



**Britain Against Cancer 2009**  
**Tackling Cancer Inequalities**  
**1<sup>st</sup> December 2009**

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# **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?**