

# Cancer and Cancer screening

in

## Nottinghamshire

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# All cancers

- HRT** Taking any type of Hormone Replacement Therapy
- Salt** Having at least 6 grams a day
- Not breastfeeding** Breastfeeding each child for less than 6 months
- Inactivity** Being moderately active for less than 150 minutes a week
- Low fibre diet** Having less than 23 grams of fibre a day
- Radiation** Being exposed to any ionising radiation, including background levels such as those released from the earth
- Red meat** Eating any red or processed meat
- Infections** Exposure to cancer-causing infections like HPV and Hepatitis B or C
- Sunlight & sunbeds** Getting more UV than was typical for people born in 1903
- Occupation** Being exposed to cancer-causing chemicals or conditions at work
- Alcohol** Drinking any type of alcohol
- Low fruit & veg diet** Getting fewer than five portions a day
- Over-weight** Having a BMI of 25 kg/m2 or over
- Tobacco** Smoking any form of tobacco, or exposure to environmental tobacco smoke

Tobacco

Occupation

Low fruit & veg diet

Radiation

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Prostate cancer

Bladder cancer

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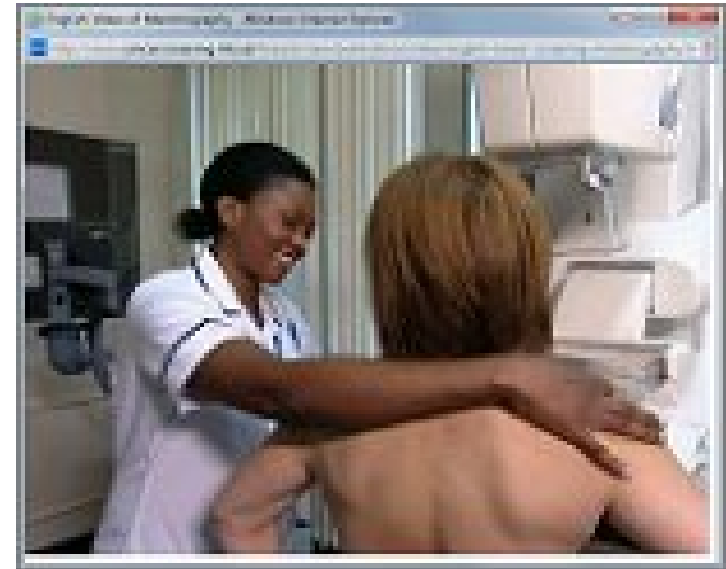
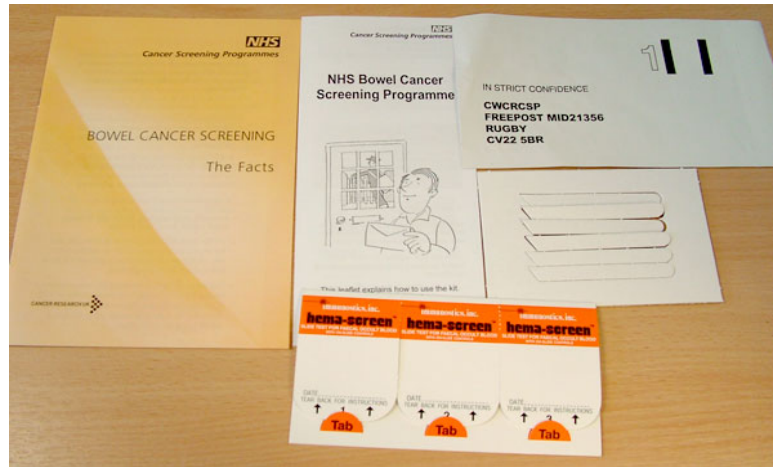
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# What is screening?

## Three cancer screening programmes

- The NHS Cervical Screening Programme
- The NHS Breast Screening Programme
- The NHS Bowel Cancer Screening Programme

# NHS Cervical Screening Programme

- Aim
- Screening Programme
- Performance
  - Coverage (target 80%)
    - **NHS Nottinghamshire County has the highest coverage rate in the country**
  - Turn around times (target 14 days)
  - Results
- Current developments
  - Human Papilloma Virus (HPV) testing

# The NHS Breast Screening Programme

- Aim
- Screening Programme
- Performance
  - Coverage (target 70%)
  - Waiting times
  - Results
- Current developments
  - digital mammography
  - age extension

# The NHS Bowel Cancer Screening Programme

- Aim
- Screening Programme
- Performance

No national standards set

Uptake: NHS Nottinghamshire County 60.5%

NHS Bassetlaw = 61.8%

- Current developments
  - age extension
  - flexible sigmoidoscopy

# Cancer Screening: the future



**Public Health England**



***Commissioning Board***

**Public Health Outcomes  
Framework: screening coverage**

**The Director of Public Health will support, review  
and challenge delivery of screening programmes**

# Jim's story



“The whole process was amazing...it saved my life...all the staff were helpful and concerned during my appointments and procedure. Everything was explained clearly and honestly to me. I am grateful for the early detection that the screening programme has provided”



## Sue's story

“If I had not been called up for breast screening at that moment in time, it would have turned into secondary cancer and I would be dead, leaving my 18 year old daughter”

# Cancer Patients: A Simplified Pathway

*Supportive & Palliative Care Services for Patients, Carers & Families may be accessed at any point along the pathway*



Maximum 2 week wait for urgent referrals

Maximum 31 day wait from 'Decision to Treat' to 1<sup>st</sup> Treatment

Maximum 62 day wait from urgent referral to 1<sup>st</sup> Treatment



75% of people recognised the Be Clear on Cancer campaign in the bowel cancer pilot areas \*

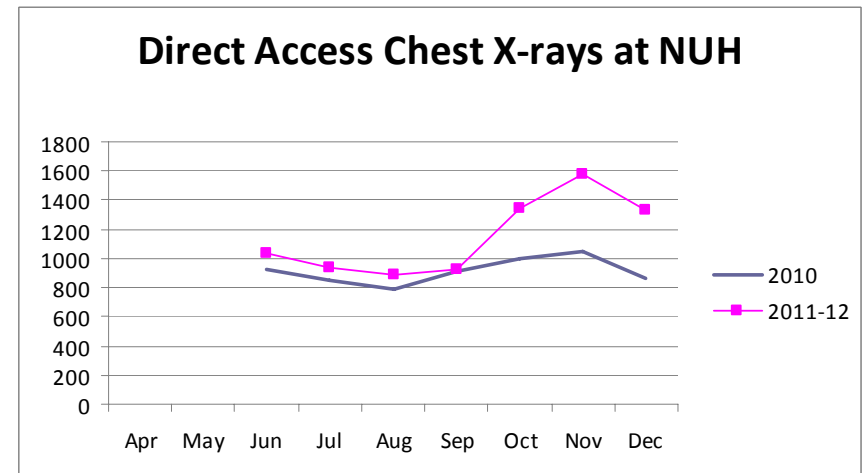
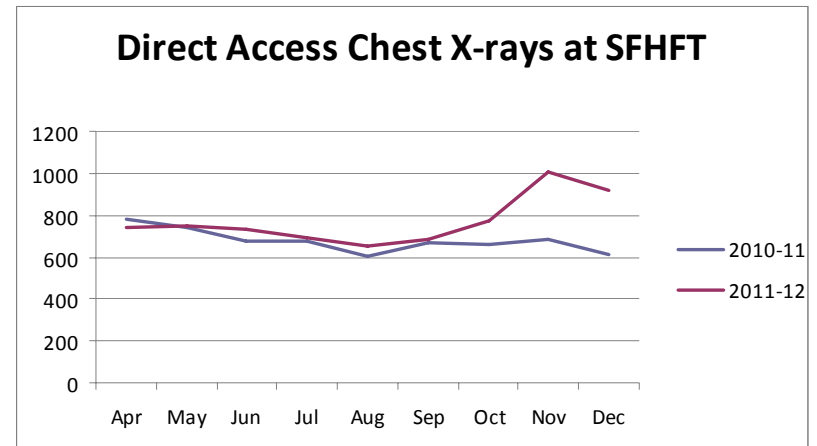
NAEDI includes:

- Bowel cancer
- Lung cancer
- Breast cancer especially in women over 70
- Bladder and kidney cancer ('blood in pee')
- Oesophago-gastric cancer will be added in early 2012.

# Why have I been referred urgently to the hospital?

National referral guidelines for the 2 week wait referral process include:

- Lumps
- Abnormal bleeding
- Unexplained weight loss
- Unexplained anaemia
- Cough for 6 weeks



# Treatment (1) Local responsibilities

Local hospital pathways cover:

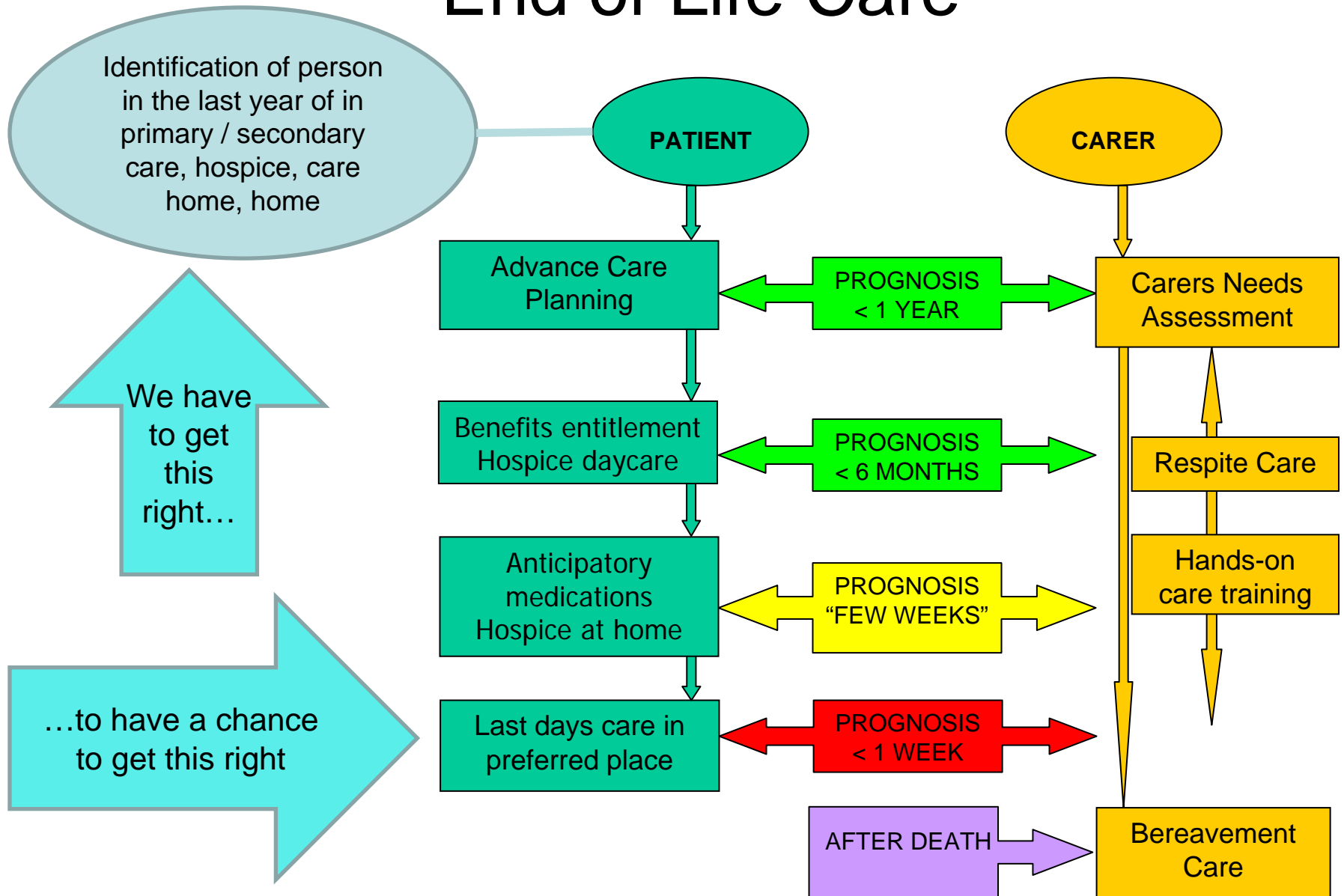
- All initial referrals for adults with suspected cancer, 2 week wait visits etc
- Operations for most common cancers
- Chemotherapy for common cancers

# Treatment (2) Regional responsibilities

Midlands and East specialised commissioning responsibilities are:

- All children and young adults cancer care
- All Radiotherapy
- Selected high cost procedures, e.g BMT
- Treatment for rarer cancers, including brain tumours
- Some chemotherapy

# End of Life Care



# Key messages

- Promote the key primary prevention measures for cancer which include reducing obesity, reducing alcohol intake, increasing fruit and vegetable intake and stopping smoking.
- Promote the National Awareness and Early Detection Initiative locally, especially the awareness of key symptoms among local residents.
- Promote and encourage screening uptake in all of the screening programmes.