



Britain Against Cancer 2009
Tackling Cancer Inequalities
1st December 2009

John Baron MP – Chair, APPGC



The All Party Parliamentary Group on Cancer's Inquiry into Cancer Inequalities



Why did the APPGC hold an inquiry into cancer inequalities?

- APPG's role in scrutinising implementation of the Cancer Reform Strategy (CRS)
- Reducing cancer inequalities is one of the fundamental aims of the CRS
- 'Window of opportunity' to help set the agenda for this and the next Government

What did we want to do?



- Assess the inequalities in cancer that currently exist
- Seek out examples of good practice in tackling inequalities
- Consider what more can be done by 2012, and beyond, to improve outcomes and create more equality in cancer care
- Make key recommendations to Government, the National Cancer Equality Initiative and the NHS on tackling cancer inequalities



How did we do it?

- **April 2009** – Call for evidence led to 90 written submissions from a wide range of cancer stakeholders
- **July 2009** – Oral evidence sessions in Parliament involving 20 witnesses and a roundtable event of patients with rarer cancers and their family members
- **Dec 2009** – Final report published based on evidence



What are cancer inequalities?

“The differences between individuals’ cancer experiences or outcomes that result from their **socio-economic status, race, age, gender, disability, religion or belief, sexual orientation, cancer type or geographical location.**”



What did we find?

- Significant inequalities in outcome and experience based on **socio-economic status**
- Significant under-treatment of **older people** – ageism?
- Significant inequalities in outcome and experience for people with **rarer cancers**
- Tackling **late diagnosis, smoking** and **under-treatment** were repeatedly stressed as being the key to tackling inequalities in outcomes
- **Better data collection**, measuring **patient experience** and **needs assessments** were repeatedly stressed as being the key to tackling inequalities in experience



Our eight priorities for action



1. New indicator (target) for one year survival rates for all

To encourage the NHS to:

- Raise levels of awareness of the early symptoms of cancer
- Promote early presentation and diagnosis
- Speed up the early referral system
- Tackle the under-treatment of older people



2. New prevention and early detection measures

- DH to publish its review of the regulation of the **sunbed industry** by March 2010 with legislation to follow
- The new National Tobacco Strategy to be complemented by proper enforcement of the **Ofcom code** on smoking before the watershed
- A **television and community outreach campaign** to raise awareness among higher risk groups
- Wider use of the NAEDI **Cancer Awareness Measure**



3. Better patient data collection

- Including **ethnicity, sexual orientation, religion or belief, age and any disabilities** – so that PCTs and cancer networks can undertake a thorough assessment of the needs of their local populations
- DH to run **pilots** to find best ways to collect data sensitively and confidentially



4. Improving the patient's experience

- Two years of waiting for the launch of the **Cancer Patient Experience Survey Programme** is far too long
- Surveys needs to pick up poor experiences between different groups, cancer networks, PCTs and multi-disciplinary teams
- Programme Advisory Group to report on progress by February 2010



5. Better quality information

- The CRS made a commitment to roll out information prescriptions by 2009
- Every cancer patient must have an **information prescription** by 2010 at the latest



6. More help for people with rarer cancers

- GPs should be given adequate training in using new **diagnostic tools** effectively
- NAEDI's programme of regular **audits** of cancer diagnoses in primary care should be continued and broadened
- The Department of Health should continue to encourage NICE to take a more flexible approach to the appraisal of **orphan drugs** (5 in 10,000)



6. More help for people with rarer cancers

- Commissioning of **ultra orphan drugs** (less than 1 in 50,000) should be undertaken by the National Specialised Commissioning Group
- Patients with **extremely rare cancers** should be able to gain access to appropriate 'near-label' treatments through a new national fund
- The DH to ensure all patients and families are provided with appropriate support when attending **exceptional case panels**
- The NCRI should review the balance of its **research** portfolio between the "big four" cancers and other cancers

7. More research



Key areas for NCRI to commission new research into are why:

- Cancer mortality rates are higher among men than women for the same cancers?
- The fall in cancer mortality rates for people aged 75 and over has not been as fast as for people under 75?
- Certain interventions are effective in promoting early diagnosis?
- Young people make unhealthy lifestyle decisions which significantly raise their risk of cancer?



8. Regular needs assessments

- Health and social care needs **assessments** at key points in their cancer journey ('holistic needs assessments')
- Copying the model used by people with other long term conditions
- Based on personalised 'after care' plans being developed as part of the National Cancer Survivorship Initiative



Next steps

- We are challenging the Government and both main opposition parties to accept our recommendations
- We hope the National Cancer Equality Initiative will build on our recommendations in its vision statement in January 2010
- We will present the report to Professor Sir Michael Marmot's Strategic Review of Health Inequalities in England Post 2010



Questions?