Cancer Research UK submission to consultation on Greater Manchester's devolved powers

May 2016

Cancer Research UK (CR-UK) welcomes the opportunity to input on the powers that are being devolved to Greater Manchester (GM). While the consultation covers the range of GM's policy areas, this submission will focus on the devolution of health and social care and its implications for cancer. In summary:

- Cancer Research UK welcomes the Greater Manchester Health and Social Care Partnership's (GMHSCP) commitment to develop a strategy for cancer in Greater Manchester. We recommend this combines local intelligence with the strategic priorities of the cancer strategy for England to develop a plan that is tailored to GM's cancer needs. We would welcome further details on GM's cancer strategy at the earliest opportunity.
- CR-UK supports the GMHSCP's aim of significantly improving the health and wellbeing of the citizens of GM and calls for cancer prevention to be a key part of this workstream.
- We call on the GMHSCP to develop and implement an ambitious local tobacco control programme.
- CR-UK recommends that the GM cancer strategy maintains and adds to ongoing work in GM to promote early diagnosis; particular focus should be afforded to improving participation in national screening programmes and increasing diagnostic capacity.

1. Cancer policy framework

Cancer is a rising challenge for the NHS. One in two people born after 1960 will be diagnosed with some form of cancer in their lifetime.[1] Forecasts suggest that there will be 80,000 more cancer diagnoses in the UK every year by 2030.[2]

The new cancer strategy, *Achieving world-class cancer outcomes: A strategy for England 2015-2020,* which CR-UK supports, has set the direction for cancer services in England. [3] The NHS and the Government have endorsed the strategy and published an implementation plan earlier this month.[4]

CR-UK welcomes the commitment the GMHSCP has made to develop a cancer strategy for GM.[5] We call on the GMHSCP to combine local data on cancer in GM with the strategic priorities identified in the cancer strategy for England to create a plan tailored to GM's needs. We would welcome GMHSCP making its cancer strategy, and implementation plans, available at the earliest opportunity.

GM hosts nationally important cancer infrastructure. The Christie NHS Foundation Trust is participating in the national cancer vanguard, the Accountable Clinical Network for Cancer. CR-UK welcomes that the GM Cancer Vanguard is embedded within the GMHSCP governance model.[6] We understand that the GM Cancer Vanguard is working in partnership with the regional network, Manchester Cancer, and intends to transition into becoming a Cancer Alliance. We believe Alliances are an important part of the regional architecture for improving cancer services.

2. Cancer in Greater Manchester

Cancer is a critical health challenge in GM. Between 2011 and 2013 an average of 6,590 people in GM died from cancer each year. CR-UK calculations show that between 2011 and 2013 average annual cancer incidence for the 12 CCGs in GM was 655 per 100,000 – 8% higher than the English

average during those years. Outcomes for cancer patients in GM also show significant variation. In 2011-2013 the average mortality rate varied from 277 to 378 deaths per 100,000 among CCGs in GM.

This data suggests – as does GMHSCP's strategy – that real improvements in cancer are possible in GM. We welcome the ambition outlined in GMHSCP's strategy to push GM's cancer outcomes and survival rates to "at least the national average".[7] The GM strategy for cancer should use local data to set the trajectory for improvement over the coming years. We welcome that the establishment of a Cancer Intelligence Unit is a year-one priority for the GMHSCP.[8]

3. Prevention

Health promotion is a central plank of the GMHSCP's strategy. It aims to bring about "the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of Greater Manchester".[9] This is in line with the *Five Year Forward View's* call for a "radical upgrade in prevention and public health".[10] CR-UK is pleased to see that a reduction in deaths from cancer is one of the target outcomes of this workstream.[11]

CR-UK supports the aspiration to promote health and wellbeing in GM and believes that cancer prevention will be vital to realising this objective. Four in ten cases of cancer are attributable to preventable risk factors.[12] Progress on reducing these cases could make a significant contribution to improving the health of the residents of GM and reducing avoidable demand for healthcare.

3.1 Tobacco control

Tobacco control should be a key priority within GM's health promotion programme. Despite reductions in smoking incidence over recent decades, it remains the leading cause of cancer – linked to an estimated 19% of cases.[13] It is also associated with a range of other health problems; 100,000 people die every year in the UK from tobacco related diseases.[14]

Smoking prevalence among adults in the UK is 19%;[15] in GM the figure is 20.8%.[16] This is leading to avoidable hospital activity: in 2014/15 local authorities in GM saw an average of over 2,000 smoking attributable hospital admissions.[17]

The cancer strategy sets a target of 13% smoking prevalence by 2020.[18] National policy will be important to make this happen. The Government has committed to publishing a new national tobacco control plan by the end of 2016.[19]

Local activity to complement the national strategy can accelerate progress. CR-UK recommends GM develop a comprehensive local tobacco control strategy. This would include three key components:

i. Investing in evidence-based Stop Smoking Services. People who use these services are around three times more likely to successfully quit than those attempting to quit unassisted.[20,21]
ii. Pursuing a mass media campaign to communicate to people the risks of smoking. Mass media campaigns have been shown to be effective.[22]
iii. Targeted activity to impede the sale of illicit tobacco products, which, by avoiding taxation, undermine the effectiveness of price levers on smoking incidence.[23]

4. Early diagnosis

Diagnosing more cancers earlier would make a significant contribution to improving outcomes. Nine out of ten people diagnosed with stage-one bowel cancer, for example, will live for ten years; survival among those diagnosed at stage four, in contrast, is less than 5%.[24]

One-year survival is often used as an indicator of performance in early diagnosis. One-year survival in GM has improved significantly since 2000 and is now comparable with the average performance in England. [25] In 2013 one-year survival in GM averaged 69.5% compared to 70.2% across England.[26]

GMHSCP's strategy, however, highlights the problem of late presentation: currently over a quarter of cancer patients in GM – 28% – are diagnosed by attending A&E.[27] CR-UK welcomes the commitment to improve this. We suggest there are two key areas which GMHSCP should focus on to improve performance:

i. increasing uptake of screening; and
ii. increasing diagnostic capacity.

4.1 Increasing uptake of screening

Population screening currently detects around 5% of all cancer cases in England.[28] Its effectiveness could be increased if uptake was improved. CR-UK understands this has been an area of focus for GM in recent years. We recommend that GMHSCP maintain this focus in the GM cancer strategy.

Over the last ten years uptake of breast cancer screening in GM has been consistently below the average for England and the North West.[29] For much of that time, with the exception of 2009/10, uptake in GM has been 6 percentage points lower than the English average. In 2014/15, uptake among women aged 50 to 70 in England was 71.3%; the figure for GM was 65.9%.[30]

In cervical screening, similarly, over the last two years uptake in GM CCGs has been below the average in England.[31] Although, the gap between GM uptake and the English average is less than in breast cancer screening (approximately 1% in both 2013/14 and 2014/15).[32]

CR-UK calls for the GM cancer strategy to build on previous local initiatives to improve screening participation. We suggest investment in local public-awareness raising campaigns, which have been shown to be effective. The first Be Clear on Cancer campaign, for instance, was found to have coincided with 700 extra patients being diagnosed with lung cancer and 300 more receiving potentially life-saving surgery compared with the previous year. [33]

4.2 Increasing diagnostic capacity

Access to diagnostic tests is critical to prompt diagnosis. Yet in England capacity is struggling to meet rising demand and in consequence the number of patients waiting for a diagnostic test has risen sharply in recent years. In March 2016 over 875,000 people were waiting;[34] the figure three years earlier, in March 2013, was approximately 677,000.[35]

CR-UK has illustrated how demand for key investigative tests is set to rise. In endoscopy an additional 750,000 procedures will be undertaken each year by 2020.[36] Demand for MRI and CT scans is forecast to grow at 9% per year over the coming years.[37]

The cancer strategy for England recommended that all patients should receive a definitive diagnosis within 28 days of referral by a GP.[38] NHS England has committed to implement this standard by 2020 and plans to support five pilot sites during 2016/17.[39] This new target will further increase focus on the need to improve diagnostic capacity.

National action is needed to ensure the system can meet these increases in demand. The cancer strategy recommended a national diagnostic capacity implementation fund to support significant increases in capacity.[40] CR-UK is pleased that NHS England has committed to a National Diagnostics Capacity Fund, which is scheduled to start making funding awards in autumn 2016.[41]

Local action will be critical to complement this national effort. CR-UK understands that GM has a workstream focused on increasing diagnostic capacity. GM also hosts one of the pilot sites from wave two of the ACE Programme – a multidisciplinary diagnostic centre for people with non-specific symptoms.[42] We recommend the GM cancer strategy builds on these initiatives and introduces additional measures to ensure local diagnostic capacity can service rising demand.

5. About Cancer Research UK

Cancer Research UK is the world's largest independent cancer charity dedicated to saving lives through research. We support research into all aspects of cancer and this is achieved through the work of 4,000 scientists, doctors and nurses. In 2014/15, we invested £434 million in research, including our £41 million contribution to the Francis Crick Institute. We receive no funding from the Government for our research.

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