Camden ISLINGTON
Working in partnership

NHS Camden Clinical Commissioning Group

CAMDEN JSNA: FOCUS ON

CANCER

APRIL 2017

Cancer is the leading cause of death in Camden. The most common types of cancers diagnosed locally are breast, prostate, lung and bowel cancers. Behavioural risk factors account for many cancer cases and cancer deaths. These include smoking, alcohol, and excess body weight.

There are three national cancer screening programmes: for bowel , cervical and breast cancers. The target coverage has not been met for Camden's population for any of the three programmes in recent years.

The national priorities for improving cancer outcomes, are prevention, earlier diagnosis, patient experience, supporting people to live with and beyond cancer, quality of services, and improving commissioning and accountability.

Facts and figures

In Camden:

- 1.7% of the population is living with cancer[1].
- 56% of people with cancer are women[16].
- 54% of all cancers were diagnosed at a late stage[3].
- 1-year survival (all cancers) is comparable to London average[4].
- 3.6% of two week wait referrals result in a cancer diagnosis[7].
- 349 deaths per year from cancer in Camden[17].

Measures for reducing inequalities

- Prevention through alcohol, stop smoking, and weight management programmes accessible.
- Human Papillovirus vaccine for girls aged 12-13 years.
- Targeted initiatives increasing uptake of cancer screening programmes.
- Targeted campaigns to raise awareness of the signs and symptoms of cancer, and promote cancer screening.

Population groups

- Older people, especially those 50 years and over.
- People who smoke, have excess body weight, drink excess alcohol, or have a family history, are at higher risk of certain types of cancer.
- People in higher deprivation groups tend to be at higher risk of cancer.

National & local strategies

- Achieving world-class cancer outcomes: a strategy for England 2015-2020
- National Awareness and Early Diagnosis Initiative (NAEDI)
- UCLH Cancer Strategy 2015-2020
- Smokefree Strategy 2016–2021

Prevalence

Cancer prevalence tells us how many people have had a cancer diagnosis at any point in time. Some of these people will have been diagnosed some time ago and may have been cured or are cancer free.

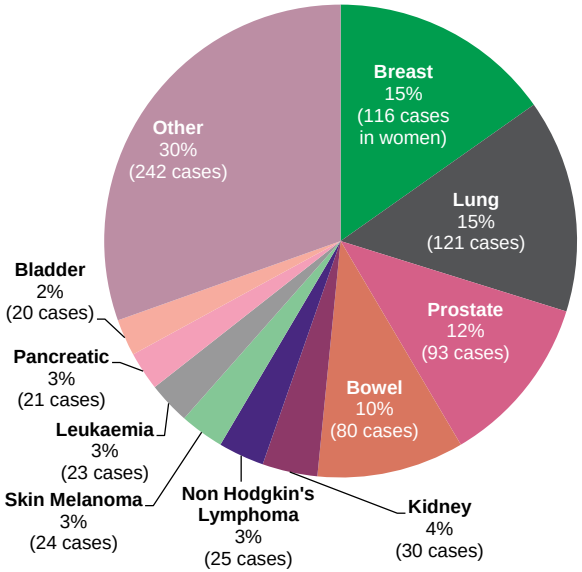
In Camden, 4,270 people (1.7% of the GP registered population) had been previously diagnosed with cancer and were alive in 2015/16. This is in line with the prevalence for London but lower than the England average (2.4%)[1].

Incidence

The incidence gives an estimate of the number of new cancer cases diagnosed each year. There were **795 new cancer cases in 2014.** This is equivalent to **505 new cancer cases per 100,000** population (age and sex standardised rate).

Breast, prostate, lung and bowel cancer accounted for **52% of all new cancer cases** in 2014[6].

New cases of cancer by cancer type, Camden, 2014



Inequalities in Cancer

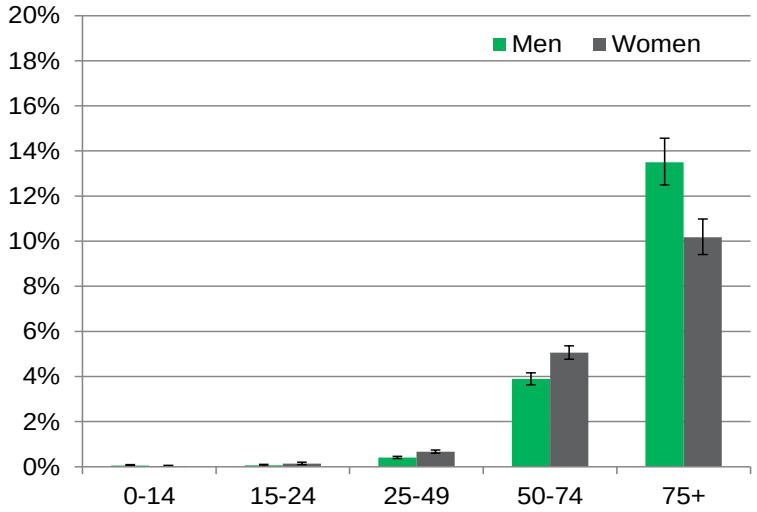
2.1% Of White people in Camden have cancer[16].

1.2% Of Black people in Camden have cancer[16].

0.8% Of Asian people in Camden have cancer[16].

56% Of people with cancer in Camden are **female**[16].

Prevalence of cancer by age and gender, Camden registered population, 2015



Source: GP PH dataset, 2015

In those aged 75+ years, the prevalence rate of cancer is **higher in men**. However the absolute number of cancer cases in women (579) and men (561) aged 75+ is similar.

In younger age groups, the prevalence is **higher in women**.

Diagnosis

In Camden…

505 New cancer cases registered per 100,000 population in 2014. This is lower than the England (608 per 100,000) average[6].

19% New cancer cases presented as an emergency in 2016[7].

46% Of cancers were detected at stage 1 (the cancer is relatively small and contained within the organ it started in) and stage 2 (It is larger than stage one, but usually has not spread)[3].

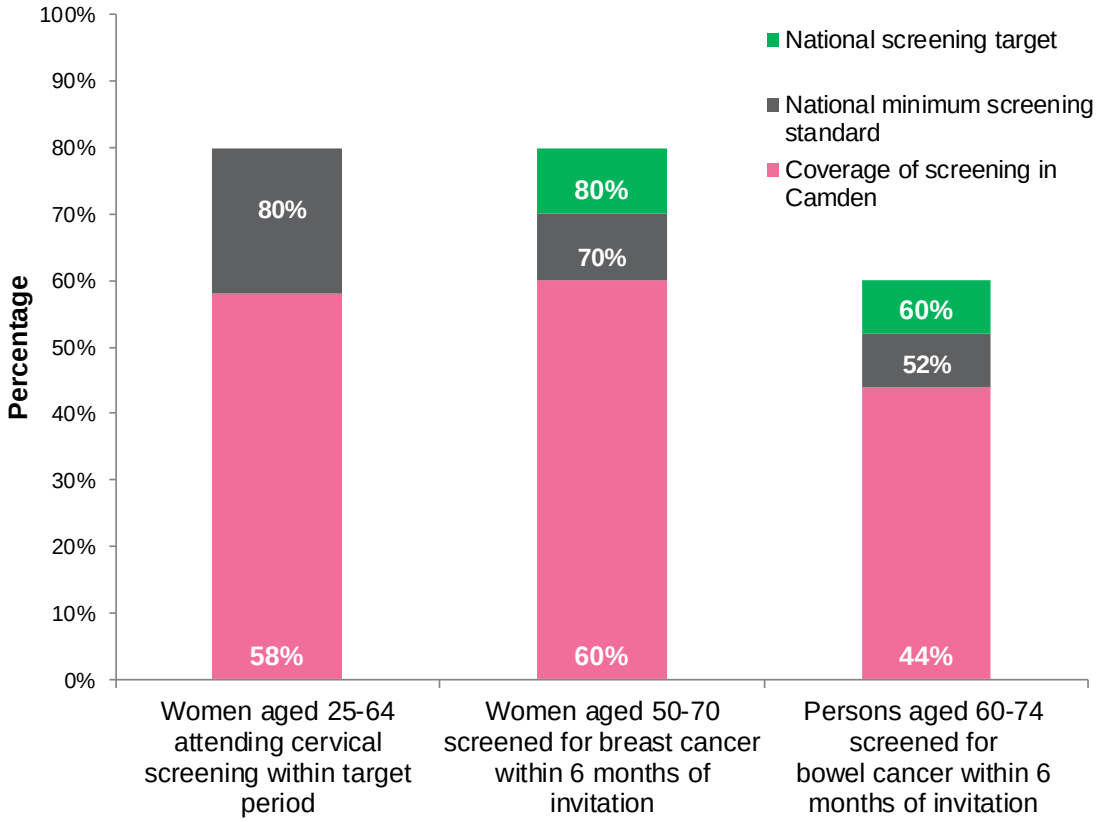
84% of new breast cancer cases were treated within 62 days following an urgent referral in 2015/16[8].

3.6% of referrals to the 'two week wait' urgent referral pathway resulted in a diagnosis of cancer in 2015/16[7].

Cancer screening

There are national screening programmes for cervical, bowel and breast cancers. In Camden, the percentage of the population participating in the programmes is below the minimum standards and the target set by the UK National Screening Committee.

Coverage of cancer screening programmes compared with national standards, Camden, 2015/16



Source: PHE, 2015/16

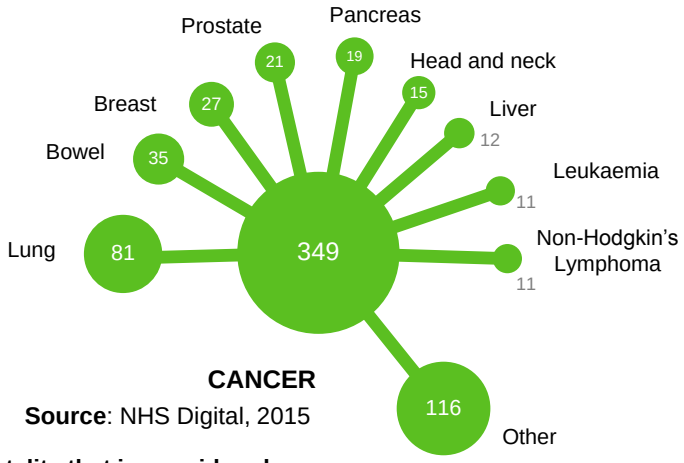
Cancer mortality

There were on average 349 deaths per year from cancer in Camden between 2013 and 2015.

Deaths from cancer accounted for **32%** of all deaths in Camden in 2013-15 (annual average).

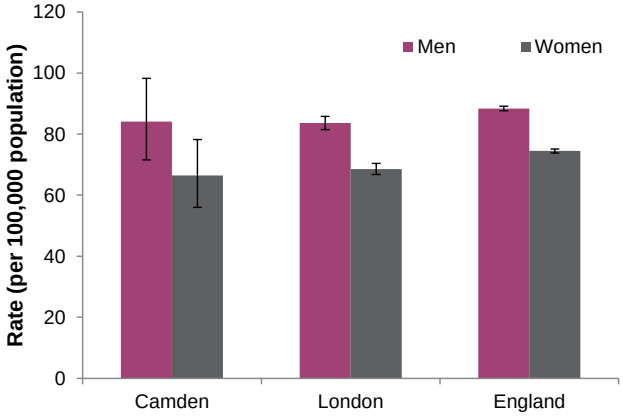
Lung cancer was the most common type of cancer death[17].

Deaths from cancer by type, Camden, 2013-15 (annual average)



Source: NHS Digital, 2015

Age-standardised rate of mortality that is considered preventable from all cancers in persons less than 75 years, 2013-15



The **age standardised mortality rate** that is **considered preventable** from all cancers in persons less than 75 years in Camden is 74 per 100,000. This is comparable to that of London (76 per 100,000) and England (81 per 100,000) and for both men and women.

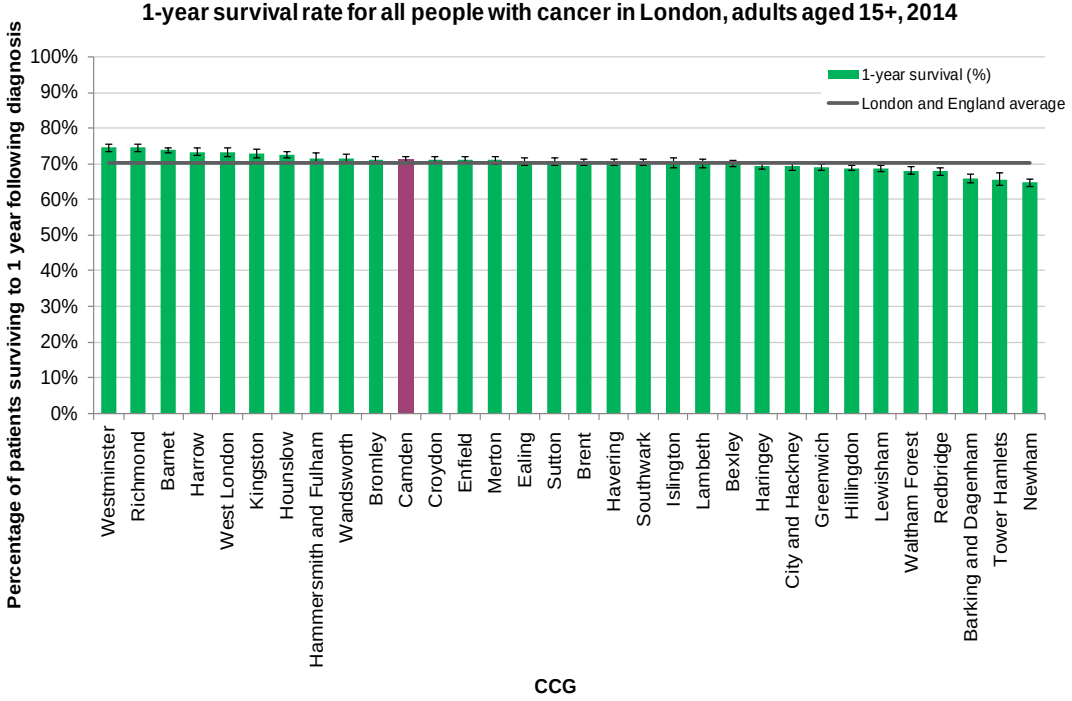
Source: PHE, 2013-15

The **age standardised mortality rate from all cancers** in persons less than 75 years in Camden is 123 per 100,000 population in 2013-15. This is lower than London (130 per 100,000) and England (139 per 100,000)[18].

Cancer survival

The 1-year survival rate for all cancer patients in Camden was 71% in 2014; this was not significantly different to the London and England averages (both 70.4%). The survival rate for Camden has improved since 2004, when it was 65%[4].

1-year survival rate for all people with cancer in London, adults aged 15+, 2014



Source: ONS, 2016

Hospitalisation

There were **1,300** inpatient admissions (for any reason) among people diagnosed with cancer in 2014/15[9].

For patients with cancer in Camden, the average hospital stay was generally **longer** than the best five CCGs nationally, for both planned and emergency admissions. Of all cancers, patients with lower GI cancers have the longest average length of stay[14].

Cancer prevalence

Cancer prevalence is a measure of people still alive, who have been diagnosed with cancer in the past.

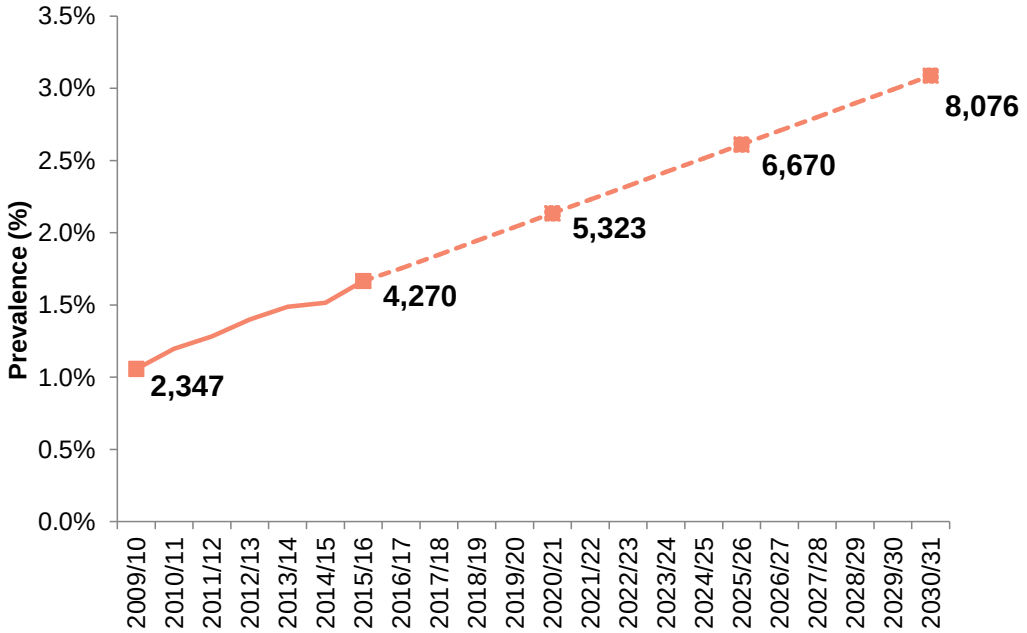
Between 2009/10 and 2015/16, the number of people diagnosed with cancer and who were still alive in Camden increased from 2,347 to 4,270[1].

Cancer prevalence reflects **trends in new cancer cases, mortality and survival, as well as advances in cancer treatment and detection, and the ageing of the population**.

Based on the assumptions that:

1. people will continue to get cancer at the rate they do today;
2. survival rates will remain as they are;
3. and future estimates will be driven by a growing and ageing population;

Projected trend in cancer prevalence 2009/10 to 2030/31, Camden



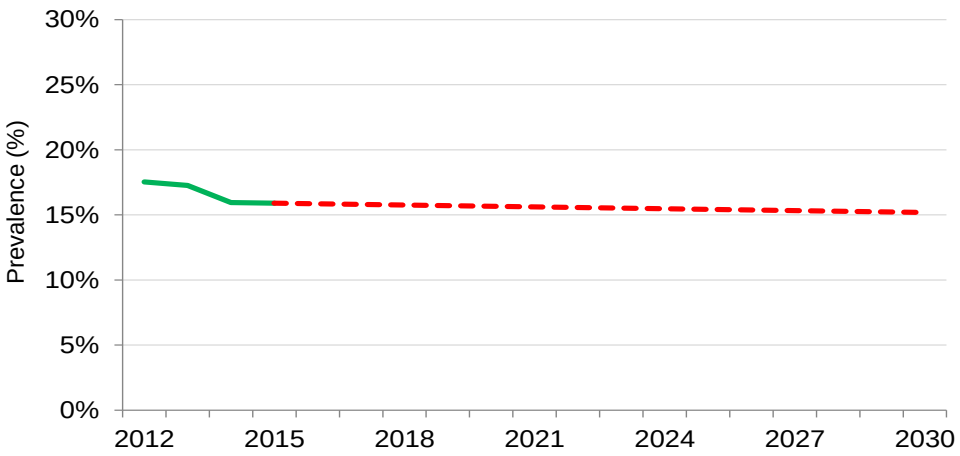
Note: The prevalence is projected from 2015/16. Modelling assumptions derived from Moller H et al[19].
Source: NHS Digital, 2016

It is **projected that cancer prevalence will increase from 1.7% to 3.1% (8,076) by 2030/31**.

Cancer risk

Preventable risk factors for cancer include smoking, alcohol, poor diet, lack of physical activity and being overweight. These all increase the likelihood of being diagnosed with certain types of cancer.

Future trend in smoking prevalence to 2030



Source: ONS, 2015

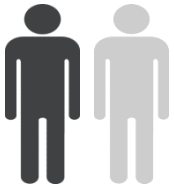
At a local level, smoking prevalence in Camden is forecast **to remain stable** over the next decade, and to **decrease** from 16% in 2015 to 15% by 2030[10]. However, there is often a considerable time lag between exposure to smoking and the development of smoking-related cancers.

Therefore, previous and current smoking prevalence affects the current and future rates of cancer.

Trend in excess weight in adults 2012/14 to 2025/27, Camden

Source: PHE, 2013-15

Excess body weight is **projected to rise** over coming years, increasing the population risk of developing certain cancers[11].



1 in 2 people born after 1960 in the UK will be diagnosed with some form of cancer during their lifetime

42% of cancers in the UK are preventable[14]

Risk factors for the most common cancers

Proportion of cases which are preventable		Factors which increase risk[14]	In Camden
Breast cancer	**27%**	• Age • Alcohol consumption • Excess body weight • Physical inactivity • Hormone replacement therapy • Family history	**47% of adults have excess body weight[2]** **28% of Camden residents are thought to be drinking at a level likely increasing their risk of harm[16]** **16% of the population smokes[13]**
Bowel cancer	**54%**	• Red and processed meat consumption • Excess body weight • Alcohol • Smoking • Ionising radiation	
Lung cancer	**89%**	• Smoking • Ionising radiation • Air pollution • Diesel engine exhaust	

The most common types of cancer diagnoses in men and women are **prostate** and **breast**, respectively.

Lung and **bowel** cancers are the second and third most common diagnoses, in both men and women[16].

The four cancers above account for 53% of new cancers cases in men and women, and 46% of cancer deaths[14].

The Independent Cancer Taskforce outlines the following priorities for improving cancer outcomes[17]:

- **Prevention** and Public Health
- **Earlier diagnosis**
- **Patient experience** being on par with clinical effectiveness
- **Supporting people** to live with and beyond cancer
- Modern, **high-quality services**
- Robust **commissioning, provision** and **accountability** processes

Sources: CRUK, 2016; GP dataset, 2015; PHE, 2017; Local Alcohol Profile

WHAT WORKS

While all aspects of the cancer pathway are important for patients, the primary focus in Camden has been on prevention and earlier diagnosis. This is because late diagnosis of cancer is a major factor in the UK's poorer survival rates, compared to other European countries.

Prevention

Reducing exposure to risk factors These include promoting healthy weight, smoking cessation, risk assessment and lifestyle modification, Human Papilloma Virus vaccine (for cervical cancer prevention), creating healthy workplaces

Improving the wider determinants of health, eg employment, housing communities

National and local policy and planning which reduces exposure to risk factors. Eg, Smokefree policies, urban planning to increase the availability of physical activity, create communities enabled and encouraged to eat healthily

Early diagnosis

Screening Programmes for bowel, breast and cervical cancers

Safety netting GP monitoring of patients attending an investigative test

Public awareness of the signs and symptoms of cancer

Urgent referral Two week wait diagnosis pathway

Diagnostic capacity which is able to meet demand

Experience, support, quality

62 day treatment target between GP urgent referral and treatment

Patient experience being on a par with clinical effectiveness and safety

Palliative care that is person-centred, coordinated and planned

Recovery Packages, which are a combination of interventions which can improve outcomes and coordination of care

Prevention

Heathier Catering Commitment
Food outlets can sign up and help their customers eat more healthily

Healthy weight and physical activity
eg Give it a go!, Active for All, Adult Weight Management and Exercise on Referral

Stop Smoking Service

One You
Provides online lifestyle advice and tips

Making Every Contact Count
training for frontline staff

Workplace Wellbeing Charter

Vaccine against human papilloma virus for girls aged 12-13

Early diagnosis

Breast Cancer Screening Programme
for women aged women aged 47-73

Bowel Cancer Screening Programme
for men and women aged 60-69

Cervical Cancer Screening Programme
for all women aged 25-64, and some women aged 65+

Talk Cancer
awareness training for frontline staff

Be Clear on Cancer health promotion campaigns raise awareness of the signs and symptoms of cancer

Experience, support, quality

The **Cancer Research UK Facilitator** programme provides support to GP practices and pharmacies to improve staff knowledge and skills, to improve all aspects of the cancer pathway.

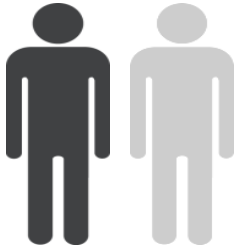
Annual education events for GPs

UCLH Cancer Collaborative runs a range of programmes to accelerate the delivery of the key outcomes from the National Cancer Strategy across north east and central London.

As well as services available locally to prevent and treat cancer, there are a number of strategies and initiatives which are focused on cancer.

National Strategies

Achieving world-class cancer outcomes: a strategy for England 2015-2020 sets out ambitions and actions for improving cancer care, across six main themes: prevention, earlier diagnosis, patient experience, supporting people with cancer, services, and commissioning.



National Awareness and Early Diagnosis Initiative (NAEDI)
NAEDI is a partnership between public and third sector organisations. Its role is to provide leadership and support to activities and research that promote earlier diagnosis of cancer.

Local Strategies and Initiatives

UCLH Cancer Strategy 2015-2020
Sets out a strategy to improve cancer outcomes, advance cancer research and improve cancer patients' experience across North Central and North East London.

Smokefree Strategy 2016–2021 sets ambitious targets for the number of people smoking and accessing the smoking cessation services in the borough.

Cancer target	Source	Timescale
National strategic targets		
95% of patients referred for testing by a GP diagnosed with cancer, or cancer is excluded, and the result communicated to the patient, within four weeks.	Achieving World-Class Cancer Outcomes: A Strategy For England, 2015-2020	2020
From the point of cancer diagnosis, all consenting patients have online access to test results and other communications involving care.	Achieving World-Class Cancer Outcomes: A Strategy For England, 2015-2020	2020
Every person with cancer will have access to elements of the Recovery Package	Achieving World-Class Cancer Outcomes: A Strategy For England, 2015-2020	2020
Reduce smoking prevalence to 13%	Achieving World-Class Cancer Outcomes: A Strategy For England, 2015-2020	2020
Service targets		
Cancer screening - coverage of eligible patients • Bowel Cancer Screening Programme **52%** (60% is considered achievable) • Cervical Cancer Screening Programme **80%** • Breast Cancer Screening Programme **70%** (80% is considered achievable)	NHS England minimum standards for National Cancer Screening Programmes	Ongoing
Quality Outcomes Framework – 5 indicators which incentivise • Establishing and maintaining a register of all cancer patients • Patients diagnosed with cancer having a patient review within 6 months of the date of diagnosis • For cervical screening, staff training, management of patient call/recall, exception reporting and the regular monitoring of inadequate sample rates • Women 25-65 recorded with a cervical screening test in the last 5 years • Cervical screening service audits	The Quality and Outcomes Framework	Ongoing (annual)

Patient's views on cancer care

The Cancer Patient Experience Survey is a national survey designed to monitor national progress on cancer care. It includes a range of questions relating to different aspects of patient experiences surrounding their cancer care and treatment. In Camden, there were 189 participants in the 2015 survey. Highlight results are…

86% of people said they did not find it difficult to contact their Clinical Nurse Specialist.

74% of people, when asked about how they felt about the length of time they had to wait before the first appointment with a hospital doctor, felt they were seen as soon as they thought it was necessary.

67% of people said that hospital staff gave them information about support or self-help groups for people with cancer.

84% of people said that they were told that they had cancer in a sensitive way[18].

Reasons people do not take up bowel screening

A calling service provided by Community Links for people who hadn't taken up their invitation for bowel screening, asked Camden residents for the reason for not having participated in the programme. Of 1000 patients contacted:

- 38% said they did not receive the bowel kit
- 20% said they were not interested
- 12% said they had lost the kit.

What are the gaps

- Lung cancer is the biggest cause of cancer deaths in Camden. 20% of adults in Camden smoke.
- Length of stay in hospital, especially for lower gastrointestinal cancers is comparatively high in Camden.
- There are inequalities in cancer prevalence.
- Many new cancer cases present through an emergency route, and over half are diagnosed at late stage.
- Uptake does not meet the minimum threshold for any of the three cancer screening programmes.

What we are doing

- Remodelled the local Stop Smoking Service, to reflect residents' preferences and provide more choice to smokers.
- Promoting earlier diagnosis of bowel cancer by supporting NHS England's roll-out of the Faecal Immonochemical Test to replace the current bowel screening technology (Faecal Occult Blood Test).
- Ensuring our services which prevent cancer are accessible to population groups at high risk of cancer.
- Continuing to use the nationally-designed Be Clear on Cancer campaigns to promote the signs and symptoms of cancer.
- GPs are incentivised to conduct Root Cause Analysis for patients diagnosed with cancer at stage 3 or 4, to aid learning.
- Promoting screening through the local Screening Advisory Group which works with NHS England to address screening uptake.

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This factsheet was produced by **Alice Ehrlich, Public Health Strategist** , **Samantha Warnakula, Intelligence and Information Analyst** and **Gabrielle Emanuel, Assistant Public Health Information Officer**. It was approved for publication by **Charlotte Ashton, Public Health Consultant.**

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