

Cancer Prevention in Scotland

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Deputy Chief Medical Officer
Chair Scottish Cancer Taskforce

Scottish Cancer Prevention Network
09 November 2012



The Scottish Government
Riaghaltas na h-Alba

Scottish Cancer Taskforce - strands of work

- Acute oncology



- Surgical oncology: ERAS, profiles



- QPIs



- Radiotherapy capacity



- Transforming care after Treatment



- Detect Cancer Early Programme



SCT Priority areas

- Acute Oncology



Oncology Team of the Year

Winner: The Acute Oncology Service Team, Whittington Hospital NHS Trust

Team members:

- Dr Pauline Leonard
- Dr Judy King
- Dr Mulyati Mohamed
- Dr Caroline Allum
- Cathy Parker
- Dawn Symonds
- Connie Doria-Turbico

In 2009 the National Chemotherapy Advisory Group issued a recommendation that all hospitals with an emergency department should implement an Acute Oncology Service by 2011. The Acute Oncology Service team at the Whittington Hospital was the first trust to establish, and successfully implement a service of this type in London.

The team audited procedures in emergency cancer patient care and implemented novel and innovative methods of referral, electronic data access and utilisation of oncology specialists to improve their service. Some of their achievements include:

- Reducing the average length of stay for patients diagnosed via the emergency department by 8.5 days (a 45 percent reduction), with a cost saving of over £2,000 per patient
- Increasing clinical referrals for patients with suspected cancer by 100 percent, demonstrating greater confidence in the service from clinicians
- Facilitating direct referral from radiologists and GPs to the oncology team, leading to faster assessment and individualised treatment decisions for patients
- Implementing a rapid alert system, enabling cancer patients to be seen within 24 hours and reducing the length of stay for certain cancer patients by nearly four days
- Improving the overall quality of care by ensuring that patients have access to appropriately trained nurses and doctors in the emergency department and on in-patient wards



Dr Pauline Leonard, Dr Caroline Allum
and Dr Mulyati Mohamed

Since implementing the Acute Oncology Service, this team's model of operation has received UK-wide interest and many other networks have now adopted the techniques.

What the judges said:

"This team has developed a truly outstanding model that is now being implemented across the UK. Many of us on the judging panel will be strongly recommending its implementation at our own institutions."

- Undiagnosed
- Complications of cancer and treatment
- Engage with acute care clinicians
- Different models for different areas
- Reduced LoS
- 24hour helpline



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SCT Priority areas

- Acute Oncology
- Radiotherapy capacity and efficiency



Radiotherapy

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Linear accelerator targets cancer



Consultant clinical oncologist, Dr Amen Sibtain, talks about the latest state of the art treatment for cancer. Barts and The London NHS Trust has unveiled Europe's newest dedicated centre for the disease.

The latest technology, a linear accelerator for radiotherapy, can accurately target cancer cells within a millimetre. The machine has enabled doctors to fire radiotherapy around the optic nerve in someone's brain, between the eyes, to treat brain cancer.

- Introducing new, more targeted techniques
- 4/5 centres less than RCR standard of 90% utilisation – need to address
- Variation in clinical protocols
- More capacity needed
?satellite centre



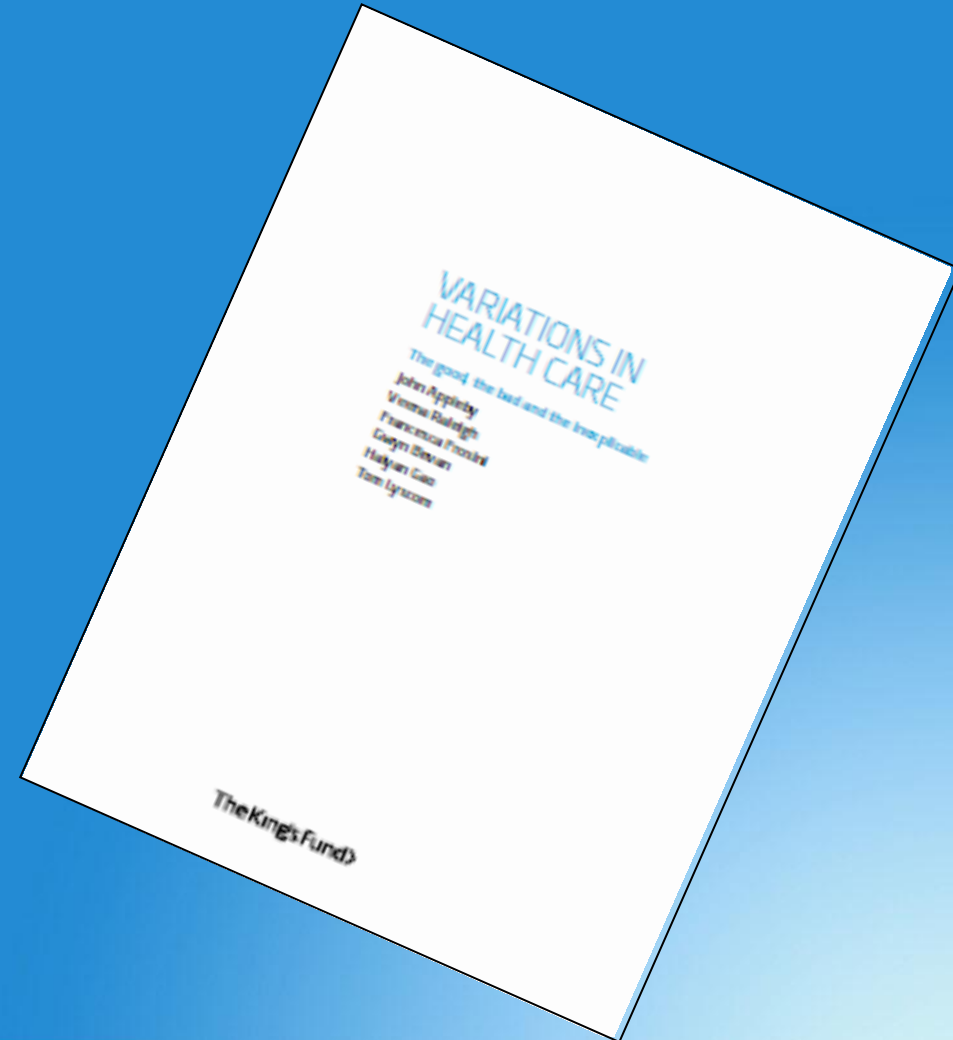
SCT - Priority areas

- Acute Oncology
- Radiotherapy capacity and efficiency
- Surgical oncology



Surgical Oncology

- Enhanced recovery programme
- 23 hour models
- Using QPIs to reduce unwarranted variation and improve outcomes



SCT – Priority areas

- Acute Oncology
- Radiotherapy capacity and efficiency
- Surgical Oncology
- QPI Programme



QPI Programme

- **Renal, Breast and Prostate Cancer** QPI development complete
- **HPB Cancer and Upper GI** - finalisation phase
- **Colorectal and Lung** – engagement phase
- **Ovarian and lymphoma** – scoping phase
- **Brain, Bladder, Head&Neck, Sarcoma** – earlier stage of development



Priority areas

- Acute Oncology
- Radiotherapy capacity and efficiency
- Surgical oncology
- QPI Programme
- Transforming care after treatment



Transforming Care after Treatment

- supports efficient ongoing care for those diagnosed or treated for cancer
- Uses risk stratification, personalised care planning and end-of-treatment care summaries to transform current models of follow-up
- integrates the health and social care aspects to facilitate self management and person-centredness
- partnership with a third sector organisation, Macmillan Cancer Support.
- builds on work of Living with Cancer Group

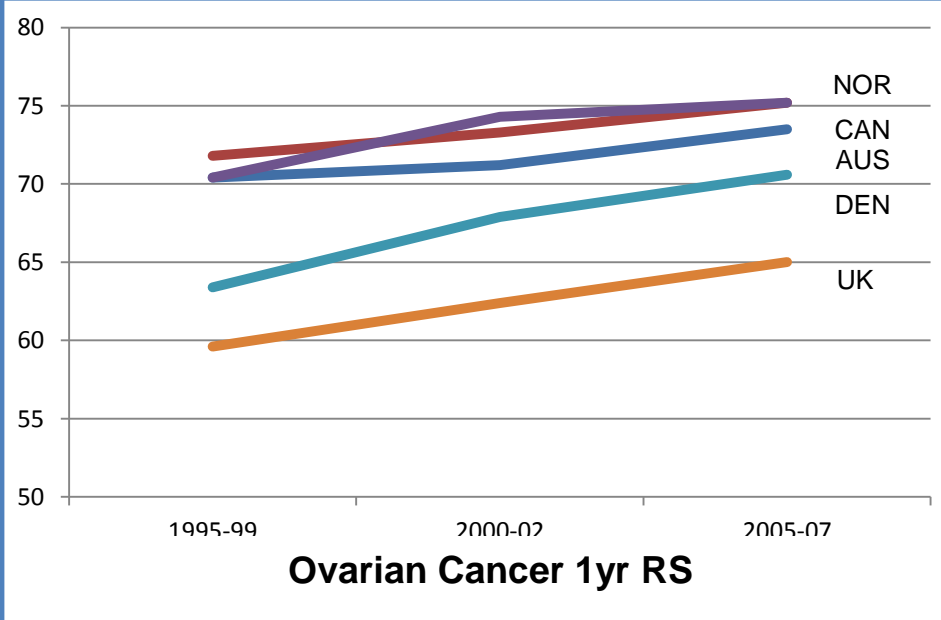
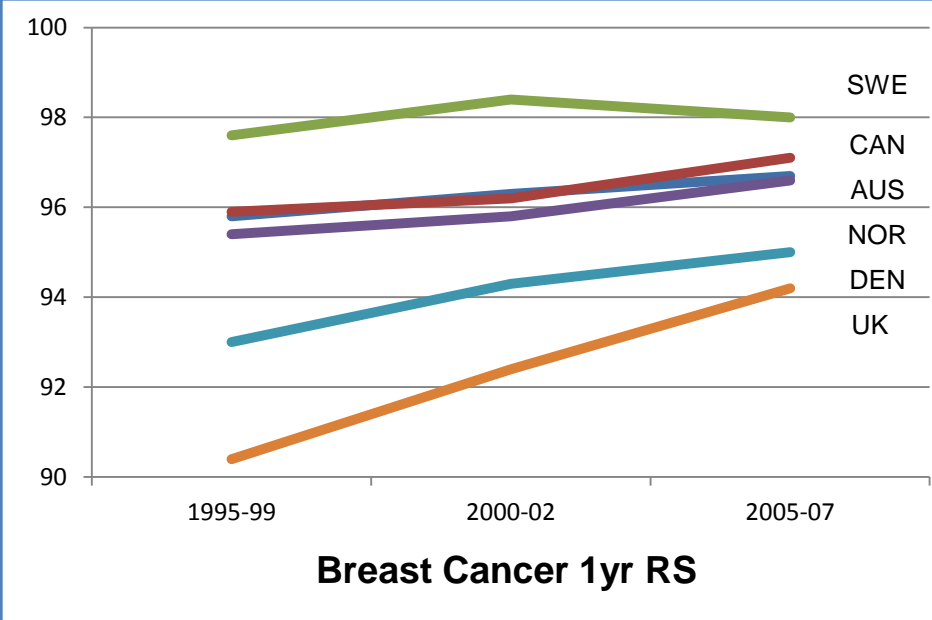
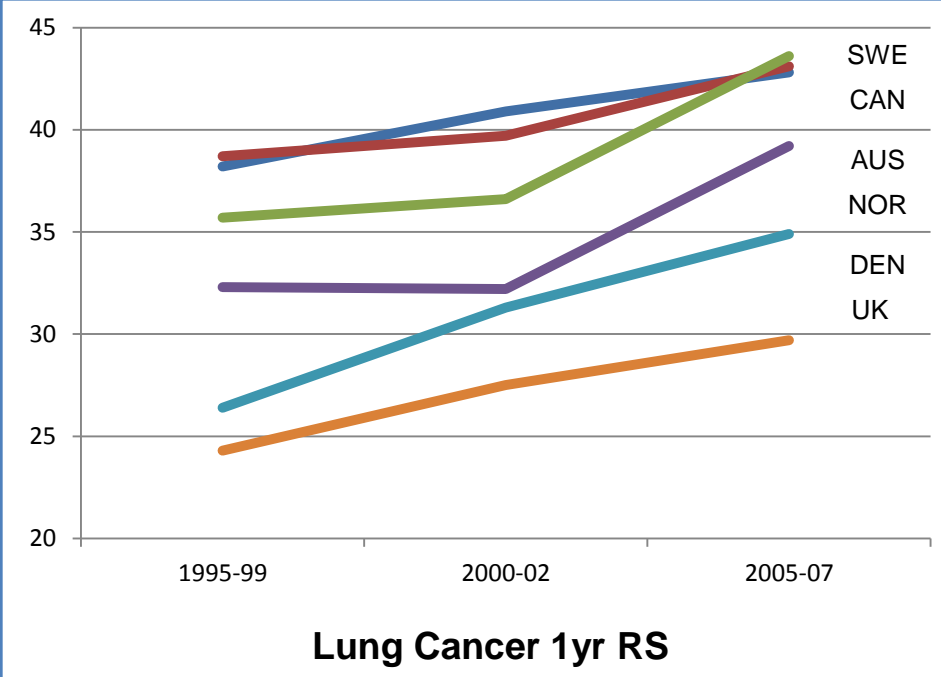
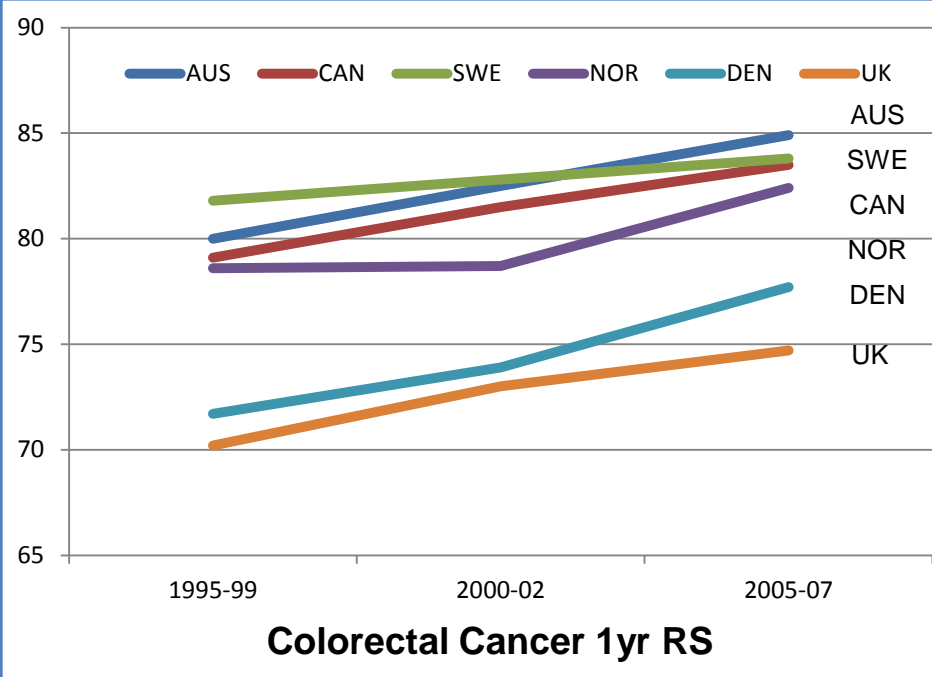


Priority areas

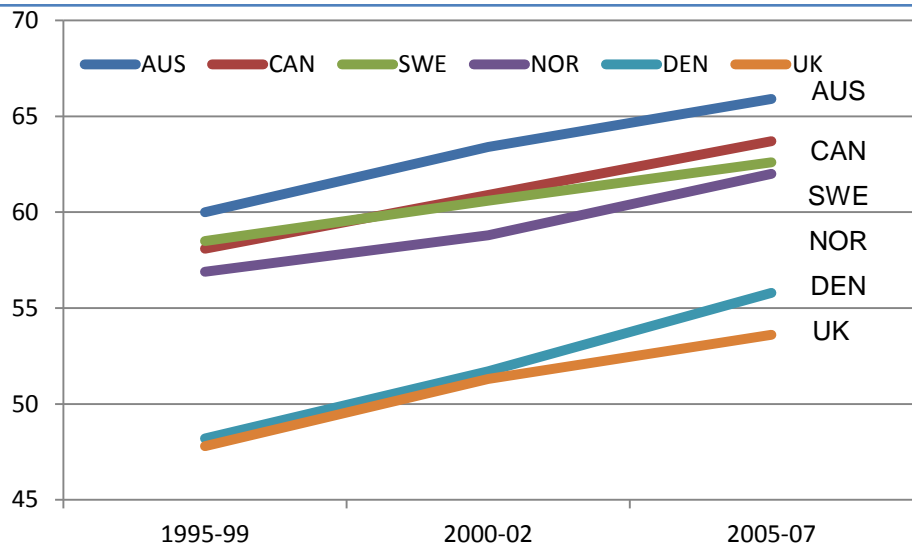
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- Detect Cancer Early Programme



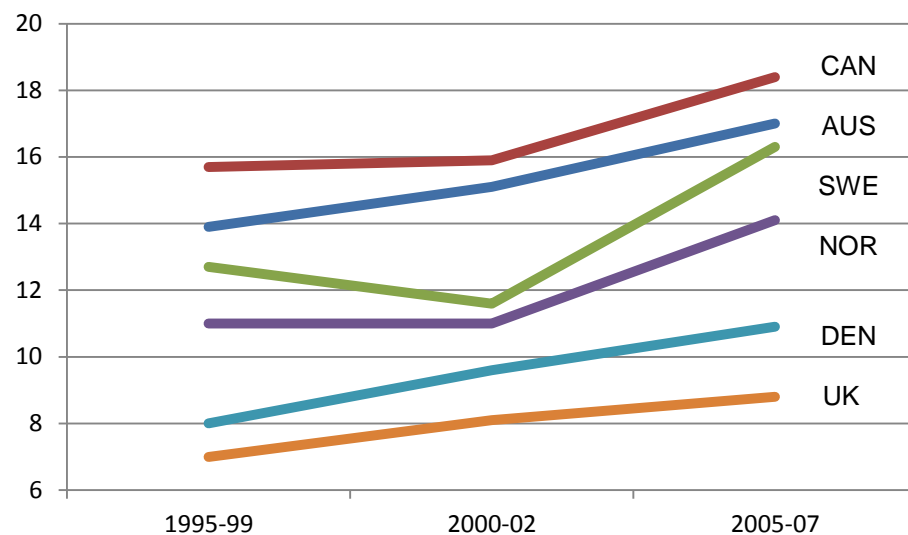
ICBP: 1 year relative survival. Coleman et al, Lancet 2011



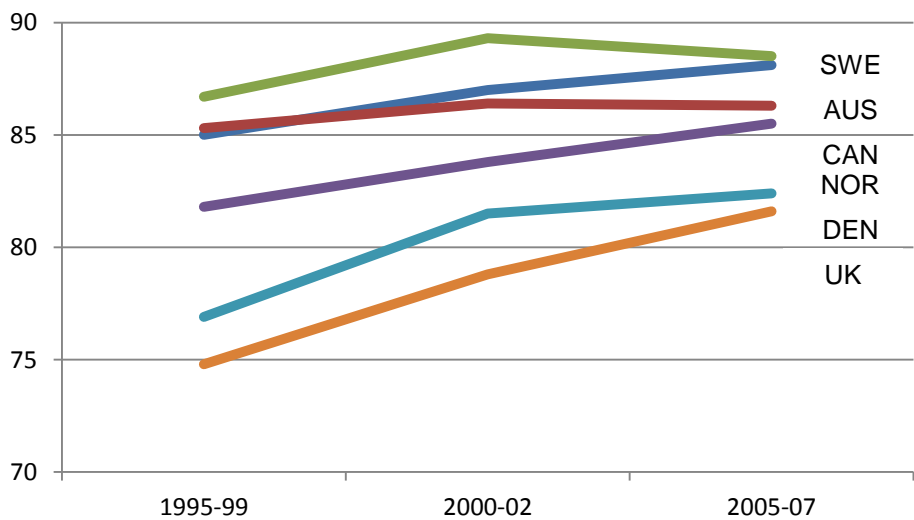
ICBP: 5 year relative survival. Coleman et al, Lancet 2011



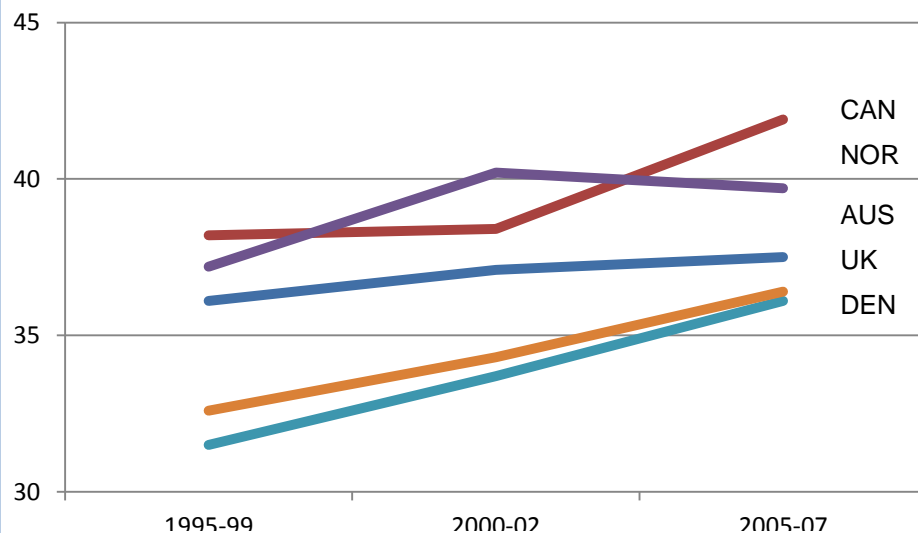
Colorectal Cancer 5yr RS



Lung Cancer 5yr RS



Breast Cancer 5yr RS



Ovarian Cancer 5yr RS

Potential NHS Board Targets

	2005	2006	2007	2008	2009	5-year average Baseline	Proposed targets for boards	Improvem ent	Baseline	Improvem ent if target met	Extra people diagnosed at stage 1
	%	%	%	%	%	%	%	%	cases	cases	cases
D&G	19.5	18.2	18.4	24.6	22.6	20.6	20.0%	0.0	85	85	0
Borders	23.1	10.4	12.4	25.1	17.0	18.3	20.0%	9.3	53	58	5
A&A	16.3	14.6	15.5	20.3	19.7	17.3	20.0%	15.4	158	183	24
Fife	10.2	25.1	15.4	16.4	19.0	17.6	20.0%	13.8	150	171	21
Highland	12.0	20.2	15.9	15.5	19.1	16.8	20.0%	19.2	132	157	25
Forth Valley	12.6	12.0	20.9	20.1	15.4	16.3	20.0%	22.7	106	130	24
Lothian	16.2	13.5	15.9	17.9	16.7	16.1	20.0%	24.2	289	358	70
Tayside	13.3	14.5	16.4	18.2	17.0	16.0	20.0%	25.1	155	194	39
Western Isles	18.7	6.3	9.5	26.3	9.3	15.3	20.0%	31.0	12	16	4
Lanarkshire	11.6	12.2	12.8	15.0	14.1	13.2	20.0%	51.7	169	256	87
Grampian	17.9	14.7	11.2	10.0	9.4	12.6	20.0%	59.2	141	225	84
GG&C	11.5	11.7	10.8	13.3	13.4	12.2	20.0%	64.5	368	605	237
Shetland	15.4	12.1	13.6	7.0	9.5	11.6	20.0%	72.8	5	9	4
Orkney	14.3	22.0	5.1	9.8	6.1	11.3	20.0%	76.3	5	10	4
SCOTLAND	14.0	14.6	14.1	16.2	15.6	14.9	20.0%	34.2	1,830	2455	626

Detect Cancer Early

- ? HEAT target right approach
- ? evidence base for 25%
- ? workload impact
- ? cost effectiveness



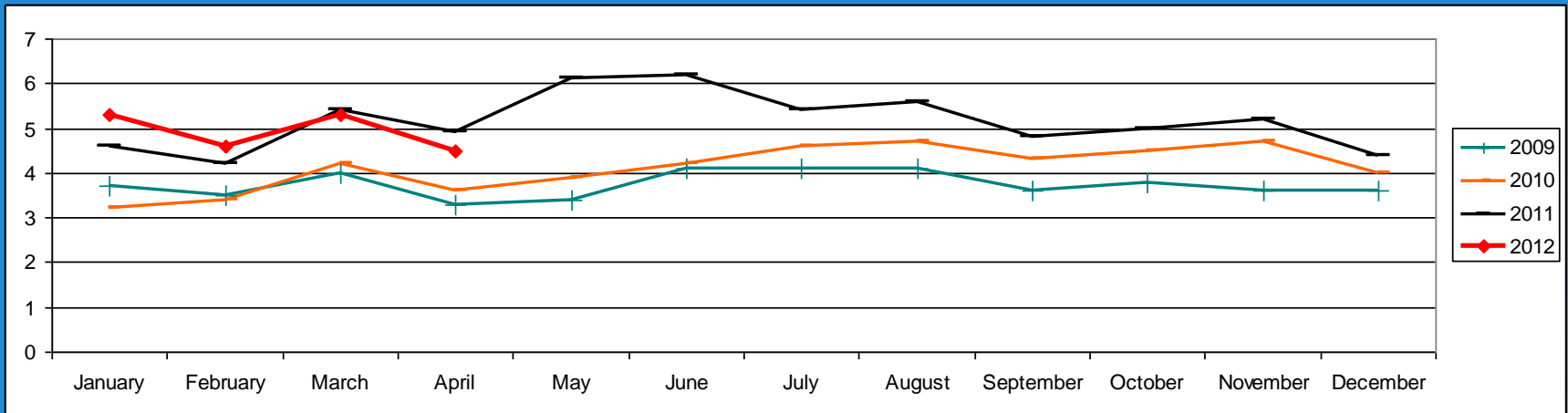
Anxieties, concerns and criticisms

- ? potential to widen the equalities gap?
- could workload impact have been tested?
- could serious harm result from the programme?
- is social marketing cost effective?
- is this the best way to improve our cancer survival stats?

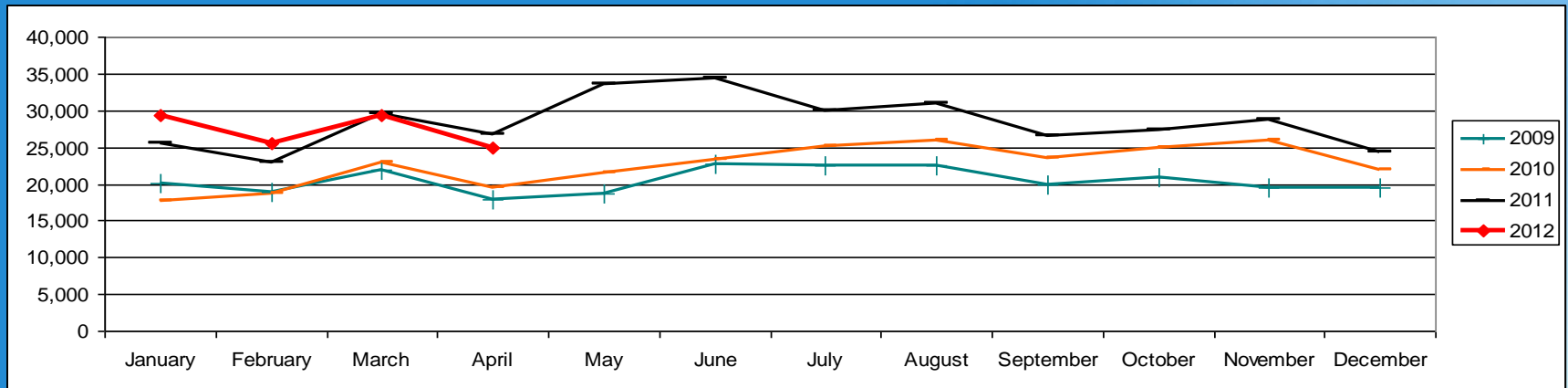


Monitoring

Consultations relating to cancer symptoms – GP and practice nurse combined – rates per 1,000 population



Consultations relating to cancer symptoms – GP and practice nurse combined – total number



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CANCER CAMPAIGN 'WILL KILL PEOPLE'

EXCLUSIVE
By Sally Weiland
A NEW REPORT
CLAIMS THE
NHS IS
NOT DOING
ENOUGH TO
PREVENT
CANCER
DEATHS
AND
DISABILITY
IN THE
NORTH-EAST
OF ENGLAND

■ N-east medical claim: health policy is putting lives at risk

NHS

APRIL 2011
April 'the wettest on record'



FREE SUNSPECS



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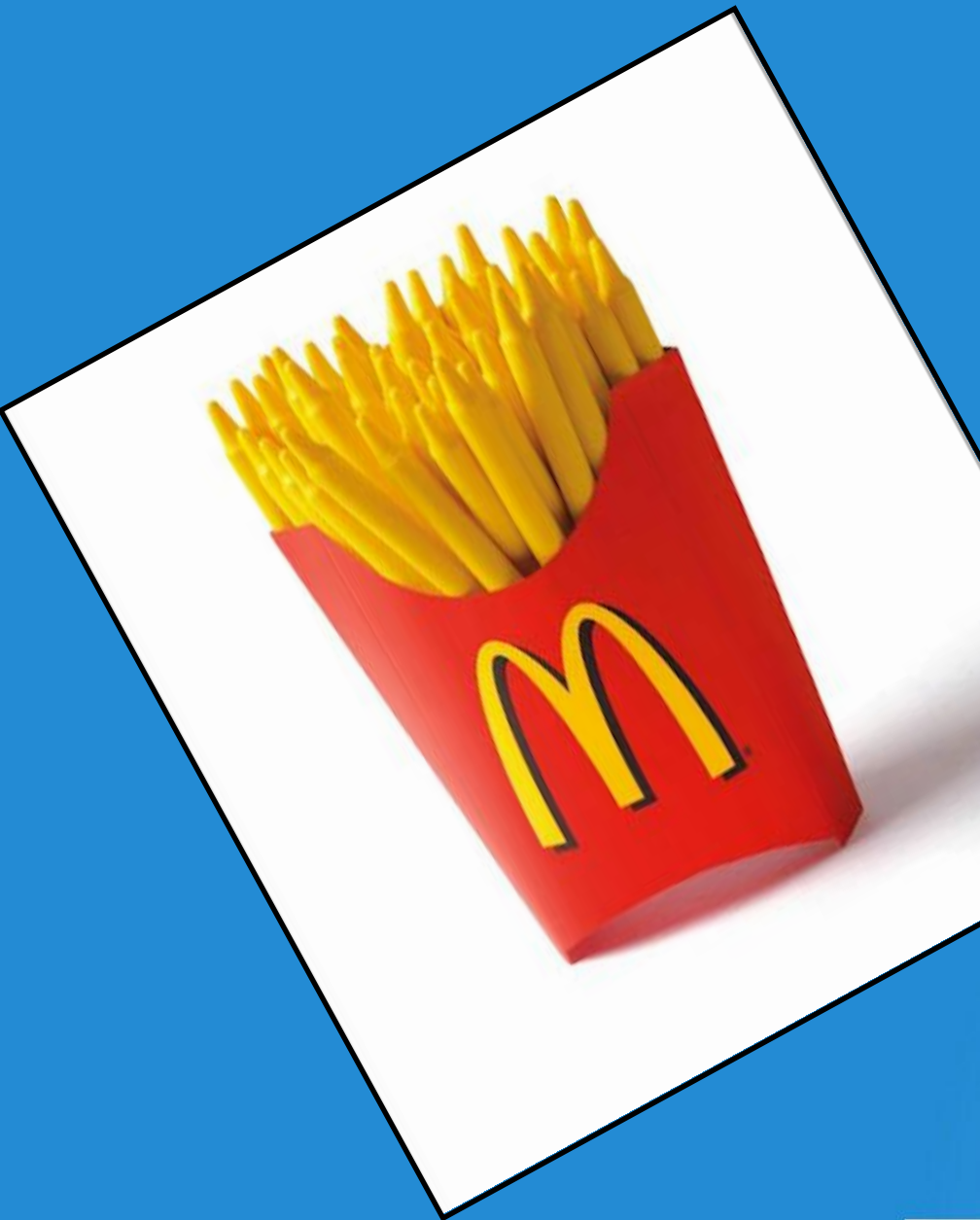


Cancer: approx 6% total NHS spend

Cancer services: estimated activity and costs: Scotland 2007/08

	Acute Services episodes	Geriatric long stay episodes	Out patient services	Pharmaceutical items dispensed	GMS visits
Activity	188,141	517	144,624	1,153,614	195,363
Cost	£390M	£8.5M	£25M	£46M	£6.3M





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Key areas of work

- Public awareness
- Primary care
 - *risk assessment tools, practice profiles, nGMS contract, referral guidelines update*
- Screening
- Diagnostic capacity
- Data, outcomes and evaluation



Data, outcomes, evaluations

- What are we learning from NAEDI?
- Campaign evaluations
- Impact on primary care, diagnostics and activity
- Screening uptake
- Emergency diagnoses
- Stage
- Survival rates
- ICBP participation



Anxieties, concerns and criticisms

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What contributes to our poor survival rates?

- our genes?
- our environment?
- a subtype of cancer we get compared to natives of other countries?
- poor diet, lack of exercise, smoking and alcohol habits?
- co-morbidities?
- we present too late?
- access to treatments?
- quality of care?
- a combination?
- or do we really know?



Early diagnosis is important

- relations with patients and families
- RCGP/Patient safety report
- best chance for long-term survival.
- still well enough to tolerate disease modifying treatments
- emergency diagnoses don't do as well
- more time to manage symptoms
- allows more to join clinical trials



....but prevention better than cure?

Promoting the European Code

- Do not smoke.
- If you do smoke, stop. If you cannot stop don't smoke in the presence of others.
- Fight the flab and avoid becoming, or remaining, overweight.
- Everyone should have some brisk physical activity every day.
- Increase daily intake of fresh fruit and vegetables.
- Limit alcohol to 2 units a day for men and 1 unit a day for women.
- Avoid excessive exposure to the sun, particularly for children and adolescents.
- Avoid exposure to known cancer causing agents.
- Take up screening programmes.



Health Promoting Health Service

“Every healthcare contact a health improvement opportunity”

- **CEL 1 (2012)**
- **Actions in all hospitals**
 - **smoking**
 - **alcohol**
 - **breast feeding**
 - **food and health**
 - **Healthy Working Lives**
 - **sexual health**
 - **physical activity**
 - **active travel**



Health Promoting Health Service

- building on previous work
- monitoring and evaluation framework
- physical activity – opportunities ++
- examples of good practice



Stop Smoking Services within NHS Lothian Colposcopy Clinic

hphs

health promoting health service

The Health Promoting Health Service (HPHS) aims to support the development of a health promoting culture and embed effective health improvement practice as part of quality healthcare delivery. This contributes to the delivery of NHS Scotland's Healthcare Quality Strategy, which puts people at the centre of quality delivery and encourages NHS Boards to share and spread their exemplars of high-quality healthcare, pursue their local commitments, take new action to improve quality and consider different ways of working.

For more information on the HPHS support package and to read other HPHS case studies visit www.hphs.co.uk



hphs case study

number
1

The stop smoking service within St John's Hospital in Livingston recognised an opportunity to target women within the Colposcopy Clinic. This was driven by strong clinical evidence, skilled smoking cessation services and successful collaboration with the medical team.

The outcomes

Targeting women within the St John's Hospital Colposcopy Clinic is a new approach by NHS Lothian to provide stop smoking support as an integral part of patients' colposcopy treatment for an abnormal smear sample. The Smoking Cessation Nurse Adviser (Alexis Rumbles) now receives daily referrals from the clinic staff, who have been trained in raising the issue of smoking, awareness of the stop smoking support available and a clear referral

pathway. Many women who were unaware of the impact of smoking on their cervical health have been targeted in an acute site to a positive response. The smoking cessation nurse adviser now has detailed knowledge of the Colposcopy Clinic and the medical team have a much improved understanding of smoking cessation. The referrals to date have achieved 58% successful quit outcomes at one month and 40% at three months. The work undertaken by the team has been presented

Health Promoting Health Service

NHS A&A Bowel Cancer Awareness

- Focus on raising awareness beyond target age group (including young people)
- Health literacy / cultural beliefs
- Fast track diagnostic pathway
- Non cancer diagnosis → support to explore lifestyle risk factors
- Relevant to efficiency and effectiveness agenda

