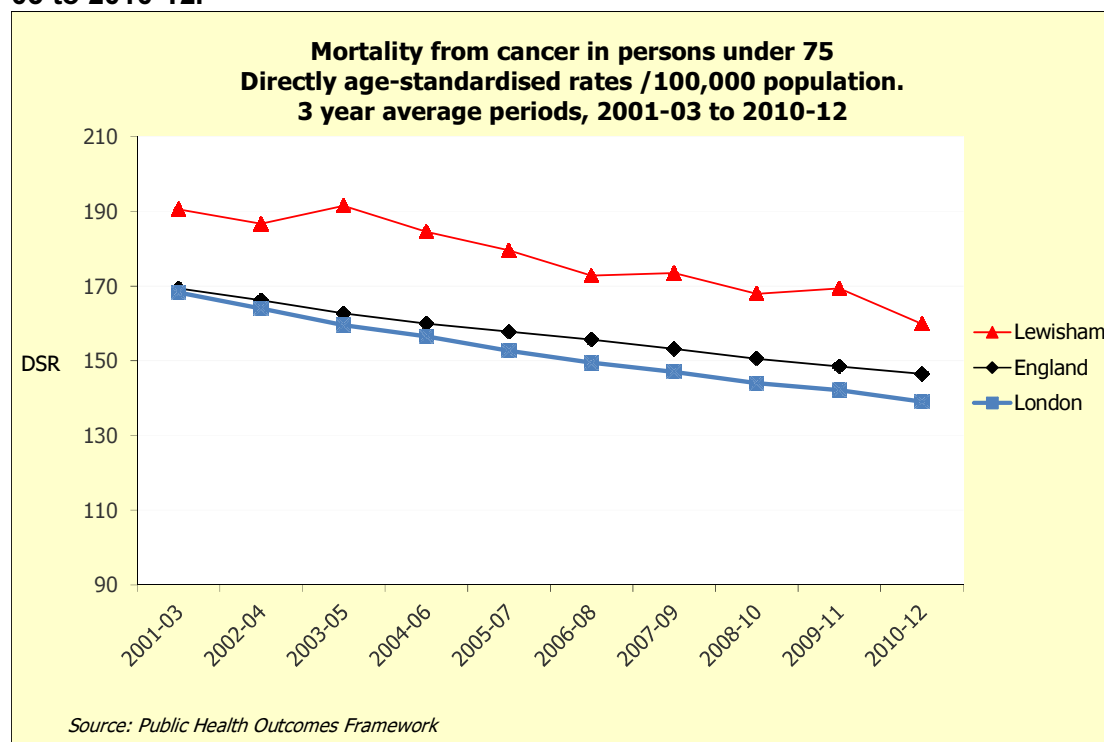
## **5. Performance**

### **5.1 Reduce the rate of premature mortality of cancer in Lewisham**

Cancer is now the main cause of death of people in Lewisham, 32% of all deaths in 2013/14 which equalled 463 deaths. Lung, Prostate and Bowel are the main cause of cancer deaths in males. Lung, Breast and Bowel are the main cause of cancer deaths in females.

Mortality from cancer for all ages and for those aged under 75 has decreased in Lewisham as they have done in London and England (Figure 1) . However the mortality rate in Lewisham for those aged under 75 is higher than London and England and this remains statistically significantly different.

**Figure 1: Premature Mortality from Cancer, Lewisham, London England 2001-03 to 2010-12.**



Smoking is by far the most important risk factor for cancer responsible for 19% of all new cancer cases nationally in 2010 equating to approximately one in five cancers<sup>1</sup>. Ninety per cent of lung cancers are associated with smoking. Lewisham has a significantly higher mortality rate for Lung cancer (47.1 per 100,000 ) compared to the England average 38.3 per 100,000 in 2009-11.

There are around 19,000 extra deaths from cancer, per year, in England because mortality rates are higher in more deprived groups for most cancers. Lung cancer has by far the largest number of excess deaths because of socio-economic variation (9,900 deaths)<sup>2</sup>.

## **5.2 Increase the coverage of cancer screening programmes ( Breast, Bowel and Cervical) in Lewisham.**

Since the implementation of the Health and Social Care Act 2012 , NHS England has the responsibility for commissioning cancer screening services.

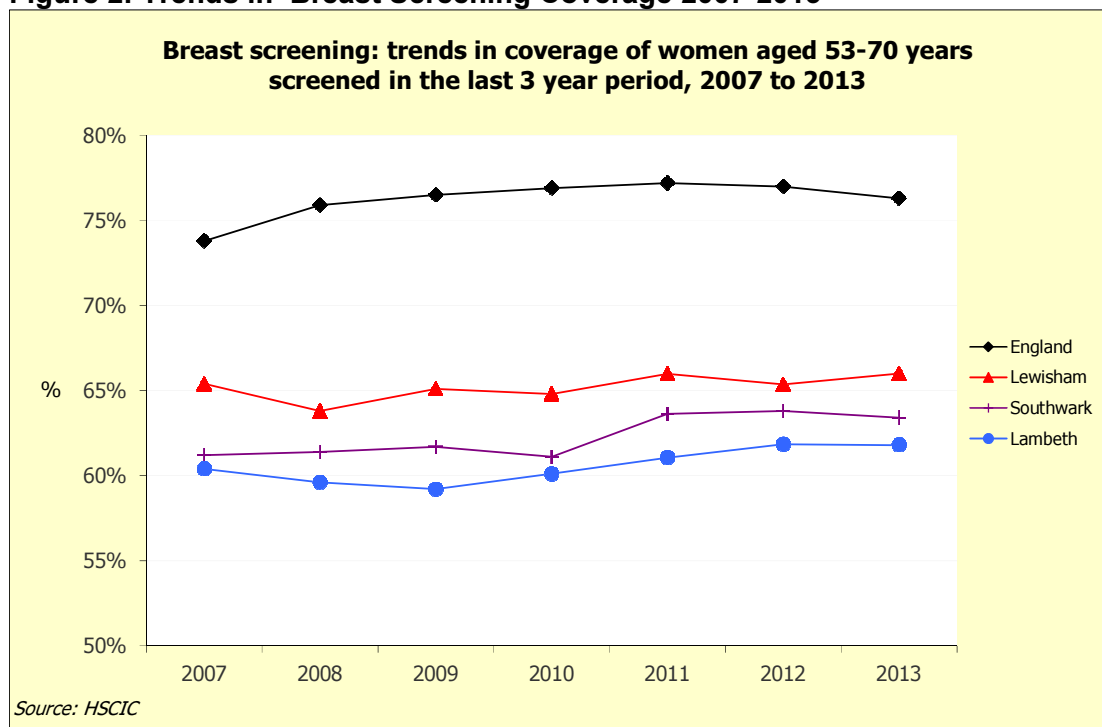
### **5.2.1 Breast Screening**

Data on Breast Screening performance is provided by the Health and Social Care Information Centre with the most up-to date data being for 2013.

<sup>1</sup>.<http://www.cancerresearchuk.org/cancer-info/cancerstats/types/lung/riskfactors/lung-cancer-risk-factors>

<sup>2</sup> <http://www.cancerresearchuk.org/cancer-info/cancerstats/mortality/socio-economic-variation/#Excess>

**Figure 2: Trends in Breast Screening Coverage 2007-2013**



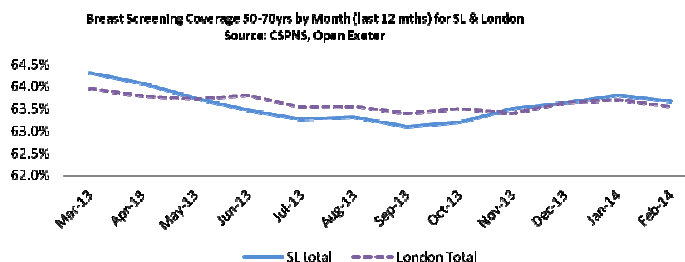
More recent data presented to the London Cancer Screening Board is provided on a South London CCG basis. The Breast Screening Provider for South East London is Kings Health Care.

Breast screening coverage data  
 South London (SL) CCG 50-70yrs  
 Trend charts : Last 12 months



Overall slight decrease in coverage rates for SL

Breast Coverage Trends		50-70yrs											
SL		Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
NHS Bexley CCG		73.3%	73.4%	73.8%	73.9%	73.5%	73.9%	73.8%	73.3%	73.1%	73.0%	72.6%	72.3%
NHS Bromley CCG		71.4%	71.2%	71.3%	71.6%	71.8%	71.7%	71.5%	71.7%	71.9%	72.4%	72.8%	73.2%
NHS Croydon CCG		63.9%	63.4%	61.9%	60.8%	59.9%	60.1%	60.3%	60.4%	60.5%	61.0%	61.0%	60.7%
NHS Greenwich CCG		62.3%	61.8%	61.0%	60.5%	60.8%	61.0%	61.6%	62.6%	63.4%	64.0%	64.4%	64.7%
NHS Kingston CCG		63.7%	62.8%	60.6%	58.5%	56.9%	55.2%	53.6%	53.4%	54.4%	54.7%	54.6%	55.9%
NHS Lambeth CCG		57.8%	58.0%	57.8%	57.9%	57.8%	57.9%	57.8%	58.0%	58.3%	58.5%	58.3%	58.2%
NHS Lewisham CCG		60.7%	60.8%	60.7%	60.4%	60.9%	61.2%	60.5%	61.0%	61.5%	61.7%	62.0%	61.8%
NHS Merton CCG		64.7%	64.8%	64.0%	63.6%	62.7%	62.4%	60.9%	62.7%	62.9%	61.2%	62.4%	62.3%
NHS Richmond CCG		64.3%	64.7%	64.8%	64.4%	64.3%	65.0%	65.0%	63.9%	65.0%	65.0%	65.0%	64.5%
NHS Southwark CCG		60.6%	60.5%	60.6%	60.2%	60.4%	60.6%	60.3%	60.5%	60.5%	60.5%	60.2%	60.0%
NHS Sutton CCG		70.0%	69.6%	69.2%	69.3%	68.5%	68.2%	68.1%	68.4%	68.2%	67.5%	67.5%	66.9%
NHS Wandsworth CCG		57.0%	56.3%	57.0%	57.9%	58.7%	59.0%	60.0%	58.5%	58.9%	59.4%	59.7%	59.3%
<b>SL total</b>		<b>64.3%</b>	<b>64.1%</b>	<b>63.7%</b>	<b>63.5%</b>	<b>63.3%</b>	<b>63.3%</b>	<b>63.1%</b>	<b>63.2%</b>	<b>63.5%</b>	<b>63.6%</b>	<b>63.8%</b>	<b>63.7%</b>



There has been little change in the coverage of breast screening in Lewisham over the past six years despite a range of initiatives to promote the uptake. These include telephoning women that have missed their appointment to offer them an opportunity to make a further appointment; the production and distribution of a resource pack to primary care to support them to promote cancer screening programmes, the production of a video by local women for Black African and Black Caribbean communities to promote breast screening.

To support an increase in coverage of breast screening NHS England have negotiated with the screening provider a number of CQUINS. These include: when a woman does not attend their appointment they will be sent another invitation with a timed appointment, reminder letters are sent to women in regard to their appointment and women will be sent a text of their appointment time.

### 5.2.2 Bowel Screening.

The London Bowel Cancer Screening hub is based at St Mark's Hospital and it operates the national call and recall system to send out faecal occult blood (FOB) test kits, analyse samples and despatch results. The hub is responsible for coordinating the programme in London and works with six local screening centres. The South East London Screening centre is based at Lewisham Hospital and King's College Hospital. The screening centre provides endoscopy services and specialist screening nurse clinics for people receiving an abnormal result. It is also responsible for referring those requiring treatment to the appropriate hospital multidisciplinary team (MDT).

To support an increase in uptake in bowel cancer screening the Health Promotion Specialist based at the screening centre held a range of promotion sessions in the community and attended the Lewisham GP Neighbourhood Forums to inform and promote bowel screening.

The NHS offers bowel scope screening to all men and women aged 55. Bowel scope screening is an examination called 'flexible sigmoidoscopy' which looks inside the lower bowel. The aim is to find any small growths called 'polyps', which may develop into bowel cancer if left untreated. Bowel scope screening is an addition to the existing NHS Bowel Cancer Screening Programme. This will be implemented in Lewisham from January 2015.

More recent data presented to the London Cancer Screening Board is provided on a South London CCG basis below.

## Slight increase in SLs % Uptake in May 2014

SL area team : Bowel screening uptake data by month  
60-69yrs from Jun 2013 to May 2014



SL	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14
NHS Bexley CCG	66.9%	50.9%	46.8%	53.6%	47.6%	44.4%	48.4%	59.5%	55.7%	56.6%	49.6%	53.7%
NHS Bromley CCG	61.6%	55.6%	56.8%	55.7%	53.5%	53.9%	47.6%	61.7%	50.3%	51.9%	53.4%	54.2%
NHS Croydon CCG	49.8%	42.4%	48.0%	44.5%	39.1%	43.7%	48.1%	51.3%	49.0%	52.7%	47.6%	47.8%
NHS Greenwich CCG	54.0%	42.1%	40.7%	43.9%	38.1%	37.4%	38.9%	50.3%	44.1%	44.4%	51.9%	46.4%
NHS Kingston CCG	55.0%	50.2%	49.5%	44.7%	42.5%	46.8%	51.5%	57.5%	54.2%	50.7%	50.2%	54.8%
NHS Lambeth CCG	43.8%	34.3%	37.4%	35.6%	33.8%	30.8%	35.3%	40.7%	39.3%	41.0%	39.3%	38.9%
NHS Lewisham CCG	49.2%	36.9%	35.8%	42.9%	34.6%	32.8%	38.9%	46.1%	43.5%	47.4%	45.6%	43.5%
NHS Merton CCG	46.7%	44.3%	47.2%	45.4%	39.6%	40.8%	45.7%	51.7%	50.8%	54.1%	47.6%	48.5%
NHS Richmond CCG	57.5%	51.6%	52.1%	47.3%	48.1%	47.5%	52.2%	58.8%	53.4%	59.1%	54.5%	54.3%
NHS Southwark CCG	41.1%	36.4%	32.7%	37.3%	34.3%	31.6%	37.2%	39.5%	36.1%	39.1%	39.9%	44.1%
NHS Sutton CCG	51.9%	53.5%	53.1%	50.0%	48.1%	46.4%	48.5%	54.6%	55.2%	56.4%	52.2%	52.7%
NHS Wandsworth CCG	45.3%	41.2%	41.2%	36.4%	37.7%	36.7%	44.6%	48.0%	48.1%	47.6%	43.9%	45.2%
<b>SL total</b>	<b>52.2%</b>	<b>44.8%</b>	<b>45.3%</b>	<b>45.1%</b>	<b>41.5%</b>	<b>41.3%</b>	<b>44.8%</b>	<b>52.4%</b>	<b>48.3%</b>	<b>50.3%</b>	<b>48.1%</b>	<b>48.9%</b>
<b>London Total</b>	<b>48.1%</b>	<b>43.7%</b>	<b>42.5%</b>	<b>41.0%</b>	<b>40.6%</b>	<b>39.5%</b>	<b>43.1%</b>	<b>48.6%</b>	<b>48.7%</b>	<b>47.9%</b>	<b>47.7%</b>	<b>45.8%</b>

Please note : Data is subject to change, as each month the data is refreshed, therefore the figures may increase.

A slight increase in % uptake for May 2014 of 0.8%. Greenwich reported a decrease in % uptake of 5.5% in May 2014 compared to April 2014. Bexley reported an increase in % uptake of 4.1%. Lambeth is furthest from the national target with a % uptake of 38.9%.

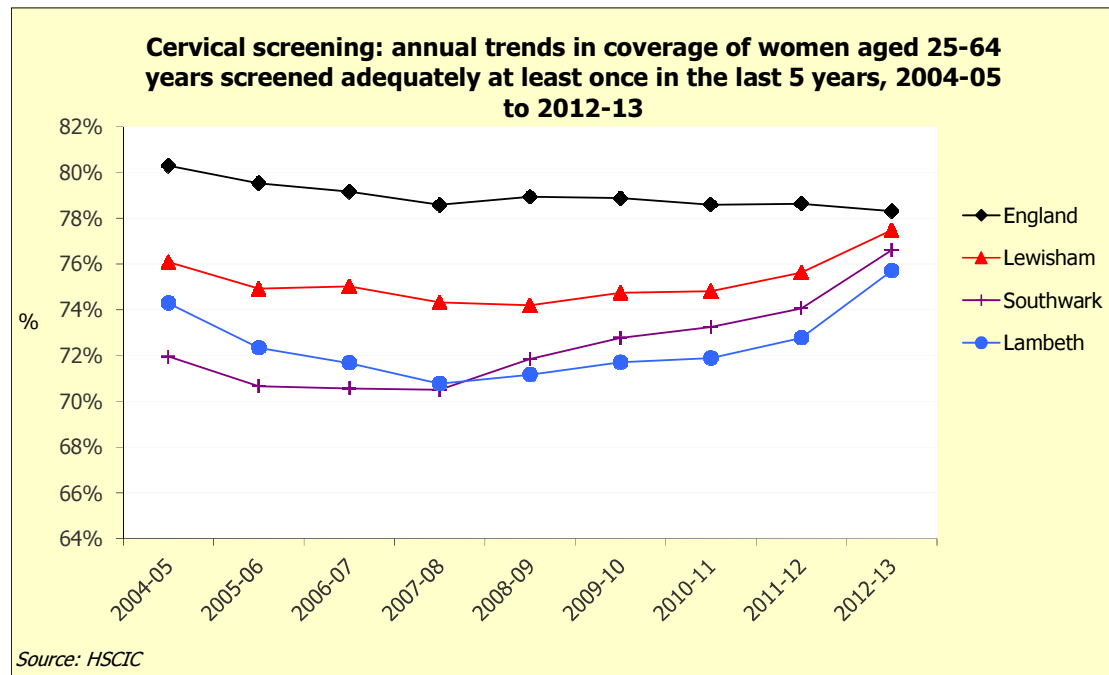
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### 5.2.3 Cervical Screening

Cervical screening is a method of preventing cancer by detecting and treating early abnormalities which, if left untreated, could lead to cancer in a woman's cervix. Screening primarily takes place in a woman's GP surgery, some women have a smear taken in a sexual health clinic.

Screening coverage data provided by the Health and social care information centre is shown in Figure 3 .

**Figure 3: Cervical screening trends in coverage Lewisham Southwark, Lambeth and England 2004-05 to 2012-13**



The coverage of the cervical screening programme in Lewisham improved in 2012-13, although Lewisham does not meet the national target of 80% coverage. It is believed that the improved position is primarily due to the list validation exercise that has been carried out across South East London since 2012. There is concern that the numbers of younger women aged 25-29 being screened has declined. Research<sup>3</sup> is currently underway to find the more effective interventions to increase the uptake in this age group.

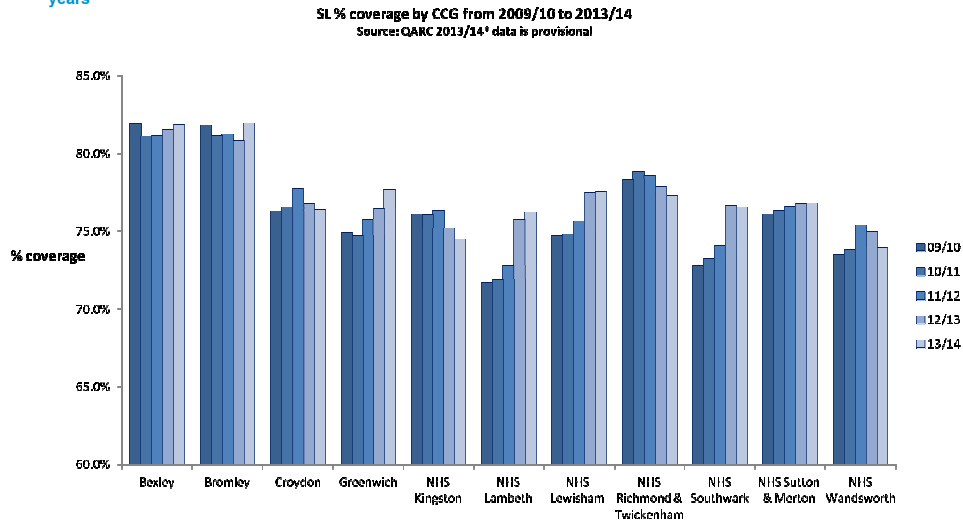
The implementation of the Human Papillomavirus (HPV) triage as part of the Cervical Screening Programme was rolled out in Lewisham from January 2013.

More up to date chart provided by NHS England .

<sup>3</sup> Strategies to increase cervical screening uptake at first invitation (STRATEGIC)  
<http://www.nets.nih.ac.uk/projects/hta/0916401>



5 CCGs decreased in % coverage in 13/14 compared to 12/13  
 A gradual increase in performance from Greenwich, Lambeth and Southwark over the past 5 years



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One of the key issues known to affect the uptake of screening services in South East London is that of population mobility, people moving and not informing their GP surgery of their new address and thus do not receive their invitation.

5.4 Commissioning Intentions for Cancer Screening in South East London 2015/16. The following are proposed by NHS England

- Split of South East London Breast Screening service into Kings (Lambeth Southwark) and Lewisham, Bexley, Bromley and Greenwich.
- Review configuration of breast screening services in London with plans to identify best option and re-commission in 16/17.
- Bowel cancer screening roll-out in prisons (Belmarsh).
- Develop cervical screening co-commissioning model for London (jointly with CCGs and providers).

## 6. Increase the awareness of professionals and communities of the early signs and symptoms of common cancers.

Early detection of cancer greatly increases the chances for successful treatment. There are two major components of early detection of cancer: education to promote early diagnosis and screening.

Recognizing possible warning signs of cancer and taking prompt action leads to early diagnosis. Increased awareness of possible warning signs of cancer, among doctors, nurses and other health care providers as well as among the general public, can have a great impact on the disease.

### 6.1 Actions to improve early diagnosis

A range of activity has been undertaken to promote early diagnosis by the Local Authority, Lewisham CCG, the Community Health Improvement Team and community and voluntary organisations.

“Be clear on Cancer” campaigns run by Public Health England have been promoted. The Be Clear on Cancer campaign in 2013-2014 have included:

- Be alert to symptoms of lung cancer- July until mid-August 2013
- Breast Cancer in women over 70- February to March 2014
- Prostate cancer pilot, 20 October – 23 November, 2014
- Blood in Pee- 13 October to 23 November 2014

Lewisham CCG has successfully secured funding from Macmillan to employ a GP Cancer lead, one of the main aims is to provide primary care leadership in Lewisham particularly cancer awareness and early diagnosis, and the role of primary care in increasing uptake of cancer screening. Currently the CCG is recruiting to this post. The CCG clinical facilitators will be working with the GP, once in post to promote screening and early diagnosis in primary care.

The Lewisham CCG Neighbourhood Primary Care Improvement Scheme (2014/15) has invested funding to reduce variation in delivery of cancer services in primary care. The initial focus seeks to understand the differences in cancer referrals and ensures that clinical discussions are held with the GP Cancer Lead to draw on good practice and spread learning. It is anticipated that these discussions will identify the issues that should be prioritised in the future.

## 6.2 Outcomes

Survival for most cancer types is improving ( Figure 5). This progress can generally be attributed to faster diagnosis and advances in treatment. However, there is still scope for improvement and some cancers have shown very little improvement since the early 1970s. Increasing cancer survival remains a major priority of Improving Outcomes: A Strategy for Cancer.

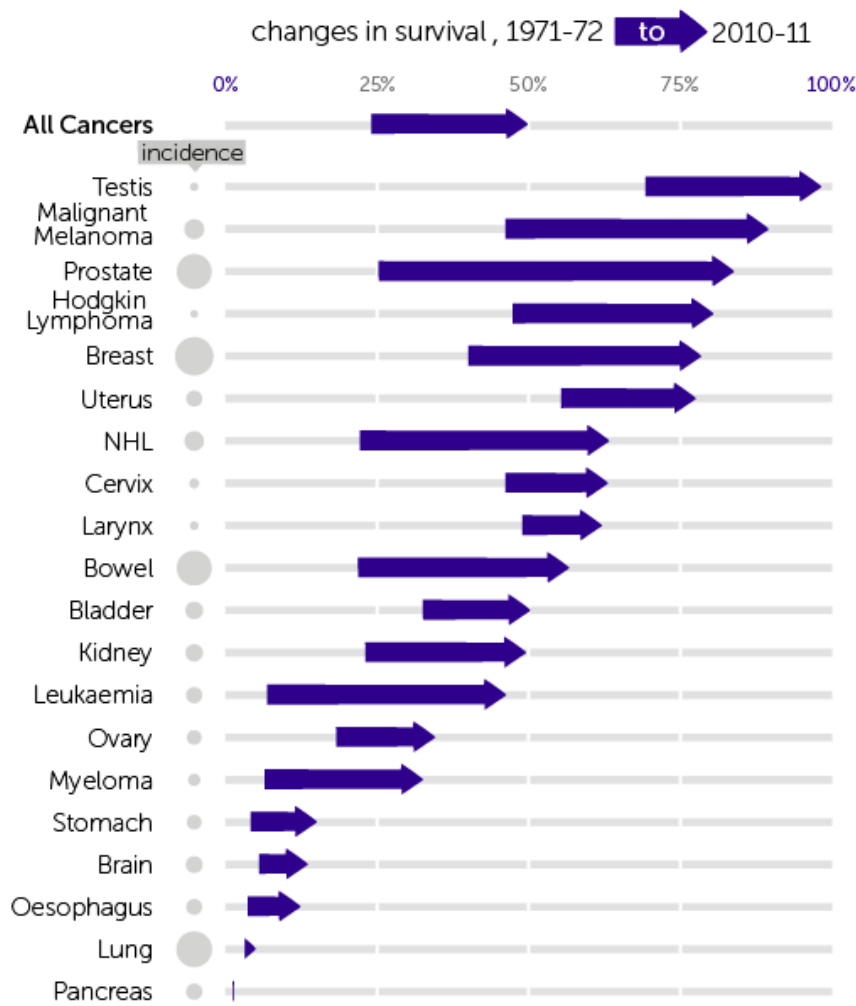
Prostate cancer has shown the largest improvement in age-standardised ten-year net survival since the early 1970s, from 25% in 1971-1972 to 84% in 2010-2011 (an absolute survival difference of almost 60 percentage points). However, interpretation of survival trends for prostate cancer is made difficult as the types of prostate cancer diagnosed have changed over time due to PSA testing. The next largest increases in ten-year survival are for malignant melanoma, non Hodgkin lymphoma and leukaemia, with absolute survival differences of 43, 41 and 39 percentage points, respectively, between 1971-1972 and 2010-2011. Bowel Cancer and female breast cancer have also shown large improvements in survival over the last forty years, with absolute survival differences of 35 and 38 percentage points, respectively. between 1971-1972 and 2010-2011.

There has been very little improvement in age-standardised ten-year net survival since the early 1970s for the four lowest surviving cancers in men and women: cancers of the brain, oesophagus and lung have all shown absolute increases of less than 10% percentage points since 1971-1972, whilst pancreatic cancer has had no change<sup>4</sup>.

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<sup>4</sup> <http://www.cancerresearchuk.org/cancer-info/cancerstats/survival/common-cancers/>

**Fig 5: Age-Standardised Ten-Year Net Survival Trends, Adults (Aged 15-99), Selected Cancers, England and Wales, 1971-2011**



Breast is for female only. Laryngeal is for male only

Ten-year survival for 2005-2006 and 2010-2011 is predicted using an excess hazard statistical model

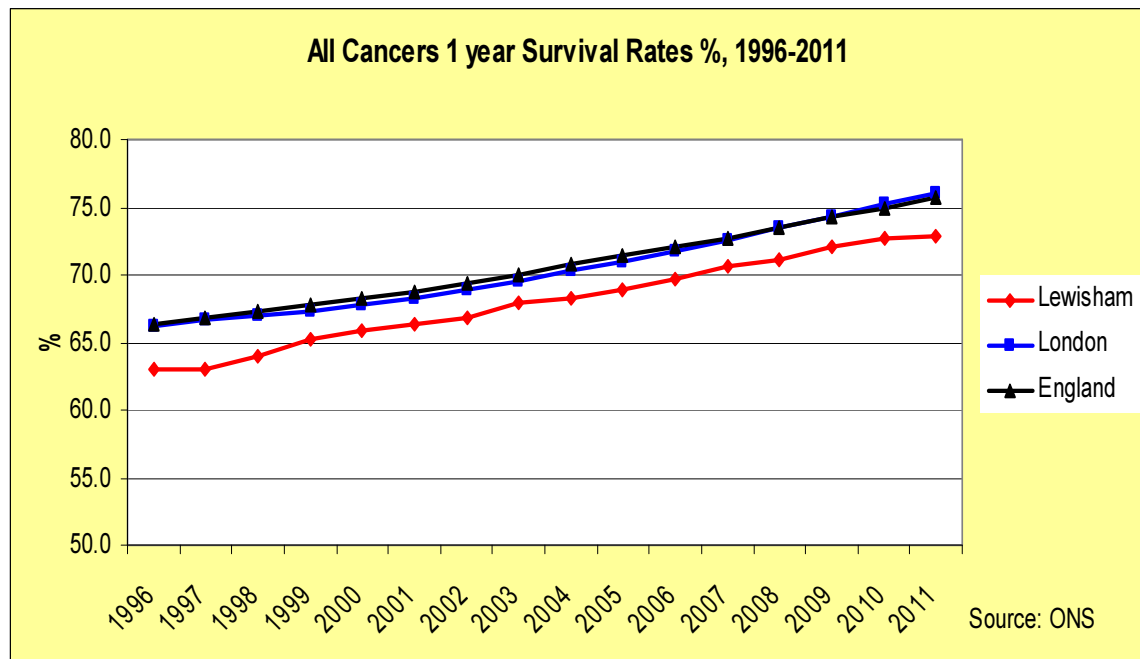
Survival for bowel cancer is a weighted average derived from data for colon (C18) and rectum cancer (C19-C20, C21.8)

Please include the citation provided in our Frequently Asked Questions when reproducing this chart:

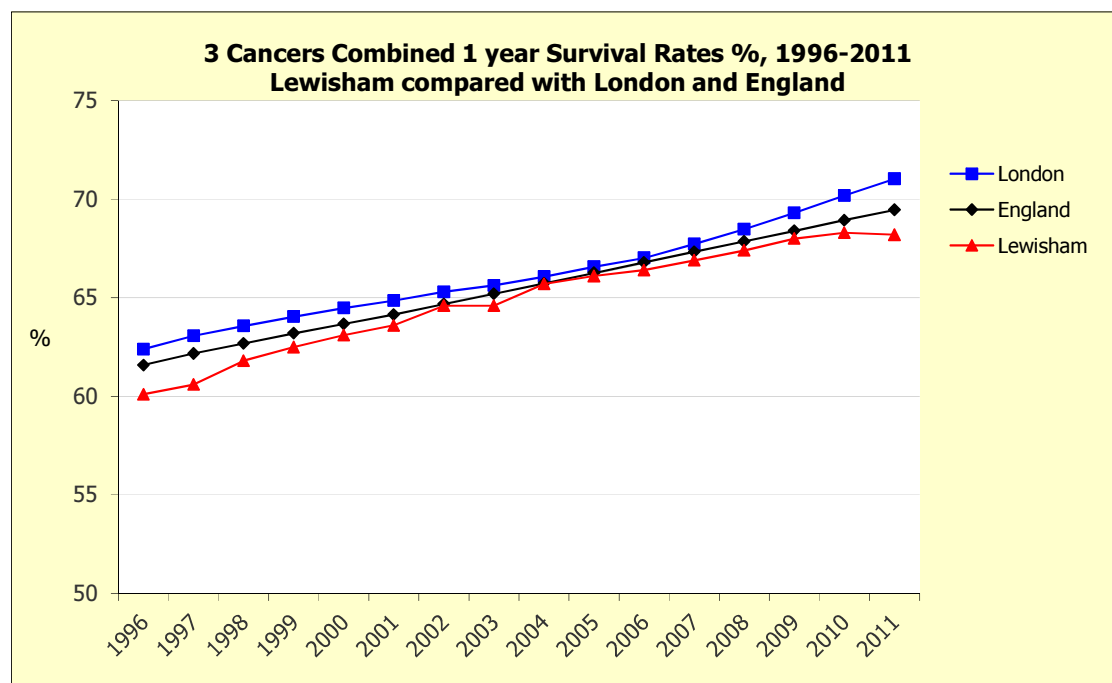
<http://info.cancerresearchuk.org/cancerstats/faqs/#How>

Figures 6 and 7 illustrate the improvement in one year survival rates in Lewisham compared to London and England for the period 1996-2011.

**Figure 6: One year survival all cancers 1996-2011**



**Figure 7: One year survival three cancer combined (breast colon and lung) Lewisham, London and England**



## 7. Cancer Waiting Times

The focus is on GP referral to treatment time for which the constitutional standard is that 85% of patients start their treatment within 62 days. This standard has been

missed in London. Current rolling year performance for the CCG as a commissioner is now 79.6%, which is below the amber threshold. The three Trusts in South East London have had visits from the Cancer Waiting IST in the early part of the 2014 and they committed to delivering the recommendations by September 2014, so that this standard would be met in Quarter 3. Reviews from each Trust have shown that most actions have been met.

## **8. Financial implications**

- 8.1 There are no specific financial implications arising from this report; all activities continue to be delivered within the existing budgets.

## **9. Legal implications**

- 9.1 There are no specific legal implications. Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

## **10. Crime and Disorder Implications**

- 10.1 There are no specific crime and disorder implications arising from this report.

## **11. Equalities Implications**

- 11.1 Cancer is associated with socio-economic status with higher level of cancer mortality found among more deprived groups. Cancer prevalence increases with age for both men and women.

## **12. Environmental Implications**

- 12.1 There are no specific environmental implications arising from this report.

If you have any difficulty in opening the links above or those within the body of the report, please contact Kalyan DasGupta ([kalyan.dasgupta@lewisham.gov.uk](mailto:kalyan.dasgupta@lewisham.gov.uk); 020 8314 8378), who will assist.

If there are any queries on this report please contact Katrina McCormick, Joint Deputy Director of Public Health, **London Borough of Lewisham**, on **0208 314 9056**, or by email at: [Katrina.McCormick@lewisham.gov.uk](mailto:Katrina.McCormick@lewisham.gov.uk).

