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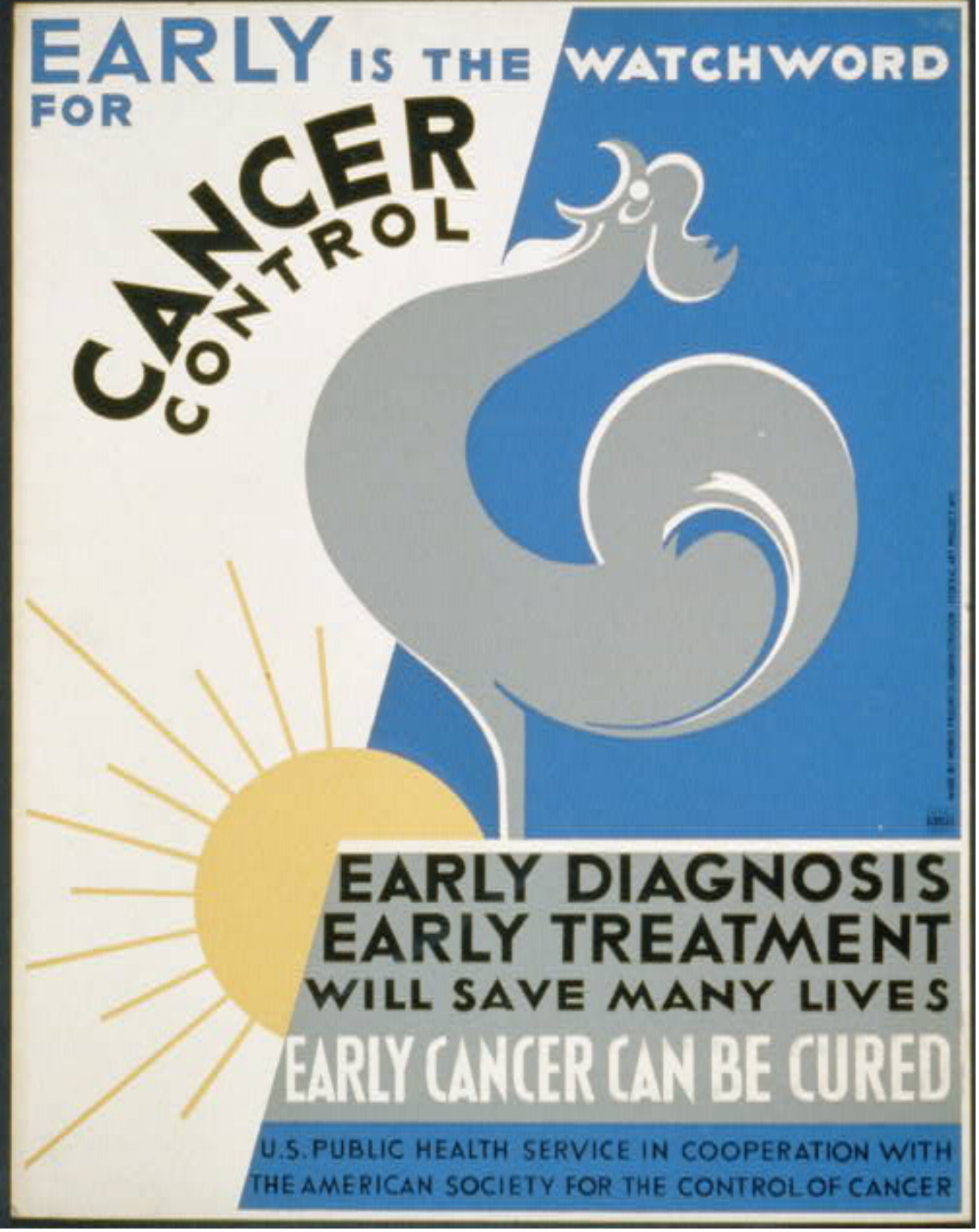
Early diagnosis and primary care – UK perspective

David Weller

University of Edinburgh



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Cancer policy and primary care - UK

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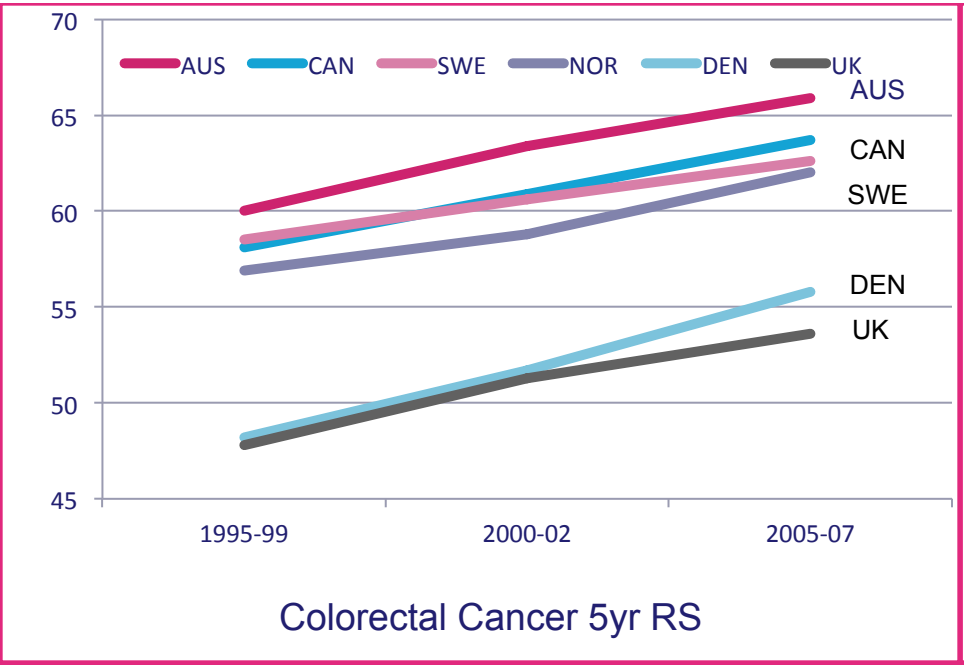
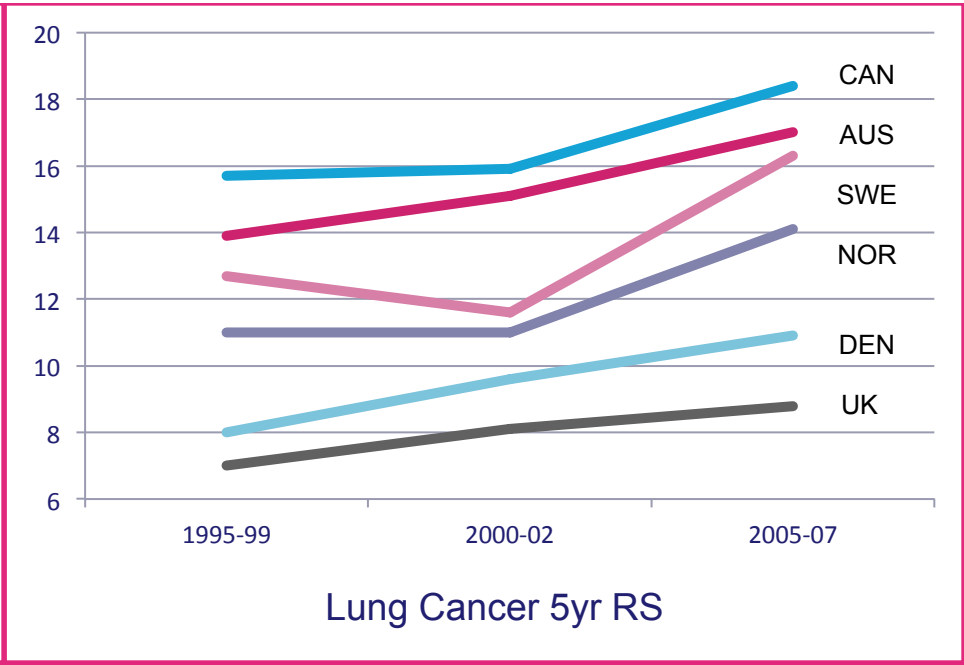
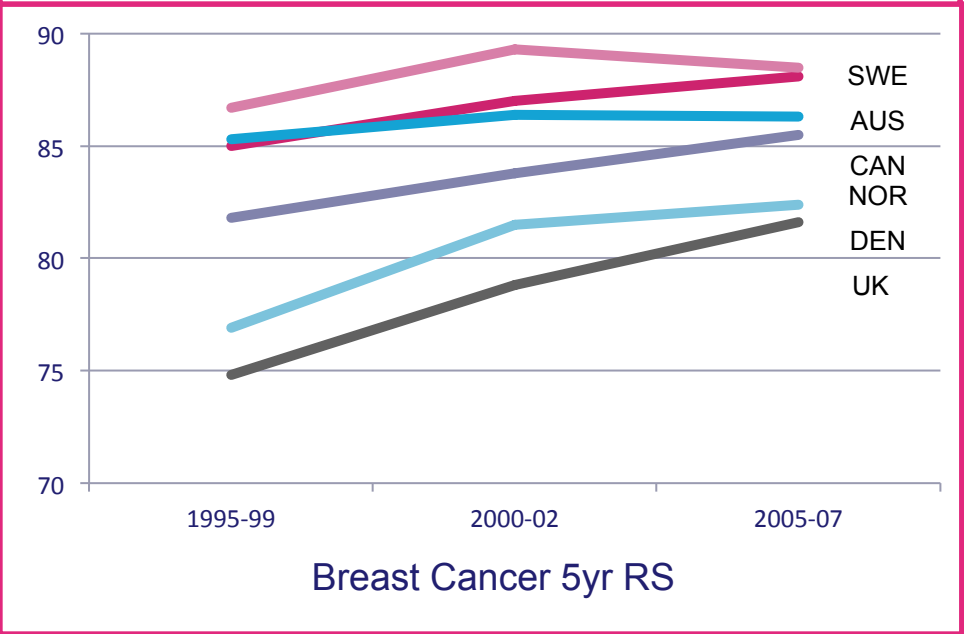
ICBP: 5 year relative survival. Coleman et al, Lancet 2011



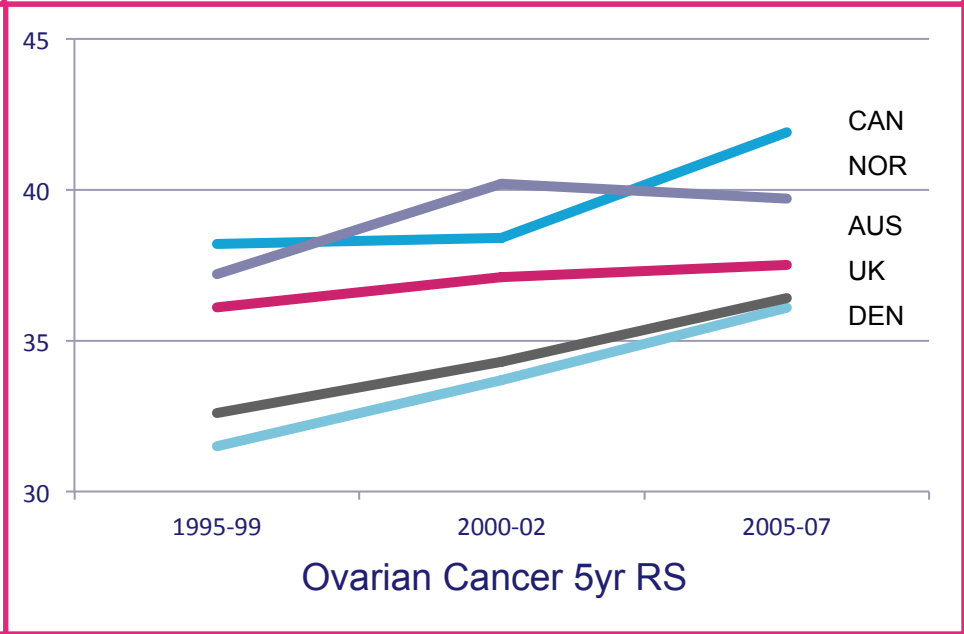
Colorectal Cancer 5yr RS



Lung Cancer 5yr RS



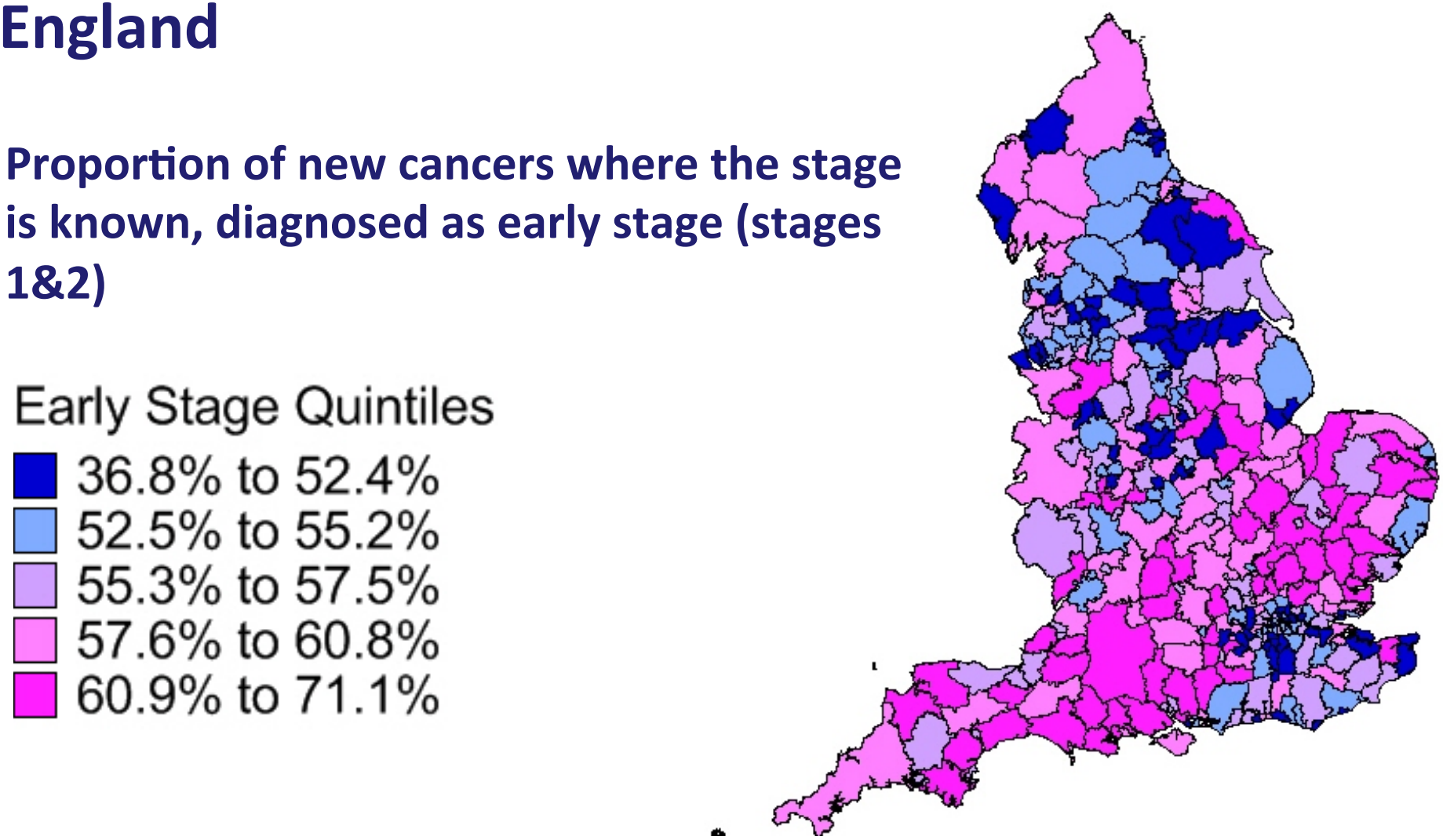
Breast Cancer 5yr RS



Ovarian Cancer 5yr RS

Significant variations in stage at diagnosis across England

Proportion of new cancers where the stage is known, diagnosed as early stage (stages 1&2)



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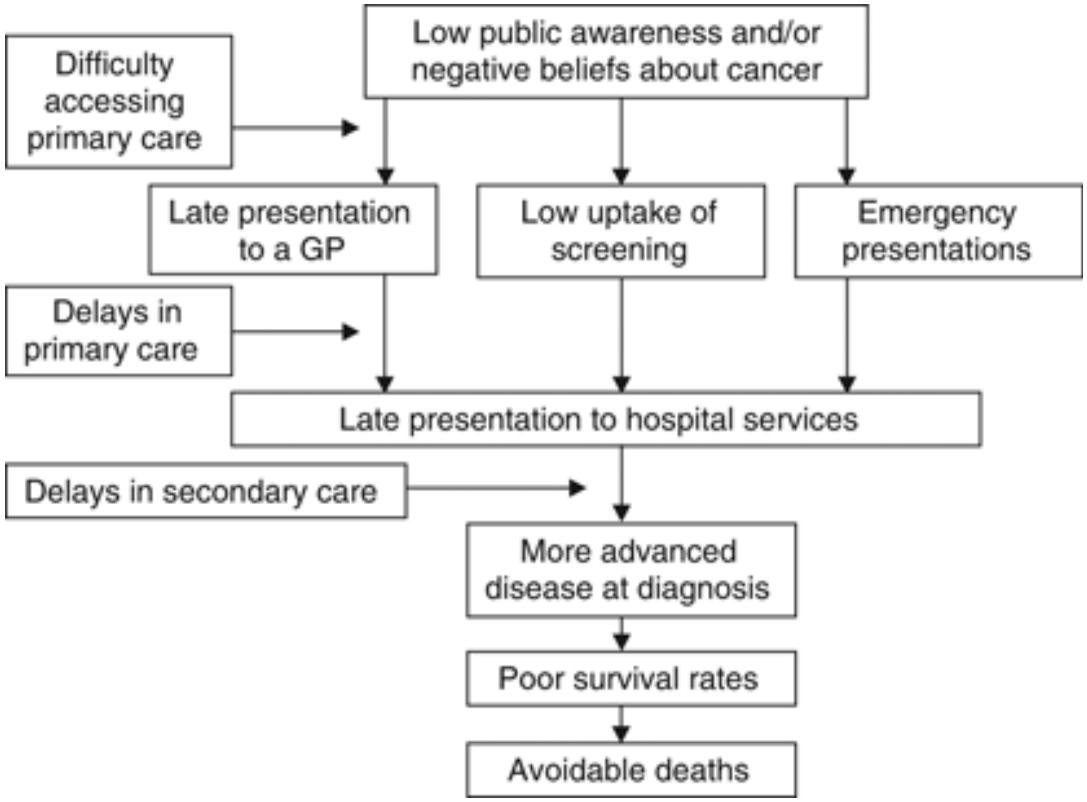
Source: PHE. Accessed May 2014.
Source: http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/10002/ati/102/page/6/par/cat-2-5/are/E09000033

Early Diagnosis is a complex, multifaceted challenge

The NAEDI hypothesis



Achieving early presentation

Optimising clinical practice

Improving GP access to diagnostics

Research, evaluation and monitoring

Richards MA. The National Awareness and Early Diagnosis Initiative in England: assembling the evidence. British Journal of Cancer 2009, 101: S1 - S4

Department of Health

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NAEDI National Awareness and Early Diagnosis Initiative

NHS England

Public Health England

National Awareness and Early Diagnosis Initiative – key elements

- Achieving early diagnosis by public and patients
  - Raising awareness of cancer, symptoms, importance of early presentation
  - Reducing barriers to early presentation (fear, difficulty accessing GP)
  - Reducing barriers to screening
- Optimising clinical practice and systems
  - Raising awareness of cancer symptoms amongst GPs and other health workers
  - Promoting optimal referral by GPs
  - Optimal screening services
- Improving GP access to diagnostics eg ultrasound, MRI, colonoscopy
- Research, evaluation and monitoring

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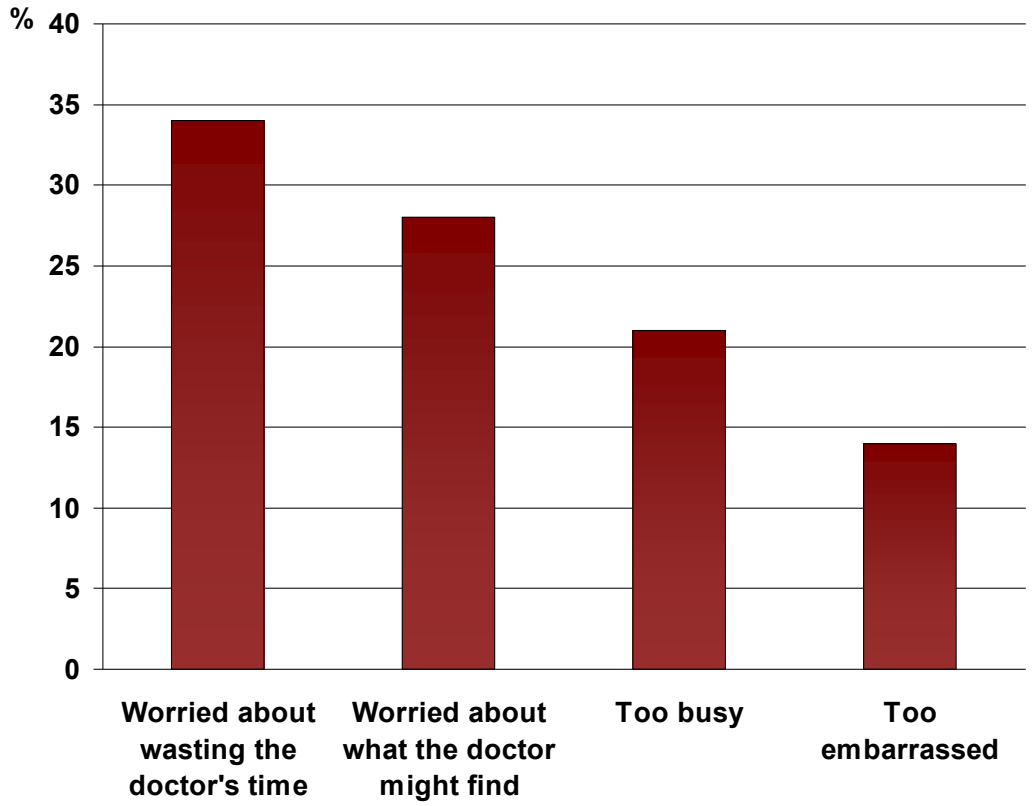
RAISING AWARENESS OF SYMPTOMS

Barriers to symptomatic presentation



ICBP Module 2: Data for England only

Public communication: CR-UK campaign

PRIMARY OBJECTIVE:

- To tackle people's fear of cancer and encourage them to confront it by reinforcing the benefits of early diagnosis

SECONDARY OBJECTIVES:

- To tackle people's reluctance to visit their GP
- To raise awareness of signs and symptoms of cancer
- To build brand leadership in early diagnosis
- To strengthen public engagement with CR-UK

Approach

Raising awareness of cancer symptoms

Lung cancer – cough campaign

Be Clear on Cancer

Department of Health

CANCER RESEARCH UK

BE CLEAR ON CANCER

NHS England

Public Health England

Awareness raising – impact on primary care

	Bowel (Jan – March 2011)	**Lung** (Oct – Nov 2011)
Duration	7 wks; longer lead time	5 wks; shorter lead time
Weight (OTS= Opportunities to see)	• Reach; 88% EofE and 90% SW • OTS;13.1 EofE and 14 SW	• Reach; 94.5% • OTS; 9.1
Awareness	• Recognition 75% • Support 96% public, 89% GPs • Significant increase in recall of symptoms	• Recognition 70% • Support 94% public, 87% GPs • Significant increase in recall of symptoms
Attendance at Primary Care	Based on 74 practices: •3 most relevant read codes 51.6% increase •Variation from 58 additional visits to 13 fewer visits; 1 extra visit per practice per week •Overall 30-49 yrs highest increase (55%), the target group saw a 46% increase. Varied across areas	Based on 35 practices: •Most relevant read codes – 23% increase •Variation as an example, 92 more visits in one practice and 51 fewer in another; 2.4 extra visits per practice per week •Attendances increased from 30 yrs and tailed off at 85 highest impact 55-59 yrs

Michael Clarke supports
NATIONAL SKIN CANCER ACTION WEEK
17 – 23 November
DON'T GET CAUGHT OUT
be SunSmart this summer
THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS
Cancer Council

Find Cancer Early
"It's not always a smoker's cough"
If you have a new or changing cough or breathing problems, tell your doctor.
Smoking is the most common cause of lung cancer, but around 1 in 5 cases occur in non-smokers. Anyone can develop lung cancer.
Turn over to find out more information
Cancer Council

NRL
ONE COMMUNITY
KICK BOWEL CANCER
IT COULD SAVE YOUR LIFE
ASSESS YOURSELF
Bowel Cancer Australia
THE GUT Foundation
Cancer Council

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SCREENING

Bowel screening campaign – London (2014)

INTERVENTIONS

- CRUK endorsement letter
- Kit enhancement pack
- Outdoor advertising

EVALUATION

- Combination of all interventions most effective

  (significantly increased uptake by 2.1-6% among 60-69 year olds and 2.6-4.6% among 70-74 year olds)

Department of Health | NHS England | Public Health England | CANCER RESEARCH UK

British Journal of Cancer (2011) 105, 475 – 480
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www.bjcancer.com

Primary care endorsement letter and a patient leaflet to improve participation in colorectal cancer screening: results of a factorial randomised trial

P Hewitson*,[1], AM Ward[1], C Heneghan[1], SP Halloran[2] and D Mant[1]

[1]Department of Primary Health Care, University of Oxford, Old Road, Headington, Oxford OX3 7LF, UK; [2]Postgraduate Medical School, University of Surrey, Surrey, GU2 7WG, UK

ENDORSEMENT IMPROVES UPTAKE BY 5 TO 6%

VARYING LEVELS/TYPES OF ENDORSEMENT

CAN COMPLEMENT OTHER SIMPLE INTERVENTIONS SUCH AS PATIENT LEAFLETS

Health Expect. 2013 Nov 25. doi: 10.1111/hex.12157. [Epub ahead of print]

Attitudes and beliefs of non-participants in a population-based screening programme for colorectal cancer.

Hall NJ[1], Rubin GP, Dobson C, Weller D, Wardle J, Ritchie M, Rees CJ.

- Often not so much active decision not to participate but, rather, issues such as deferment, low prioritisation etc
- Anonymity of invitation process
- Content of information materials – limits to how much it makes a difference

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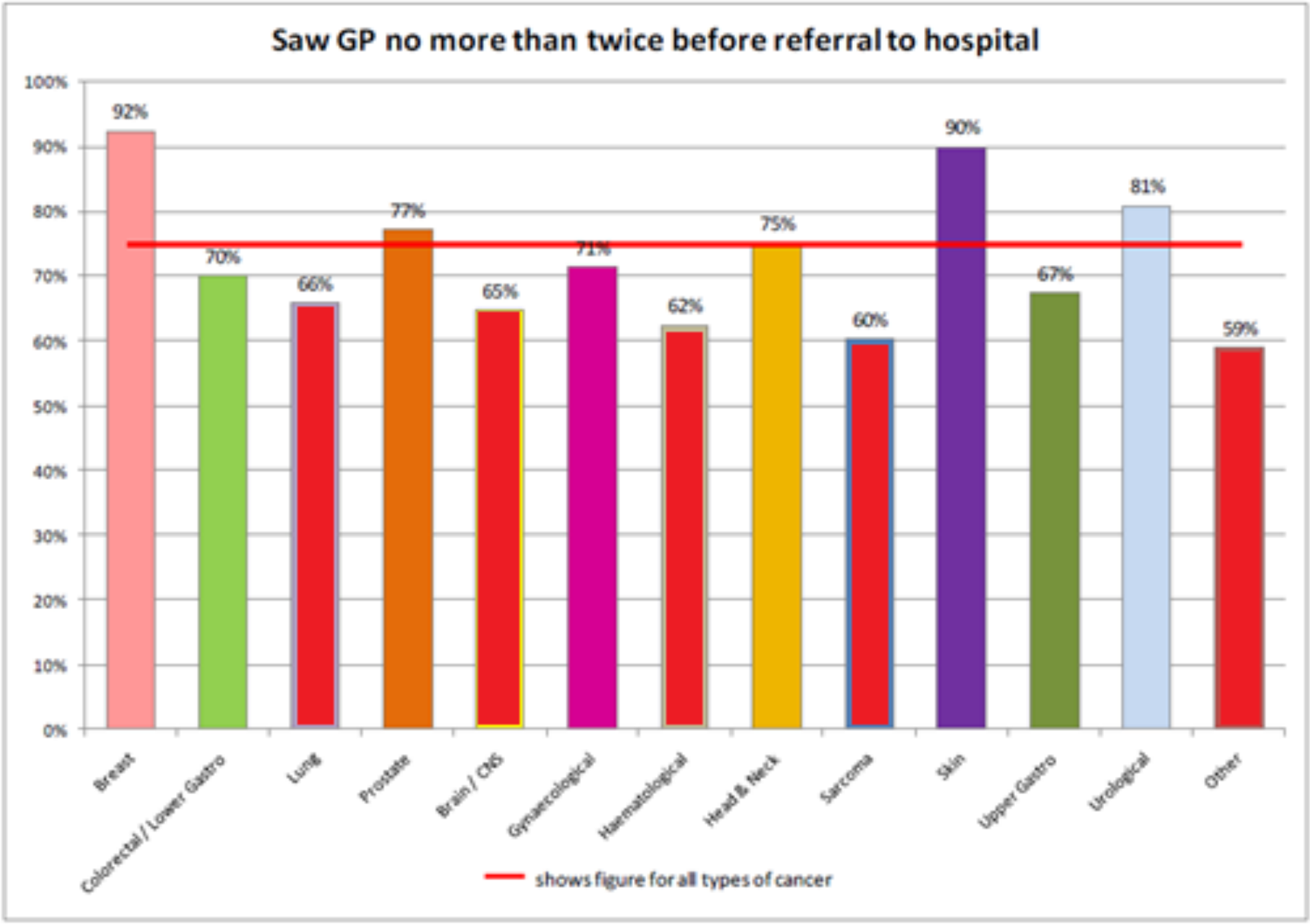
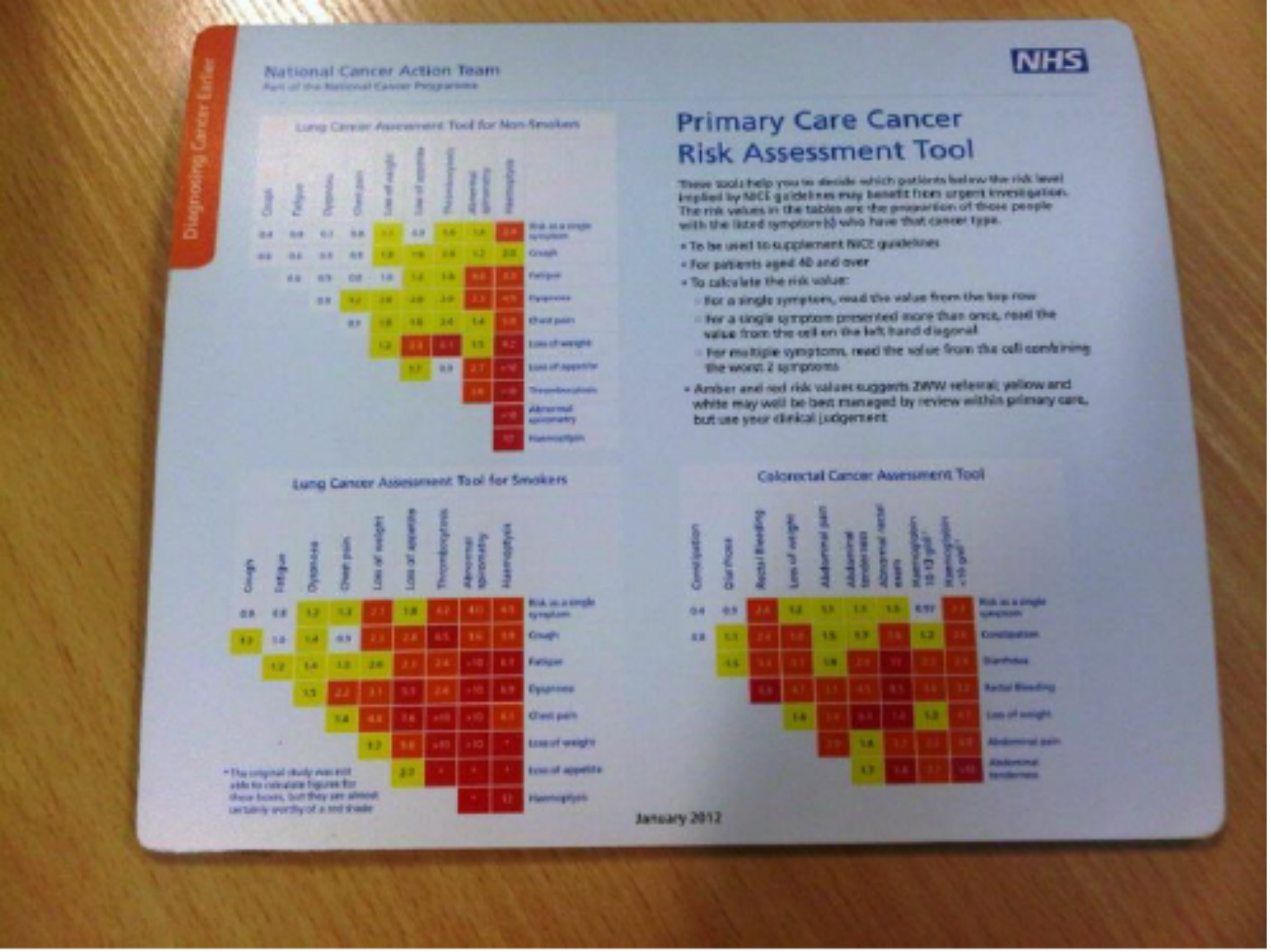
IMPROVING DIAGNOSIS IN PRIMARY CARE



Source: National Cancer Patient Experience Survey 2010



Cancer Risk Assessment Tools

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RATS

2593 RATS (1160 LUNG, 1433 COLORECTAL) COMPLETED, IN 165 PRACTICES

COMPARED WITH THE PRECEDING 6 MONTHS, THERE WERE:

- 292 more chest X-rays,
- 104 extra 2-week chest clinic appointments,
- 47 additional diagnoses of lung cancer

FOR SUSPECTED COLORECTAL CANCER, THERE WERE

- 304 more 2-week referrals
- 270 more colonoscopies,
- 10 more cancers identified

RATS APPEARED HELP GPS IN:

- their selection of patients for cancer investigation
- providing reassurance when investigation was not needed

Br J Gen Pract. Jan 2013; 63(606): e30–e36.

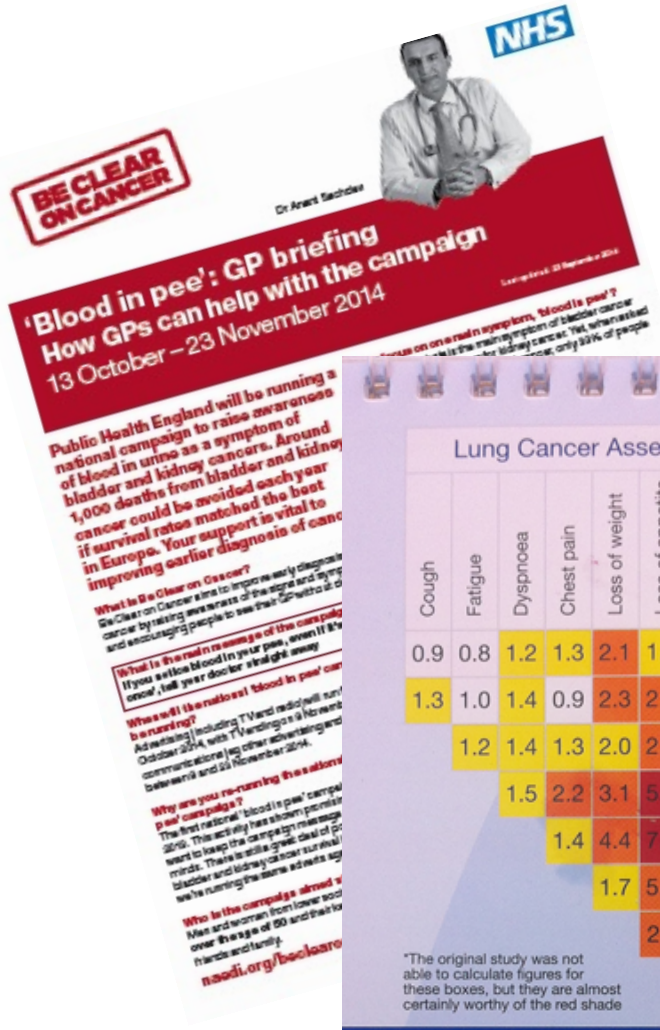
Strategies to support GPs

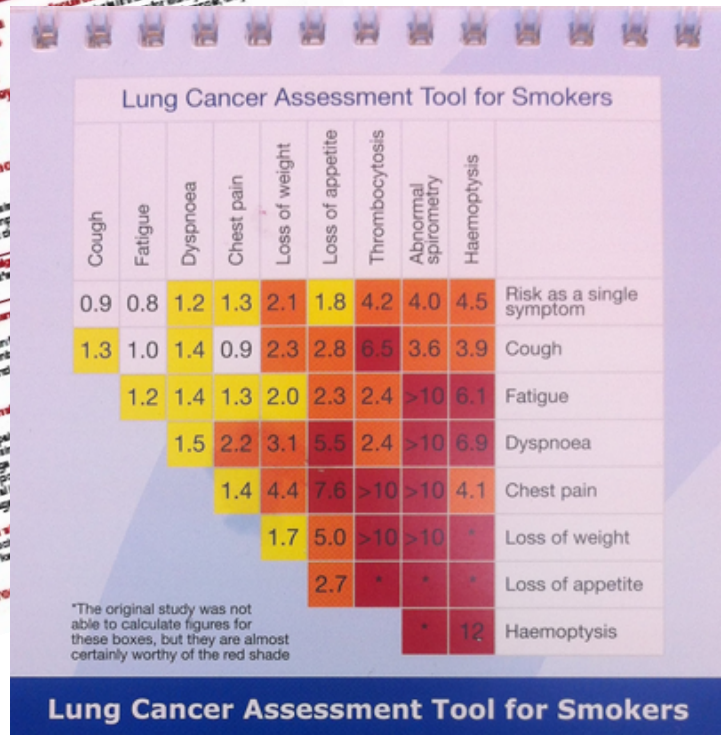
EDUCATION

CLINICAL DECISION SUPPORT (CDS) TOOLS

CRUK FACILITATORS

URGENT REFERRAL GUIDELINES





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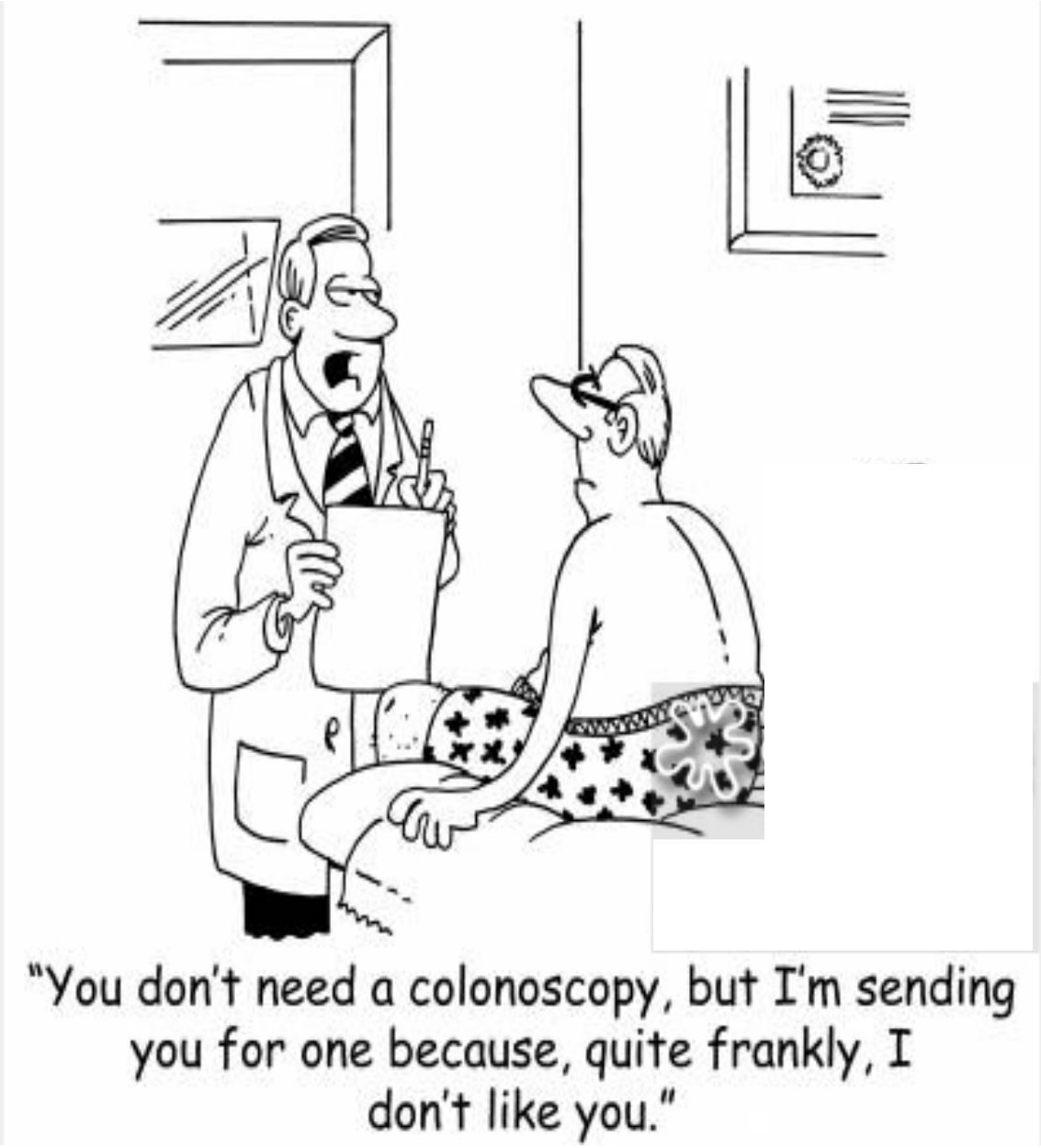
ACCESS TO INVESTIGATIONS

Access to investigations



"You don't need a colonoscopy, but I'm sending you for one because, quite frankly, I don't like you."

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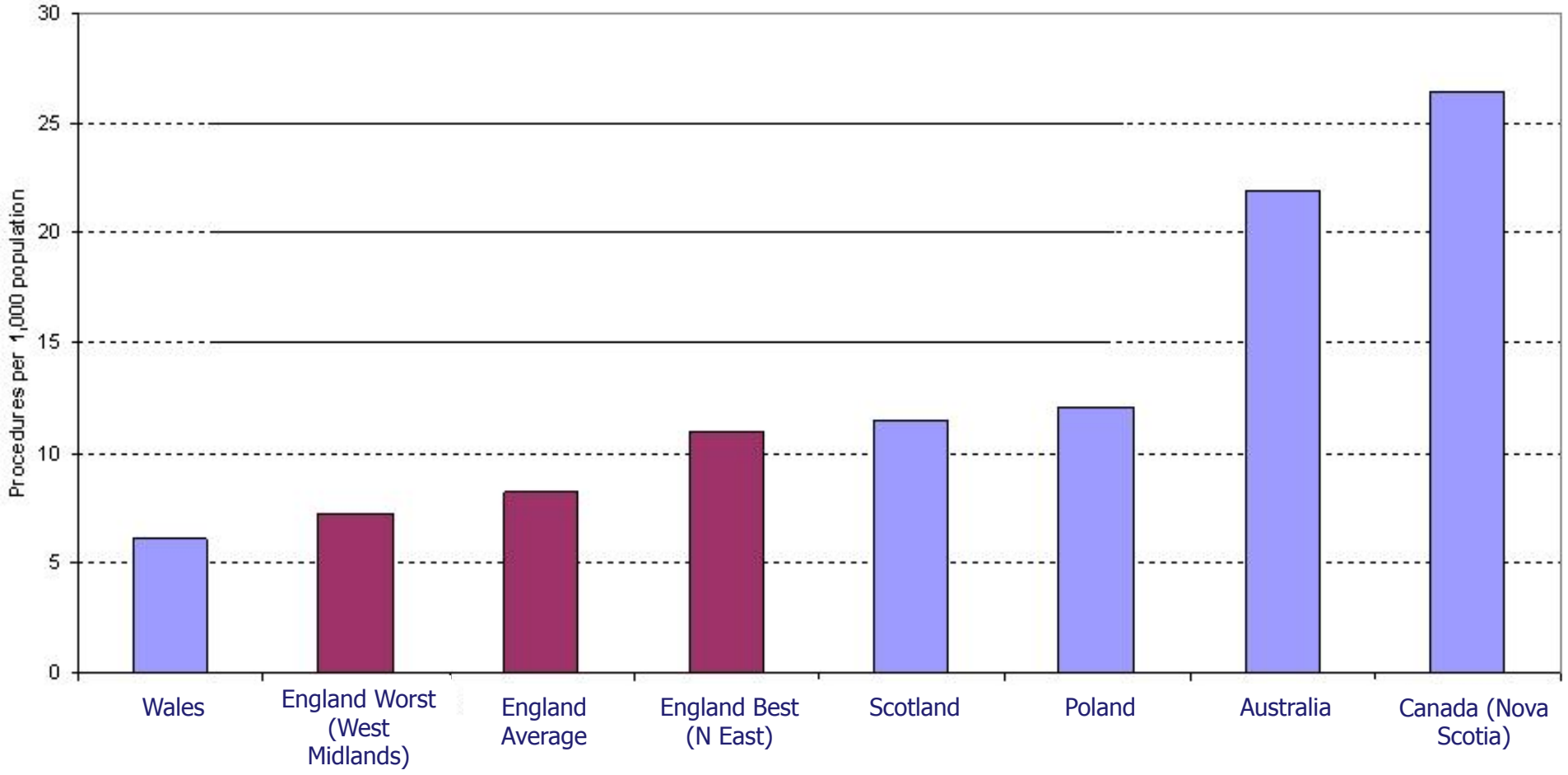
International comparisons - crude colonoscopy rates per 1,000 in 2010/11



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CANCER REFERRAL GUIDELINES

PULSE
At the heart of general practice since 1960

Caption competition

Tell us what Jeremy Hunt is doing and win a Pulse clock

Wednesday 08 October 2014

NICE cancer referral criteria ignore GPs' 'sixth sense', RCGP cancer lead warns

2 August 2012 | By Sofia Lind

Print Email Like 0 Tweet 0 +1 0 Comment

Exclusive: GPs are being forced to 'manipulate' the two-week cancer pathway by inflexible NICE referral criteria that make no allowances for their 'sixth sense', the RCGP's lead on cancer has warned.

RELATED AR

NICE National Institute for Health and Care Excellence

Referral guidelines for suspected cancer

Issued: June 2005 last modified: April 2011

NICE clinical guideline 27

guidance.nice.org.uk/cg27

CER
ARCH

Revision of NICE referral guidelines

‘WE REALLY WANT MUCH MORE GP INVOLVEMENT IN THE WAY GUIDELINES ARE WRITTEN – AT THE MOMENT GUIDELINES ARE WRITTEN BY SPECIALISTS FOR PATIENTS WITH ONE DISEASE, THEY’RE NOT WRITTEN FOR REAL LIFE.’

DR. MARGARET MCCARNEY, RCGP

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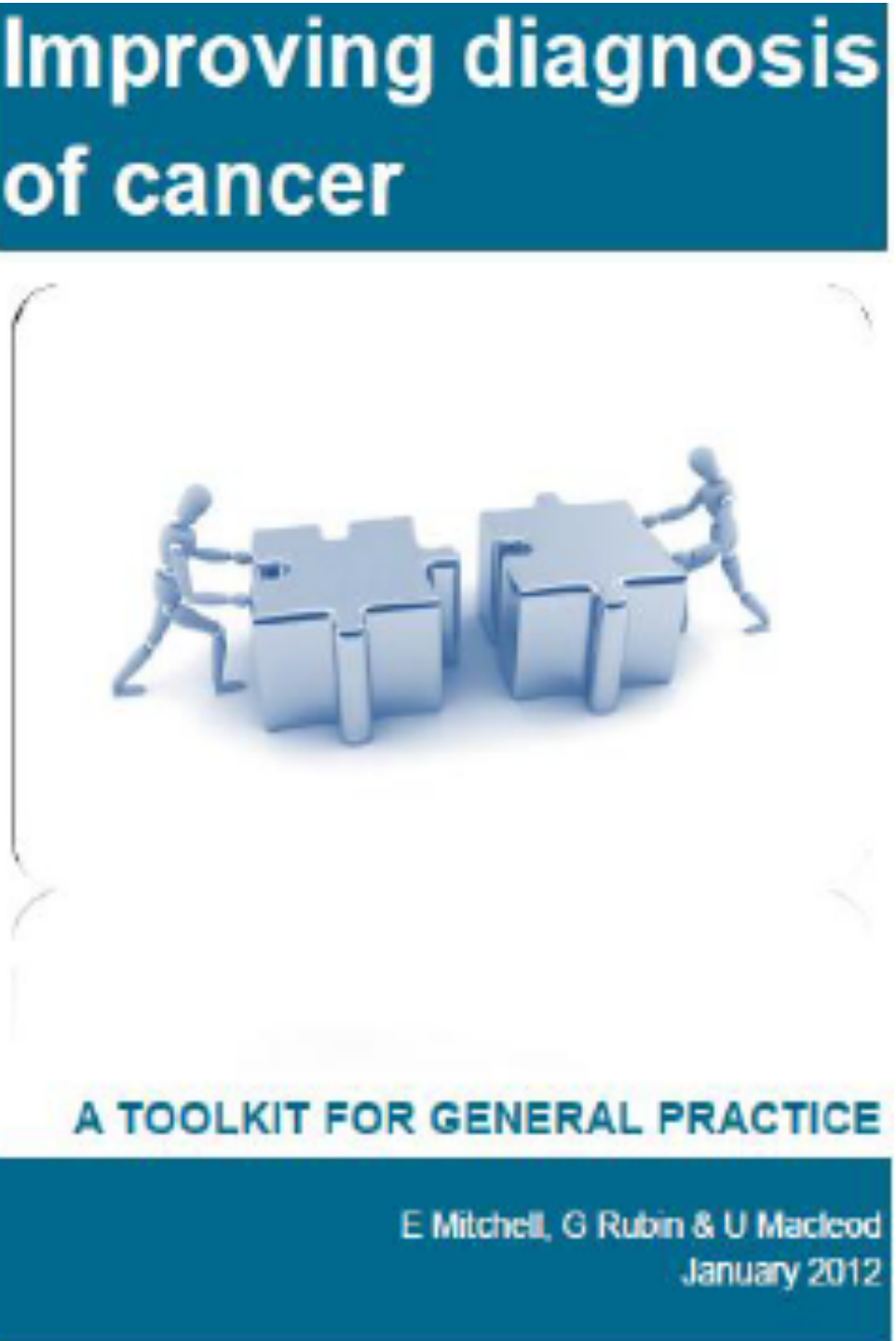
IN CONCLUSION



Strategies which may bring about earlier diagnosis:

Awareness raising in the community

Practice profiling/ benchmarking

Significant event analyses

Risk assessment tools

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29 June 2014 Last updated at 14:24

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GPs who fail to spot cancer could be named

The BMA's Dr Chaand Nagpaul says naming and shaming is not the answer

GPs with a poor record in spotting signs of cancer could be publicly named under new government plans.

Health Secretary Jeremy Hunt wants to expose doctors whose failure to spot cancer may delay sending patients for potentially life-saving scans.

Labour called the idea "desperate" and accused Mr Hunt of attacking doctors.

The Royal College of GPs said it would be a "crude" system and one that could lead to GPs sending people to specialists indiscriminately.

It warned this could result in flooding hospitals with healthy people.

The move is part of the health secretary's plans to make the NHS more transparent.

Ranking GP surgeries on how quickly they spot cases of cancer and refer patients for treatment is among proposals being considered.

Jeremy Hunt says more needs to be done to improve cancer detection

The information could eventually be published on the NHS website.

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- Plan to boost GP cancer detection rates
- Should we expect more on cancer?
- Cancer waiting time targets slip

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Lung expert says other diseases can be just as devastating

7 days quiz
What's the only question Prince deigned to answer in a Q&A?

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Quiz of the week's news	9
Tories 'to curb human rights cases'	10

Politicians don't always come up with the best ideas for general practice

Summary

SIGNIFICANT CHANGES OVER LAST DECADE

MANY OF CURRENT UK INITIATIVES ARE GP-FOCUSED AND/ OR GP-LED

EMERGING STRONG EVIDENCE BASE HELPS SHAPE NEW POLICY INITIATIVES – AND MAKES US RESILIENT TO BAD IDEAS

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THANKS FOR YOUR ATTENTION

Acknowledgements:

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- CRUK & NAEDI
- NATIONAL CANCER RESEARCH INSTITUTE – PRIMARY CARE CSG
- CANCER & PRIMARY CARE RESEARCH INTERNATIONAL NETWORK (CA-PRI)
- DEPARTMENT OF HEALTH, ENGLAND
- PC4 AUSTRALIA