

# Evaluation of the Camden Cancer Programme



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# Introduction

- Camden CCG commissioned *London Cancer* to undertake a three year cancer intervention (April 2013 to April 2016)
- The aim was to promote early detection of cancer
  - Improving population awareness of signs & symptoms & to remove barriers to seeking help through a Community Education project. Targeted at:
    - Bengali community
    - Residents aged 50+
  - GP professional development
  - Pharmacy pilot project

# Community Education

- Partnering with local organisations/charities e.g. Tottenham Hotspurs Foundation, Bengali workers association
- Street stalls, community meetings, meetings endorsed by religious leaders, cervical cancer media campaign
- “diverse nature of the target audiences... hard-to-reach demands innovative approaches...one size will not fit all... a range of approaches is effective.”
- “needs to be flexibility...ability to stop activities which are not delivering, and adopt new approaches. In this respect, the programme has worked well”
- One example includes setting up a service to telephone Bengali women to encourage them to attend cervical screening

# CAMs Data Background

- Carried out by ‘Community Researchers’

50+

- 750 people
- Living in one of the following Camden wards: Cantelowes, Gospel Oak, Haverstock, Kilburn, Regents Park, St Pancras and Somers Town

Bangladeshi

- 300 people, all aged 18+
- From a Bengali background, from a range of wards

# Knowledge of signs and symptoms: 50+

50+ sample: CAMs question	2014 % Yes	2016? % Yes (improvement)
Do you think unexplained lump or swelling could be a sign of cancer?	74	76 (2%)
Do you think persistent unexplained pain could be a sign of cancer?	55	56 (1%)
Do you think unexplained bleeding could be a sign of cancer?	56	79 (23%)
Do you think a persistent cough or hoarseness could be a sign of cancer?	51	70 (19%)
Do you think persistent difficulty swallowing could be a sign of cancer?	51	64 (13%)
Do you think a change in the appearance of a mole could be a sign of cancer?	69	81 (12%)
Do you think a sore that does not heal could be a sign of cancer?	41	57 (16%)
Do you think unexplained weight loss could be a sign of cancer?	58	69 (11%)

# Knowledge of signs and symptoms: Bengali



Bengali sample: CAMs question	2014 % Yes	2016? % Yes (improvement)
Do you think unexplained lump or swelling could be a sign of cancer?	66	69 (3%)
Do you think persistent unexplained pain could be a sign of cancer?	43	46 (3%)
Do you think unexplained bleeding could be a sign of cancer?	59	64 (5%)
Do you think a persistent cough or hoarseness could be a sign of cancer?	46	61 (15%)
Do you think persistent difficulty swallowing could be a sign of cancer?	40	52 (12%)
Do you think a change in the appearance of a mole could be a sign of cancer?	37	63 (26%)
Do you think a sore that does not heal could be a sign of cancer?	33	42 (9%)
Do you think unexplained weight loss could be a sign of cancer?	47	51 (4%)

# Age and cancer

- A large proportion of people in both groups think cancer is unrelated to age .
- **1%** answered correctly in 2014, **2%** in 2015 and **3%** in 2016.



# Volunteers

- 14 volunteers retained
- Developed bespoke training programme
  - Knowledge in cancer awareness and screening programme 'CRUK Talk Cancer Training'
  - Communications skills
- Keen to be involved on an ongoing basis
- Will be involved in the ongoing community education work in Camden



# Media Campaign

- Would have benefitted from having a designated leader on this
- Was difficult to find a cancer survivor to be the 'face' of the campaign
- More effective to piggy back on to the national 'Be Clear on Cancer Campaigns' and make sure our messages fitted the timelines of this and that the content matched

# Pharmacy Project

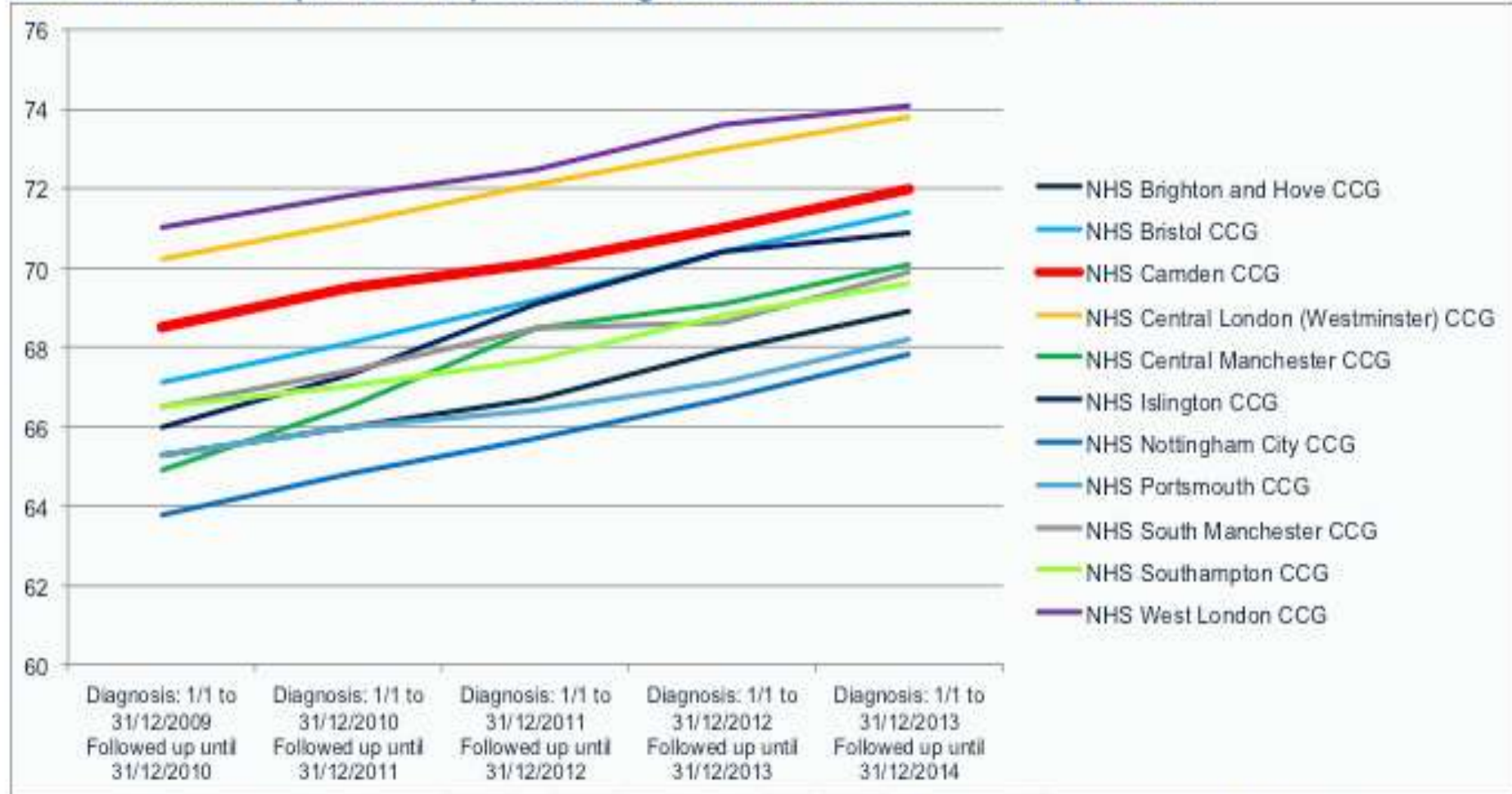
- 6 community pharmacies were recruited and trained
- 768 conversations on breast, lung and bowel cancer symptom awareness
- Cost-effective intervention
- Poor knowledge levels of NHS screening programme coverage, with only 1 in 3 can identifying age range for cancer screening
  - 26% bowel cancer screening
  - 33% breast cancer screening

# GP and Nurse/Healthcare Assistant Education

- ‘Speed Dating’ Annual Education Events well liked
- CRUK facilitator visits – would benefit from linking more with the community work provider
- Outreach of GPs into communities would be of benefit
- BMJ bespoke modules
  - Although useful found by GPs to be too extensive (10 hours if all completed)
  - Advice is to choose online learning that is more succinct

# One Year Survival

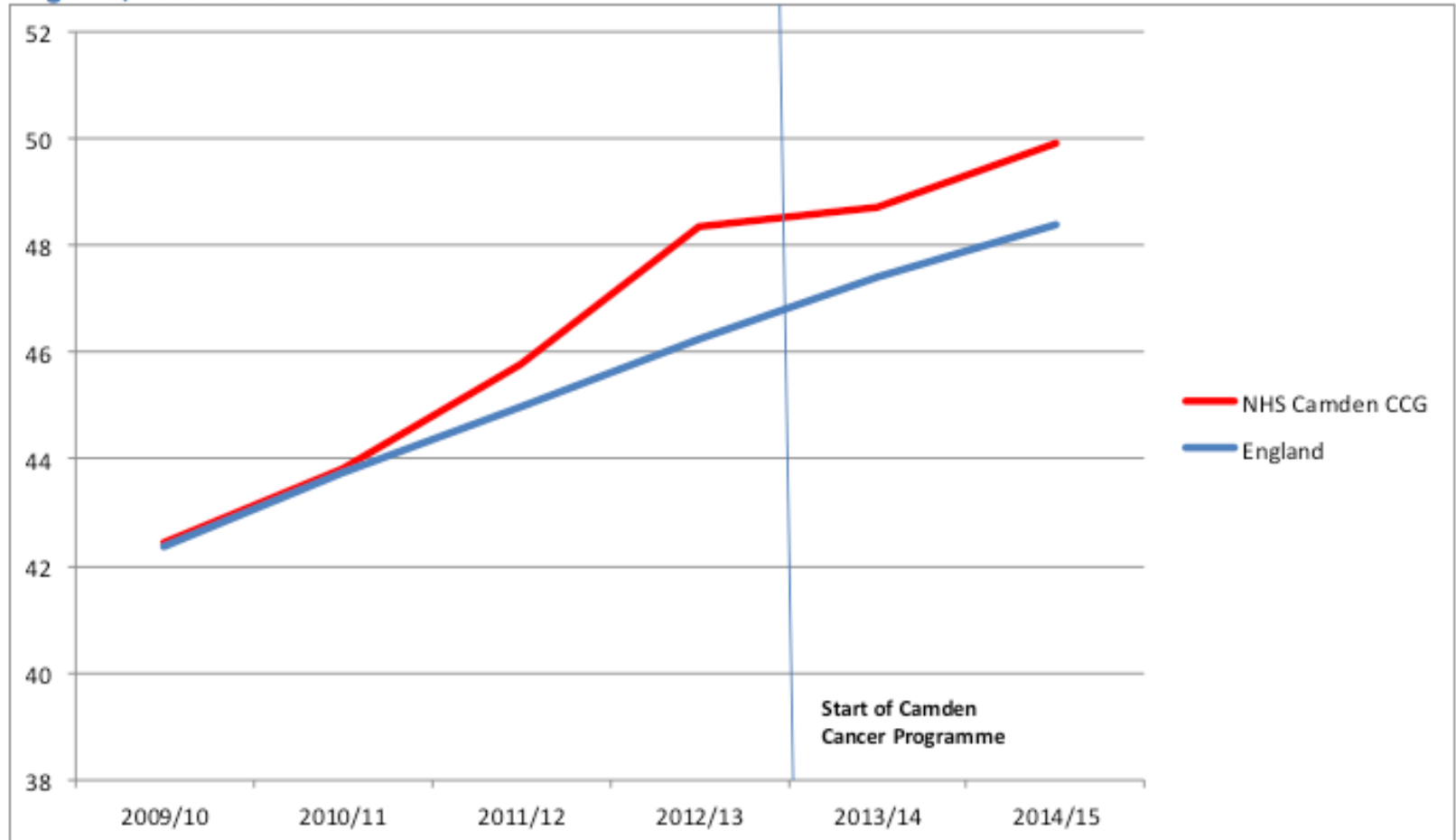
Figure 7.34: Trend in one year survival for all cancers for RightCare Peer CCGs, for patients diagnosed in 2009 and followed up in 2010 to patients diagnosed in 2013 and followed up on 2014



Source: ONS, Statistical Bulletin: Index of cancer survival for Clinical Commissioning Groups in England

# Detection Rate

Figure 3: Percentage of new cancers referred via the two week wait (Detection Rate) for NHS Camden and England, 2009/10 to 2014/15



Source: PHE Cancer Service Profiles

# Conclusion

- Awaiting full report from Solutions for Public Health
- Interim report:
  - “Overall, mix of approaches important: problems being addressed are complex and multi-faceted.
  - It may be that 3 years is too short a time to address them; this is not a reason not to start.
  - Some of the approaches being tried are very innovative.
  - The impact of individual projects may not be visible through ‘broad brush’ outcome measures such as changes in referrals, but they can still offer learning.”

# Next Steps

- Planned Care LES
- Await full review from Solutions for Public Health
  - Ongoing community education but consider different target groups and greater link between GP surgeries and the provider doing the community education work.
  - Continue using ‘small c’ materials and pharmacy involvement
  - Ongoing GP education: stick with the ‘speed-dating’ format and CRUK facilitator work and targeted online training
  - Ongoing project around screening
- Introduce ‘living with and beyond cancer’ programme
- Vanguard e.g. working on improving primary and secondary care communication to improve 2ww referrals, straight to test, better coding of staging