MANCHESTER JOINT STRATEGIC NEEDS ASSESSMENT

ADULTS AND OLDER PEOPLE

CHAPTER: Physical Health

TOPIC Cancer

WHY IS THIS TOPIC IMPORTANT?

Cancer and Lifestyle

There are many things that together affect a person's chances of developing cancer – some of them can be controlled, some can't.

Cancer Research UK has noted that leading a healthy lifestyle is not a cast-iron guarantee against cancer. But it **reduces the risk** of the disease. If you think about cancer risk like a hand of cards, some people are dealt a worse hand because of their genes, some people a better one.

But in both cases, these people can do things to reduce their individual risk of cancer. So this type of information is crucial in equipping people with the information they need to ***stack the odds in their favour***.

There are 350,000 new cases of cancer each year in the UK, with approximately 160,000 deaths from cancer. 50% of patients in England and Wales now survive for at least 10 years. 42% of cancer cases could be prevented by lifestyle changes, such as:

- Not smoking
- Keeping a healthy bodyweight
- Managing alcohol consumption to safe levels
- Eating a healthy balanced diet
- Being physically active
- Being safe in the sun and avoiding excess UV exposure

We know that some cancers are more likely to be affected by lifestyle factors than others. Lung Cancer is the main example. But there is growing evidence that other cancers are greatly affected by the lifestyle too, Bowel and Breast Cancer are examples. Sadly though, not all cancer can be prevented. As we get older our chances of getting cancer increase and family history and the genes that we carry may be risk factors that we cannot change. However, good lifestyle reduces the risk of cancer in many cases and will improve our health and risk of disease generally.

Smoking is the largest single preventable cause of cancer with 19% of all cases being directly related to smoking. Excess body weight and alcohol consumption are the next biggest causes (5% and 4% of cases respectively). Over-exposure to ultra-violet radiation is the main preventable cause of skin cancer. Over 80% of malignant melanomas are linked to too much exposure to sunlight (sunburn) and sunbed use. A review of sunbed use and cancer concluded that using sunbeds before age 35 increased the risk of malignant melanoma by 59%. Use at any age increased the risk by 20-25%.
(http://www.cancerresearchuk.org/about-cancer/causes-of-cancer)

Many of the risk factors for cancer (smoking, diet, exercise, activity and alcohol consumption) are also relevant for prevention of other diseases such as heart disease,

stroke, diabetes and respiratory conditions. **This is why supporting people to make healthy lifestyle choices is so important in Manchester.**

It is important that all of our residents receive and understand the importance of attending screening appointments where offered and seeing their GP if they think they might have concerning symptoms. Early diagnosis is the key to treating cancer successfully and improving survival rates.

Cancer has been identified as a priority area nationally and for the Manchester Locality Plan. Reducing mortality from cancer considered preventable by 1,300 is one of the population health outcome aspirations for Greater Manchester. In order to achieve its target share of the Greater Manchester aspiration, Manchester would need to secure an additional 378 fewer deaths from preventable cancer over the next 5 years (2016-18 to 2020-22) compared with what is currently projected.

"You know you have lung cancer don't you?" – Those words uttered without warning by a junior registrar as he studied her chest x-ray was how Gloria learnt that she had one of the world's most difficult to treat cancers.

Gloria had been feeling breathless and discovered a sore lump on her collarbone in October 2011. She went to her GP who arranged an x-ray, which showed nothing out of the ordinary so Gloria got on with her life. But she became concerned again in April 2012 after becoming increasingly short of breath while walking upstairs. A second visit to her GP saw her referred to the asthma clinic where once more she was told that her lungs were fine.

Determined to get to the bottom of it Gloria asked for a peak flow meter to measure her lungs' capacity over a number of days at home. It was only when she asked her daughter to blow into it that she realised how little air she was managing to take in. By this stage, the once-active Gloria was having difficulty walking and swimming, and then her leg collapsed under her.

One more visit to the GP where again she was told her chest was clear, but this time Gloria insisted on a second x-ray. The following morning her surgery called. The x-ray had shown up fluid on her lung and she was to go immediately to her local hospital A&E department.

That was when she was told to go straight to the lung clinic where the junior registrar dropped the bombshell that she had lung cancer. In shock, alone and frightened she was taken to another room for an immediate biopsy with no explanation as to what it would be like or why it was needed.

Standing in an unscreened room and feeling vulnerable and exposed she was told to lift her t-shirt so that the needle could be inserted in her spine. Minutes later she was sitting alone in a waiting area, bewildered by the enormity of learning she had cancer, uncertain of what would be done to her next and shuddering in her clothing sodden with spinal fluid.

Eventually she composed herself enough to ask the receptionist why the doctor had asked her to continue waiting. Gloria was told a blood sample needed to be taken and that there was a queue. Looking up she saw the doctor who had taken the biopsy beckoning her over to his door where he gently told her that if she was in any discomfort he could give her painkillers……

Gloria, South Manchester

National Cancer Policy and Greater Manchester Devolution
In October 2014 the NHS in England set out how the NHS needed to change in its **Five Year Forward View (5YFV)**. This document made clear the NHS's intention to support and stimulate the creation of a number of major new care models, including in cancer services. It also began to set out a series of five-year ambitions for better prevention, faster diagnosis and better treatment and care for all.
https://www.england.nhs.uk/ourwork/futurenhs/nhs-five-year-forward-view-web-version/

In July 2015 **Achieving World-class Cancer Outcomes**, the report of the Independent Cancer Taskforce, applied a cancer lens to the themes of the Five Year Forward View. In total it made 96 recommendations, including that 'cancer alliances' should be created and that a new way of providing cancer care under a single lead organisation for a region should be tested. In May 2016 NHS England committed to delivering the Independent Taskforce's report by 2020. In **Taking the strategy forward** it sets out the first steps towards this, focussing on the major building blocks for change.
https://www.england.nhs.uk/wp-content/uploads/2016/05/cancer-strategy.pdf

The **NHS planning guidance 2016/17–2020/21** published in December 2015 set out the 'must dos' for 2016/17 for every local system. One of these centred upon the achievement of current waiting times standards in cancer and the improvement of one-year survival rates. The guidance also set out the aim that, by 2020, patients should have a definitive cancer diagnosis, or an all clear, within 28 days of being referred by a GP.
https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf

Taking charge of our health and social care in Greater Manchester was published in 2015. It details the collective ambition for the region's devolved health and social care system over the next five years.

It identifies five key areas for transformational change:

1. Radical upgrade in population health prevention
2. Transforming community based care & support
3. Standardising acute & specialist care
4. Standardising clinical support & back office services
5. Enabling better care

The plan contains a high-level summary of the ambition for cancer in Greater Manchester and the detailed plan for cancer care in a devolved Greater Manchester was published in January 2017.

The Five Year Forward View (5YFV) strategy made it clear that new ways of organising NHS care would need to be developed in the coming years to meet the challenges faced by the NHS. In the light of this strategy all NHS organisations were asked to put themselves forward to test some of these new ways of organising care (as vanguards). At the same time, an independent cancer task force appointed by the NHS was publishing its recommendations, which included that a new way of providing cancer care under a single lead organisation for an entire region should be tested.

Greater Manchester's NHS sought to become a cancer vanguard to test this new way of organising cancer care across the region. After making its case to NHS England,

Greater Manchester was successfully chosen along with partners in London as part of a national cancer vanguard. This wider partnership gives us the opportunity to work closely together to test the changes over a combined population of around 10 million. In the coming months the GM cancer vanguard will be engaging with patients and clinicians with the aim of developing and testing innovations that will radically improve cancer outcomes in Greater Manchester.

THE MANCHESTER PICTURE

New diagnoses (incidence)

In Manchester we have approximately 2,000 new cancer diagnoses each year. The table below show the age standardised cancer incidence rate (ASR per 100,000) for 2013 for each of the three Manchester CCGs compared to the national average. The figures highlighted in **bold** illustrate the areas in which the CCGs are significantly higher (i.e. worse) than the England average.

Cancer Incidence 2012-14 per 100,000 population - age standardised rate (Average number of cases/year)

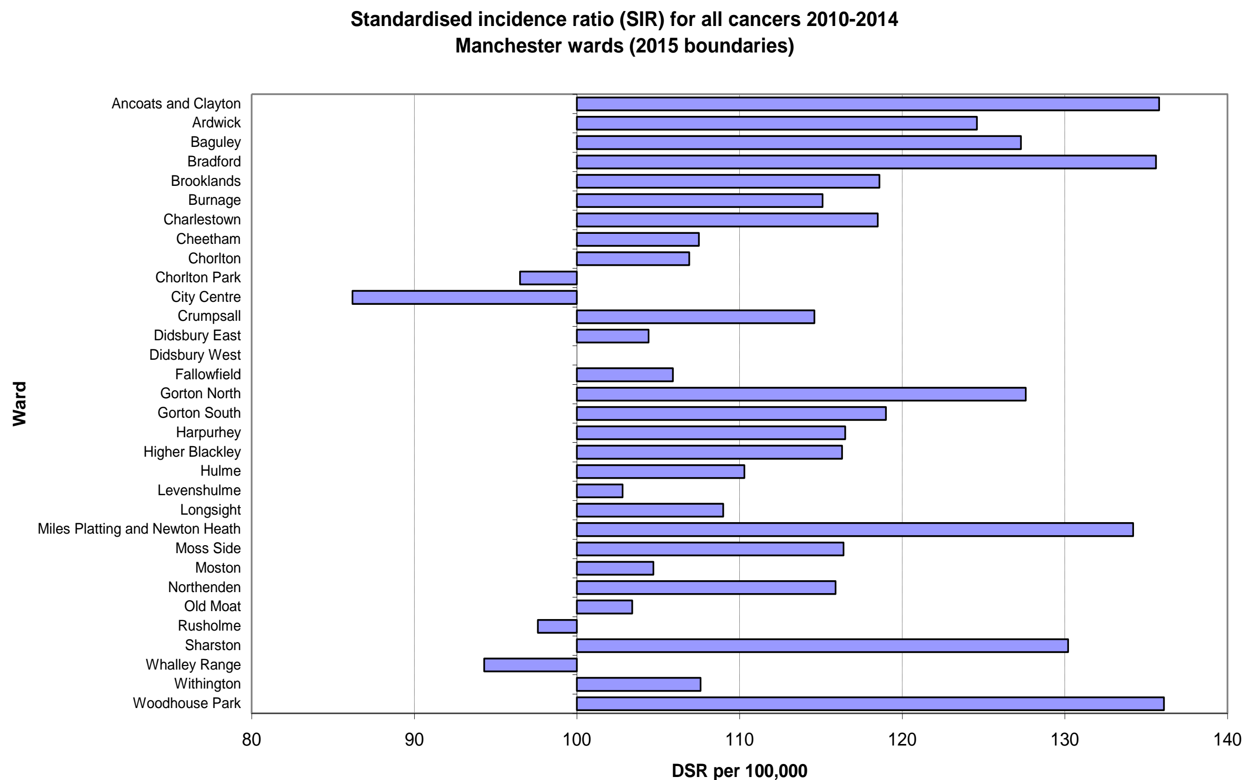
Tumour type	Central Manchester CCG	North Manchester CCG	South Manchester CCG	England
All cancers combined	**731.6 (603)**	**767.0 (729)**	**702.4 (732)**	615.3 (294,530)
Lung	**129.9 (95)**	**181.0 (159)**	**146.0 (139)**	79.8
Breast	168.9 (93)	161.1 (100)	**193.0 (129)**	169.9
Bowel	**86.2 (68)**	**84.8 (77)**	**83.1 (85)**	72.9
Prostate	**188.1 (63)**	**182.5 (74)**	163.0 (70)	181.8
Cervical	8.1 (5)	8.3 (6)	8.1 (70)	9.6
Oesophageal	**17.4 (13)**	**24.0 (22)**	**20.7 (19)**	15.7
Ovarian	**30.5 (16)**	23.6 (13)	20.6 (13)	24.1
Stomach	**17.6 (14)**	**18.5 (16)**	**13.1 (14)**	12.2

The table below shows the cancer incidence ASR in Manchester compared to similar CCGs in England.

All Cancers	Cancer Incidence 2012-14 / 100,000 population - age standardised rate
England	615.3
Central Manchester CCG	731.6
North Manchester CCG	767.0
South Manchester CCG	702.4
Similar CCGs	
Birmingham South & Central CCG	605.4
Nottingham CCG	647.6
Sandwell & Birmingham West CCG	615.8
Salford CCG	690.3
Stoke CCG	683.4

Source: Commissioning for Value Focus Pack: Cancer and tumours. NHS RightCare, May 2016
https://www.england.nhs.uk/rightcare/intel/cfv/data-packs/

The incidence of cancer (rate of newly diagnosed cases) in each ward in Manchester is shown below. The chart shows the standardised incidence ratio (SIR) for all cancers in the period 2010-2014.

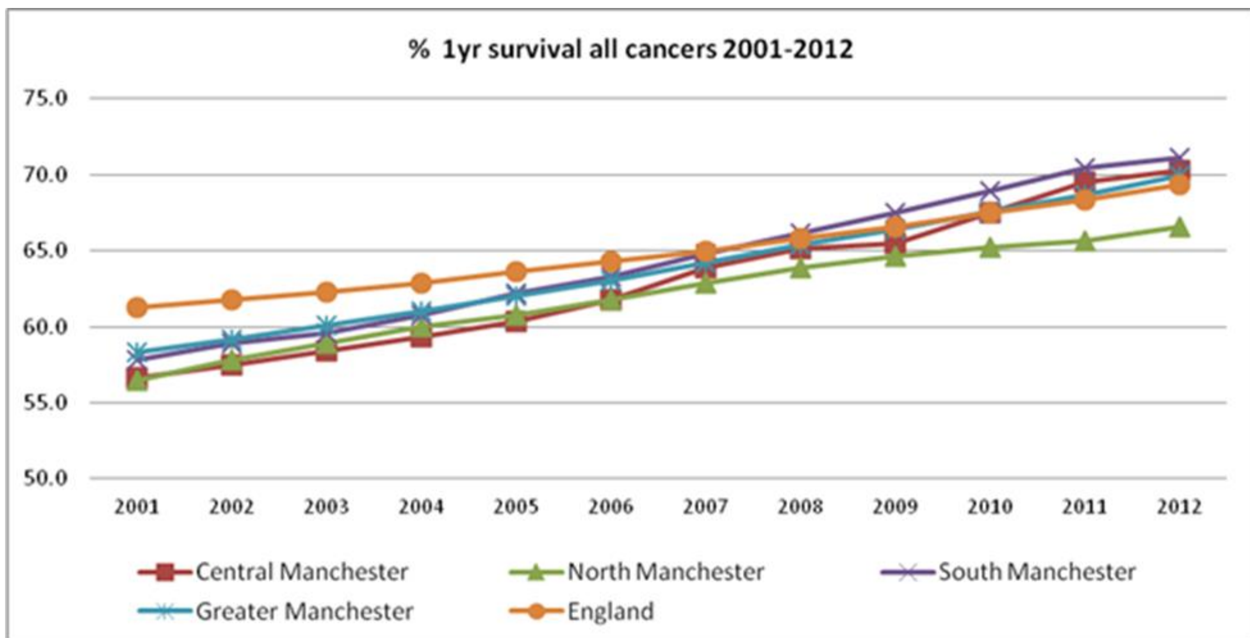


The wards with the highest incidence ratios are Ancoats and Clayton, Bradford, Miles Platting and Newton Health and Woodhouse Park. With the exception of Woodhouse Park, all of these wards are located in the north of the city.

People living with and beyond cancer diagnosis (prevalence)
It is estimated that there are approximately 10,000 people living with and beyond there cancer diagnosis in Manchester. This figure is expected to double to 20,000 by 2030 (http://lci.cancertoolkit.co.uk/HeadLines). As more people are living with cancer as a long term condition, they will require ongoing support for the consequences of their treatment or even as the disease progresses.

Cancer survival
The graph below shows the improvements in 1 year cancer survival in Manchester (i.e. the proportion of adults who are still alive one year after being diagnosed with cancer). Central and South Manchester 1 year survival figures are now just above the Greater Manchester and national average. North Manchester has shown significant improvement in survival, but remains below the Greater Manchester and national average.

Around 45% of people are diagnosed at an early stage (stage 1 or 2) but 55% are diagnosed at a later stage (stage 3 or 4) where the chances of curative treatment are reduced.



Survival rates in Manchester have been improving over time, thanks to improvements in diagnostic techniques, multidisciplinary working and effective treatments by specialist providers. Now more than 50% of people diagnosed with cancer can expect to survive for at least 10 years. Increased survival rates were faster in Central and South Manchester than in North Manchester.

1 year Survival

The table below shows the latest one-year survival estimates (%) for breast, colorectal (bowel), and lung cancer for cancers diagnosed in the 2014 calendar year among adults aged 15 years and over living in the three Manchester CCGs.

Tumour type	Central Manchester CCG	North Manchester CCG	South Manchester CCG	England
Breast	97.2%	96.4%	96.7%	96.5%
Bowel	73.7%	73.4%	74.3%	77.2%
Lung	34.3%	37.4%	39.3%	36.8%

Source: Source: Office for National Statistics and London School of Hygiene & Tropical Medicine Index of cancer survival for Clinical Commissioning Groups in England: adults diagnosed 1999 to 2014 and followed up to 2015 (December 2016)
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/indexofcancersurvivalforclinicalcommissioninggroupsinengland/adultsdiagnosed1999to2014andfollowedupto2015

The table below shows the one year survival rate for breast, lung and colorectal cancers combined in Manchester compared to similar CCGs in England.

Area	**Survival Rate (%)**
England	71.3%
Central Manchester CCG	72.6%
North Manchester CCG	70.5%
South Manchester CCG	71.6%
Similar CCGs	
Birmingham South & Central CCG	71.9%
Nottingham CCG	70.0%
Sandwell & Birmingham West CCG	68.3%
Salford CCG	70.4%
Stoke CCG	69.7%

Source: Commissioning for Value Focus Pack: Cancer and tumours. NHS RightCare, May 2016
https://www.england.nhs.uk/rightcare/intel/cfv/data-packs/

Cancer mortality

Every year, around 1,000 people in Manchester die from cancer each year. Manchester is ranked as 150th out of 150 local authorities for premature deaths from cancer (defined as deaths in people aged less than 75 years of age).

	Rank (out of 150 local authorities)
Cancer deaths	150 / 150
Lung cancer deaths	150 / 150
Breast cancer deaths	62 / 146
Colorectal cancer deaths	143 / 147

Source: Public Health England. Longer Lives: Premature Mortality.
http://healthierlives.phe.org.uk/topic/mortality

The table below show the age standardised cancer mortality rate (per 100,000) for 2013 for each of the three Manchester CCGs compared to the national average. The figures highlighted in **bold** illustrate the areas in which the CCGs are significantly higher (i.e. worse) than the England average.

Cancer Mortality 2012-14 - age standardised rate (ASR) per 100,000 population (Average number of cases shown in brackets)

Tumour type	**Central Manchester CCG**	**North Manchester CCG**	**South Manchester CCG**	**England**
All cancers combined	**349.6 (254)**	**390.3 (347)**	**351.7 (343)**	284.7 (132,899)
Lung	**87.9 (63)**	**132.2 (116)**	**108.4 (103)**	61.3
Breast	32.4 (14)	33.3 (17)	32.5 (19)	35.4
Bowel	**36.6 (28)**	**34.3 (30)**	**33.3 (33)**	27.9
Prostate	48.5 (14)	49.0 (16)	48.8 (18)	48.4
Cervical	1.6 (1)	**4.4 (3)**	**3.9 (2)**	2.8

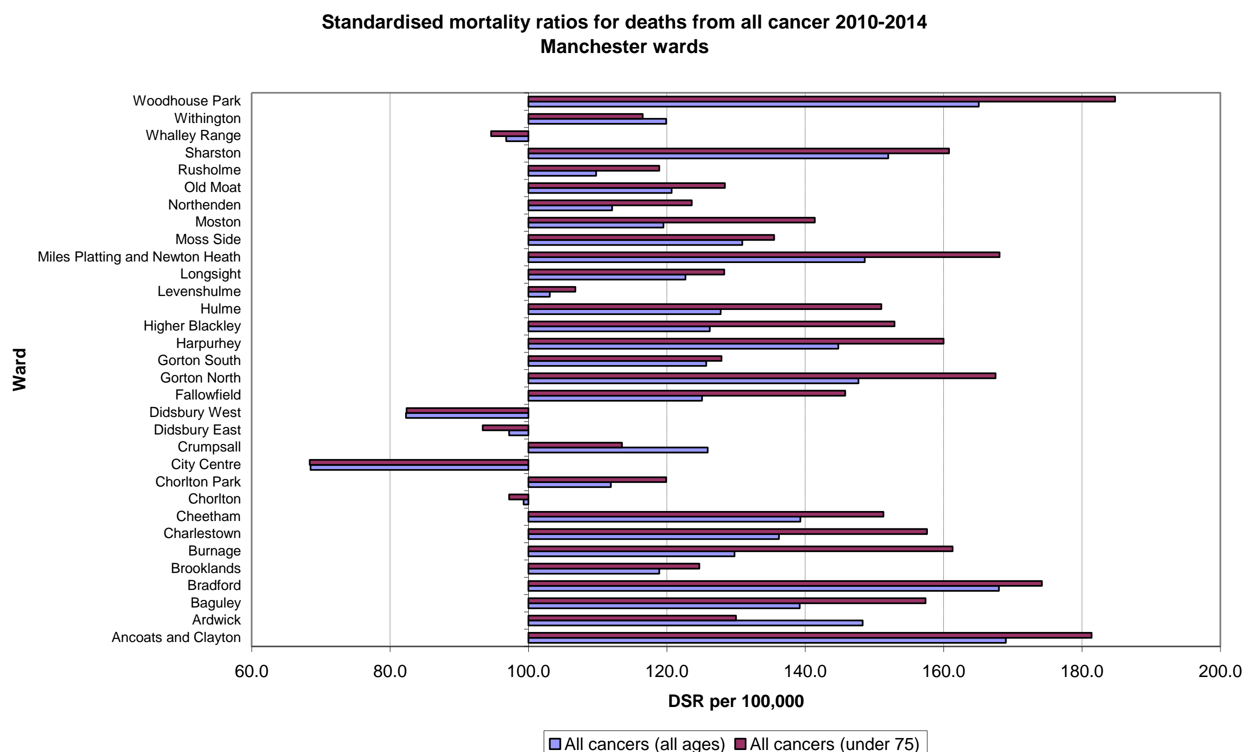
Tumour type	Central Manchester CCG	North Manchester CCG	South Manchester CCG	England
Oesophageal	**20.2 (15)**	**15.9 (15)**	**17.8 (17)**	13.7
Ovarian	**15.0 (6)**	12.8 (6)	11.7 (7)	13.2
Stomach	**10.8 (7)**	**9.8 (9)**	8.4 (9)	8.2

The table below shows the age standardised mortality rate (ASR) for all cancers in Manchester compared to similar CCGs in England.

All Cancers	**ASR per 100,000 population**
England	284.7
Central Manchester CCG	349.6
North Manchester CCG	390.3
South Manchester CCG	351.7
Similar CCGs	
Birmingham South & Central CCG	294.7
Nottingham CCG	318.7
Sandwell & Birmingham West CCG	319.6
Salford CCG	345.8
Stoke CCG	354.1

Source: Commissioning for Value Focus Pack: Cancer and tumours. NHS RightCare, May 2016
https://www.england.nhs.uk/rightcare/intel/cfv/data-packs/

Mortality from all cancer by wards in Manchester is shown below.



Source: English cancer registration data from the National Cancer Registration and Analysis Services' Cancer Analysis System (AV2014 CASREF01), National Statistical Postcode Lookup (May 2015), Public Health England, produced from ONS data © Copyright 2015

The five wards with the highest overall mortality are Ancoats and Clayton, Ardwick, Bradford, Sharston and Woodhouse Park. The five wards with the highest premature mortality are Ancoats and Clayton, Bradford, Gorton North, Miles Platting and Newton Heath and Woodhouse Park. As would be expected, areas with higher incidence rates of cancer tend to have more deaths from cancer. There are higher rates of death from cancer in areas to the North, East and South of the city – these tend to be areas with higher proportions of older residents.

The Manchester Challenge

Services tackling cancer in Manchester are subject to several challenges as described below:

- Manchester is the 4th most deprived district in England (out of 326), with over 40% of people in the two most deprived groups. Nine of the 100 most deprived areas are in Manchester. 75% of lung cancer patients and 60% of breast cancer patients are from the most deprived quintile. Nationally this figure is 27% of lung cancer patients and 15% of breast cancer patients
- Our residents often have lifestyle factors (smoking, exercise, diet etc) which increase the risk of developing cancer and other conditions. **22.7% of Manchester residents smoke** compared to 16.9% across England. **Deaths from smoking related diseases are 458.1 / 100,000** compared to 274.8 / 100,000 across England
- **Life expectancy is 75.8 for men** in Manchester (compared to 79.5 in England), and **79.9 for women in Manchester** (compared to 83.2 in England). Premature cancer death (<75yrs) rate in Manchester is 195.6/100,000, compared to national rate of 141.5
- Late diagnosis of cancers with many patients diagnosed at a **stage** where successful treatment is less likely. Approximately half of all cancers in Manchester are diagnosed at stage 3 or 4. Reasons for late diagnosis include lack of awareness on signs and symptoms of cancer; non-participation in national cancer screening programmes and late presentation to GP or emergency department

> "You best be sure, it's free so do it (bowel screening kit). It's not going to cost you anything and what's an hour or two out of your life to make sure you're OK. The longer you put these things off, the worse it might get and it may get to stage when you've waited too long. If you get the kit, do the test, send it off then it's up to the professionals, they will know what's what"
>
> **Benny, Bowel Screening Participant, Ardwick**

- The term **stage** is used to describe the size of a cancer and whether it has spread. The stage of a cancer is used to decide the best type of treatment. Different cancers have different staging systems but most systems have about four stages. Stage one is the smallest cancer and stage four (or the highest number) means the cancer has spread from where it started to another part of the body.
- **Screening uptake** (the percentage of a population eligible for a screening programme, who have been screened adequately, within a certain timeframe, and with a usable result following an invitation) is below national minimum standard for all 3 national cancer screening programmes for breast, bowel and cervical cancer, and all 3 Manchester CCGs. Uptake of National Cancer Screening programmes is described in the table below:

Tumour type	Central Manchester CCG	North Manchester CCG	South Manchester CCG	England
Breast	57.3%	53.5%	62.3%	72.8%
Bowel	39.2%	43.4%	44.4%	57.6%
Cervical	63.9%	66.9%	68.9%	73.5%

Source: Commissioning for Value Focus Pack: Cancer and tumours. NHS RightCare, May 2016
https://www.england.nhs.uk/rightcare/intel/cfv/data-packs/

- Approximately 25% of all cancers are diagnosed when people arrive at hospital as an emergency; this is compared to the England average of 20%. Patients presenting as emergencies have poorer outcomes due to their late presentation, and they may have other long term conditions or illnesses. The rate of emergency presentations per 100,000 population is described in the table below; the figures highlighted in **bold** illustrate the areas in which the CCGs are significantly higher (i.e. worse) than the England average.

Tumour type	Central Manchester CCG	North Manchester CCG	South Manchester CCG	England
Breast	**8.8**	**9.6**	**7.3**	6.7
Bowel	**23.7**	**25.2**	**22.5**	17.7
Lung	**54.3**	**64.4**	**46.8**	28.1

Source: Commissioning for Value Focus Pack: Cancer and tumours. NHS RightCare, May 2016
https://www.england.nhs.uk/rightcare/intel/cfv/data-packs/

Inequalities within the city

Age

Manchester has one of the lowest healthy life expectancies (the number of years a person can expect to live in very good health or good health) in the UK, with North Manchester CCG) second only to Bradford City CCG at just 53.8 years for men and 55.2 years for women compared to a national average of 63.5 for men and 64.8 for women. Life expectancy for someone born in Manchester has improved but is similarly very low, with men's life expectancy at 75.5 years (second lowest in England and Wales, after Blackpool) and women's at 80 years, which ranks lowest in England and Wales. Average life expectancy in England and Wales is 79.3 for men and 83 for women.
(http://healthierlives.phe.org.uk/topic/mortality/area-details#are/E08000003/par/cat-39-1/ati/102/pat/)

Ethnicity & Diversity

White & black men are more likely to be diagnosed with cancer than Asian men. White women are more likely to be diagnosed with cancer than black or Asian women.
(http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence#heading-Three)

> 'As an Asian woman who speaks little English, I would be more likely to pick up information with pictures on'
>
> **Breast patient, South Asian community**

Manchester has long embraced the breadth and diversity of its population and celebrates the values that bring people of different backgrounds together as Mancunians. Data from the 2011 Census shows that Manchester has become more diverse in the last decade, being the only local authority outside London with residents in each of the 90 detailed ethnic groups listed in the Census. The proportion of residents within the White broad ethnic group has fallen in Manchester from 81% in 2001 to 66.6% in 2011. All other ethnic groups have increased in proportion since 2001, with the Asian group, in particular, growing from 10.4% in 2001 to 17.1% in 2011.

'I have had breast cancer and to find people within my community who will talk about this is rare as within our culture to have cancer is seen as a curse'

Breast patient, Caribbean Community

Having volunteers from ethnic backgrounds has been beneficial both to the volunteers and to the pilot. Working in Asian communities speaking Punjabi and Urdu and having both men and women has been essential in raising awareness in those communities. It has also helped the volunteers; some have improved on their own English and communication skills.

A 50 years young Asian lady joined with little confidence and low self-esteem but wanted to help having being affected by cancer. As her confidence grew during her training and work as a volunteer she began to feel more strongly about empowering women sending out a significant message to her peers that if she can do it so can you!

An Iraqi volunteer has now got a clinical placement and wants to do teaching; two younger Asian ladies are studying to be pharmacists and have really seen the value of brief advice. They have stated that they will definitely support public health campaigns throughout their career and see more clearly after this that the work of public health is everybody’s business.

Macmillan Community Engagement Pilot Feedback

Deprivation

There is an increase in cancer incidence in people from the most deprived areas. Manchester has a deprivation score of 40.5 compared to the England average of 21.8.

Macmillan Cancer Support commissioned a review the routes from diagnosis for patients diagnosed with breast and lung cancer in 2004. The analysis showed that lung and breast cancer patients are more likely to be from the most deprived groups compared to the national average

% cancer patients in the most deprived deprivation groups	Central Manchester CCG	North Manchester CCG	South Manchester CCG	England
Breast	73%	82%	54%	16%
Lung	78%	93%	75%	27%

National data shown below indicates that 6,600 more people from the most deprived areas are diagnosed with cancer compared to people living in the least deprived areas.

Therefore, as Manchester is more deprived it is expected that incidence of cancer in the city will be higher than in other less deprived cities.

		Deprivation Quintile (1=least deprived, 5=most deprived)					Overall
		1	2	3	4	5	
Persons	AS Rate	366.3	376.0	385.8	401.9	432.1	389.5
	Yearly Excess Cases		1,492	2,810	4,319	**6,662**	15,283

Source: European Age-Standardised (AS) Incidence Rates by Deprivation Quintile, England All Cancers Excluding Non-Melanoma Skin Cancer (C00-C97 Excl. C44): 2006-2010

WHAT WOULD WE LIKE TO ACHIEVE?

Healthy People
People of Manchester need

- to have the knowledge and confidence to make healthy lifestyle choices
- to be supported by effective wellbeing services to overcome activities which lead to poor health and increased risk of cancer and other serious conditions such as cardiovascular disease, diabetes and respiratory conditions
- to be aware of signs and symptoms which could indicate a serious diagnosis, but also be able to access advice from healthcare professionals in a timely manner
- to be aware of the advantages of an early diagnosis in relation to cancer treatment and outcomes, so they can make good choices about health care and national cancer screening programmes

High Quality Services
There are a range of national standards that apply to cancer care in England. These include waiting times standards as well as quality standards for clinical services.

These standards are included in the commissioning of cancer services from providers to ensure the people of Manchester have access to the best care.

We must continue to provide good quality world class cancer services, with prompt access to diagnostic tests and treatments, and that have the capacity to care for patients sensitively, and promote health and wellbeing post treatment.

Support After Diagnosis
More patients will be living beyond their cancer diagnosis, but many will have late effects or consequences of their treatment or disease progression. Patients must be able to access these services promptly for assessment and treatment to prevent deterioration, but also so they can be supported to self-manage.

> 'I am sure the doctors and nurses thought they were telling me all I needed to know but I could have done with a lot more really'
>
> **Lung cancer patient**

> 'I was given a dedicated breast nurse but spoken to many over my treatment and they are all as dedicated as each other'
>
> **Breast cancer patient**

Priority areas for cancer care in Manchester

The priority areas for cancer care in Manchester are based on the National Cancer Strategy (Achieving World Class Cancer Outcomes 2015)

The following areas have been identified as priorities by key stakeholders:

Healthy Lifestyles / Disease Prevention

- Local authority partners
- Robust Tobacco Control strategy (reducing both supply and demand of tobacco).

Detecting Cancer Earlier

- National cancer screening programmes
- Signs & symptoms of cancer for public and health professionals
- New referral process for suspected cancer

Improved planned pathways for cancer patients

- Development of service specifications for tumour pathways
- Expectations for providers

Living with and beyond cancer / Cancer as a long term condition

- Recovery package
- Pathways for consequences of treatment or progressing disease

Palliative & end of life care

- Referrals to palliative care teams
- North Manchester model for palliative care
- Electronic Palliative Care Co-ordination System

WHAT DO WE NEED TO DO TO ACHIEVE THIS?

Support People to Live Well

We need to help people to understand how their lifestyle choices can influence their risk of getting cancer. Most people understand the link between smoking and cancer, but other risk factors such as alcohol, being overweight and diet are less well understood. We then need to support Manchester residents to make and sustain changes, when needed. It still remains the case that the biggest thing that we can do to prevent cancer is to help people to stop smoking. We also need to denormalise smoking, encouraging smoke free spaces both indoor and out. The National Tobacco Plan tells us that two thirds of adult smokers started before the age of 18 and therefore Public Health, Trading Standards and partners must continue to focus on legislation and public health work which will discourage young people from starting to smoke.

Tackling the root causes

All approaches to tackling cancer in Manchester need to be framed within our knowledge of the population and recognition of the wider determinants of health. It is evidenced that

risk factors for cancer and circulatory diseases, such as smoking, physical inactivity and obesity are elevated along the social gradient and that the burden of disease falls disproportionately on people living in deprived conditions, and for some health conditions, falls particularly heavily on certain ethnic groups. For example, education status is related to lung cancer incidence, with people with low levels of education having a higher incidence of this cancer. (Marmot 2010)

40% of cancers are preventable and is it possible to reduce cancer incidence by supporting healthy lifestyle choices. In particular, we need to help people to stop smoking in Manchester and to do everything we can to denormalise smoking so that young people do not start.

Reduce premature mortality from cancer - earlier detection through increased uptake of national cancer screening programmes, and awareness of signs and symptoms of cancer

Help people to live well after their cancer treatment so they can get back to work, education and hobbies, and reduce the risk of cancer recurrence or the development of serious other conditions (cardiovascular disease, diabetes, respiratory conditions)

Health & Social Care Integration
Support for patients in their homes as they recover from cancer treatment and early identification of potential complications of treatment and prompt referral to specialist services.

Community staff could signpost patients to supportive services for the assessment and management of conditions developed as a result of their treatment or disease progression

Health and wellbeing messages and advice can be provided and re-enforced by community teams

> "Maureen was a heavy smoker and often coughed. This time the antibiotics didn't seem to work so her GP sent her for a chest x-ray. The x-ray was suspicious and the scan showed lung cancer.
> Fortunately, she was able to have surgery to remove the cancer and that went well. The doctors told her that there was a chance it may come back. Maureen gave up smoking and lived life with a more philosophical outlook, really thinking she was lucky that the cancer was treatable. She still had a fair bit of ill health with other things, as well as her chest.
> Two years after the surgery the cancer recurred. Maureen was unwell, lost weight and the persistent cough came back. The GPs at the surgery were open and honest with Maureen and helped her think about how she would like to be cared for. She died at home with her large family in attendance. The GPs and district nurses really worked as a team to ensure that Maureen had a good death, and that her family was supported as much as possible."
>
> **Maureen's GP, North Manchester**

Manchester Locality Plan for Cancer

- **Prevention**: prioritise work to commission effective Well-being Services to improve health outcomes of Manchester people by encouraging healthy lifestyle choices around smoking, diet, alcohol and activity, to prevent disease and chronic conditions such as cardiovascular disease, diabetes and cancer

- **Early Diagnosis**: Continue to support work to improve cancer survival by diagnosing patients at earlier stage, through public participation in National Cancer Screening Programmes for Breast, Bowel and Cervical Cancer and the Manchester pilot project of community based lung health checks (in collaboration with Macmillan Cancer Improvement Partnership)

"I'm glad they do send these kits out to get tested because I wouldn't have gone to the doctor about my problems. I'm grateful I did the kit because now I know the earlier it's caught the better"

Bowel Cancer Patient

"I am less scared of Cancer, or the big C, now as in this day and age they have such good treatments, it's not the death sentence that it used to be and finding out I was all clear was really something else"

Mavis, Bowel Cancer Patient, North Manchester

- **Survivorship**: Support work to commission new models of aftercare and improve services for patients living with and beyond their cancer diagnosis, often with consequences of their disease and treatment, through the development of stratified aftercare pathways and supportive services

"Side effects of medication were unbearable but I didn't know I could change them. I was told by the Macmillan Information Centre that there were other options so I went back to my GP and got it changed

Breast Cancer Patient

- **Support for Primary Care**: the development of primary care cancer standards will help us to address issues such as screening uptake and support for patients living with and beyond their diagnosis to ensure patients are supported and know where to access further advice
- **Planned Care Pathways**: We need to improve care pathways for patients following cancer diagnosis to reduce emergency admissions – primary and secondary care to work collaboratively
- We will build on the work of the Macmillan Cancer Improvement Partnership in Manchester in developing new model of aftercare and innovative ways to diagnose patients earlier, rolling out the learning to other tumour pathways as per the National Cancer Strategy 2015
- We will support and influence the work of the Greater Manchester Cancer Vanguard in developing new clinical pathways and commissioning arrangements for cancer pathways that will ensure efficient use of resources

WHAT ARE WE CURRENTLY DOING?

Cancer Services in Manchester

There are three main Acute Trusts proving cancer services for the Manchester population:

- Central Manchester NHS Foundation Trust
- Pennine Acute Hospitals NHS Trust
- University Hospital South Manchester NHS Foundation Trust

The Acute Trusts receive approximately 12,000 referrals each year from the three Manchester CCGs. Referrals for patients with suspected cancer continue to increase, and in 2015-16 have increased by approximately 10% from 2014-15.

There is one Specialist Cancer Centre (the Christie Hospital NHS Foundation Trust) which serves the Greater Manchester population as well as patients from across the North of England.

Since April 2013 the following commissioning arrangements have been in place:

- CCGs have responsibility for the commissioning of cancer services including diagnosis of all cancers, services for patients living with and beyond cancer, and end of life care. NHS Trafford is the lead commissioner for cancer services in Greater Manchester
- NHS England has responsibility for the direct commissioning of specialist treatments and interventions for rare cancers, and specialist services including primary care, cancer screening, chemotherapy and radiotherapy
- Public health teams within Local Authorities take on responsibility for cancer prevention and population awareness of cancer signs and symptoms, as well as national cancer screening programmes

The Greater Manchester Cancer Board (GMBC) has been established since September 2016 to facilitate collaborative commissioning and provision of cancer services across the region. The Board has representatives of the whole cancer system (commissioners, local authorities, people affected by cancer, healthcare professionals, public health, clinicians, research and education, and provider trusts) and is chaired by the Executive Lead for Quality in Greater Manchester Health and Social Care Partnership. The Board will lead the cancer programme for the devolved health and social care system in Greater Manchester, and will have a broad focus from disease prevention and early diagnosis, to living with and beyond cancer and end of life care.

Partnerships and local innovations in Cancer Care in Manchester

Macmillan Cancer Improvement Programme (MCIP)
Macmillan has supported a programme of service redesign that has seen the development of many innovations to improve cancer care in Manchester (MCIP programme). These include:

- A locally commissioned service (LCS) for cancer care in primary care – findings from the LCS will be used to support the development of primary care cancer standards
- A new model of aftercare for patients treated for breast cancer, including implementation of key elements of the Macmillan Recovery Package*
- Community based lung health checks and targeted investigations for people at increased risk of lung cancer
- New model of specialist palliative care support for North Manchester

* The Recovery Package has four main interventions - Holistic Needs Assessment and Care Planning, Treatment Summary, Cancer Care Review, and Health and Wellbeing Events. These elements form part of an overall support and self-management package for people affected by cancer, along with physical activity as part of a healthy lifestyle, managing consequences of treatment, and information, financial and work support. The Recovery Package is recognised in the NHS England Five Year Forward View and the Cancer Taskforce Strategy which outlines a commitment to ensuring that '*every person with cancer has access to the elements of the Recovery Package by 2020*'. The roll out of these interventions will better support and improve the quality of life of people living with and beyond cancer (http://www.macmillan.org.uk/about-us/health-professionals/programmes-and-services/recovery-package)

Nightingale breast cancer prevention centre
The Nightingale Centre situated on the University Hospital of South Manchester complex in Wythenshawe is Europe's first purpose built breast cancer prevention centre. The centre offers a state-of-the-art diagnostic and treatment services to women and men with breast cancer and co-ordinates the NHS breast-screening programme for the Greater Manchester area. It also provides training facilities aimed at addressing the shortage of breast cancer specialists and acts as a base for one of the most ambitious breast cancer research programmes in Europe.

PROCAS study
The chance of getting breast cancer is not the same for all women. Some have a higher risk and some have a much lower risk. The Predicting Risk Of Cancer At Screening (PROCAS) study is funded by the National Institute for Health Research (NIHR) and aims to accurately work out the risk of breast cancer amongst women with a family history of the disease, using information on mammographic breast density together with DNA from blood samples collected from women taking part in the NHS breast screening programme in Greater Manchester. The study also seeks to determine whether it is feasible to introduce personalised breast cancer risk prediction into the NHS Breast Screening Programme. This would help services to make sure that any woman found to be at high risk of getting breast cancer is given advice on how to reduce their risk and, if appropriate, offered screening and closer monitoring more often. The long term aim of this study is to work towards making it possible for women to be screened as often as they need to be, based on their personal risk.

Citywide prevention programmes
The Health and Wellbeing Service ('buzz') operates across Manchester with the aim of increasing life expectancy by supporting individuals to improve their physical and mental health and wellbeing by promoting self care and personal resilience.

The One Team Prevention Programme is the proposed model for promoting wellbeing, preventing ill-health and reducing health inequalities through One Team. The aim is to secure a radical upgrade in population health and prevention through the provision of an infrastructure that enables sustainable, coherent and effective community based approaches to prevention across the City. Neighbourhood teams will be supported to deliver the objectives of the programme in a way that makes the most of local assets to target local needs and is co-produced with local community groups and residents.

Other innovations being implemented locally include:

- Work to improve engagement with national bowel screen programme in practices with lowest uptake. This is part of the National ACE (Accelerate, Co-ordinate, Evaluate) programme supported by NHS England, Macmillan Cancer Support and Cancer Research UK). An initial evaluation suggests that 40% of people that did not return their bowel screening kit said they would take part following contact by their GP practice non-clinical cancer champion

- Serious Event Analysis when patients are diagnosed with cancer following emergency presentation to hospital. This technique uses reflective practice and analysis to help practitioners explore how a diagnosis of cancer was reached and whether there were any learning points that could have facilitated earlier stage diagnosis and treatment). Key themes will be fed back to GPs and addressed through local developments by Macmillan GP cancer leads

- Working with Greater Manchester Cancer Vanguard (Transforming Aftercare Project) to undertake a review of breast, colorectal and prostate cancer follow up, with a view to developing new models of aftercare (building on the MCIP Breast redesign work)

- The Director of Public Health in Manchester established a Manchester Tobacco Alliance from 1 December 2016. The alliance includes partners from a wide range of statutory and not statutory agencies and partners and will develop a Tobacco Control Strategy for Manchester. This work is about more than helping people to stop smoking. We need to protect unborn children and all ages from the effects of secondary smoking, stop young people from starting smoking, denormalise smoking using a range of measures, help people to stop and carry out enforcement activity in respect of illegal sale of tobacco, illicit tobacco and Shisha.

Finally, there will be an even greater focus on prevention during 2017/18, specifically around tobacco control with investments in support services and campaigns to improve screening uptake.

OPPORTUNITIES FOR ACTION

The establishment of the Greater Manchester Health and Social Care Partnership provides an opportunity to prioritise services to support healthy lifestyle choices and disease prevention. 40% of cancers are preventable and the causes of cancer also cause other chronic diseases (such as heart disease, diabetes, stroke and respiratory diseases). There is a need to be more honest about health messages – especially around the benefits of early diagnosis and long term survival.

There are also opportunities for work more closely with primary care services to increase patient engagement with national Cancer Screening Programmes. Resources in primary care could be used to promote the benefits of early detection, and for the coding and contacting patients who did not attend screening or did not respond to invitation. GP-endorsed information and communication has been shown to increase screening uptake.

More people than ever are living with and beyond their cancer diagnosis (50% of people with cancer will still be alive in 10 years). We have an opportunity to work with the Greater Manchester Cancer Vanguard to develop new pathways that will support and empower patients to self-manage, reducing the need for long term hospital based follow up, and releasing capacity for patients with ongoing / complex needs or new symptoms. Patients will be able to re-access services as they need to, rather than at intervals pre-determined by the hospital.

The commissioning process for cancer pathways and services is complicated and fragmented and national payment mechanisms means that providers are incentivised by activity rather than outcome. There are parts of cancer pathways that fall between local and specialist (NHS England) commissioning and clarity is being sought on the ideal arrangements going forward as part of the Greater Manchester Cancer Vanguard Commissioning work stream. An Accountable Clinical Network for Cancer has been proposed and options are being developed.

Handover of care and of responsibility means that patients can be lost between systems, even with neighbouring care providers. Cancer pathways are often complex due to multiple providers being involved in the different stages, with patients often needing to make several visits to different hospitals along their cancer pathway. Patients are also complex with 60% of patients having an additional health need along with their cancer diagnosis.

REFERENCES AND LINKS

Cancer Research UK

The causes of cancer you can control
http://scienceblog.cancerresearchuk.org/2011/12/07/the-causes-of-cancer-you-can-control/

Causes of cancer and reducing your risk
http://www.cancerresearchuk.org/about-cancer/causes-of-cancer)

Cancer incidence statistics
http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence#heading-Three

Achieving world-class cancer outcomes: a strategy for England 2015-2020
http://www.cancerresearchuk.org/about-us/cancer-strategy-in-england

Greater Manchester Cancer Vanguard
https://gmcancervanguard.org/

Greater Manchester Combined Authority
Taking charge of our health and social care in Greater Manchester

Achieving world-class outcomes: Taking charge in Greater Manchester
http://www.gmhsc.org.uk/assets/GM-Cancer-Plan-Summary-proof-2.pdf

Macmillan

Physical Activity
http://www.macmillan.org.uk/about-us/health-professionals/programmes-and-services/physical-activity.html#290117

The Consequences of Treatment Programme
http://www.macmillan.org.uk/about-us/health-professionals/programmes-and-services/consequences-of-treatment/index.html#295201

Macmillan Cancer Improvement Partnership
http://www.macmillan.org.uk/about-us/health-professionals/programmes-and-services/cancer-improvement-partnership.html

NHS Cancer Screening Programmes
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NHS England

Five Year Forward View
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Achieving World Class Cancer Outcomes: Taking the Strategy Forward
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Delivering the Forward View: NHS planning guidance 2016/17 - 2020/21
https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf

Cancer waiting times
https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/

Five Year Forward View
https://www.google.co.uk/search?q=NHS+England+Five+Year+Forward+View&oq=NHS+England+Five+Year+Forward+View&aqs=chrome..69i57.2178j0j4&sourceid=chrome&ie=UTF-8

NHS RightCare
https://www.england.nhs.uk/rightcare/intel/cfv/data-packs/

NICE
https://www.nice.org.uk/guidance

Office of National Statistics
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/indexofcancersurvivalforclinicalcommissioninggroupsinengland/adultsdiagnosed1999to2014andfollowedupto2015

Predicting Risk of Cancer at Screening (PROCAS)
http://research.bmh.manchester.ac.uk/healthinformatics/research/PROCAS

Prevent Breast Cancer
https://preventbreastcancer.org.uk/about-us/the-nightingale-centre/

Public Health England

Longer Lives
http://healthierlives.phe.org.uk/topic/mortality

Premature Mortality - Manchester
http://healthierlives.phe.org.uk/topic/mortality/area-details#are/E08000003/par/cat-39-1/ati/102/pat/

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It is hoped that you have found this topic paper useful. If you have any comments, suggestions or have found the contents particularly helpful in your work, it would be great to hear from you.

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