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Shaping a blueprint for cancer

Plymouth Cancer Summit

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A lot to be proud of

- More patients treated
- More patients surviving
- Better patient experience than ever before
- Greater use of effective treatments

But more to do

- Survival gap with other countries
- Continuing poor outcomes for some cancers
- Growing incidence
- Cancer waiting times
- Financial context

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Cancer and the Five Year Forward View

- Radical upgrade on prevention and public health
- Greater personal control
- Breaking down institutional barriers
- New models of care
- National leadership, local flexibility
- Shared vision and partnership with the voluntary sector (cancer is an exemplar)

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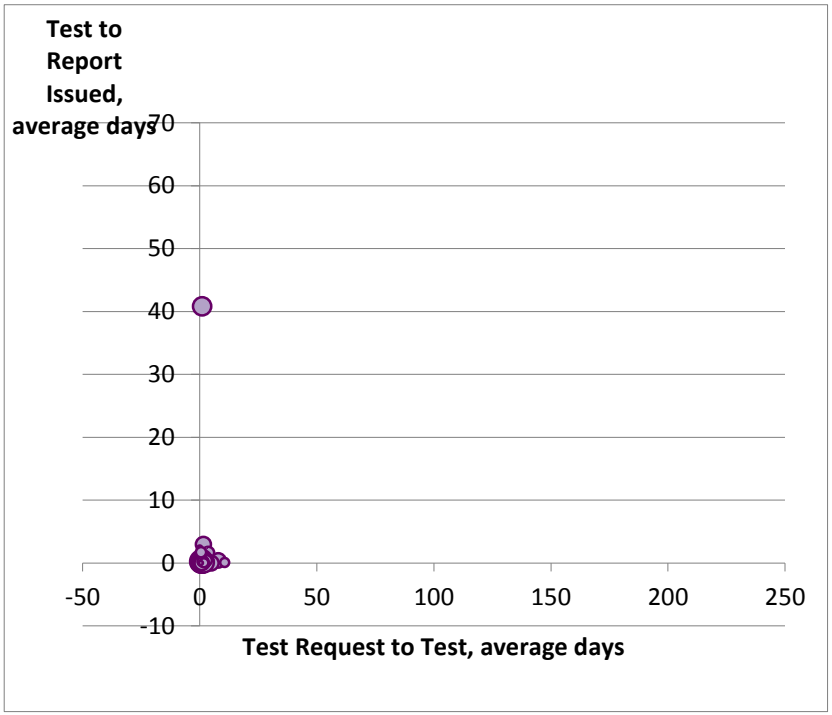
Four big challenges and opportunities

- Tackling late diagnosis
- Enabling access to the best treatments
- Supporting people living with and beyond cancer
- Better outcomes for older people

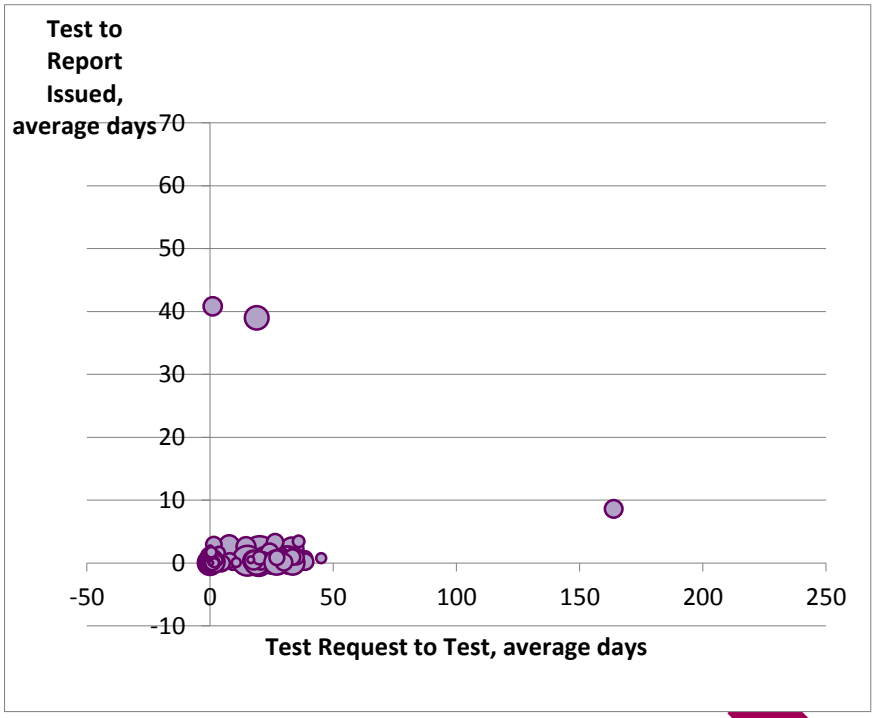
GP direct access to tests

- On average access to tests would make a difference for 6% cases
- BUT hides 15 – 20% cases where it would (Brain, Pancreas, Renal, Stomach, Testicular and Ovarian cancers)
- Main tests were CT, Endoscopy and USS

Non obstetric USS test times



Inpatient



GP

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Route to Diagnosis, England 2006-2008

2006-2008	Screen detected	Two Week Wait	GP referral	Other Outpatient	Inpatient Elective	Emergency presentation	Death Certificate Only	Unknown	Number of cases
All cancers	**5%**	**26%**	**21%**	**10%**	**6%**	**24%**	**1%**	**8%**	**739,667**
Breast	**28%**	**43%**	**11%**	**3%**	**1%**	**5%**	**0%**	**9%**	**110,173**
Colorectal	**2%**	**27%**	**20%**	**9%**	**9%**	**26%**	**1%**	**6%**	**91,416**
Lung		**24%**	**17%**	**10%**	**4%**	**39%**	**1%**	**5%**	**96,735**
Ovary		**23%**	**20%**	**12%**	**5%**	**32%**	**1%**	**7%**	**16,026**

Over half of lung, upper GI and ovarian cancers were patient initiated A & E attendances

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Making more cancers curable

- "The difference between us and them"
  - Increased access to tests
  - Increased willingness to test
  - Easier access to specialist opinion

- Promote a proactive approach in primary care
  - Explore new models as in the 5YFV

- Significantly shift early stage at diagnosis from 56% to 66%

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Making earlier diagnosis happen

Accelerate Coordinate and Evaluate (ACE)

- Direct / Access to rapid diagnostics
- Proactive approach to high risk individuals
- Pathway for vague symptoms
- Multi-disciplinary diagnostic centre
- Increased role for non-GP primary care clinicians
- Lowering referral thresholds
- Self-referral

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Access to the best treatments

- We want the best treatments, how can this be encouraged?

  - Clarifying what delivers the best outcomes in terms of survival or experience of care
  - Making strategic decisions based on this knowledge
  - Transparently reporting the outcomes that matter for each health economy and provider of services

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Treatment priorities

- Applying the evidence on volume of surgery and quality of outcomes, networked providers
- Prescribing better radiotherapy to reduce mortality; greater use of innovative techniques to reduce morbidity
- Ensuring greater consistency in cancer drug prescribing and innovation in delivery models
- Making the Cancer Drugs Fund and NICE work for patients and are affordable

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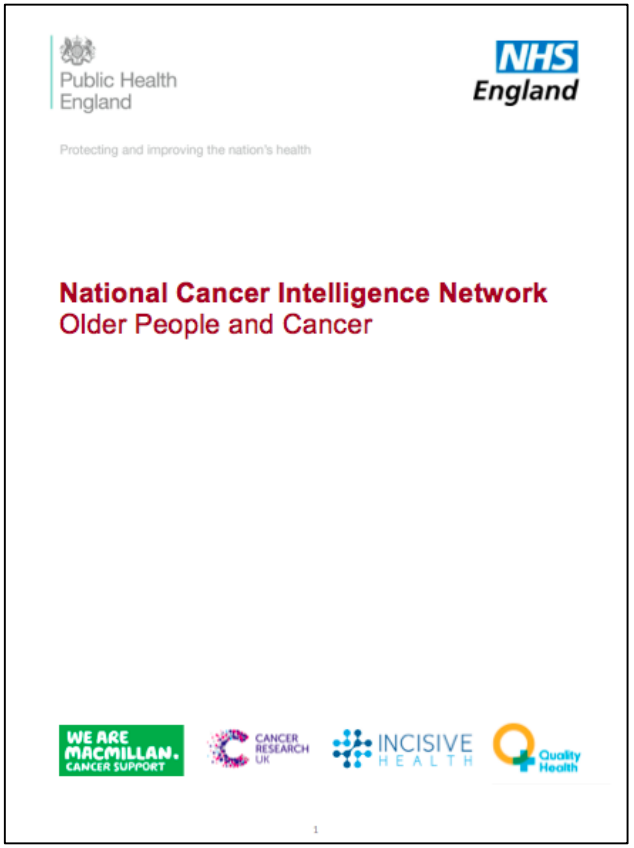
Living with and beyond cancer

- More people, living for longer is a good thing!
- But we need to ensure we support them to live well
  - Recovery package
  - Rehabilitation and reablement
  - Better models of follow-up
  - Coordination with social care
- Systems should be designed around the needs of patients (not patients forced to adapt to the convenience of the system)
- Align with LTC agenda

What is the evidence on older people and cancer?

- One third of cancer diagnoses now in 75+s, half of deaths
- NCIN report provides an important baseline
- Report shows action is required across the pathway
- Only possible because of the cancer community's investment in and commitment to intelligence


Public Health England

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Protecting and improving the nation's health

National Cancer Intelligence Network
Older People and Cancer

WE ARE MACMILLAN. CANCER SUPPORT

CANCER RESEARCH UK

INCISIVE HEALTH

Quality Health

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Older people are more likely to be diagnosed following an emergency presentation

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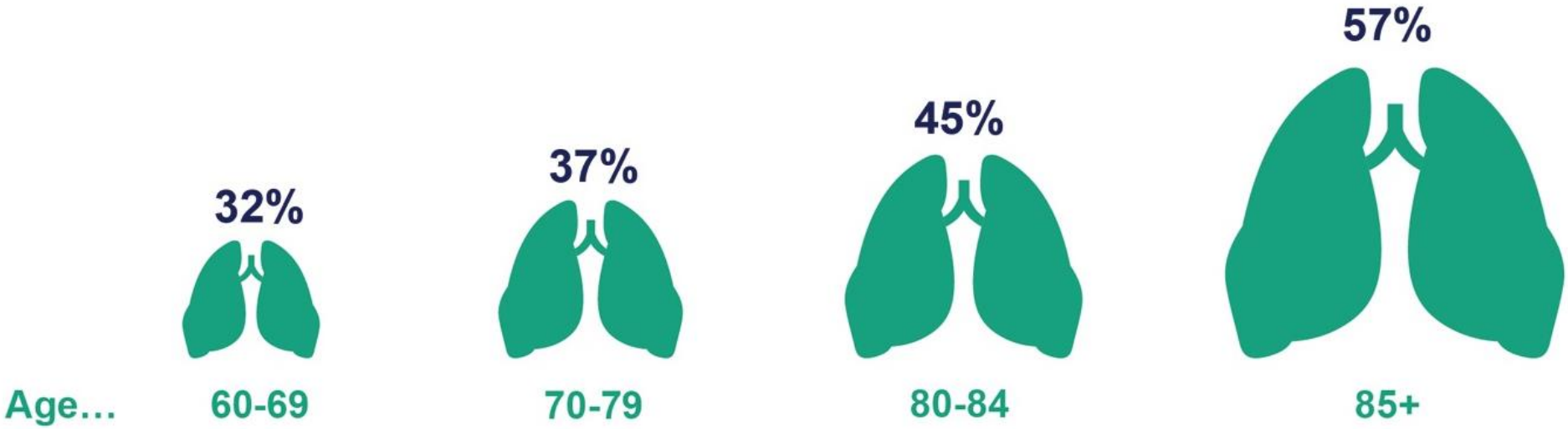
Lung cancer

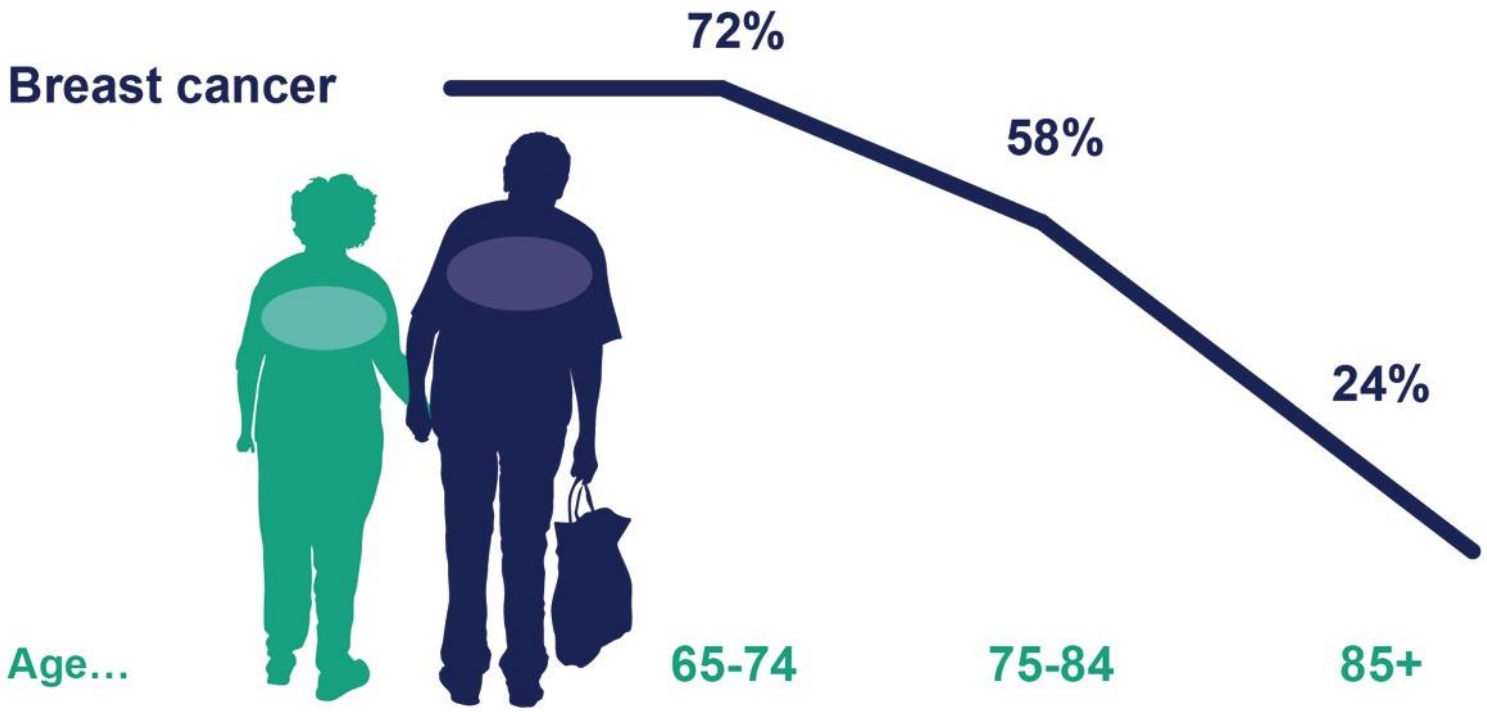


SOURCE: National Cancer Intelligence Network, PHE, Routes to Diagnosis, 2006-10

Older people are less likely to receive surgery, radiotherapy or cancer drugs

SOURCE: National Cancer Intelligence Network, PHE data

An example: surgery in breast cancer



SOURCE: National Cancer Intelligence Network, PHE, Major resections by cancer site, in England; 2006-2010 - data workbook

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Enablers

Ambition and clarity of focus

Cancer strategy

Greater transparency on quality and outcomes

Expert and passionate cancer community

What we need to achieve

- A shared vision of how to address each of the four challenges
- Local leadership and ownership of cancer outcomes
- High quality intelligence, turned into action
- Better outcomes, resources used even more effectively

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In summary

- A great deal to be encouraged by
- A lot more to do
- We know what needs to happen
- We all have a role to play in delivering it

Earlier diagnosis

The best treatments

Supporting people

Older people