

Havering Joint Strategic Needs Assessment

2011/12

Cancer



Outer North East London



Havering
LONDON BOROUGH

Please note, the Director of Public Health's Annual Report for 2010 (published autumn 2011) focuses on cancer and also doubles up as the JSNA "chapter" on cancer. Some key findings are summarised below, however the full report can be found online at the below link, where in depth information can be found:

<http://www.hspnetwork.org.uk/HaveringHealthReport2010/>

CANCER

What Is The Level of Need in Havering?

- Overall, the incidence (new cases) of cancer in Havering is lower (better) than the national average
- Nonetheless, high numbers of Havering residents are diagnosed with and die from cancer each year; due in part to the older population. This will increase even further as the population continues to get older
- Breast, bowel, and lung cancer are the most common cancers in women in Havering, and prostate, lung and bowel cancer are most common in men
- The prevalence of risk factors for cancer among Havering's population are similar to or greater than (in the case of obesity) the national average. There is low awareness among Havering residents that diet and obesity increase the risk of cancer
- Overall, cancer mortality rates in Havering are similar to the national average
- However, for those who do have cancer in Havering, cancer survival is not improving and is significantly worse than the national average
- The *number* of people living following a diagnosis of cancer has still increased in Havering however, as a result of population ageing and improvements in survival
- There is evidence of inequalities in Havering regarding mortality rates and the prevalence of lifestyle related risk factors associated with levels of socioeconomic disadvantage

Current Service Provision in Havering

- There are existing strategies to reduce the prevalence of some risk factors for cancer including obesity and harmful alcohol consumption but there are gaps, notably smoking
- Existing strategies are increasingly dated, and management arrangements do not reflect the establishment of the Health and Wellbeing Board.
- Local smoking cessation services are available and have consistently met the targets set for them, but further improvements should be possible
- Screening programmes for breast and cervical cancer are well established and uptake is relatively good
- There is a newly established screening programme for bowel cancer, and uptake is encouraging but further improvement is needed
- A social marketing campaign to raise public awareness is underway but has still to be evaluated. This aims to address the low awareness of Havering residents of some of the signs and symptoms of cancer in Havering
- The available information suggests that overall, the referral practice of local GPs when patients present with symptoms suggestive of cancer is relatively good; but there is variation at individual practice level
- Performance at BHRUT regarding the timeliness of 1st consultant contact following referral with suspected cancer (2 week wait) is very good
- The timeliness of subsequent treatment (31 and 62 day standards) is good but could be improved
- The limited information available about treatment outcomes suggest outcomes achieved at BHRUT are in line with national averages

- There is a need nationally to increase access to optimal treatment; including radical surgery and radiotherapy which are linked to better survival
- Patient experience of care in Havering is relatively poor
- Too many people dying of cancer do so in hospital
- There is some evidence of inequalities in access to services regarding both the prevention and treatment of cancer
- Rates of emergency admission and lengths of stay in Havering are relatively high which may in part explain why expenditure on cancer in Havering is higher than the national average

Gaps in Knowledge and Service Provision in Havering

- Cancer survival in Havering is worse than the national average and late presentation by patients with symptoms of cancer to their GP is the most likely cause
- Further improvement is needed to make cancer treatment in both Havering and England as good as the best available internationally
- With regard to survival, increased access to surgery and radiotherapy is likely to have most impact
- Better information is needed to monitor access to effective treatment in general but also for older people who, based on national data, may be missing out
- Existing strategies to help Havering residents live healthier lives are incomplete or need updating, to ensure residents are supported to reduce avoidable lifestyle risk factors for cancer
- Management arrangements for all such strategies need to be amended to reflect the leadership role of the newly established Health and Wellbeing Board
- There are no NHS weight management services in Havering and smoking cessation services could be more effective
- Patient experience at BHRUT and London generally is poor and needs improvement
- Too few people are able to die at home and end of life care needs improvement

Cancer: for decision makers and commissioners to consider:

- A comprehensive programme to improve cancer survival in Havering is needed including action to:
 - Raise public awareness of the signs and symptoms of cancer.
 - Further improve the competence and capacity of local GPs to identify and promptly refer patients with symptoms suggestive of cancer.
 - Maintain the current excellent performance regarding waiting times between referral of patients with suspected cancer and first consultant contact (2 week waits).
 - Improve access to optimal treatment, particularly radiotherapy and surgery.
 - Ensuring that older people benefit from these developments.
 - Maximise uptake of cancer screening, particularly the newer bowel screening programme.

- The Health and Wellbeing Board should oversee the development and implementation of strategies, underpinned by credible plans, to make healthy living the 'norm' in Havering.
- Evidence based, community weight management services should be commissioned for Havering residents
- Smoking cessation services should be re-commissioned to increase their impact and cost effectiveness; ensuring equitable access to disadvantaged groups with greatest need.
- Action is needed to identify the ongoing needs of cancer survivors and how they can be met; involving relevant 3rd sector groups.
- Opportunities to minimise rates of unplanned hospital admission and reduce lengths of stay should be exploited. Greater use of laparoscopic surgery should be an early priority.