



NORTH LONDON PARTNERS
in health and care



The impact of Covid-19 on cancer in NCL

JHOSC meeting 12 March 2021



Summary

This paper covers the impact that Covid-19 has had on cancer referrals and the levels of local people diagnosed with cancer since the start of the pandemic. Using modelling based on data from previous years we have estimated the number of people with possible cancer symptoms who have not yet presented to health and care services, and how we are responding as a system.

The paper includes:

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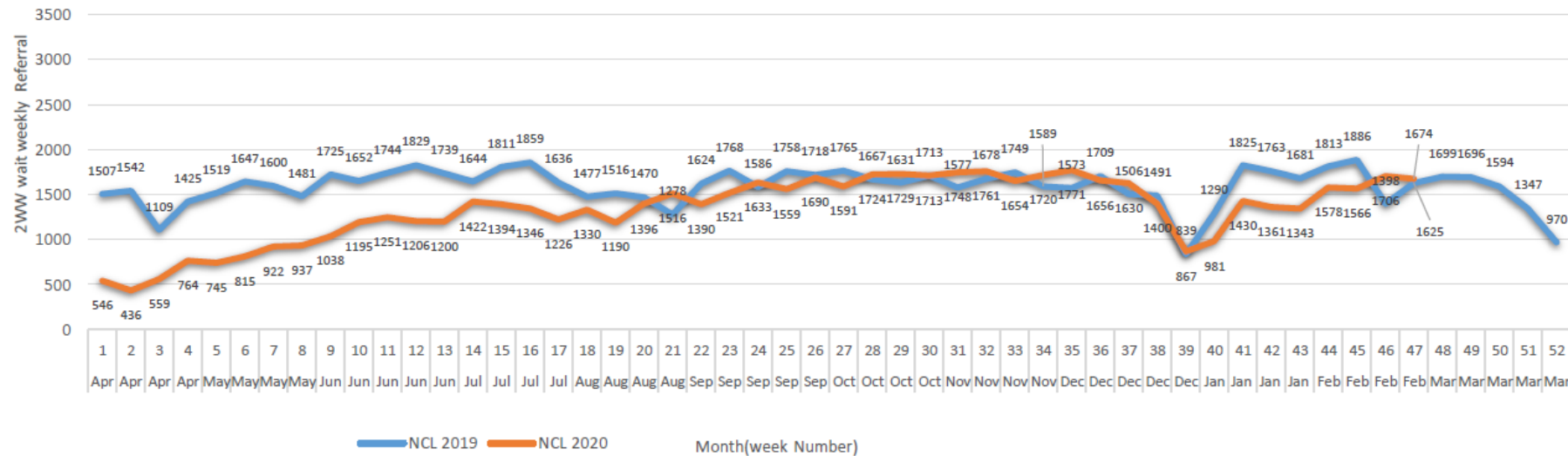
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Cancer pathways – impact of Covid-19

- There was another dip in GP suspected cancer referrals (“Two week waits”) during the latest Covid surge – January 2021 was 32% down year on year - normally we would expect 30% of cancer diagnoses through this route
- No variation in recovery by age, sex or socioeconomic status

NCL 2ww Referrals Weekly Trend 2019 vs 2020



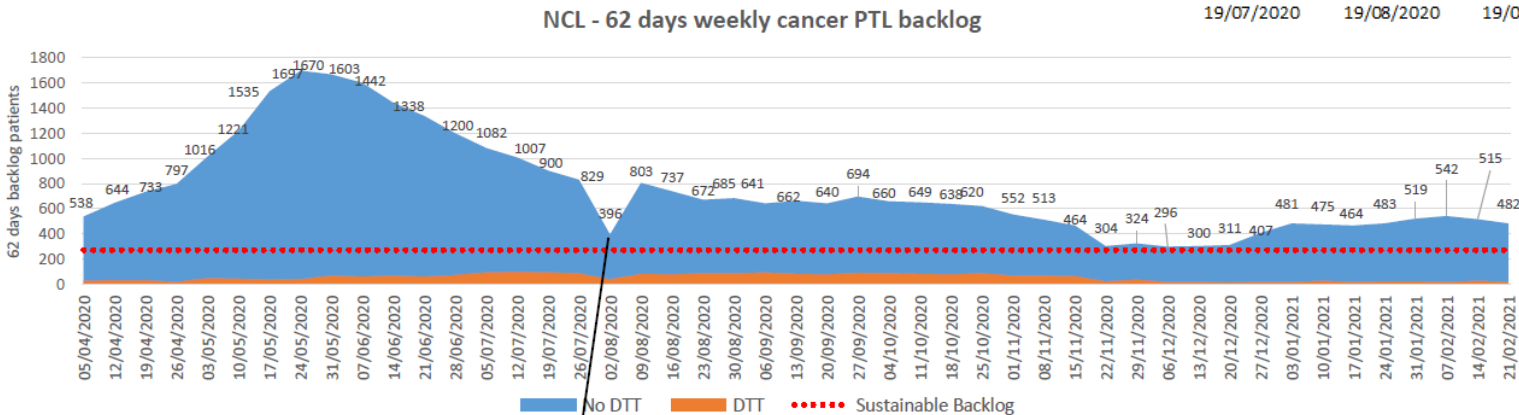
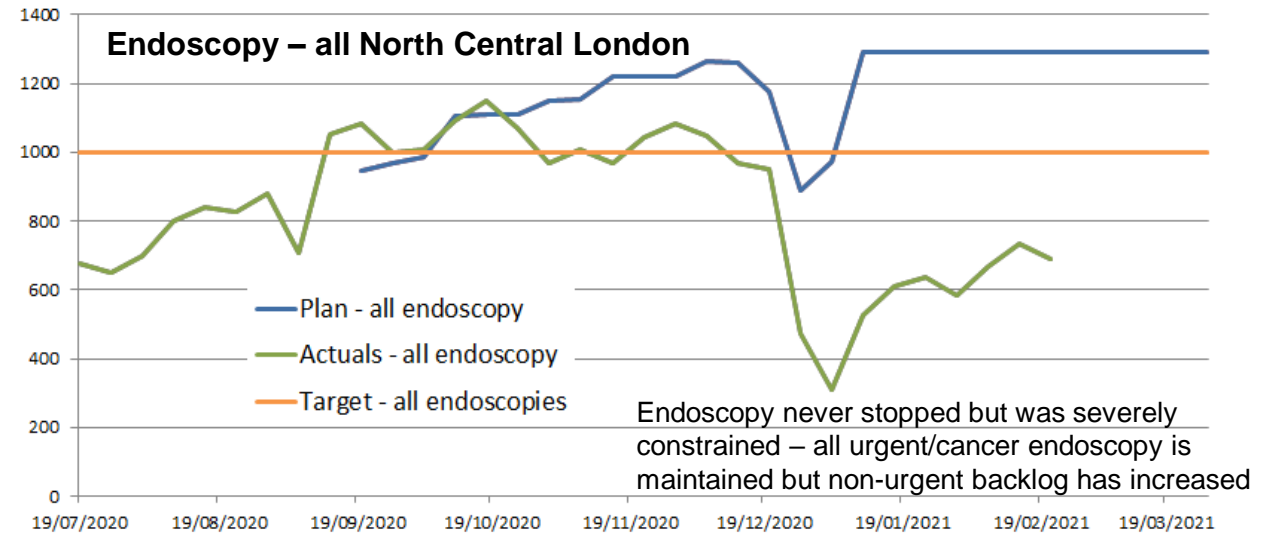
- A further 30% of cancer diagnoses come from routine outpatient appointments – but routine referrals are still below pre-pandemic levels
- There is a piece of work underway across NCL to understand whether the shortfall in routine GP referrals, which fell by ~ by a 70% reduction at the start of Covid-19 - is indicative of patients coming to harm. This is particularly pertinent to cancer due to the proportion of cancer diagnosis identified via a routine referral.
- There is anecdotal evidence that we are seeing a greater proportion of later stage cancers.



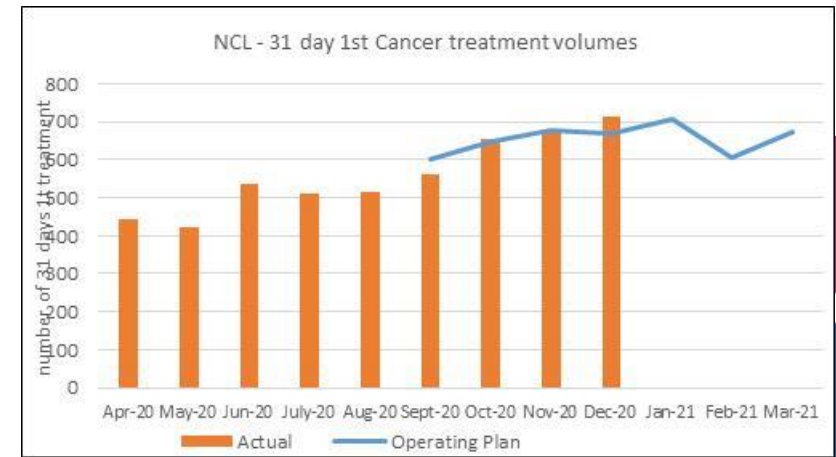
Diagnostic and treatment services

Diagnostic and treatment services have been affected, although much less than in the first wave, but concerns remain. Evidence developed during first wave has given confidence in infection prevention measures. However non-urgent backlogs have been rising.

- High priority cancer surgery has continued at the Hub based at UCH Westmoreland St, and private facilities (Wellington, Princess Grace and Harley St Clinic) – expected to fully return by April.
- Imaging and outpatients for cancer has continued. ‘Vague symptoms’ pathways at UCLH and NMUH re-established.
- Chemotherapy and Radiotherapy has continued despite significant Covid-related staff absence and redeployment.
- 31 day cancer treatment activity was broadly in line with the planned levels from October to December. Weekly data suggests that when January data is published treatment activity will be lower than planned.
- The number of patients waiting >62 days for treatment has stayed close to pre pandemic levels; during latest surge some patients chose not to attend,

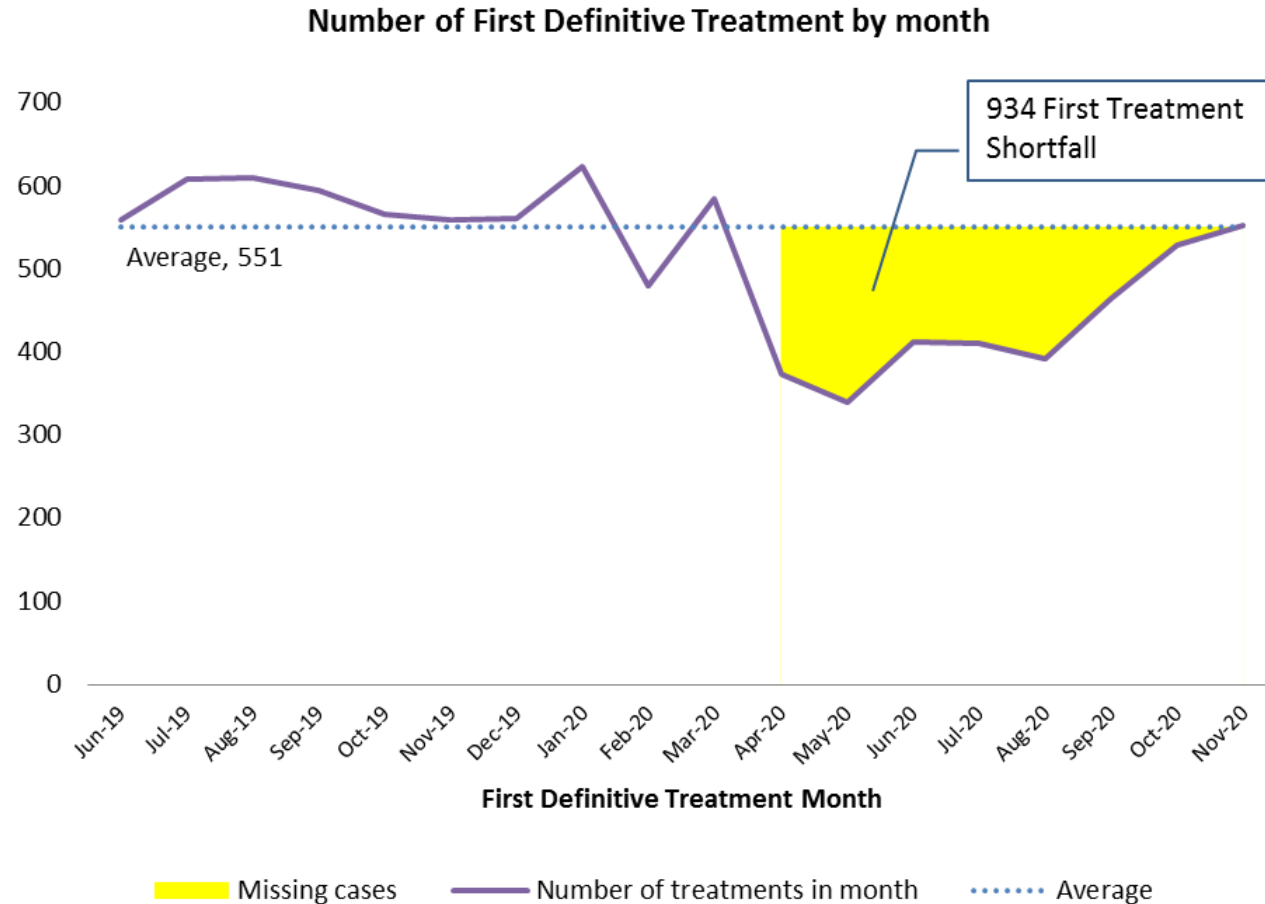


RFL didn't submit data to NHS Digital for w/e 2nd August due to data migration to a new patient tracking system

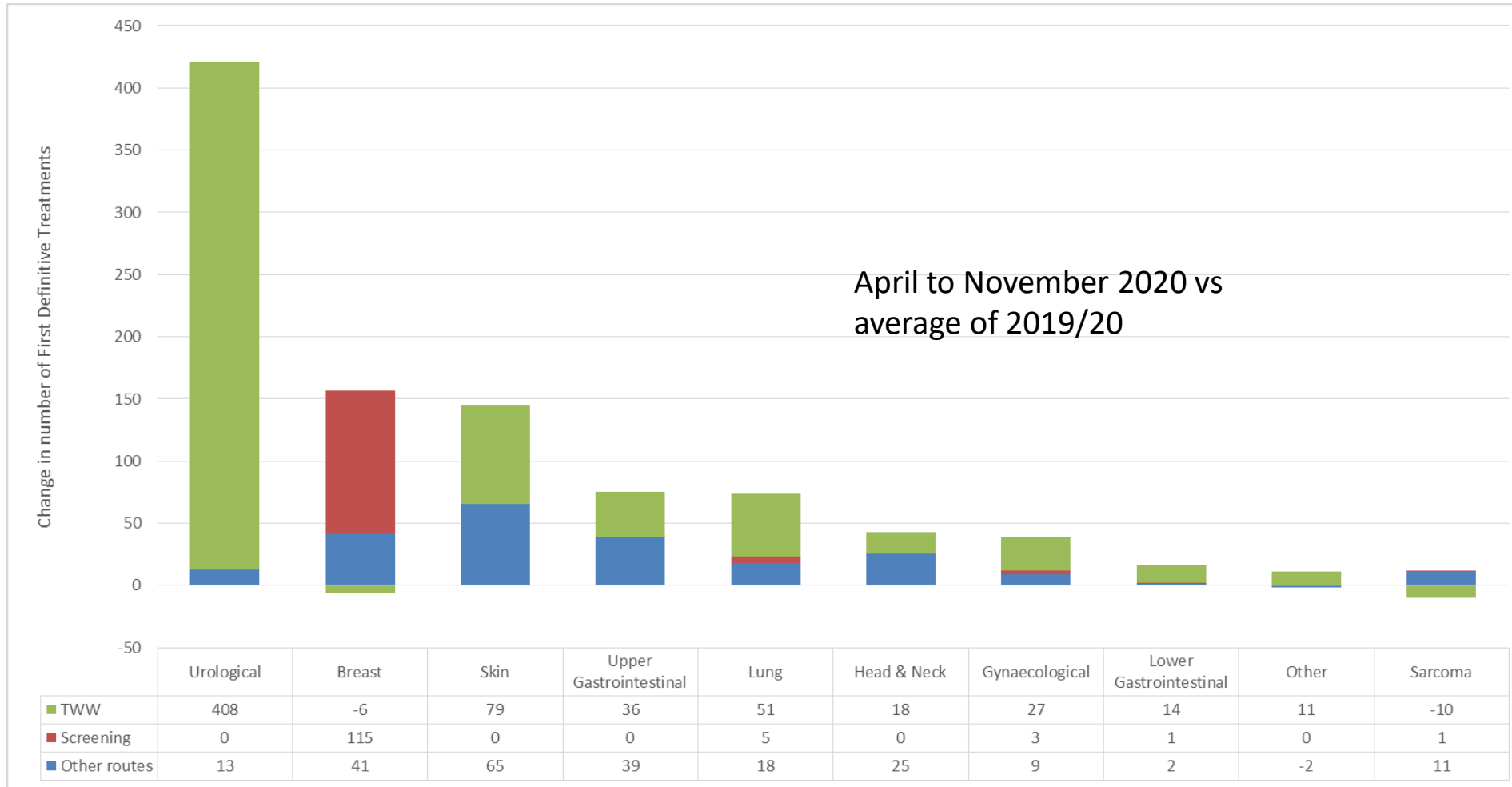


Reduced number of diagnosed cancer patients

- The yellow area shows the estimated number of missing cancer patients between April and November 2020
- The number of diagnosed cancers is below historical levels. Using the number of treatments as a proxy, over five months (April to August), there is a 934 case shortfall. This does not take into account the effect of the latest Covid surge
- This analysis represents both the volume of cases presenting and trusts' ability to work through these cases by the end of November.
- By October, NCL trusts achieved 19/20 average number of first treatment.



Reduced number of diagnosed cancers – by type



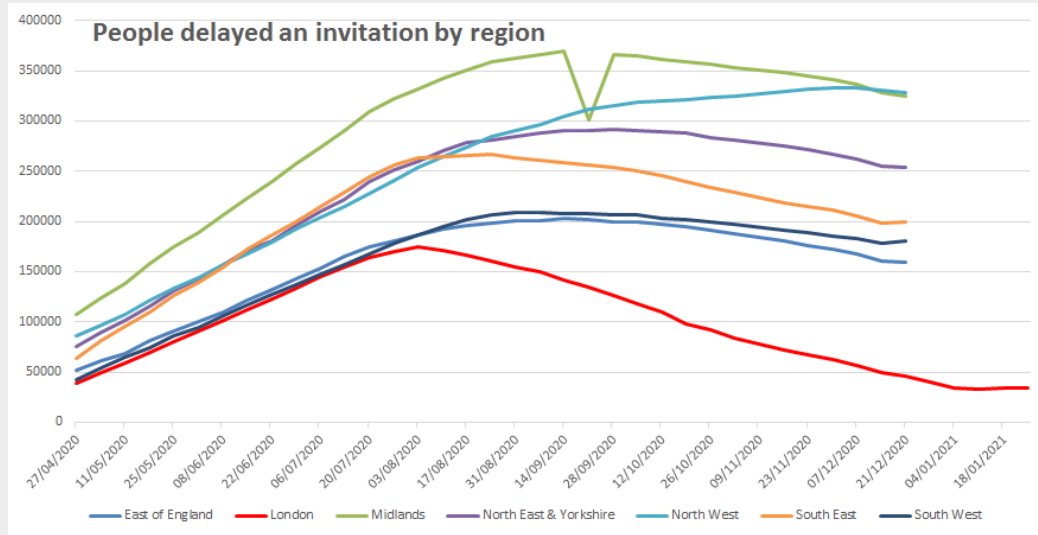
- A key concern is the breast screening deficit – would largely be early stage cancers so there is concern that they will not present until a later stage
- Risk is variable across specialties. For example, majority of Urological cancers are slower progressing Prostate cancers.
- For patients already on routine waiting lists there is work underway to improve the process of ‘upgrading’ them to urgent pathways.

Cancer Screening Recovery

Normally accounts for 5% of diagnoses. Cervical and bowel screening have recovered well. Concerns remain around Breast Screening.

Bowel screening

Largely recovered; some additional unwillingness to attend for colonoscopy during latest Covid surge; London compares well nationally



Breast screening

North London Breast Screening Service (update as of w/c 28 January 2021)

Current backlog – c39,000 (includes residents in Barnet, Enfield, Haringey and NW London, West Herts); number of available clinics has been increased to 44 from a target of 42

Invitations – sent 2,390 invites, up 400 on week prior at 1,982. This is the largest number of invites sent since Nov 2020

Central and East London Breast Screening Service (update as of w/c 28th January 2021)

- Current backlog – c11,800 (includes residents in Camden, Islington and inner east London); Capacity increased by approximately 200 screening appointment slots per week

Expected to decline by 10 – 20% from pre-Covid levels. NHSE as lead commissioner looking at available data on inequalities and uptake.

Cancer Alliance funding two posts conducting reminder calls

Cervical screening

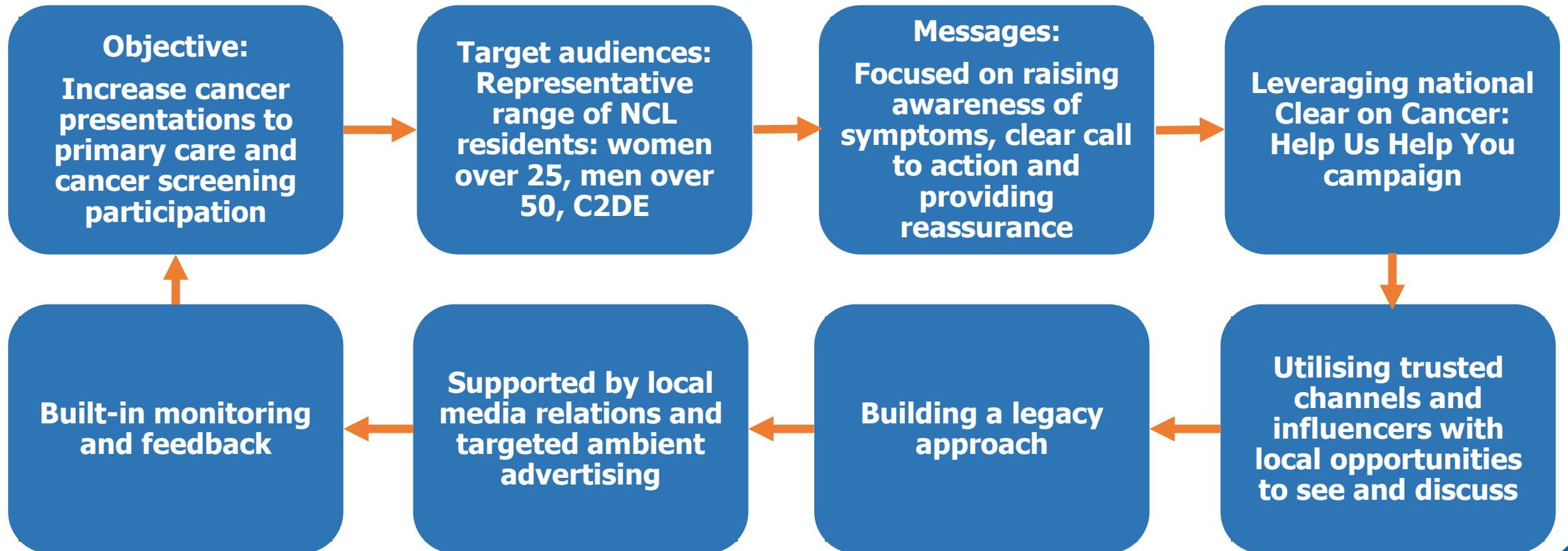
Has recovered well since first surge but year on year deficit remains dating back to March-June 2020.

Youscreen – study to offer self sampling its launched in Barnet, Camden and Enfield (historically lowest uptake)

19/20 vs 20/21 deficit

NCL	15,079
Barnet	3,734
Camden	2,301
Enfield	3,308
Haringey	3,050
Islington	2,686

NCL cancer awareness campaign planned



Main channels for communications activity

Utilising healthcare settings and healthcare professionals as influencers:

- displaying campaign materials on noticeboards, TV screens and online, peer-to-peer communications, Making Every Contact Count with patients

Formal and informal partnerships with voluntary and community sector (VCS)

- displaying campaign materials, message training staff and volunteers, events and recruiting community ambassadors; engage 1-3 VCS orgs per borough with high input; a further 20-30 per borough with 'base package of input'.

Partnerships with pharmacies:

- to appear on campaign materials, displaying campaign materials, message training, referrals, pharmacy bag advertising

Local media relations:

- Case study lead approach: with Healthcare professionals and residents, radio phone-ins to tie in with radio advertising

Local ambient advertising:

- radio, social media, household leaflet drop, pharmacy bags, bus, street/billboard

