Update on the National Cancer Agenda

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Gynae NSSG Leads
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Overview

- The big picture
- Key cancer initiatives
- International benchmarking
The big picture

- Politics
- The financial climate
- QIPP
Politics

• We face a difficult period over the next 3 months, but both main parties see cancer as a high priority

• Conservatives – Emphasis on:
  • Measuring outcomes not process targets
  • GP Commissioning

• Labour – Emphasis on:
  • Better GP access to diagnostics
  • NHS at Home including extra Cancer Nurses
Financial Climate

• The NHS is facing a prolonged squeeze after a decade of sustained growth
• Demand for services will continue to rise (ageing population) and inevitable cost pressures will need to be met
• £15-20 bn will need to be saved over the next 3 – 4 years
• Cancer will need to share this burden
Quality, Innovation, Productivity and Prevention (QIPP)

- 13 ‘wave 1’ workstreams have been identified. These include ‘back office’ functions and clinical areas
- Emphasis is on Quality and productivity
- Relevant clinical areas include:
  - Long term conditions (John Oldham)
  - Acute care (John Oldham)
  - End of Life Care (Sophia Christie)
Cancer Priorities

• To complete all actions set out in the NHS Plan
• To take forward new initiatives from the Cancer Reform Strategy:
  • National Awareness and Early Diagnosis (NAEDI)
  • National Cancer Survivorship Initiative (NCSI)
  • National Cancer Equalities Initiative (NCEI)
  • Transforming Inpatient Care Programme
  • National Cancer Intelligence Network
• To implement recommendations in the National Chemotherapy Advisory Group (NCAG) report
National Awareness and Early Diagnosis Initiative (NAEDI): Rationale

• Cancer survival rates in England/UK are generally poorer than in most other Western European countries.

• Around 10,000 deaths could be avoided pa if survival rates were to match the ‘best’ in Europe (Abdel-Rahman et al: BJC 2009)

• England/UK has particularly poor one year survival rates – a marker of late diagnosis

• Most of the “avoidable deaths” are likely to be attributable to late diagnosis and/or patients not receiving curative primary treatments
## Survival gap and avoidable deaths

<table>
<thead>
<tr>
<th></th>
<th>Breast</th>
<th>Colorectal</th>
<th>Lung</th>
<th>Ovary</th>
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</thead>
<tbody>
<tr>
<td><strong>Gap in 5 year survival</strong></td>
<td>2.1%</td>
<td>3.5%</td>
<td>3.6%</td>
<td>6.3%</td>
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<tr>
<td>(England/European average)</td>
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<tr>
<td><strong>Gap in 1 year survival</strong></td>
<td>2.0%</td>
<td>3.6%</td>
<td>9.1%</td>
<td>6.8%</td>
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<tr>
<td>(England/European average)</td>
<td></td>
<td></td>
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<tr>
<td><strong>Avoidable deaths pa</strong></td>
<td>1095</td>
<td>1103</td>
<td>985</td>
<td>360</td>
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<tr>
<td>(England/European average)</td>
<td></td>
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<tr>
<td><strong>Avoidable deaths pa</strong></td>
<td>1967</td>
<td>1689</td>
<td>1310</td>
<td>479</td>
</tr>
<tr>
<td>(England/European best)</td>
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</tbody>
</table>

Data from Thomson CS and Forman D, BJC 2009
and Abdel-Rahman et al, BJC 2009
1 Year Survival in PCTs - Breast Cancer

Median Values

Breast 1 year survival

International Best Practice

SHA

East Midlands
East of England
London
North East
North West
South Central
South East Coast
South West
West Midlands
Yorkshire and the Humber
Why is late diagnosis a problem in the UK (1)

- Almost certainly a combination of factors
  - Low awareness and/or fatalistic attitude
  - Difficulty accessing primary care
  - Delays within primary care
  - GPs having poor access to diagnostics
  - Patients being deemed unfit for potentially curative treatment.
More information at:

www.naedi.org.uk
NAEDI: The NAEDI Pathway

- Difficulty accessing primary care
- Late presentation to a GP
- Low public awareness and/or negative beliefs about cancer
- Low uptake of screening
- Emergency presentations
- Delays in Primary Care
- Delays in secondary care
- Late presentation to hospital services
- More advanced disease at diagnosis
- Poor survival rates
- Avoidable deaths
Recall of ‘warning signs’ by sex

% mentioning

- Lump
- Bleeding
- Weight loss
- Pain
- Mole
- Bowel/bladder
- Cough
- Sore
- Swallow

Women vs Men
What action is needed?

- Interventions to change public awareness and attitudes
- Interventions to reduce delays in primary care
- Improving GP access to diagnostics
- More research – especially international comparisons
International Cancer Benchmarking Partnership (1)

- 6 countries / 12 jurisdictions
  - England, Wales, Northern Ireland
  - Denmark, Sweden, Norway
  - Australia (NSW + Victoria)
  - Canada (BC, Alberta, Manitoba, Ontario)
- 4 cancers
  - Breast, colorectal, lung, ovary
International Cancer Benchmarking Partnership (2)

• Key questions: Why do survival rates differ between countries/jurisdictions?

• 5 modules
  ▪ Epidemiology
  ▪ Population awareness and attitudes
  ▪ Primary care: systems and attitudes
  ▪ Measurement of delays
  ▪ Treatment and other factors
National Cancer Survivorship Initiative (NCSI)

- **Aims:** To promote recovery, health and well-being across the whole care pathway following a diagnosis of cancer
- **Vision:** Five shifts
  - Cultural shift
  - Assessment, information and care planning
  - Supported self management
  - Tailored professional support
  - Measurement of patient reported outcomes.
National Cancer Intelligence Network (NCIN)

- The NCIN brings together
  - Multiple datasets – cancer registries, HES, primary care, radiotherapy, national clinical audits, waiting times
  - People: Epidemiologists, clinicians, academics, service users
- The NCIN is contributing to multiple aspects of the cancer agenda (NAEDI, NCSI, Inpatient care, Equalities etc).
Transforming Inpatient Care

• Rationale
  • Patients do not wish to be in hospital more often or longer than necessary
  • Bed utilisation in England for cancer patients is higher than elsewhere (e.g. USA)
  • Inpatient care accounts for around half of all cancer expenditure
  • Inpatient bed utilisation varies widely between PCTs (even when cancer incidence has been accounted for)
Transforming Inpatient Care: Variations 2008/9

- Elective bed days
  - Average 7.2 bed days per new case
  - Range 4.9 to 11.5 bed days
- Emergency admissions
  - Average 1.8 admissions per new case
  - Range 1.0 to 2.6
- Emergency length of stay
  - Average 6.5 days
  - Range 4.1 – 9.0 days
- Emergency bed days
  - Average 11.3 bed days per new cancer case
  - Range 7.1 to 17.7 days
Transforming Inpatient Care

- Elective care
  - Enhanced Recovery Programme (surgery)
  - Day case surgery
  - Day case oncological care
- Emergency care
  - Avoiding unnecessary admissions
  - Reducing length of stay
  - Link to acute oncology
Emergency Care

- Avoiding Unnecessary admissions
  - More proactive support for high-risk patients (e.g. those on chemotherapy)
  - Better end of life care coordination
- Streamlining care for emergency admissions
  - “Acute oncology” – A&E, general medicine, haematology and oncology working together – but not a single model
  - One hour door to needle time for neutropenic sepsis
  - Rapid alerts on admission
  - Daily decision making
Summary

• There is a great deal still to be done

• We can and must do this, despite the harsh financial climate