

# National Cancer Programme

## BULLETIN

Issue 21, September 2011  
Gateway reference 16712

### **This Month in Cancer**

**Professor Sir Mike Richards, National Cancer Director**

Dear Colleague

I mentioned in our last edition that we were working on campaigns to promote earlier diagnosis of cancer. Much progress has been made over the last two months.

Earlier this month, Paul Burstow, the Minister who leads on cancer services, announced a national bowel cancer symptom awareness campaign, to run from January next year, and a regional lung cancer symptom awareness campaign, to run in the Midlands next month. We are working closely with colleagues in SHAs and Cancer Networks, to ensure that the NHS is ready for the campaigns. We know from the bowel cancer pilots earlier this year that the campaigns work – they lead to greater awareness of symptoms among the public, more presentations (of the right people) at the GP surgery and more referrals to secondary care – and so we need to learn from those pilots in preparing for the forthcoming campaigns.

I should also mention that we have funded a range of local campaign activity to the value of £2.5m – for projects to deliver earlier diagnosis of oesophagogastric cancers, cancers with the symptom of blood in urine, and breast cancer symptoms in women over 70. We were very impressed by the quality of the bids for this budget, and look forward to seeing the results of the local trials.

We have also provided – through the National Cancer Action Team and DH - about £3m of funding to support GPs in earlier diagnosis. This money was allocated following bids by Cancer Networks.

During August the Department of Health published three sets of national and official statistics on waiting times for suspected and diagnosed patients. These were an annual report for 2010/11 and a statistical dataset for Quarter 1 2011/12 which both detailed the performance and activity providers within the English NHS. The third publication was a dataset covering all of 2010/11 and gave a different view of these data, concentrating on a local commissioner level, detailing performance and activity based on where the patient was sent to hospital from. Whichever way you choose to look at these

data they show the continued sustained performance of the NHS, but highlight some variations at a local level.

Finally, we are also looking at a range of other issues, not just early diagnosis – for example, later in this bulletin we cover the first report on the radiotherapy dataset, and we are looking at how we can use this new information flow to lever the adoption of new radiotherapy techniques.

Professor Sir Mike Richards  
National Cancer Director

## Policy News

### Launch of National Bowel Cancer Symptom Awareness Campaign

The first ever national cancer campaign to increase awareness of bowel cancer symptoms was launched on 16 September. The campaign will start in January. The 'Be Clear on Cancer' awareness ads will aim to make people aware of the early signs of bowel cancer and make it easier for them to discuss this with their GP.

In England, bowel cancer is the third most common type of cancer. An estimated 33,000 new cases are diagnosed each year. An estimated 13,000 people die annually from bowel cancer. It is estimated that, if England had bowel cancer survival rates as good as the best in Europe, 1,700 lives could be saved each year – and a large part of this would be through earlier diagnosis.

As well as running a national bowel cancer symptom, the Department is running a regional trial for a lung cancer symptom awareness campaign and providing funding for a range of local campaigns.

For further information on the campaigns, visit:

<http://www.dh.gov.uk/health/2011/09/bowel-cancer-awareness-campaign-to-go-national/>

For Professor Sir Bruce Keogh's letter to the NHS asking them to prepare for the campaigns, visit:

<http://www.dh.gov.uk/health/2011/08/cancer-diagnosis-letter/>

## Implementation news

### NHS Cervical Screening Programme - Implementing HPV Triage and Test of Cure (Gateway reference number: 16045)

The Operating Framework for the NHS in England 2011/12 (paragraph 4.36, bullet 3) states that commissioners should work with their local services and NHS Cancer Screening Programmes to implement HPV testing as triage for women with mild or borderline results, leading to a more patient centred service and major cost savings. A link to advice to the NHS is below, along with a link to implementation guidance and other information on the NHS Cervical Screening Programme intranet site.

For more information visit:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_128765.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128765.pdf)

or the NHS Cervical Screening Programme intranet site:

[www.csp.nhs.uk](http://www.csp.nhs.uk)

# Publications August/September 2011

## Cancer Waiting Times: Quarter One 2011/12

The latest quarterly national statistics on NHS cancer waiting times produced by the Department of Health were released on 26 August 2011. The key findings for this period were that:

- 95.4% of people were seen by a specialist within two weeks of an urgent GP referral for suspected cancer;
- 98.3% of people began first definitive treatment within one month (31 days) of diagnosis, for all cancers; and
- 86.6% of people began first definitive treatment within two month (62 days) of an urgent GP referral for suspected cancer, for all cancers.

For more information visit:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH\\_129233](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_129233)

## Cancer Waiting Times Annual Report, 2010-11

The Department of Health's second annual report of the national statistics on waiting times for suspected and diagnosed cancer patients in the English NHS was released in August. The key points within the 2010/11 report are:

- 95.5% of patients urgently referred for suspected cancer by their GP were seen by a specialist within two weeks of referral;
- 94.8% of patients urgently referred by their GP with exhibited breast symptoms (where cancer was not initially suspected) were seen within two weeks of referral;
- 98.4% of patients receiving their first definitive treatment for cancer began that treatment within one month (31 days);
- 87.0% of patients receiving first definitive treatment for cancer following an urgent GP referral for suspected cancer began treatment within two months (62 days) of referral;
- 93.7% of patients receiving first definitive treatment for cancer following referral from an NHS cancer screening service began treatment within 62 days of referral;
- 93.5% of patients who received first treatment for cancer following a consultant's decision to upgrade their priority began treatment within 62 days of that decision;
- 97.1% of patients waited 31 days or less for second or subsequent treatment, where the treatment modality was surgery; and
- 99.6% of patients waited 31 days or less for second or subsequent treatment, where the treatment modality was an anti-cancer drug regimen.

For more information visit:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH\\_128618](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_128618)

## Commissioner-based cancer waiting times, April 2010 to March 2011

In August the Department of Health released statistics showing waiting times for suspected and diagnosed cancer patients by Primary Care Trust. Some of the key points from these statistics are that, in England, during the period April 2010 to March 2011:

- 95.5% of people were seen by a specialist within two weeks of an urgent referral for suspected cancer from their GP;
- 98.3% of people began their first treatment within one month (31 days) of receiving a diagnosis of cancer; and
- 86.9% of people began treatment within two months (62 days) or an urgent GP referral for suspected cancer.

Please note that some of these figures may differ from the Cancer Waiting Times Annual Report, 2010-11, also released in August 2011. This is because commissioner-level data does not include those patients receiving treatment in English providers who are not registered at Primary Care Trusts in England, unlike the annual report.

For more information visit:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH\\_128719](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_128719)

## Radiotherapy Dataset Annual Report 2009-2010

This report, compiled by the Radiotherapy Clinical Information Group, details the first year's experience of collecting and using a new radiotherapy dataset. It outlines the approach taken to data collection, completeness, timeliness and validity of the data collected, and the quality assurance process. It gives details of the mechanism for feeding data back to the radiotherapy facilities and the commissioners, and makes some preliminary analysis of the whole dataset submitted by the English radiotherapy facilities during the financial year 2009/10.

The Radiotherapy Clinical Information Group reports to the National Cancer Information Network and the National Radiotherapy Implementation Group on behalf of the National Cancer Action Team and the Department of Health

For more information visit:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_128357](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128357)

## End of Life Care Third Annual Report

The Annual Report reports on progress made during the third full year of implementation of the EoLC Strategy, which was published in 2008. The report summarises a wide range of activity at national and local levels, demonstrating a high level of commitment to improving the quality of end of life care for all those who need it.

Progress during the year includes the following:-

- completion of the pilots for locality end of life care registers – now formally called Electronic Palliative Care Coordination Systems.
- the Palliative Care Funding Review has reported, the recommendations, are now being considered and work has commenced on the scope for a series of pilots;
- the National EoLC Intelligence Network has produced a range of resources to help commissioners and providers understand how EoLC is provided for people with different conditions and in different areas;
- the pilot to inform the national survey of the bereaved has been completed. The national survey itself will be the source of the data for the EoLC indicator in development for Domain 4 of the NHS Outcomes Framework.

For more information visit:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_130239](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_130239)

**Building the Clinical Evidence to Improve the Patient's Experience: delivering major breast surgery (excluding reconstruction) as a day case or a one night stay**

Working in partnership with clinical teams in 72 NHS Acute sites across England (within 13 clinical spread networks), NHS Improvement - supported by the British Association of Day Surgery and Breakthrough Breast Cancer – tested the hypothesis that the streamlining of the breast surgical pathway could reduce unnecessary lengths of stay by 50%, by managing patients' expectations, changing clinical practice and ensuring that the pathway is efficient, without the loss to quality, safety and patient outcomes.

The 13 national clinical spread networks have shared their learning and outcomes. For more information visit:

[www.improvement.nhs.uk](http://www.improvement.nhs.uk)

For recent press release on this work, visit:

<http://www.improvement.nhs.uk/Home/DeputyPMVisit/tabid/210/Default.aspx>

## What's On?

### Designing and Implementing Aftercare Pathways to Benefit Children & Young People Living with and Beyond Cancer

The 6<sup>th</sup> National Children & Young People Survivorship (NCSI) Workshop supported by NHS Improvement and Macmillan Cancer Support is taking place on the 12<sup>th</sup> October 2011, London.

The workshop will also provide an opportunity to launch the refined patient pathways in connection to the aftercare models for children & young people living with and beyond cancer which have been tested and prototyped in selected NHS improvement sites. This will also provide a further opportunity to recognise and acknowledge the progress to date and to share emerging learning and experiences.

For more information visit:

[www.improvement.nhs.uk/cancer/SurvivorshipLivingWithandBeyondCancer/CYPPrototypeSites/tabid/262/Default.aspx](http://www.improvement.nhs.uk/cancer/SurvivorshipLivingWithandBeyondCancer/CYPPrototypeSites/tabid/262/Default.aspx)

### **Editor's Notes**

Unless otherwise stated, guidance referred to in the bulletin has not been commissioned or endorsed by the Department of Health - it is evidence that organisations and professionals may find helpful in improving practice. The National Institute for Health and Clinical Excellence is the Department's sole provider of accredited evidence and guidance, which can be found on the Institute's website at [www.nice.org.uk](http://www.nice.org.uk).



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