North Central London Integrated Care System

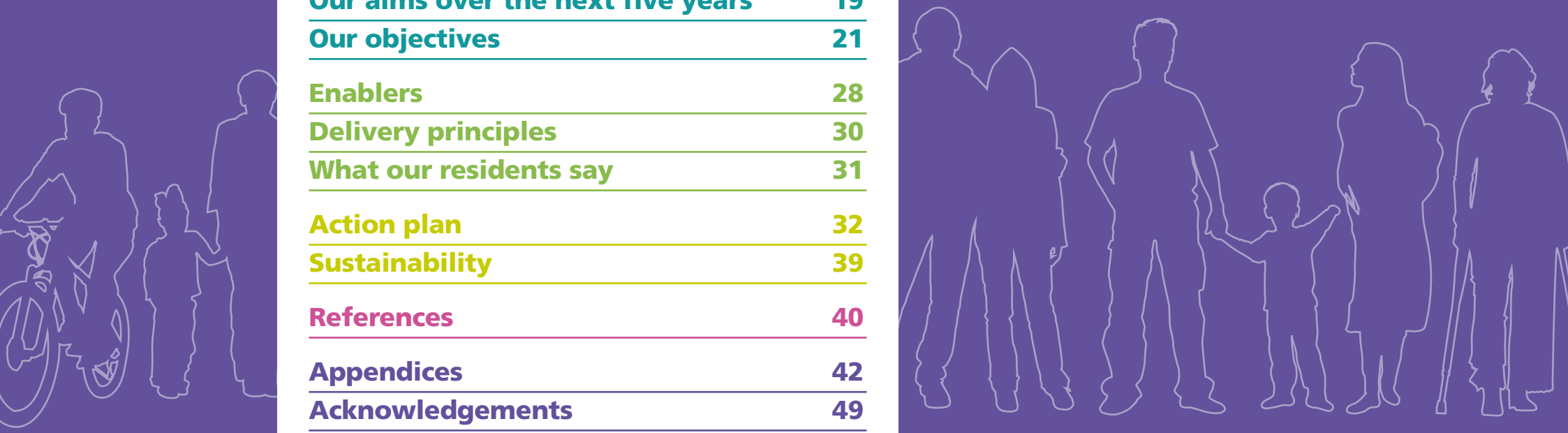
DRAFT

North Central London Cancer Prevention, Awareness and Screening

Strategy 2023-28

Action plan 2023-25

Contents



About this strategy

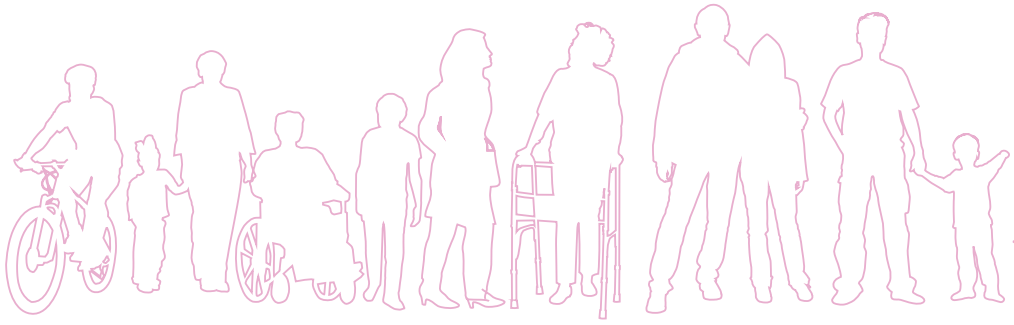
The cancer prevention, awareness and screening strategy was first drafted in 2019/20 by North Central London Cancer Alliance and its partners to set the direction and priorities for North Central London (NCL) on these topics.

We are now well into delivery of the strategy and it is being refreshed to align with the evolving health and care landscape, to reflect the current status of services and impact of the pandemic and to draw on learning from work already delivered. This updated strategy and action plan provides health, social care and community organisations across NCL working to improve the earlier diagnosis of cancer with key information to inform the design and delivery of initiatives.

The overall aim of the strategy continues to be supporting delivery of the Long Term Plan cancer ambitions (see page 4 - the 'Context: National ambitions'). Our objectives have been informed by the modelling carried out by NHS England and Cancer Research UK, which estimates the impact on early diagnosis rates of relevant interventions (see chart on the following page). Additionally, latest data and progress of delivery of the strategy, further informs our aims and objectives for the next five years. Appendix 1 also shows how the strategy will contribute to meeting our NCL cancer system strategic aims and objectives.

Whilst the strategy focuses on prevention, awareness and screening, there is recognition of a need for alignment with interventions on risk stratified case-finding as they are closely linked to the screening programmes or target a similar demographic. These include liver cancer case finding and surveillance as well as Lynch Syndrome testing and surveillance.

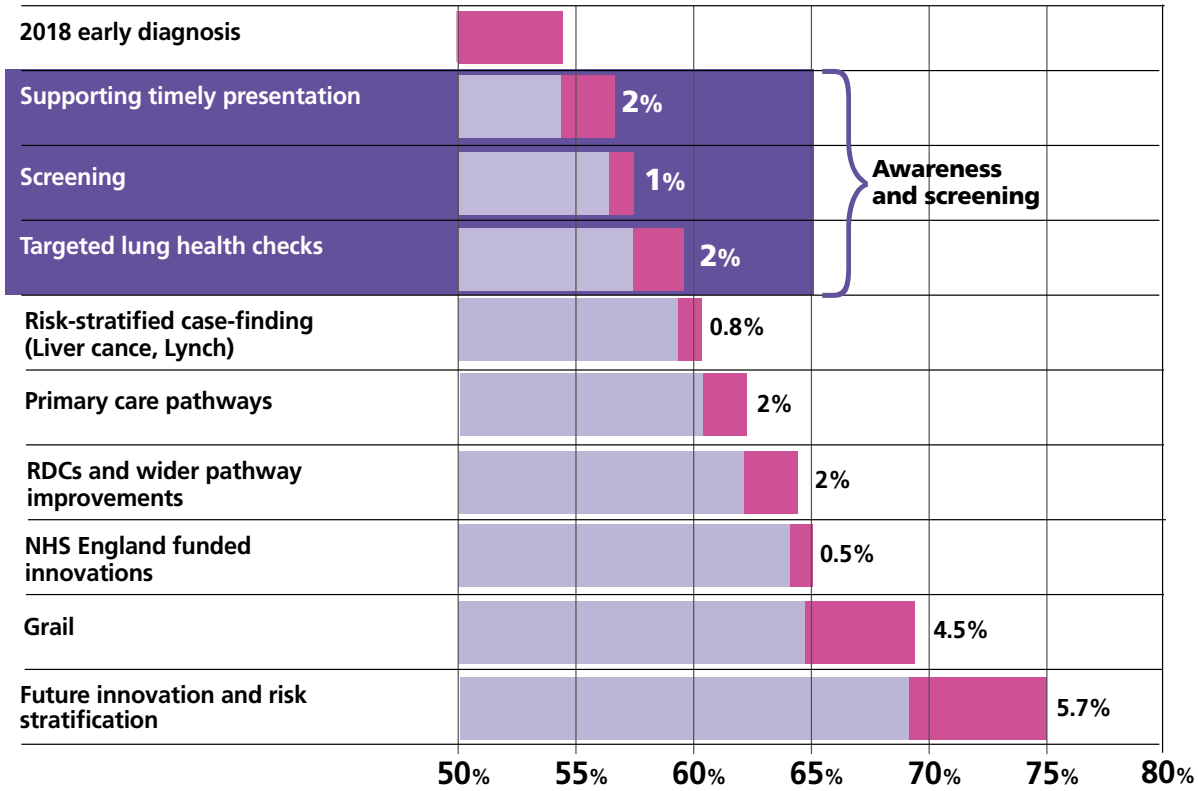
There are also a number of borough level, NCL, regional and national strategies that either feature cancer as a key priority or specifically focus on cancer. The NCL population health and integrated care strategy in particular highlights cancer as a key priority for the sector (see Appendix 2), which is aligned with the CORE20PLUS 5 framework for addressing health inequalities. We have aligned with all these strategies (see Appendix 3) as they present opportunities for further joint working to achieve better outcomes for NCL's diverse population.



We have listened to our residents and throughout this strategy, feedback is reflected through stories and testimonials.

About this strategy

Estimated impact of interventions on the early diagnosis rate



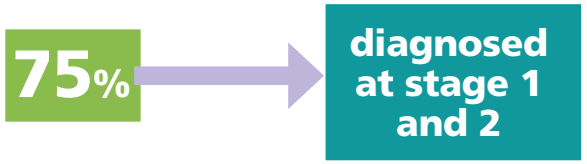
Source: NHS England and Cancer Research UK

The two year action plan sets out activities that will be delivered and evaluated or initiated within this timeframe where. The action plan will be further developed over the next two years, guided by local needs, the health and care landscape, evidence from existing and planned interventions, knowledge of what has worked in other areas, feedback from partners, evolving evidence of innovation as well as regional and national drivers. The action plan mostly focuses on activities that will be delivered to improve population awareness and screening as prevention initiatives are captured in multiple plans across NCL and will be coordinated by different organisations within the ICS.

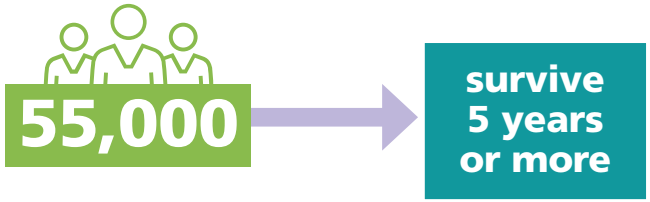
Context: National ambitions

The 2019 NHS Long Term Plan sets out two ambitions for cancer by 2028:

1. **75% of people with cancer will be diagnosed at stage 1 and 2 to improve survival outcomes**



2. **Each year 55,000 more people will survive for five years or more following their cancer diagnosis.**



Key elements to achieve these two ambitions include:

- **Optimising the national screening programmes,** such as continuing the lowering of the age for bowel screening from 60 to 50 by 2024/25.
- **Extending lung health checks nationally**
- **Improving awareness of cancer symptoms and encouraging earlier presentation**
- **Identifying those at increased risk of cancer for testing and ongoing surveillance**

The Long Term Plan puts prevention front and centre, recognising its importance as a means of helping people to stay well for longer, addressing health inequalities and reducing demand on overstretched health and care services. Understanding that upstream prevention and the NHS's future sustainability are closely bound together, the Plan calls for greater action on the prevention of ill-health across health and care systems.

In addition to recommendations in the Long Term Plan, the **Sir Mike Richards 2019 Review of Screening programmes** (Appendix 3) outlined a number of improvement recommendations for the three screening programmes nationally, regionally and locally, to aid achievement of the early diagnosis ambition.

Context: NCL population and health inequalities

Population profile

1.8 million residents live in NCL

5 boroughs:

Barnet
Camden
Enfield
Haringey
Islington

200,000 people living with a disability

25% of people do not have English as their main language

Ethnicity

60% White
20% Asian
20% Black

Health inequalities

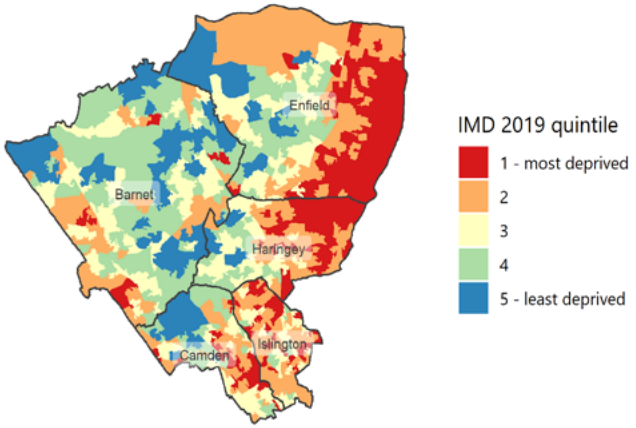
Across NCL there is a high level of population health need and inequalities. People living in the most deprived areas are more likely to be diagnosed with cancer and at a later stage of disease for some types of cancers. The Core20PLUS5 approach aims to support the reduction of health inequalities at both national and system level.

A key influencer on the current landscape is the continued impact of the pandemic. It shone a light on health inequalities that have existed within and across communities but also opened up opportunities to modify how services are delivered. These insights have been reflected in the updated priorities within the strategy.

Deprivation

Haringey, Islington and Enfield have, on average, higher rates of deprivation compared to London, although pockets of deprivation are dispersed across NCL. While not explaining all differences, the intersectionality between ethnicity and deprivation is very important.

Deprivation quintile by LSOA
North Central London boroughs, IMD 2019



Context: Partners working to improve cancer outcomes

National Organisations

- NHS England – cancer and screening teams
- UK National Screening Committee
- Macmillan
- Cancer Research UK
- Jo's Cervical Cancer Trust
- Bowel Cancer UK
- Breast Cancer Now

Regional and Local Organisations

- Transforming Partners in Health and Care
- Voluntary Care Sector Organisations
- Cancer screening services
- Healthwatch
- Cancer Alliances
- Local Authorities
- Hospital Trusts
- Integrated Care Boards
- Borough Partnerships
- Primary Care
- Sexual health services
- Learning disability teams
- Health inclusion teams
- Academia

What our residents say

Feedback from our residents on how services are working for them helps us gain a better understanding of changes that need to be made. This story is from a local resident on their experience of taking part in screening and the impact it has had on their life.

Dick Carruthers talks about his recent bowel cancer screening and subsequent diagnosis

Dick Carruthers had been enjoying a busy and healthy life and never imagined he would face a cancer diagnosis at this time. He is almost 57 and is a film maker working with some of the world's best-known music bands. He's the father of teenage children and a regular participant in many fitness activities.

Dick received the bowel screening FIT kit last June. He was part of the new cohort of 56-year-olds to be sent the test. "To be honest I thought it was something to do with research, partly because I'd signed up to be part of Covid research. I thought I was helping the NHS out, not the other way around."

He completed the test "which took five seconds" and returned the sample as instructed. Then he got a letter which said that further investigation was needed. He was phoned by the colonoscopy department at UCLH on the same day. "I had zero symptoms, but the colonoscopy immediately revealed something wrong. Things moved very fast from that point onwards, with CT and MRI scans and a biopsy."

"I was given all the facts about the type of tumour, grade and so on, and I did a lot of reading of all sorts of research papers. I was informed a resection would be needed to remove the 8cm growth, which turned out to be a stage three cancer."

"The speed at which things happened meant that I didn't get too emotionally carried away. I was deliberately stoic about it all."

"It was the first time I'd had any surgery, and the risks seemed scary, but I'm delighted that all went well, and I never felt any pain which is not what I was expecting."

Dick was discharged early following surgery due to his great fitness – he walked up 14 flights of stairs to get back to his hospital ward after taking a short walk for fresh air. Chemotherapy followed and he has had to deal with some side effects but has made very good progress. He continues with the fitness training, cycling and swimming. "For me it was important to carry on as normal and I've been inspired by people who are willing to talk in a frank, funny and informative way about bowel cancer.

"I can't thank the NHS enough for sending the kit, and all the subsequent amazing care I have received. It's not melodramatic to say I owe my life to the screening programme. Because I had absolutely no symptoms at all, I would never have thought there was anything wrong."

Where we are

The following pages provide an overview of the context that we are operating in and the challenges we are working to address.

From data on incidence of cancer, changes to our programmes and new services, participation levels in screening and cancer awareness across our population, it gives the background that shapes the aims, objectives and activities set out in this strategy.

Where we are

Incidence

In 2020/21 there were 456 new cancer cases per 100,000 population in England. In 2020/21, NCL had an incidence rate of 297 new cancer cases per 100,000.

All NCL boroughs had a lower incidence rate for new cancer cases when compared with England in 2020/21.

For breast cancer from 2015 to 2019, all NCL boroughs had an indirectly standardised incidence ratio, per 100 lower than England. However, Enfield (95.6) and Islington (94.0) had ratios higher than the other three NCL boroughs. For lung cancer from 2015 to 2019, the standardised incidence ratios in Islington (145.8) and Haringey (100.8) were higher than England.

North Central London
297 new cancer cases per 100,00

England
456 new cancer cases per 100,00

Source: The National Disease Registration Service, NHS Digital

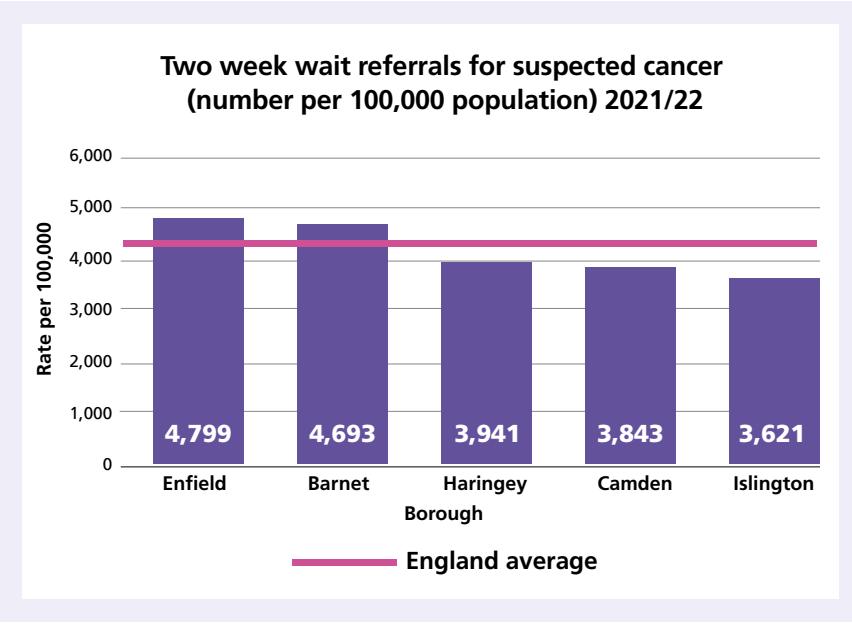
Cancer diagnosis routes

From 2009/10, NCL has seen a higher increase in urgent suspected cancer referrals (Two week wait) compared to London and from 2016/17, higher than the England average. In NCL in 2021/22, 55% of new cancer cases (or 2,784 cases in total) were treated which were referred through the urgent suspected cancer pathway This was similar to the England average of 54%.

In 2021/22, significant variations were evident relating to the rate of two-week wait referrals for suspected cancer across NCL boroughs. Enfield (4,799 per 100,000) had the highest rate of two- week wait referrals and Islington (3,621 per 100,000), the lowest. Enfield and Barnet both had a referral rate which was above the average for England which was 4,323 per 100,000.

The rate of emergency presentation in NCL in 2021/22 was 56 per 100,000, equating to 983 emergency presentations in that period. The rate was below the England average of 88.

The rate of cancer diagnosis via a non-emergency route in 2021/22 for NCL was 235 per 100,000, equating to 4,111 presentations. The rate was below the England average of 365.



Source: NHS England Cancer Waiting Times Database, as held by the National Disease Registration Service, NHS Digital

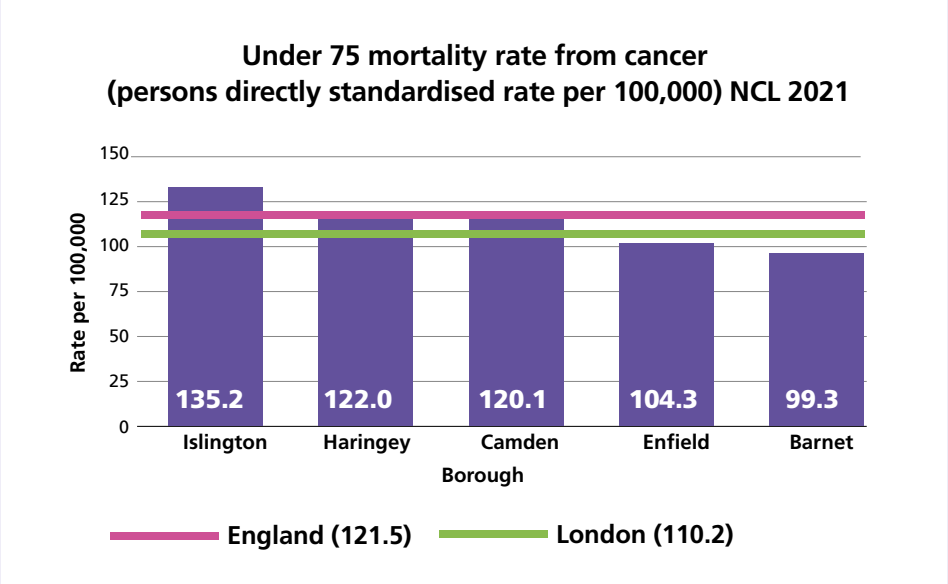
Where we are

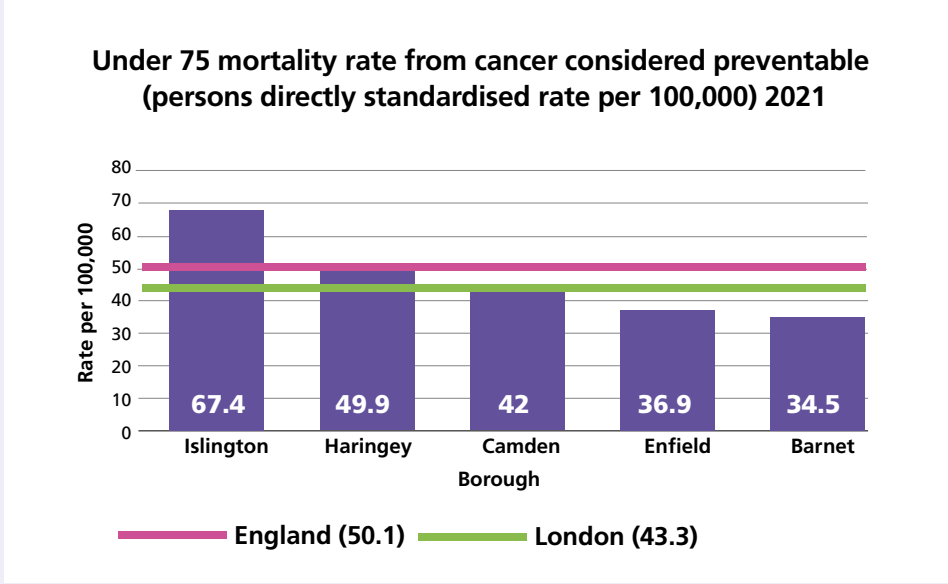
Mortality

Cancer causes more than 1 in 4 of all deaths in the UK. NCL (22.6%) has a lower mortality rate when compared to England (24.3%).

Islington has the highest premature under-75 mortality rate due to cancer in 2021 (135.2 per 100,000). This equates to 171 deaths. However, this varies by gender with males (174.2) having a higher rate than females (100.4). In 2020, the percentage of deaths with an underlying cause of cancer decreased across NCL. This may be related to the pandemic. The deaths from cancer considered preventable are lower in London (43.3) when compared with England (50.1).

Locally, there is no significant change to previous years. However, Islington has the second highest rate (67.4 per 100,000) across all London boroughs after Tower Hamlets (73 per 100,000).





Source: NHS Digital

Where we are

Prevention

Tobacco

- **In NCL, smoking prevalence is 11.4%, which is similar to the London average and below the England average.**

Smoking prevalence

NCL (2021)	London (2021)	England (2021)
11.4%	11.5%	13%

Source: Annual Population Health Survey

In Enfield (18.5%) has the highest smoking prevalence in Enfield compared to Camden (6.6%), which has the lowest prevalence.

NCL is working to deliver against the LTP ambitions to further reduce smoking prevalence. This is being done through undertaking work to ensure that all people admitted to hospital who smoke, are offered NHS-funded tobacco treatment services. This involves asking people about their smoking status, providing very brief advice and pharmacotherapy for nicotine withdrawal and an offer of referral to stop smoking specialist support.

Each hospital trust is also working to establish or continue their smoke free action group and a NCL Tobacco Board has been set up to oversee all this work.

Weight management

- **About 1 in 2 adults have excess weight in NCL.**

Adults aged 18 and over classified as overweight or obese (BMI greater than or equal to 25kg/m²), 2021/22

NCL (2021/22)	London (2021/22)	England (2021/22)
53.5%	55.9%	63.8%

Source: OHID Fingertips (based on Active Lives Adult Survey, Sport England)

In NCL, 53.5% of adults are classified as overweight or obese. Enfield is the only borough with a higher rate (59.7%) compared to the London and England averages.

An NCL weight management group has been established which brings together NCL partners to look at the weight management pathways across the sector and identify initiatives that could improve outcomes for the population.

Royal Free London Healthy Living Hub and the five local authorities have been awarded funding by the Greater London Authority to carry out work on a whole systems approach to tackling obesity. A mapping of local services is being carried out and an action plan will be developed to deliver activities across NCL.

Where we are

Prevention

Alcohol

- **The rate of alcohol consumption in NCL has increased since the COVID-19 pandemic**

Adults aged 18 and over classified as overweight or obese (BMI greater than or equal to 25kg/m²), 2021/22

NCL (2021)	London (2021)	England (2021)
1,401-2,126	1,740	1,734

Source: OHID Fingertips (based on Active Lives Adult Survey, Sport England)

A proactive approach has been taken to progress the NCL objective of preventing alcohol-related harm and the identification and support of people drinking at levels harmful to their health. The ambition is that through embedding prevention within all patient contacts, identifying risky drinking behaviour, and offering advice and signposting to services, patients will be supported to reduce their drinking.

Reducing variation in provision of alcohol services for patients within secondary care is a key objective that is being progressed. The aim is to establish an NCL alcohol network to support development and delivery of a work plan across NCL.

Programme developments

Several initiatives are underway across NCL to embed prevention to address three of the major modifiable health behaviour risk factors that influence mortality and health inequalities: tobacco, alcohol, and obesity.

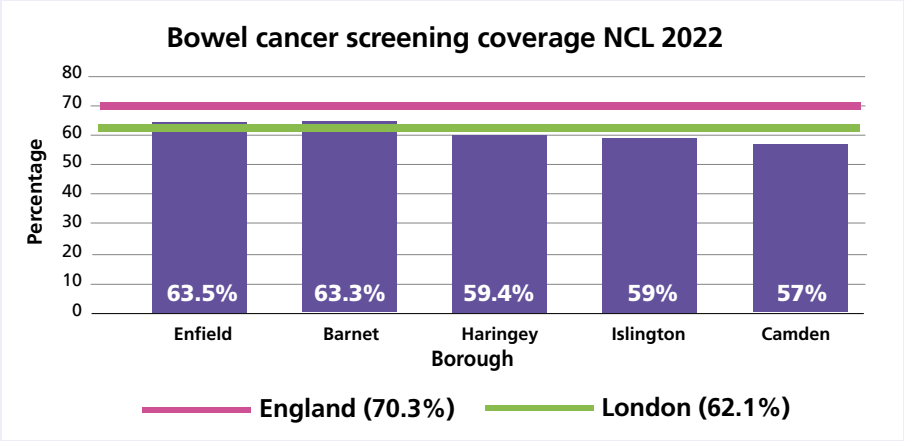
One initiative that aims to provide a seamless system-wide secondary prevention service, aligning with local and sector-wide primary prevention systems is the Royal Free London Healthy Living Hub. The hub is a pilot project and will be evaluated and scaled up across NCL if it proves to be successful. As part of this model, work has been undertaken to map smoking, obesity and alcohol services across NCL, to improve service delivery, equity of access and reduce health inequalities.

Where we are

Screening

Bowel

Across all NCL boroughs, bowel cancer screening coverage is below the England average (70.3%), ranging from 57% in Camden to 63.5% in Enfield. The national target is 60%. However, bowel cancer screening coverage is increasing over time, both nationally and across NCL boroughs.



Source: NHS Digital

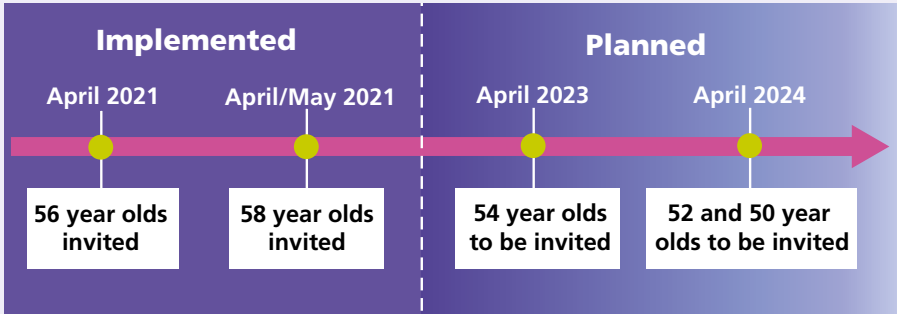
Whilst there has been a steady increase, coverage is still below average for some populations, such as people with a learning disability, people with a serious mental illness and individuals experiencing homelessness. For example, in Camden, 38% people with serious mental illness have significantly lower coverage than the general population (48%).

Changes to the bowel screening programme

Since April 2021, there has been a national expansion of the population eligible to receive a Faecal Immunochemical Test (FIT) as part of the bowel screening programme, to include 50-59-year-olds. This age extension will meet a key commitment of the NHS Long Term Plan, to modernise the programme and ensure alignment with the commitment to improve earlier diagnosis of cancer.

The age extension is being gradually rolled out across the country and age groups.

Personalised reminder calls for bowel screening have been implemented locally, as evidence has shown that together with endorsements by GPs, they are effective at increasing screening uptake, as noted in Sir Mike Richard's screening review report and recommendations.



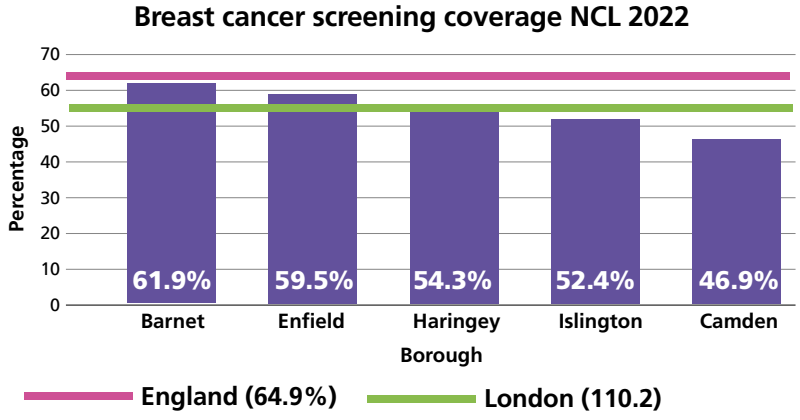
Where we are

Screening

Breast

Levels of coverage across all NCL boroughs were significantly lower than the England average 64.9%. Barnet and Enfield were the only boroughs in NCL where screening coverage was higher than London of 55.5%.

The highest breast screening coverage rate was in Barnet (61.9%) and the lowest in Camden (46.9%). The national target is 80%.



Source: NHS Digital

Changes to the breast screening programme

Significant changes have been made to the breast screening programme due to the impact of the COVID-19 pandemic. These include:

- **AgeX trial** – was set up to assess the benefits and risks of inviting women aged 47-49 and 71-73. The trial was paused at the height of the pandemic and will no longer invite new women. Women invited into the trial prior to this will continue to be followed up for a number of years.
- **Invitation process** – women were offered open invitations instead of timed appointments to help recover the backlog of invitations and screens that built up due to the pause. This has impacted on the number of people attending their screen. Breast screening services are transitioning back to timed appointments which is expected to improve uptake over time.
- **Screening by next test due date** – the programme is transitioning to inviting women based on when they are next due to be screened rather than by GP practice. This will align the programme with the bowel and cervical screening programmes. It will allow the programme to be delivered smoothly and women to be invited at the appropriate time according to their screening history.
- **Appointment capacity** – extra capacity (hours/days) has been provided by the screening services to make further appointments available. This includes offering evening and weekend appointments.

Where we are

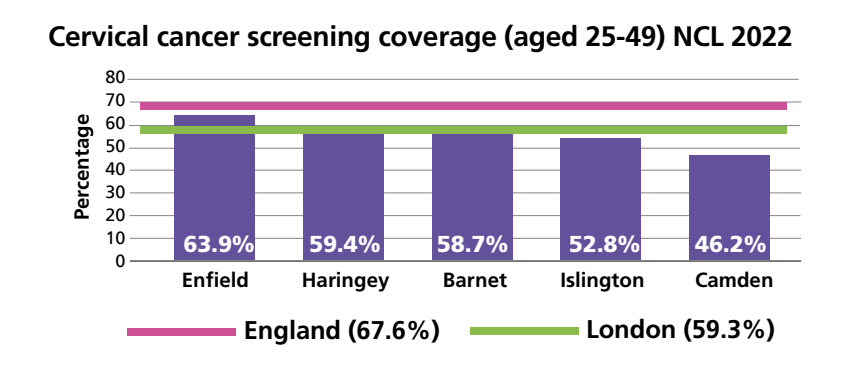
Screening

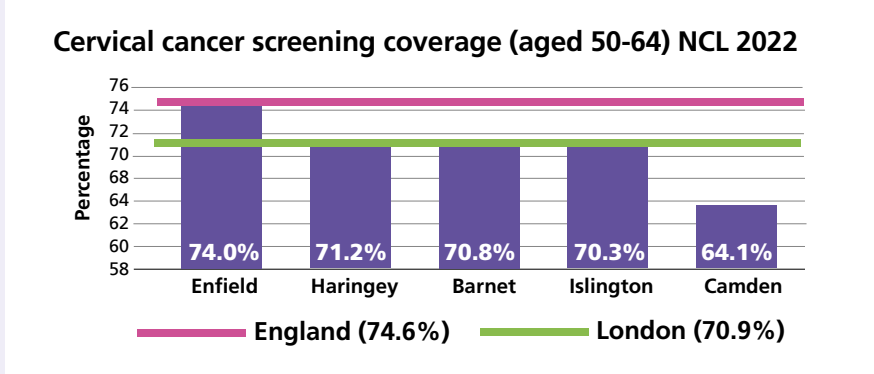
Cervical

Across North Central London, coverage of cervical screening is below the England average across both age groups. Enfield is the only borough with higher coverage than the London average across both age groups.
Over recent years, for those aged 25 to 49 years (screened every 3 years), there has not been significant change in cervical screening coverage in Barnet and Enfield, but it has decreased in the other three NCL boroughs. Screening for those aged 50 to 64 years (screened every 5 years) has decreased in all five NCL boroughs.

Screening coverage is lower amongst 25-49 year olds compared to 50-64 year olds. Coverage is also lower amongst some ethnic groups such as Asian and White Other. The national target is 80%.

Initiatives such as text reminders and additional appointments continue to be delivered by primary care and the screening teams to improve participation. Other initiatives that have been delivered locally to address health inequalities include translation of information into different languages and targeted social media engagement.





Source: NHS Digital

The data is for the proportion of women for the two age groups who were adequately screened within the previous 3.5 or 5.5 years to 2022.

Where we are

Screening

Targeted Lung Health Checks

The aim of the Targeted Lung Health Checks programme is to diagnose lung cancers earlier when treatment is more likely to be successful. People aged 55 to 74 years with a smoking history, that are at risk of developing lung cancer in the future, will be invited to take part in the programme. Lung cancer continues to be the leading cause of cancer mortality in NCL and successful delivery of the lung health checks programme will help us make significant strides in improving outcomes for our population. Delivery of the programme across NCL is also an important step in the system's preparation for national implementation of targeted lung cancer screening.

The NCL programme is still at an early phase; there will be opportunities to trial initiatives that will improve uptake over time. Learning on uptake improvement will be drawn from work done in the SUMMIT Study (a lung cancer screening study delivered in NCL) as well as the other cancer screening programmes. Work continues to determine how uptake and/or coverage will be measured within the lung health checks programme. Currently uptake is used to measure performance and this is done by assessing the number of people that respond to their invitation. This metric will be refined over time as the programme grows and matures. In NCL, uptake is below the national average as well as the target of 50%. Uptake is around 30% but it is expected to improve as the programme continues to be rolled out and adjusted to meet varying needs.

Where we are

Population awareness

The Cancer Awareness Measure survey is a validated questionnaire designed to measure the public's awareness of the symptoms and risk factors of cancer as well as the barriers to seeking help. 4,755 respondents across NCL completed the survey between 2018 and 2020. Awareness of signs and symptoms was generally high across all boroughs.

Representation of respondents from ethnic minority and areas of high deprivation varied across each borough. Females and younger people were underrepresented across all boroughs whilst White British respondents were underrepresented in Haringey, Camden and Islington, and overrepresented in Brent and Enfield.

Further details of the results by borough can be found on Appendix 5.

Respondents were aware of the following signs & symptoms of cancer:	**Respondents recalled the following as causes of cancer:**	**Respondents provided their preferred method of engagement/how to access information.**
• A lump / mole • Change in weight/ unexplained • Weight loss • Persistent cough • Change in bowel habits • Difficulty in swallowing • Pain • Bleeding • Tiredness/fatigue • Unhealed sore	• Smoking • Eating processed foods/ not enough fruit & vegetables • Age • Being overweight • Alcohol • Infection with genital warts	(Order: most preferred to least preferred): • Social Media • Posters at GP or Pharmacy • Face to face • Public Transport • Council Newsletter/website • Through the door • Community Centres • Magazines • Radio • YouTube

Further details of the results by borough can be found in Appendix 4.

Representation of respondents from ethnic minority and areas of high deprivation varied across each borough. Females and younger people were underrepresented across all boroughs whilst White British respondents were underrepresented in Haringey, Camden and Islington, and overrepresented in Brent and Enfield.

What our residents say

The experiences and feedback from our residents on how services are working for them helps us gain a better understanding of the improvements that need to be made. These testimonials are from residents that have been engaged in activities delivered in their boroughs to improve awareness of cancer, encourage people to seek help early and take part in screening when invited.

"Having this workshop has made me understand better what cervical cancer is and how to look out for symptoms. I was not aware of cervical cancer at all, I was aware of breast cancer and liver cancer as I had family members suffer from it".

Female, 25-49 years, Islington

"Talking about women's problems is a bit taboo in our family and in our society as well. Visits and talks with the gynaecologist is a discussion that we try to always avoid. I feel embarrassed to talk about any problems that are related to women's health. However, being aware of the symptoms now and knowing that with a simple test it can be detected, I will definitely be more open about how I feel and more confident in discussing these issues with my friends and family."

Female, 50-64 years, Islington

Our aims over the next five years

Based on the current data and progress in delivery to date, the following pages set out our aims over the next 5 years relating to prevention, awareness and screening.
We have also identified specific objectives and enablers linked to the three areas of focus. These are broken down into:

- **All cancers (related to multiple cancers)**
- **Bowel cancer**
- **Breast cancer**
- **Cervical cancer**
- **Lung cancer**

The objectives mostly focus on population awareness and screening as those relating to prevention cut across multiple areas and are captured in other ICS plans.

Ensuring that we are working to address health inequalities is an important thread that runs through the objectives identified.

Our aims over the next five years

2023 → 2028

Prevention

- Develop a new universal smoking cessation offer.
- Work to minimise the impact of alcohol on the most vulnerable in our communities.
- Develop and embed a standardised Making Every Contact Count (MECC) approach across the system.
- Develop a new in-house support offer for expectant mothers, and their partners.

Population awareness

- Develop and deliver activities that drive timely presentation to the health system when people have worrying symptoms.
- Improve awareness of cancer signs and symptoms across NCL.
- Reduce inequalities in awareness of cancer signs and symptoms between different population groups.
- Embed cancer awareness raising as part of our work and future strategies that get developed.

Screening

- Increase participation in the bowel, breast and cervical screening programmes towards the national targets and closer to the national average.
- Reduce inequalities in uptake of screening across NCL particularly amongst groups that have lower participation rates.
- Adapt screening improvement activities in line with national and regional work to meet local needs.
- Fully roll out the Targeted Lung Health Checks programme and increase participation to achieve the national target.
- Support the creation of greater alignment between risk stratified case-finding and surveillance services and relevant screening programmes.

Our objectives

The approaches we used to formulate the objectives of this strategy include:

Our objectives

All cancers

Prioritising prevention, improving screening participation and promoting early healthcare seeking across our population is a key priority of this strategy. Local data also shows there is variation across these three areas. For instance screening participation varies markedly at practice, neighbourhood and borough level. Addressing this variation requires flexible, creative and locally driven solutions to ensure they are tailored to the needs of the population.

Local and regional data shows that screening participation is lower amongst people experiencing homelessness, people with serious mental illness (SMI) or those with a learning disability. Reasonable adjustments are required to support individuals that experience multiple barriers, to access cancer screening and other services early. The adjustments to be made will depend on the collective barriers that are identified.

National and regional campaigns are disseminated via multiple digital and print media. NCL has a diverse population therefore additional channels and approaches need to be utilised to ensure campaign messages reach all communities. This may include translating campaign materials in the most preferred languages across NCL. These insights inform our objectives.

Engage PCNs with low screening uptake to improve patient participation	**Augment national and regional campaigns and utilise community engagement and social media platforms**	**Incorporate cancer awareness education in the prevention programme**
PCNs will have access to timely, granular data as well as guidance on effective interventions that improve screening uptake. PCNs will deliver local improvement activities and increase screening participation towards the national target.	Increased awareness of cancer screening programmes, signs and symptoms as well as the importance of timely presentation. Cancer awareness raising will be embedded in the agenda of place and neighbourhood teams.	The prevention priorities are set at NCL - level and cut across multiple health areas. For cancer awareness education for secondary care, local authorities and the 'wider public health workforce' will be incorporated into the Making Every Contact Count (MECC) offer.

Our objectives

All cancers

Improve screening participation for people experiencing homelessness	Improve screening awareness for people with SMI and mental health teams	Include cancer screening as part of annual health checks for people with a learning disability
Reasonable adjustments will be identified for the three screening programmes and piloted in NCL. Learning will be drawn from the pilot and rolled out across London in collaboration with NHS England and screening providers.	Increasing screening participation will be incorporated into the local strategy to improve the physical health of people with SMI. Work led by NHS England and screening providers will be supported to ensure there is effective implementation in NCL.	People with a learning disability will be supported to access cancer screening through the annual health checks. Resources to support informed decision making on screening participation will be available as well as guidance on reasonable adjustments that can be requested and provided.

Our objectives

Bowel cancer

The bowel screening programme will continue to undergo changes beyond lowering of the starting age to 50 years. These national changes will be made as more evidence becomes available on diagnosing cancers earlier particularly amongst the populations at most risk. Adjustments to the programme will be carried out in a phased approach over the coming years to ensure there is sufficient capacity and resilience in the health and care system, to meet the increased demand for services.

In NCL, supporting the implementation of these changes locally will enable activities to be delivered in a format that meets the needs of our diverse population. Part of the local support for implementation will also include priming people and raising awareness of the changes that will be made to the programme and how the NCL community can access services.

Support bowel screening age extension to ensure good uptake in younger age cohort	**Support integration of Lynch Syndrome pathway into bowel screening programme**	**Support introduction of risk stratification within the screening programme**	**Support lowering of the FIT test threshold from 120ug/g to 80ug/g**
Uptake of bowel screening will be at a similar level to the older age cohort and in line with the national target.	An established pathway within the bowel screening programme in NCL, where people are routinely offered testing and surveillance for Lynch Syndrome if they meet the criteria of the service.	Risk stratification protocols are effectively implemented within the bowel screening programme. People at higher risk are identified and engaged for routine follow-up.	Sufficient colonoscopy capacity is available in NCL hospitals to meet the projected increased demand for appointments resulting from the lower threshold. Cancers are detected at an earlier stage.

Our objectives

Breast cancer

Building on the primary care and NCL breast transformation strategies, our work will focus on increasing uptake of breast screening, and encouraging people to present early to primary care if they have concerning symptoms. We will build resilience in the system and, through the use of quality data, target populations with low screening participation.

Support implementation of the call and recall administration system to improve uptake	**Develop a network of champions to target population cohorts with lower screening uptake**	**Create a paper light breast screening pathway through regional collaboration**
GP practices in collaboration with the breast screening provider, are able to identify patients that do not take up their invites and support them to participate. Interventions will be tailored to the needs of local communities and patient groups.	Work with and build on the network of champions that work across NCL to ensure breast screening health promotion is an integral part of the activities delivered. Targeted approaches will be used, that are co-produced with the local communities being engaged.	GP practices will receive patient results from the breast screening service in an electronic format, that is seamlessly reflected in patients records. GP practices will hold better quality data on breast screening outcomes to inform the design of improvement interventions.

Our objectives

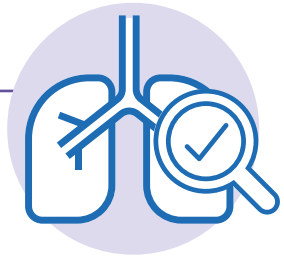
Cervical cancer

Encouraging cervical screening participation continues to be a priority not just in NCL but across London and nationally as there continues to be a decline or no significant increase in participation. Insights gathered on barriers that influence participation highlight the need to offer flexibility in when, where and how screening is offered. Continuing to raise awareness of cervical screening generally and the value it provides also remains important. Eliminating cervical cancer remains an ambition in England.

Support adoption and roll-out of HPV self-sampling within the programme	**Increase uptake of the HPV vaccine amongst school-aged children**	**Support implementation of extension of screening recall frequency**
Increased participation in the cervical screening programme particularly amongst women that experience difficulties in having a conventional screen.	Decrease over the longer term, the incidence of cervical cancer. More women and people with a cervix will have protection through the vaccination programme.	Release of capacity in primary care to ensure those requiring more frequent appointments are able to access it. People invited for a screen attend at the appropriate time for their screening history.

Objectives

Lung cancer



As the Targeted Lung Health Checks programme is still in its infancy in comparison to the three cancer screening programmes, more work is required to fully establish and embed it across the sector. This includes expanding the programme to fully cover the NCL population as per national requirements. Raising the profile of the programme to make sure people are aware of it will be key.

The programme also enables us to address key health inequalities linked to smoking, cancer and other diseases, all of which are key priorities for NCL's population health and integrated care strategy.

Expand delivery of the Targeted Lung Health Checks programme to cover the full population	**Support over 50% of the invited population to attend a lung health check (uptake)**	**Increase uptake amongst people living in deprived areas and other populations not taking up their invites**
Early diagnosis of lung cancers as well as equity of access to the programme. The NCL health and care system is prepared for national implementation of targeted lung cancer screening. People that smoke are supported by smoking cessation services to quit.	Early diagnosis of lung cancers through the programme, leading to increased chances of successful treatments. NCL achieve the national target for the programme and close the gap to meeting the national average.	Reduction in lung cancer outcomes gap between the most and least deprived areas in NCL. Reduction in uptake variation between population groups.

Enablers

Beyond the need to work together as system partners across NCL to deliver activities that are joined up, there are key factors that will act as enablers, to ensure the identified objectives can be delivered. The enablers have been drawn from learning gained through previous and current work. They aim to inform how activities will be delivered, highlight areas of improvement and help demonstrate outcomes.

Enablers

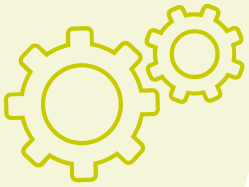
The enablers have been selected to allow the strategy to be progressed at pace. They are focused on the utilisation or generation of evidence. In NCL and at London-level, more granular data is being made available to service delivery leads to support better targeting of interventions. Tools such as HealtheIntent, the NCL PCN dashboard, Shape Atlas and NHS Digital screening dashboards, provide access to data that offer varying insights on our population and where the greatest needs lie. Further developments are planned for some of these tools which will enable us to access data consistently and at the level of detail needed to inform our work.

Whilst many interventions locally and in other areas are evaluated in some form, many of the reports are not readily available. This limits the learning that can be drawn from these initiatives and applied to our work. Evaluating interventions will help drive efficiencies in how we deliver our work.

Enablers of delivery

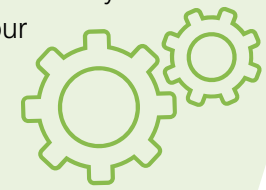
Analysis of service level data to enable better targeting of interventions

Data from activities being delivered as well as services such as screening, will be used to help refine the design of activities that will be delivered and continuously shape them based on emerging data.



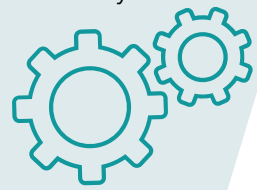
Learning and applying research insights to improvement interventions in a timely manner

A lot of research evidence already exists that will be drawn on to scope out activities. As more evidence comes to light, delivery of activities will be adjusted accordingly. Where opportunities exist to carry out research alongside our activities, these will be progressed.



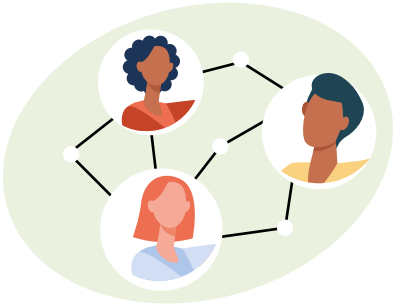
Evaluation of interventions that are delivered

Evaluating key interventions will allow us to make timely changes to the strategy. Evaluations of previous interventions will not only guide our work but also provide a strong foundation to build on. This is also essential in informing sustainability plans and future work done locally, regionally and further afield.



Delivery principles

In addition to the enablers identified that will support delivery, the following principles will further underpin our approach.



Partnership working

- Work in partnership with people, communities, organisations and groups to deliver the right activities for the population.

Integration

- Work to join up activities in line with the NCL ICS strategy, wider regional strategies and approach to integrated work.

Equity and accessibility

- We will help identify and address barriers that might deer or disadvantage our population from accessing cancer services or activities.

Sustainability

- Identify avenues for making our work sustainable and deliver long-term outcomes.

What our residents say

The experiences and feedback from our residents on how services are working for them helps us gain a better understanding of the improvements that need to be made. These quotes are from residents that have been engaged in activities delivered in their boroughs.

"I attended a cancer awareness workshop in Harringay along with other women from the local community and the cancer champions who Bridge Renewal Trust and associate organisations employed to work with their respective communities to improve knowledge about cancer, its prevention and treatments.

The workshop consisted of a cancer awareness film and discussion followed by a session with two doctors who gave us an excellent overview of cancer treatments available through the NHS and how to access them. I found both parts of this workshop very informative. The film and discussion were an excellent start to it, allowing all participants to share their concerns and experiences around the workshop's topics, while the presence of two medical professionals who answered all our questions in a fair, non-judgemental manner was an extra bonus. Cancer is a difficult topic of discussion, and both doctors handled it well while providing us with information that is often difficult to reach.

I left this workshop feeling more confident I will be able to take care of my health regarding cancer if and when I need it and with the information I need to be able to do so. I was informed of various routes I can take if I worry I have cancer, and also assured that should this ever be needed, it won't be a death sentence. The doctors did an excellent job of stressing this point while encouraging us all to seek medical attention as soon as we detect worrying symptoms. They also informed us how, specifically, we should do this. This made me more confident that if I had to, I would be able to take care of my health. I think such sessions are much needed in cancer prevention, and I would attend them again and encourage others to do so."

M.C, Haringey resident

"I enjoyed the workshop as it was the first of its kind that I can remember that appealed to me for personal and professional reasons. I was glad I attended, as I was able to share some of the points that were discussed in relation to cervical and breast cancer with my friends and family.

The GPs that were present were also very informative and relatable and made us all feel at ease to ask questions, and also allay some people's fears around such delicate topics; I feel this type of session would help some seek appropriate and timely medical attention and support. I do feel there definitely needs to be more workshops like this, and on other topics, on a regular basis, especially in different community languages to help raise awareness in the local and wider community.

I do hope this will not be the one and only workshop of its kind."

R.K, Enfield resident

Action plan

The following pages set out our two year action plan.

Our approach to delivering activities against the objectives set out will be determined by our evolving understanding of what works, resources available, learning from ongoing initiatives, feedback from residents, changing population need and shifts in the health and care landscape. This will result in an evidence-based offer delivered at borough, NCL or regional level.

Where there is limited evidence, it will provide opportunities to innovate and ensure the required learning is gathered and taken forward.

Also set out within the action plan is the approach that we will take to sustain activities that need to be delivered over a longer period.

Action plan – All cancers

Objective	Engage PCNs with low screening uptake to improve patient participation	Augment national and regional campaigns and utilise community engagement and social media platforms	Incorporate cancer awareness education in the prevention programme
Key initiatives we will deliver	• Prime people being invited to bowel screening for the first time according to the age extension roll out. • Work with primary care and VCS organisations to localise the delivery of national and regional screening campaigns. • Support PCNs to deliver uptake improvement activities as per the Good Practice Screening Guide. • Develop an approach to work with primary care to deliver activities in line with the PCN DES and cancer prevention, awareness and screening strategy.	• Work with primary care, local authorities, NCL ICB, VCS organisations, community groups, faith organisations, borough partnerships and Trusts to disseminate materials and messages across their networks. • Work with community pharmacies to design specific activities for delivery via their channels. • Utilise campaign resources to target specific demographics based on need (e.g. BAME, people with LD, SMI, LGBTQI+, most deprived areas).	• Review current MECC and other education packages to identify areas of development and adjustments required according to needs of our population. • Incorporate cancer awareness topics within the standardised Making Every Contact count (MECC) training programme. • Work with the NCL prevention team to promote the MECC training to staff groups identified as part of the prevention programme across the sector.
How we will measure success	• Outcome data in project reports. • Screening data via OHID Fingertips or NHSD.	• Outcome data in project reports. • Screening data via OHID Fingertips or NHSD.	• Outcome data from the MECC training programme and/or other education delivered where cancer awareness is included.
Partners that will be engaged	**NCL Cancer Alliance, NCL ICB, local authorities, VCS partners, screening providers, screening commissioners, primary care and borough partnerships.**		

Action plan – All cancers

Objective	Improve screening for people experiencing homelessness	Improve screening awareness for people with severe mental illness (SMI) and mental health teams	Include cancer screening as part of annual health checks for people with a learning disability (PWLD)
Key initiatives we will deliver	• Develop and deliver training packages to promoting cancer screening and reasonable adjustments. • Develop and tailor resources for people experiencing homelessness and disseminate across London. • Pilot short-term priorities in NCL and share learning with NHSE regional team to develop initiatives for wider implementation across the programmes.	• Support delivery of cancer screening training to mental health teams identified as best placed and family carers. • Support development of resources for people with SMI to increase awareness and reasonable adjustments that can be made. • Facilitate process of embedding cancer screening into SMI Health Checks where feasible ensuring that broader support can be accessed from VCS organisations. • Support delivery of the recommendations in the NCL strategy for improving the physical health of people with SMI. • Support primary care to deliver recommended activities in the PCN DES.	• Support primary care to deliver recommended activities in the PCN DES. • UCLH bowel screening team to work with primary care and LD and Autism teams to include bowel screening in the health action plan.
How we will measure success	• Screening data from providers specifically for the target group. • Screening data via OHID Fingertips or NHSD.	• Outcome data in project reports. • Screening data via OHID Fingertips or NHSD.	• Report via NCL LD and Autism team on number of completed Annual Health Checks in primary care.
Partners that will be engaged	**NCL Cancer Alliance, NCL ICB, local authorities, VCS partners, screening providers, screening commissioners, primary care, borough partnerships, mental health teams, Learning Disability and Autism teams and patient partners.**		

Action plan – Bowel cancer

Objective	**Support integration of Lynch Syndrome pathway into bowel cancer screening programme**	**Support bowel screening age extension to ensure good uptake in younger age cohort**
Key initiatives we will deliver	• Map out-patient pathway for testing and referral into the bowel cancer screening programme. • Agree protocol for ongoing management of patients. • Work with clinical teams to raise awareness of programme and ensure patients get identified. • Ensure adequate capacity is made available to provide the ongoing follow-up and management required.	• Develop and deliver targeted communications via primary care bulletin and clinical and non-clinical forums, to reach out to people being invited to their first screen. • Increase awareness in the community through NCL communications and engagement newsletter to VCS organisations and local authority teams. • Work with VCS organisations to develop and deliver key messages promoting the programme, via their existing channels and forums. • Bowel screening calls to prime 50 to 54-year-olds about their first invites. Additionally, deliver targeted activities to support people with LD or SMI within this age group to participate.
How we will measure success	• Surveillance hub and integration with the bowel screening programme fully established in NCL. • Surveillance colonoscopies carried out (data captured by UCLH).	• Uptake data including breakdown by age group. • Screening uptake data via HealtheIntent (specifically for LD and SMI).
Partners that will be engaged	**UCLH bowel screening centre, NCL Cancer Alliance, NCL Colorectal Expert Reference Group, NCL ICB, VCS partners, screening commissioners, primary care and borough partnerships.**	

Action plan – Breast cancer

Objective	Create a paper light breast screening pathway through regional collaboration	Support implementation of the call and recall administration system to improve breast screening uptake	Develop a network of champions to target population cohorts with lower breast screening uptake
Key initiatives we will deliver	• Work with NCL GP IT team and the breast screening team to build framework for results to be sent electronically to GP practices from the screening service. • Share learning with other breast screening services for implementation in their areas to ensure a consistent approach across London.	• The breast screening team will work with PCNs that have low uptake, to identify patients not taking up their invites and pro-actively contact and book them in for an appointment.	• Map out current assets and champion networks across NCL that could be built on for breast screening awareness activities. • Work with established champion networks to include cancer awareness raising as part of their work. Champions will deliver engagement activities to encourage breast screening uptake amongst the communities and/or areas they target.
How we will measure success	• Breast screening outcome data available in EMIS in accessible formats. • Adoption of solution built by other breast screening teams in London.	• Screening data accessed via OHID Fingertips or NHSD.	• Asset map with details of resources and networks available. • Project reports outlining reach, activity and feedback. • Screening data accessed via OHID Fingertips or NHSD
Partners that will be engaged	**RFL breast screening service, NCL ICB, Cancer Alliance, screening commissioners, primary care and VCS partners.**		

Action plan – Cervical cancer

Objective	**Support adoption and roll-out of HPV self-sampling (for cervical screening) within the programme**	**Increase uptake of the HPV vaccine amongst school-aged children**
Key initiatives we will deliver	• Co-develop and deliver the London pilot in collaboration with NHSE and other Cancer Alliances. • Roll out HPV self-sampling to all areas identified within the NCL geography. • Work with primary care, other London areas, NHSE screening commissioners and cervical screening providers to raise awareness of the pilot and encourage uptake of HPV self-sampling. • Identify populations and areas with low uptake of self-sampling and work with NCL ICS partners to develop and deliver activities to improve participation.	• Raise awareness of the programme in areas and communities that have low uptake through working with vaccine providers, local authorities, NCL ICB, schools and other partners. • Raise awareness of the vaccine to school-aged children and support informed decision making. • Raise the profile of the programme amongst headteachers and provide support to staff and parents to enable informed decision-making. • Support embedment of the programme as part of wider school curriculum e.g., through the Personal, Social, Health and Economic (PHSE) education.
How we will measure success	• Screening data via OHID Fingertips. • Pilot data via primary care records and NHSE reports.	• Borough level vaccine uptake data. • Project reports highlighting awareness levels following delivery of activities.
Partners that will be engaged	**NCL Cancer Alliance, NCL ICB, local authorities, primary care, screening commissioners, vaccination providers, VCS partners, borough partnerships and colposcopy teams.**	

Action plan – Lung cancer

Objective	Expand delivery of the Targeted Lung Health Checks programme to cover the full population	Support over 50% of the invited population to attend a lung health check (uptake)	Increase uptake amongst people living in deprived areas and other populations not taking up their invites
Key initiatives we will deliver	• Secure third delivery site for the programme to improve accessibility for parts of the Haringey and Enfield population. • Support UCLH to ensure sufficient capacity is in place to meet projected activity. • Work with UCLH to implement adjusted pathways for vulnerable populations (e.g. people with a learning disability, SMI or experiencing homelessness). • Work proactively with smoking cessation services to ensure people referred for support to quit, engage.	• Work with communications agencies to develop and deliver communications and engagement strategy that targets areas and groups with low uptake. • Pilot offering timed appointments for lung health checks and scale up if successful. • Pilot priming participants via primary care prior to invites being sent and scale up if successful. • Identify other successful initiatives that could be piloted and rolled out in NCL.	• Carry out insights work with Enfield team as part of CORE20PLUS5 programme, to understand reasons for low uptake in deprived areas and strategies to address it. • Work with communications agencies to develop and deliver communications and engagement strategy that targets areas of deprivation and other groups not taking up their invites.
How we will measure success	• Participation at borough level and population groups. • Programme roll-out against projection.	• NCL uptake data by geography and demographics via the programme's reporting structure. • Pilot activity data.	• Insights gathered from Enfield residents that inform engagement strategy. • NCL uptake data by deprivation and demographics via the programme's reporting structure.
Partners that will be engaged	**UCLH, NCL Cancer Alliance, NCL ICB, primary care, local authorities, borough partnerships, VCS organisations.**		

Sustainability

Sustainability plans will be put in place to ensure activities continue running and improvements are made.

Continued investment

- Investment to deliver activities in the action plan will be from varying sources across the sector. Some of these resources will be available for short/medium term periods therefore, there is be a requirement to secure long-term funding for a number of activities. Some activities such as population awareness typically need to be delivered over longer periods of time, to embed learning and ensure continuity where feasible once funding ceases.
- For some interventions to continue to be funded, it will be important to ensure the right information is being collected, to support the development of business cases.

Capacity building and embedding in other strategies or initiatives

- Where activities can be led by other organisations or networks e.g. PCNs, GP federations, borough partnerships, VCS organisations, capacity will be built within them to ensure they are able to deliver the interventions alongside other activities or as business as usual.

Sharing our learning

- Sharing what is learnt through the delivery of activities will be a key component of ensuring there are opportunities for scaling up work, avoiding duplication and utilising resources more efficiently.

References

Sub-category	Full indicator name	Data source definition*	Original data source (not publicly available)	Latest time period
Prevalence	Cancer:QOF prevalence (all ages)	OHID Fingertips		2021/22
Incidence	New cancer cases (Crude incidence rate: new cases per 100,000 population)	OHID Fingertips		2020/21
	Incidence of breast cancer standardised incidence ratio	OHID Fingertips		2015-19
	Incidence of lung cancer, standardised incidence ratio 2015-19 indirect standardised ratio	OHID Fingertips		2015-19
Bowel	Bowel Cancer screening coverage: bowel cancer	OHID Fingertips	NHS Digital data not in the public domain, from the Bowel Screening Programme	2022
Cervical	Cancer screening coverage: cervical cancer (aged 25 to 49)**	OHID Fingertips	NHS Digital data not in the public domain, from the Cervical Screening Programme	2022
Cervical	Cancer screening coverage: cervical cancer (aged 50 to 64)	OHID Fingertips	NHS Digital data not in the public domain, from the Cervical Screening Programme	2022
Breast	Cancer screening coverage: breast cancer	OHID Fingertips	NHS Digital data not in the public domain, from the Breast Screening Programme	2022
Presentation	Number of emergency admissions with cancer (number per 100,000)	OHID Fingertips		2021/22

*Sources labelled

**This indicator has since been removed from OHID Fingertips since time of extraction

References

Sub-category	Full indicator name	Data source definition*	Original data source (not publicly available)	Latest time period
Mortality	Percentage of deaths with underlying cause Cancer (all ages)	OHID Fingertips		2020
	Under 75 mortality rate from cancer (Persons - directly standardised rate per 100,000)	OHID Fingertips	Office for Health Improvement and Disparities (based on Office for National Statistics source data)	2021
	Under 75 mortality rate from cancer considered preventable (Persons - directly standardised rate per 100,000)	OHID Fingertips	Office for Health Improvement and Disparities (based on Office for National Statistics source data)	2021
	(Inequalities) Under 75 mortality rate from cancer (Persons- directly standardised rate per 100,000)	OHID Fingertips	Office for Health Improvement and Disparities (based on Office for National Statistics source data)	2021
Two-week Wait	Two-week referrals for suspected cancer (number per 100,000 population), 2020/21		NHS England Cancer Waiting Times Database, as held by the National Disease Registration Service, NHS Digital	2020/21
Smoking prevalence	Smoking Prevalence in adults (18+) - current smokers (APS)	OHID Fingertips	Annual Population Health Survey	2021
Weight management	Percentage of adults (aged 18 plus) classified as overweight or obese	OHID Fingertips	Active Lives Adult Survey, Sport England	2021/22
Alcohol	Alcohol related hospital admissions	OHID Fingertips	Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates	2021/22

*Sources labelled

**This indicator has since been removed from OHID Fingertips since time of extraction

Appendices

Appendix 1

NCL Cancer System Five Year Aims and Objectives

Mission statement	Our mission is to continuously improve cancer outcomes for the whole of our population through a high performing, innovative and sustainable cancer system that delivers the best patient and staff experience		
Strategic Aims	**SA1. Improve survival, focusing on early diagnosis, and prevention**	SA2. Deliver the highest standards of patient experience and improve quality of life	SA3. Support the operational delivery of high performing, innovative and sustainable cancer diagnostic and treatment services
	SA4. Reduce health inequalities across our whole population		
	SA5. Ensure we have the right workforce in place and that we deliver the highest standards of staff experience		
	SA6. Foster innovative approaches and practice in cancer diagnostics, care and treatment		
Strategic Objectives	**SO1a. Consistently improve five year survival, in line with the 2028 NHS Long Term Plan ambition** **SO1b. Detect 75% of cancers at Stage I or II by 2028** **SO1c. Reduce smoking rates, rates of alcohol consumption and the number of people who have excess weight in NCL.**	SO2a. Continually improve our performance in the CPES to be in the top quartile nationally by 2028 SO2b. Consistently improve quality of life for all cancer patients	SO3a. Deliver and sustain compliance with the 62 day standard by 2028,and 28 day standard by March 2024, with continuous improvement up to then SO3b. Reduce variation in clinical practice across the whole pathway
	SO4a. Continually reduce inequalities across the whole cancer pathway until services are on par across our population		
	SO4b. Deliver year on year improvement in our staff satisfaction survey and retention		
	SO4c. Identify, support and evaluate a suite of clinical innovations with the aim of contributing to improved outcomes		

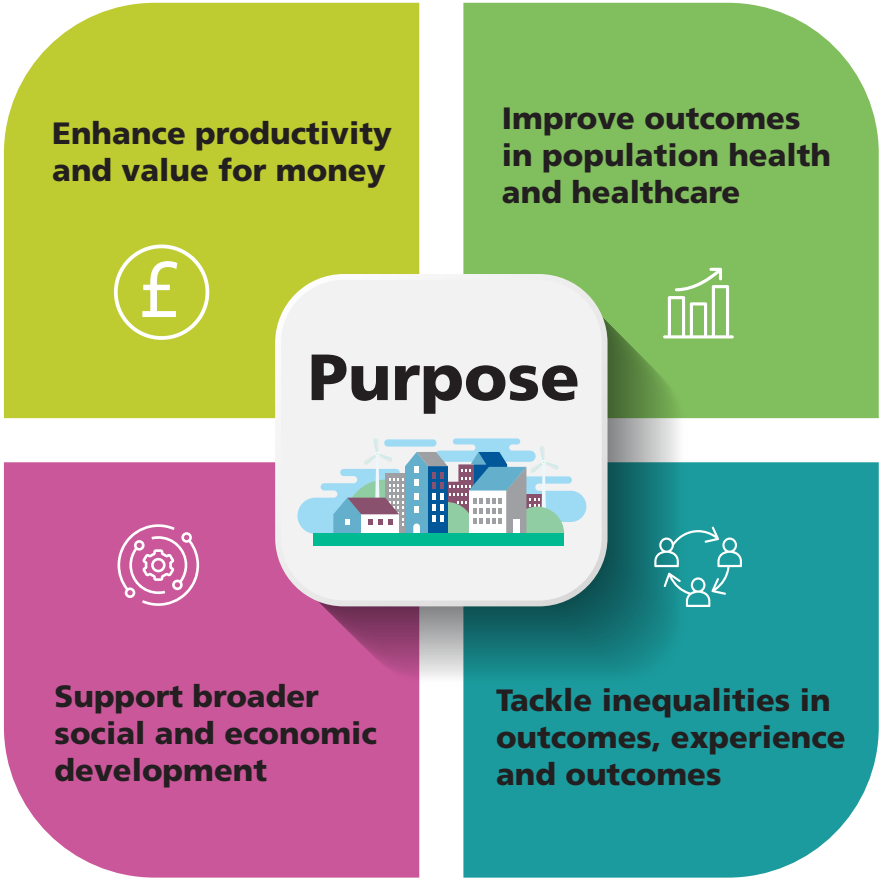
Appendix 2 - NCL integrated care priorities

Recent and emerging changes to the health and care landscape provide an opportunity to examine how to deliver health improvements to the NCL population. The purpose of the North Central London Integrated Care System (NCL ICS) is on provide care and support in ways that most benefit patients and improve the health and wellbeing of everyone living in NCL. All the NHS organisations and Councils in Barnet, Camden, Enfield, Haringey and Islington have been working in partnership for some time and the establishment of the NCL ICS and Integrated Care Board (ICB) formalises these partnerships and ways of working.

NCL ICS is focusing on:

- **single strategic commissioning arrangements for health services**
- **ensuring residents voices are heard at all levels of work**
- **fully establishing five borough-based integrated care partnerships**
- **supporting the continued development of primary care networks and**
- **working collaboratively to address challenges to meet the needs of the population.**

The NCL population health and integrated care strategy sits at the heart of the work that will be delivered across the sector. The ambition of the strategy is to ensure all residents have the best start in life, live more years in good health and be economically active, age within a connected and supportive community and have a dignified death.



Appendix 3 - Other strategies featuring cancer

NCL primary care cancer strategy

Key priorities include: communication of campaigns; work with communities to improve screening uptake; support primary care networks to implement robust recall system for screening; electronically feedback breast screening results to primary care.

National strategies from cancer charities

Key priorities include: supporting research development on early diagnosis interventions and its translation to service delivery; championing the importance of investing in cancer early diagnosis and care; raising awareness of cancer in different communities; developing policies that support the cancer agenda.

NCL population health and integrated care strategy

Key priorities include: Investing in interventions that prioritise prevention; diagnosing 75% of cancers at Stage 1 or 2; ensuring good quality care for all.

Joint Health & Wellbeing Strategies for Barnet, Camden, Enfield, Haringey and Islington

Key priorities include: Investing in interventions that prioritise prevention; promoting screening uptake; diagnosing cancers at early stage.

NHSE London screening programme recovery and uptake improvement strategies

Key priorities include: supporting the breast screening programme to fully recover and meet its key performance indicators; delivering interventions aimed at improving uptake across the three screening programmes and in particular, target communities with lowest uptake and those experiencing health inequalities.

Other activities are delivered by local VCS organisations that may not be captured in the strategies outlined. These activities aim to improve early cancer diagnosis for the populations they serve and provide support throughout individuals' cancer journeys

Appendix 4

The Independent Review of Adult Screening Programmes – Review by Sir Mike Richards

Below are recommendations that have been implemented or are still in progress.

Recommendation 10	Local commissioners should work closely with cancer alliances, local authorities, and emerging primary care networks to ensure close join up at local level, particularly where planned implementation of screening will impact on related service delivery. An example of this is the expected temporary increase in the number of colposcopies needed as a result of the move to primary HPV testing within the NHS cervical screening programme.
Recommendation 13	High priority should be given to spreading the implementation of evidence-based initiatives to increase uptake. This will require an integrated system approach and should include: • Implementing text reminders for all screening programmes • Further pilots of social media campaigns with formal evaluation and rollout if successful • Spreading good practice on physical and learning disabilities • Encouraging links with faith leaders and community groups and relevant voluntary, community and social enterprise organisations that work with the NHS at national, regional and local levels to reduce health inequalities and advance equality of opportunity • Increasing awareness of trans and gender diverse issues amongst screening health professionals • Consideration of financial incentives for providers to promote out of hours and weekend appointments.
Recommendation 14	Breast screening providers should aim to invite people at 34-month intervals after their previous appointment so that all participants can be screened within 36 months and therefore avoid slippage.
Recommendation 15	Across all screening programmes, getting the results of screening to patients within the standard timeframes should be achieved. This is particularly important for cervical screening where performance has fallen markedly.
Recommendation 16	Time to assessment and where necessary, further treatment, should be closely monitored across all programmes and publicly reported as part of faster diagnosis standards.
Recommendation 17	NHSE should urgently consider how best to use financial incentives to increase uptake of cancer screening services and to encourage providers to prepare for the future, especially with regard to bowel screening.
Recommendation 18	National guidance should be provided to allow local commissioners and providers to plan for the required changes in colonoscopy and any future screening programme changes. Commissioners of screening and symptomatic services will need to work together on this. Cancer Alliances can facilitate this working in collaboration with the NHSE public health commissioning teams.

The full report can be accessed here: www.england.nhs.uk/wp-content/uploads/2019/02/report-of-the-independent-review-of-adult-screening-programme-in-england.pdf

Appendix 5 - Cancer awareness measure survey summary 1/2

Population awareness

CAM Indicators	Camden (n=661)	Islington (n=638)	Barnet (n=1049)	Haringey (n=748)	Enfield (n=1659)
Awareness of signs & symptoms of cancer	Respondents from Camden recalled the following potential signs of cancer more than nationally: A lump, change in weight, bleeding and pain. 77% of Camden's respondents recognised sign of cancer included in the survey	Respondents from Islington recalled the following potential signs of cancer more than nationally: A lump, change in weight, bleeding and pain. 80% of Islington respondents recognised sign of cancer included in the survey	Among the most common responses include noticing unusual lumps or moles, unexplained weight loss, persistent cough, tiredness or fatigue, changes in bowel movement or blood in the stool	Respondents were less likely to recognise the signs of cancer compared to the national findings, especially for awareness of persistent change in bowel habit, a cough lasting longer than 3 weeks and difficulty in swallowing that does not get better.	Respondents had least awareness of (from least to most awareness): change to bowel habits (least aware/greatest knowledge gap),unhealed sore, unexplained weight loss, cough, difficulty swallowing
Awareness of causes of cancer	Smoking was the most frequently recalled potential cause of cancer in Camden (69%) 64% of Camden's respondents recognised each cause of cancer included in the survey.	Smoking was the most frequently recalled potential cause of cancer for Islington (80%). 61% of Islington's respondents recognised each cause of cancer included in the survey.	58% aware of 'not eating enough fruit or vegetables', 70% aware of 'eating too much processed or red meat', 47% aware of infection with genital warts, 58% aware of being older as a risk	In Haringey, the causes of cancer were recognised by around 73% of survey participants, which was higher than the ONS 2017 survey. The potential causes of cancer recalled with more frequency: • Smoking (98%) • Family history and being overweight (87%) • Diet (80%) • Alcohol (78%) • Getting older (67%) • Lifestyle (63%)	Black and Mixed ethnic groups were most disadvantaged with the former reporting poor awareness of all symptoms/ measures. Those with Mixed ethnicity had awareness of swelling as indicative of potential cancer but not other potential indicators.

Appendix 5 - Cancer awareness measure survey summary 2/2

Population awareness

CAM Indicators	Camden (n=661)	Islington (n=638)	Barnet (n=1049)	Haringey (n=748)	Enfield (n=1659)
Screening Awareness	Since COVID-19 lockdown started, about half of respondents think cancer screening is more important (50%) or have not changed their opinion (41%). There are some differences by ethnicity detailed on the specific slides.	Since COVID-19 lockdown started, about half of respondents think cancer screening is more important (47%) or haven't changed their opinion (42%). There are some differences by age group and ethnicity. About two thirds of White & Black African ethnic groups now think cancer screening is more important while only 20% haven't changed their mind about the importance of screening.	Only 20% were able to identify the 3 cancer screening programmes available in England (bowel, breast, cervical) – biggest gaps in awareness were for bowel and cervical cancer. There were disparities in awareness of cancer screening programmes between wards	Since COVID-19 lockdown started, just over half of respondents think cancer screening is more important (53%). One in five respondents now think that screening is less important than before COVID-19 (19%).	24.6% of residents were not aware of any of the three cancer screening programmes, 20.2%, 36.9% and 18.3% were able to correctly identify one, two or all three cancer programmes respectively. Younger people and people from Turkish Cypriot, Greek, Black and Asian ethnic groups were less likely to be aware of all three screening programmes
How to access information/ engagement channels	Posters at GP Surgery or Pharmacy was the most preferred option in Camden across all categories of respondents regardless their Age, Gender or Ethnicity. Social Media was a joint preferred option at 54% with White Respondents. Social Media and Leaflets through the door were second and third most preferred options except when broken down by ethnicity then Notices on Public Transport is third option most picked by White respondents. Least preferred options were Face to Face, Radio and YouTube.	Young people (under 35s) preferred social media as their campaign channel (57%) whereas older age groups (35 and over) preferred posters at GP Surgery and Pharmacy (52% and 55% respectively). Face to face was the least preferred option for under 35s (17%). For people aged 34-55 the least preferred option were the Council website (9%) and YouTube (16%). For the over 55s, the least favourite option was YouTube with only 4% of respondents choosing this method.	21% preferred face to face communications via GP or community organisations, 15% leaflets, 12% posters at GP or Pharmacy, 10% via social media. The channels least preferred were, radio, local newspaper and magazines, YouTube and the council website.	Young people under 35 preferred social media as their campaign channel (57%) whereas older age groups (35 and over) preferred through the door. Mixed ethnic groups preferred social media (31%) as a method of campaign compared to all other ethnic groups (4% -14%). YouTube, Community centre and Council Newsletters were least preferred options for engagement.	Preferred medium for receiving information by symptom: Change in toilet habit – face-to-face, unhealed sore – newsletter, cough – face-to-face or posters in e.g., pharmacy. Participants who lacked awareness of at least one 'potential cancer' symptom, expressed a preference for campaign messages delivered locally, via General Practice or Council newsletters.

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